HOUSE OF ASSEMBLY

Friday, 18 July 2014

ESTIMATES COMMITTEE A

Chair:

Ms F.E. Bedford

Members:

Ms K. Hildyard
Dr D. McFetridge
Mr S.S. Marshall
Mr C.J. Picton
Mr D.J. Speirs
Ms D. Wortley

The committee met at 10:30

Estimates Vote

DEPARTMENT FOR HEALTH AND AGEING, $3,070,300,000

Minister:

Hon. J.J. Snelling, Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries.

Departmental Advisers:

Mr D. Swan, Chief Executive, SA Health, Department for Health and Ageing.

Mr D. DeCesare, Acting Chief Finance Officer, SA Health, Department for Health and Ageing.

Mr S. Archer, Deputy Chief Executive, Finance and Business Services, SA Health, Department for Health and Ageing.

Ms J. Richter, Deputy Chief Executive, System Performance, SA Health, Department for Health and Ageing.

Mr D. Slape, Acting Director, Office of the Chief Executive, Department for Health and Ageing.

Mr P. Louca, Chief of Staff.

The CHAIR: The estimates committees are a relatively informal procedure and, as such, there is no need to stand to ask or answer questions. The committee will determine an approximate time for consideration of proposed payments to facilitate a change of departmental advisers. I understand that the minister and the lead speaker for the opposition have agreed on a timetable for today's proceedings; is that correct?

The Hon. J.J. SNELLING: Yes.

The CHAIR: Changes to committee membership will be notified as they occur. Members should ensure the Chair is provided with a completed request to be discharged form. If the minister

undertakes to supply information at a later date, it must be submitted to the committee secretary by no later than Friday 26 September 2014 for inclusion in the *Hansard* supplement.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of about 10 minutes each. There will be a flexible approach to be giving the call for asking questions, based on about three questions per member, alternating each side. Supplementary questions will be the exception rather than the rule. A member who is not part of a committee may, at the discretion of the Chair, ask a question. Questions must be based on lines of expenditure in the budget papers and these must be identified and referenced before the question is asked. Members unable to complete their questions during the proceedings may then submit them as questions on notice for inclusion in the assembly *Notice Paper*.

There is no formal facility for the tabling of documents before the committee; however, documents can be supplied to the Chair for distribution to the committee. The incorporation of material in *Hansard* is permitted on the same basis as applies in the house, that is, that it is purely statistical and limited to one page in length. All questions are to be directed to the minister, not the minister's adviser. The minister may, if he wishes, refer questions to his adviser for a response.

I also advise that for the purposes of the committees television coverage will be allowed for filming from both the northern and southern galleries. I declare the proposed payments open for examination and call on the Minister for Health and Ageing to make an opening statement, if he wishes, and to introduce his advisers beforehand.

The Hon. J.J. SNELLING: South Australia has been extremely successful in improving access to public hospital services in achieving excellent health outcomes overall, leading the way in health reform. That reform has been necessary to respond to the challenges of an ageing population and increasing incidence of chronic disease. It is also needed because when the government took office 12 years ago health infrastructure was inadequate and the system could not cope with demand.

To create a sustainable integrated healthcare system, the government released the SA Health Care Plan in 2007. The plan gave us a focus on increasing the capacity of the hospital system, as well as reducing demand through primary prevention by better managing existing chronic disease and providing appropriate choices for inpatient care.

The plan provided the foundation for changes in hospital service profiles to improve efficiency, and its centrepiece was the new Royal Adelaide Hospital. It will provide 25 per cent more capacity in the emergency department, which equals around 17,000 extra patients a year; five extra theatres, which are fitted with state-of-the-art equipment and are larger than the theatres at the Royal Adelaide Hospital; 120 extra beds, single rooms with ensuite bathrooms; and 40 per cent more intensive care beds. Other achievements stemming from the plan include the transfer of the renal unit from The Queen Elizabeth Hospital to the Royal Adelaide, the commissioning of 46 of an extra 96 medical beds, extra intensive care unit capacity at the Lyell McEwin and most metropolitan hospitals establishing acute medical units.

More than $1.2 billion has been allocated to the continual improvement of the major metropolitan hospitals since 2002, including $227 million at the Lyell McEwin, $134 million at The Queen Elizabeth, $91 million at the women's and kids, $186.5 million at the new Royal Adelaide Hospital for site works, $182.7 million at the Flinders Medical Centre, $32.1 million at the repat, and $25.6 million at the existing Royal Adelaide Hospital. More than $289.8 million has been allocated to improving major regional health centres, including $36 million at the Berri Hospital, $36 million at the Ceduna Hospital, $26.7 million at the Mount Gambier Hospital and $39.2 million at the Port Lincoln Hospital.

This financial year, more than $5.2 billion will be spent across government on health services and functions. Despite the expiration of the Closing the Gap in Indigenous Health Outcomes national partnership agreement, the state government continued the $32 million over three years allocation that was announced in the 2013-14 budget for our Indigenous communities. That money includes programs that provided for health checks for Aboriginal adults and children, immunisation, smoking cessation for Aboriginal mothers, oral health and environmental health.

For the period 2009-10 to 2013-14, $160 million in extra funding has been provided by the state and commonwealth governments for strategies to improve patient flow in emergency

departments. These strategies include new models of care, improved access to diagnostic services and increased support for discharge planning.

This continued investment is paying dividends, as our state has better emergency department waiting times than the national average. In 2012-13, South Australia was the second best performer in the nation for patients seen on time, at 75 per cent compared with 61 per cent in 2007-08, and was ranked first nationally for median wait time for service delivery, with a median wait time of 16 minutes—an improvement of 13 minutes since 2007-08.

The elective procedure strategy 2010-14 was resoundingly successful. There was $88.6 million spent to achieve more than 259,000 elective surgery procedures, which ensured that patients were treated within the clinically recommended time. Outcomes from the elective procedure strategy included no overdue patients at 31 December 2013, a 34-day median wait time for elective surgery for 2013-14 to May 2014, consistent with performance in the same period last year, and a 90 percentile wait time for elective surgery of 119 days for 2013-14 to May 2014—a reduction of 14 days compared with the same period last year.

Since 2002, our spending on country public health services has increased by around $399 million, or almost double. During the 2013-14 financial year, our government continued to invest in country South Australia to ensure patients can receive high-quality medical care as close to their homes as possible and in modern hospitals and healthcare centres. Investments included:

- a $36 million Berri Hospital redevelopment, which opened in June—and I was happy to be there—and provided a four-chair chemotherapy unit, rehabilitation services, an expanded and refurbished emergency department, theatres and a new renal dialysis unit;
- $15 million of state funds towards the $68.3 million Whyalla General Hospital redevelopment, which brings together the new Whyalla Regional Cancer Centre, expanded mental health care and improved rehabilitation services; and
- the opening of the $12.5 million Port Pirie GP Plus Health Care Centre.

For the 2013-14 financial year, I am pleased to announce SA Health is projecting a balanced budget result. This amount includes extra spending to deliver the government's election promises, including Country Health SA hubs in Mount Gambier and Whyalla, an expansion of regional dialysis services in Gawler and the establishment of Health Industries SA.

Health Industries SA is an important part of the government's focus on jobs. It will provide a gateway to our health industry, our wider knowledge economy and direct access to government. We expect it to support economic growth and job creation by stimulating exports and attracting investment in health and other sectors related to health. All this is possible because of the strength of our health sector and the great interest from both inside and outside our state borders in the developing health and biomedical precinct on North Terrace.

Despite the giant strides that have been made over the last decade to ensure we continue to meet the challenges of the future, we need to transform the system again. SA Health is facing enormous financial challenges to its budget. While the government is continuing to grow its investment in our state's health system, the rate of growth will need to be lower than we expected because of the withdrawal of $655 million of commonwealth health funding to South Australia over the next four years.

SA Health already has a savings target of $118.9 million for 2014-15, so it is clear that a different and innovative approach to our health system is needed as we have to find the ways to continue to deliver high-quality, safe and clinically effective care with more limited resources. With that I conclude my remarks, Madam Chair.

The CHAIR: Thank you. Do you have an opening statement?

Dr McFETRIDGE: I do not, thank you, Madam Chair. We have limited time, lots of questions, so we will get straight into it.

The CHAIR: You have the call.

Dr McFETRIDGE: I will hand over to the leader.

Mr MARSHALL: Thank you very much. My question relates to Budget Paper 4, Volume 3, page 21, Sub-program 1.4: Public Health and Clinical Systems. When did SA Health first become aware of the toxicity in groundwater contamination in Clovelly Park?

The Hon. J.J. SNELLING: I will have to take that on notice. Dr Kevin Buckett, who is in charge of Public Health, is not here but I am sure he would be happy to get an answer. Can I make something quite clear?

Mr MARSHALL: Sure.

The Hon. J.J. SNELLING: There is an MOU that exists between SA Health and the EPA which enables the EPA to access technical public health advice from the Public Health Unit in the Department for Health directly without that having to go through the chief executive of the department, or indeed the minister, so it is not unusual for the EPA to go straight to Public Health and to access technical advice that they need on any particular issue.

That MOU has been in place for many years, certainly long before I came into the portfolio; in fact, it probably pre-dates the government I would say. The advice that was provided by Public Health to the EPA on this matter was done under that MOU. I do not know when that approach was first made by the EPA, but I can find out.

Mr MARSHALL: If you could, that would be good. In 2009 residents at the Unity Housing property in Clovelly Park were evacuated. Was that a decision of SA Health or a decision of the EPA?

The Hon. J.J. SNELLING: Again, I will check and get a formal answer, but SA Health do not make decisions to relocate people; we simply provide technical advice to the EPA.

Mr MARSHALL: So the EPA would make that decision.

The Hon. J.J. SNELLING: All I can say is that it would not have been SA Health which made that decision; our role is purely to provide technical advice. It may well have been based upon that technical advice that that decision was made, but nonetheless that is not a decision that would be made within SA Health.

Mr MARSHALL: So the EPA is the agency which would make a decision whether people are to be relocated or not relocated?

The Hon. J.J. SNELLING: You are best off directing these questions about the role of the EPA to minister Hunter. All I can comment on is what the role of SA Health is, and SA Health's role is entirely to provide technical advice to the EPA under the MOU.

Mr MARSHALL: I only ask this because in a briefing recently the Housing Trust made it clear that they made the decision to relocate residents on the advice of SA Health. They did not say on the advice of the EPA.

The Hon. J.J. SNELLING: Well, again, you are ranging outside what my portfolio responsibilities are. I can only comment on what SA Health's responsibilities are, and that is to provide technical advice whether it be to the EPA or the Housing Trust. Now, what might well be, as I said, is that based upon that advice certain decisions are made about what to do, but decisions about the relocation of people are not made by SA Health.

The CHAIR: I just need to inquire if we have any questions on this side today.

Mr MARSHALL: Well, we are on one topic.

The CHAIR: I am sorry, you have had several. I just need to ask; that is all. I am just trying to establish whether there are questions on the other side today.

Mr PICTON: No.

The CHAIR: No; okay. Member for Dunstan.

Mr MARSHALL: Just to clarify, SA Health in this subprogram does not have any testing equipment or any testing role themselves? That is done within the EPA?

The Hon. J.J. SNELLING: My advice is that once the data has been collected, once the information has been collected, Public Health and SA Health provide an analysis of that data and provide that advice back to the EPA.

Mr MARSHALL: So the EPA does the testing, SA Health does the analysis, and that is provided back to the EPA who would make a decision to relocate or not relocate?

The Hon. J.J. SNELLING: Again, I am not going to be drawn on what the EPA do or don't do. I will simply say that SA Health's role is to receive the results of the data collection and that is provided to SA Health, and the analysis is done with that and the report is given back to the agency.

Mr MARSHALL: On page 22 of Budget Paper 4, Volume 3, just over the page from where we were, down the bottom of that table it says, 'percentage of initial health risk assessments provided to Environmental Protection Authority within two months of receipt of soil contamination data' is 100 per cent. So that is what you are talking about. Is that analysis, what is referred to here, the initial health risk assessment? So, basically, the EPA provides some test results and the health department does the initial health risk assessment, and in this year at least 100 per cent of those were handed back to the EPA within two months. Is that what that table is showing us?

The Hon. J.J. SNELLING: I have to say that I am pretty sure that that is what it is showing, but I will get back to you.

Mr MARSHALL: Alright; I thought that would be the case. How many tests were conducted during that 12-month period?

The Hon. J.J. SNELLING: I would have to take that on notice and get back to you. I can get that information.

Mr MARSHALL: If you could tell us how many tests were conducted and where they were conducted.

The Hon. J.J. SNELLING: Sorry, just to confirm to your earlier question, that is correct, what you said.

Mr MARSHALL: Does SA Health have a role in informing residents when there may be health risks present in their local area, or would that be the EPA as well?

The Hon. J.J. SNELLING: My understanding is, and my advice is, that Public Health will send officers out as part of the awareness campaign, but that is done under the direction of the EPA.

Mr MARSHALL: Right. So, you are going to check when SA Health knew about the toxicity in the groundwater that resulted in people being relocated in 2009, but it is not Health SA's responsibility, you are saying, to then determine, 'Well, we need to do some further testing'? So, for example, we now understand that the government has made a decision, via the EPA, to do testing in the surrounding areas. Health SA has never provided any indication to the EPA that that testing regime should have been expanded south beyond Ash Avenue or west into Mitchell Park previously?

The Hon. J.J. SNELLING: I do not think it is wise for me to speculate on what discussions go on between officers and public health and the EPA. No doubt there is some discussion about things. It is a fair question that is probably directed to Dr Buckett, who heads Public Health, who would be able to give you a better assessment about that. But, generally speaking, Public Health in SA Health do these things under the direction of the EPA. The EPA would send the data in, the analysis would be done, and a report would be sent back to the EPA.

Mr MARSHALL: And it would be SA Health that would determine what the threshold levels of contamination, depending on whatever toxin it might be, would trigger some interest in terms of public health. It is your agency which would determine those thresholds?

The Hon. J.J. SNELLING: Again, I will refer these questions to the department for a more detailed explanation but, generally, I would expect that there will be an element of collaboration. When you are talking about thresholds for requiring further investigation or a level being safe or unsafe, generally speaking, these are nationally and internationally developed standards, they are not something that is done independently within SA Health. There are accepted standards for safe and unsafe levels of these sorts of toxins. SA Health and the EPA would be working off what these

internationally and nationally accepted standards are. We do not generally, I would think, make it up as we go along within public health.

Mr MARSHALL: Sure, but somebody must be the lead agency in making those changes. We know that we have actually had a change in that threshold from 3.7 micrograms per cubic metre down to two micrograms per cubic metre in the last two years. Who makes that decision?

The Hon. J.J. SNELLING: Yes, but these things are done by international and national bodies. Those decisions are made internationally and nationally.

Mr MARSHALL: Internationally, it has been at the two level for years and years; South Australia has only adopted it recently. I just want to know which agency would have led that decision in government to change that threshold?

The Hon. J.J. SNELLING: I can happily get Dr Buckett to get back to you but, again, I insist that generally what happens is that SA Health and the EPA work off what are nationally and internationally recognised benchmarks for these sorts of things.

Mr MARSHALL: One of the things that Dr Buckett has previously said is that the effects of the TCE exposure would only—there would be no short-term risk; these things are dealt with over a longer period of time. Did you put in place measures to identify residents at risk, such as those who have had long-term exposure, pregnant women and children?

The Hon. J.J. SNELLING: That would be the responsibility of the EPA. You will need to direct those questions to minister Hunter.

Mr MARSHALL: So that is not something that SA Health would—just the interpretation.

The Hon. J.J. SNELLING: Again, I have explained what SA Health's role is, and that is to provide technical advice to the EPA.

Mr MARSHALL: When the government announced that they were going to be relocating people from the Clovelly Park area around 2 or 3 July, SA Health said that they would be offering free health checks to those people. What will those health checks constitute?

The Hon. J.J. SNELLING: They would be a normal health check that would be done by a qualified medical officer of the person. Again, if the Leader of the Opposition wants detailed information about what exactly is done clinically, I can get a report back to him from the department.

Mr MARSHALL: I would be grateful if you could, because I am just trying to work out whether it is like a GP test that people in the local area could access themselves or whether there is some specific toxicology testing which is done. It would be good to know.

The Hon. J.J. SNELLING: It would be what medically is considered appropriate. These are not decisions that I make. These are decisions which are made by the doctors in my department, working on the best available clinical standards about what is appropriate, and clinical protocols.

Mr MARSHALL: So you will come back to us and say, 'Well, look, these are the tests that we will run on those 31'—

The Hon. J.J. SNELLING: I am happy to provide whatever information I can and whatever information is appropriate, but I do point out though to the committee that I have made and the department have made Dr Buckett available to the opposition at least on a couple of occasions, I think—

Mr MARSHALL: Sure.

The Hon. J.J. SNELLING: —to answer questions with this sort of detail. I am more than happy to do that again for this sort of detailed clinical information that the Leader of the Opposition wants.

Mr MARSHALL: Thank you. I appreciate that. The government has offered to pay for those tests for the people living in the 31 residences which are now going to be relocated, but yesterday the government confirmed that they would not be making that same offer to residents in the other areas in which now testing is taking place. Can you confirm that that is the situation?

The Hon. J.J. SNELLING: Basically any decision about free testing we would make available on the basis of clinical advice. The clinical advice or the medical advice is that it is only appropriate at the moment to offer that free medical testing to the 31, where there is demonstrated contamination. If, in the future, there is demonstrated contamination elsewhere, we will reconsider that. At the moment, the advice from the experts in my department is that the appropriate people to make available health checks for are the 31.

Mr MARSHALL: Are these health checks expensive? Do we know if there is a significant cost to provide these health checks?

The Hon. J.J. SNELLING: Again, it would be on the basis of what is clinically appropriate. These are not decisions that I make as minister. These are decisions that are done by doctors within my department based upon demonstrated international protocols. I can get back to the Leader of the Opposition or, indeed, make Dr Buckett available again to the Leader of the Opposition to answer these questions.

Mr MARSHALL: Which I appreciate, thank you. I am asking what the cost would be because I am wondering if they would be borne from the existing budget that we have for this sub-program 1.4 in public health.

The Hon. J.J. SNELLING: I would expect, with the 31, it would be done within our existing resources and utilising our existing staff. Again, I will chat with Dr Buckett and he can confirm it.

Mr MARSHALL: Just for clarification, the reason why you would not extend those free health checks to other people who are having the testing done in and around their properties at the moment is because it is just not clinically warranted.

The Hon. J.J. SNELLING: Until such time as I receive clinical advice that it is warranted to make health checks available to other people, we will be doing it only on the 31. If, at some time in the future, I receive clinical advice, doctor's advice to me that further health checks are warranted on other populations, then we would reconsider it. That is not the case at the moment. My very clear clinical advice from Dr Buckett, who has much more knowledge of these issues than either you or me, is that it is only appropriate at this stage to provide the health checks on the 31.

Mr MARSHALL: There has been a very significant cut in the budget for this program over the last three years—a very substantial cut to this program. That is not in any way driving the decision by the government not to offer the free health checks to people in the affected areas?

The Hon. J.J. SNELLING: No, absolutely not.

Mr MARSHALL: What services specifically have been affected by this budget being cut so heavily over the last three years?

The Hon. J.J. SNELLING: Most are health promotion programs. A lot of it is as part of the outcomes of the McCann Review that was done last year: essentially it is community health-based programs and health promotional activities.

Mr MARSHALL: Does SA Health do any long-term studies or any long-term monitoring of the health of people who have been relocated from these areas, in particular the Unity Housing site, where people were relocated in 2009? Has there been any testing done by SA Health?

The Hon. J.J. SNELLING: Again, I will get information from Dr Buckett and provide it to the Leader of the Opposition or, indeed, make Dr Buckett available to answer all the leader's questions.

Mr MARSHALL: That is very kind of you. I have no further questions on that line, thank you.

Dr McFETRIDGE: On that same reference, the 100 per cent of health assessments provided to the EPA: who decides what the trigger is for public notification of those assessments? Is that the EPA? It should be, I would have thought, the toxicology reports from Health.

The Hon. J.J. SNELLING: The EPA is the authority that is given the responsibility for these sorts of issues, under the Environment Protection Act 1993.

Dr McFETRIDGE: Acting on your advice.

The Hon. J.J. SNELLING: It may well be that it makes those decisions based on advice from my agency, but that is done under the protocols established under the MOU, where the agency communicates directly with the EPA. They will provide analysis and advice to them but, at the end of the day, decision-making resides with the EPA. They are the authority under—

Dr McFETRIDGE: So, for example, if the levels were extremely high, to the point where people were in acute danger, the EPA would still make that decision or the health department?

The Hon. J.J. SNELLING: Yes, of course. The Department for Health, and correct me if I am wrong, does not have any statutory authority in this area. That resides—

Dr McFETRIDGE: If there was an Ebola outbreak you would. It is a toxic—

The Hon. J.J. SNELLING: SA Health does not have a legislative mandate in this area; that resides entirely with the EPA.

Dr McFETRIDGE: If there was any other form of public health risk there, what is the health department's responsibilities because, as minister Hill used to say, the buck stopped with him as the minister.

The Hon. J.J. SNELLING: Any sort of environmental issue like this is entirely within the remit of the EPA. Other—

Dr McFETRIDGE: That seems extraordinary.

The Hon. J.J. SNELLING: If the member for Morphett could desist from interrupting me, he might learn something. The broader public health issues, such as an outbreak of Ebola or a public hygiene thing, I imagine, or what is strictly speaking a health issue, it would fall under the Public Health Act, and it would be the responsibility of my department.

Dr McFETRIDGE: This is what I cannot understand—

The Hon. J.J. SNELLING: We are not talking about a public health issue. We are talking about environmental contamination, and environmental contamination is clearly within the remit of the EPA.

Dr McFETRIDGE: Then why are you doing health tests if it is not a public health risk?

The Hon. J.J. SNELLING: We are not doing health tests. The EPA is the control body for this. The Department for Health operates under the MOU that exists between the two agencies in this area.

Dr McFETRIDGE: But your clinicians, and I assume it is your clinicians, not local GPs, will decide whether it is a liver biopsy or just a blood test or just a quick physical these people require.

The Hon. J.J. SNELLING: Sure.

Dr McFETRIDGE: So, it is a health test. Whether you have been poisoned or you have caught a virus or a bacteria, it is affecting your health.

The Hon. J.J. SNELLING: I do not know what point the member for Morphett is trying to make.

Dr McFETRIDGE: You cannot escape that this is a health issue. This is not an EPA issue. The environment has caused a public health issue.

The Hon. J.J. SNELLING: The member for Morphett might think that he can put himself above the legislation that exists in the department, but I do not. The legislation is quite clear that these sorts of issues are issues of environmental contamination and they are the responsibility—

Dr McFETRIDGE: Causing a health effect.

The Hon. J.J. SNELLING: —of the EPA.

Dr McFETRIDGE: I do not understand. There is a—

The Hon. J.J. SNELLING: I do not know the point you are trying to make.

Dr McFETRIDGE: Why are you testing people's health if there is not a health effect?

The Hon. J.J. SNELLING: Because it does not make sense for the EPA to have its own health expertise when that is easily available from the Department for Health, and that is why an MOU exists between the two agencies. The EPA, when it needs the sort of medical advice that resides within my department, can access it and access it directly. It is like saying—

Dr McFETRIDGE: Minister, you have not moved people—

The Hon. J.J. SNELLING: Road transport can have health impacts.

Dr McFETRIDGE: And don't we know it.

The Hon. J.J. SNELLING: People are seriously injured and die on our roads, but that does not make me responsible for our roads.

Dr McFETRIDGE: There is an argument about that.

The Hon. J.J. SNELLING: Everything in life, I guess, at the end of the day can potentially have some health impact. I would be doing nothing. I would be trying to run every agency in government to follow your logic, and that anything that—

Dr McFETRIDGE: Not at all.

The Hon. J.J. SNELLING: —had a potential health impact was suddenly entirely my responsibility. The delineation is quite clear: issues of environmental contamination are within the remit of the EPA, and that is established in legislation. That is not something I have made up, it is not government policy, it is something which sits in the statutes. I do not have, and neither does my agency, statutory authority when it comes to issues of environmental contamination.

You are talking about broader public health issues and, as I said, it might be food poisoning or an Ebola outbreak or, indeed, a pandemic, a flu pandemic. Anything like that would obviously come under the Public Health Act and therefore would be the responsibility of my department. Issues of environmental contamination are entirely done on the MOU that exists between the EPA and my department whereby we provide technical advice as and when it is needed.

Dr McFETRIDGE: I am not going to labour the point, but there is an environmental effect on people's health. Moving on, I have one quick question on the same reference on public health. There was a public notification or article in 2011 saying that there were 23,000 registered bores and thousands not registered across the metropolitan area. The article states that the average cost of testing those bores exceeds $800. It further states:

> Both the EPA and SA Health have issued ongoing warnings to residents with access to Adelaide's 23,000 registered bores—and the thousands not registered—to use them only if they are regularly tested for contamination.

How many bores have been tested and have there been any abnormal results?

The Hon. J.J. SNELLING: I will have to get that information back to the member, and I am happy to do that.

The CHAIR: The member for Dunstan.

Mr MARSHALL: My question relates to Budget Paper 4, Volume 3, page 13, and I just want to have an exploration of the number of people who are employed in the department. What was the total reduction in the Department for Health and Ageing staff for the 2013-14 financial year?

The Hon. J.J. SNELLING: There was an FTE reduction of 277.2. It is important to also clarify that obviously we also had to employ additional staff in other areas. That means the net result is basically a lineball 54 increase in staff. That is from 30,921 to 30,975.

Mr MARSHALL: Can you do those more slowly?

The Hon. J.J. SNELLING: So, 277.2 is the total FTE reduction in the department. Obviously, that is offset by its employing additional people in other areas.

Mr MARSHALL: So you reduce 277 down but you have put on 277 plus 54 so you ended up with a net result—

The Hon. J.J. SNELLING: An increase of 54.

Mr MARSHALL: How many people at the end of the year were there in the department?

The Hon. J.J. SNELLING: At the end of May, 30,975. These are all end of May results, obviously, not 30 June results.

Mr MARSHALL: I do not want to be pedantic, but in last year's budget the budget for this financial year was that the health department would have 29,372 employees this year and you have ended up with 30,975. By my reckoning, you are up by 1,603 people. What happened there?

The Hon. J.J. SNELLING: The first thing to say is that at the end of June the department has basically landed on budget.

Mr MARSHALL: Really?

The Hon. J.J. SNELLING: Yes.

Mr MARSHALL: You got rid of 1,603 people in a month?

The Hon. J.J. SNELLING: Well, just hear me out.

Mr MARSHALL: That is incredible. That is absolutely incredible.

The Hon. J.J. SNELLING: The increase in FTEs is basically the result of a realignment of our FTE position, but there were no dollars provided as a consequence of that. I will ask the acting chief financial officer to explain. It relates to changes in our FTE cap, but the important thing to note is that there are no dollars associated with this. No dollars flow from this and, as I say, the department landed on budget.

Mr DeCESARE: Just to amplify the minister's comments a little further, the predominant cause for the increase was essentially a realignment of the cap, our FTE numbers, by virtue of a period of time previously. There is a mix issue between what FTEs are provided to the department at an average dollar value and over a period of time—

Mr MARSHALL: But if we leave values aside at this stage—

Mr DeCESARE: Yes, that is fine.

Mr MARSHALL: Can I just step you through it. In your budget document last year, you set a budget—

The Hon. J.J. SNELLING: Hang on, I have asked Mr DeCesare to explain it to you.

Mr MARSHALL: Well let's just deal with numbers, though.

The Hon. J.J. SNELLING: No, let's allow Mr DeCesare to explain it, and if the Leader of the Opposition has follow-up questions I am happy to sit here for as long as it takes to enable the Leader of the Opposition to ask whatever questions he wants, but at least give Mr DeCesare the courtesy of providing the explanation which the Leader of the Opposition has asked for.

Mr MARSHALL: I guarantee I was not trying to intervene, but I was only at this point dealing with the numbers of people, not the values.

The CHAIR: Member for Dunstan, perhaps if we just continue with the answer.

The Hon. J.J. SNELLING: I think if we can just allow Mr DeCesare to explain it because it is very technical, and he can provide the explanation. If there is anything unclear or anything the Leader of the Opposition wants to follow up, I am more than happy to take whatever questions. There are no government questions being asked, so there is plenty of opportunity for the Leader of the Opposition to ask whatever he wants.

Mr DeCESARE: Perhaps I will provide an example. First of all, the FTE numbers have increased. Say, for example, FTEs are provided on the basis of an average salary of $100,000 but

indeed the salaries are actually $80,000 each, you will have to increase the FTE numbers to correlate with the dollars, and that is the sole purpose of the increase to the FTEs.

Mr MARSHALL: What was the original budget for the FTEs for last financial year?

Mr DeCESARE: I do not have that before me, but—

Mr MARSHALL: Would it be correct to say that what was presented in last year's budget paper—this one—would be the budget, and that budget, which is on page 49, says that the budget was for 29,372 FTEs; that would be the budget for last year?

The Hon. J.J. SNELLING: That is exactly the point Mr DeCesare is making. The point is that that number did not reflect the number of FTEs we actually had in the system, and so what has happened is that there has been a parameter adjustment, which means that the FTE numbers we have better reflect the actual number of FTEs we have in the system. The reason for that misalignment was basically a valuation issue on the value of the individual FTEs, which had previously been—$100,000 did you say?

Even a small movement in the valuation of the individual FTEs of even around $10,000 could cause a change in these FTE numbers. But the important point is that, as a result of this parameter adjustment, there are no extra dollars. We do not get any extra money from Treasury; it is just basically a statistical anomaly, and now what we have is a better reflection of the number of FTEs we actually have.

Mr MARSHALL: Minister, do you know how many people work in your department?

The Hon. J.J. SNELLING: Yes.

Mr MARSHALL: How many?

The Hon. J.J. SNELLING: At the end of May 2014, 30,975.

Mr MARSHALL: Do you know how many were there at 30 June the previous year?

The Hon. J.J. SNELLING: There were 30,921.

Mr MARSHALL: Even though one month earlier you said that there were 29,372?

The Hon. J.J. SNELLING: That is the adjustment.

Mr MARSHALL: The adjustment basically provided that there were a thousand more employees in the department than you knew a year ago?

The Hon. J.J. SNELLING: The 30,921 is the adjusted number.

Mr MARSHALL: But is that the actual number, or is it just a statistical—

The Hon. J.J. SNELLING: My advice is that is the actual number.

Mr MARSHALL: Alright, so what we know is that during the year, you did an analysis—a year ago, you did not know how many people there were, but then you did this analysis.

Mr DeCESARE: We have known for some time that there has been an anomaly, from a budget perspective, with our FTE caps, and we have been working with Treasury to provide further evidence about both the reasons and the history associated with that anomaly. But, again, to reiterate what the minister said, it is a budget adjustment; the FTEs have always been there, in terms of the cap.

Mr MARSHALL: Previously, though, what was the underestimation of the number of employees that you had? Was it, in round terms, 1,600?

Mr DeCESARE: No; in round terms, from just the statistical anomaly, it is around about 600 FTEs.

Mr MARSHALL: Again, that does not really reconcile, does it, because the budget for last financial year's employees was set, in your own budget, at 29,372 employees. Now, you say that is the same number, in value terms—the only change is actually in the number of heads in that dollar

figure—and that is adjusted up now to 30,975. You have said that the two end years are virtually the same, within 54—

The Hon. J.J. SNELLING: We have employed extra FTEs on top of that, and those FTEs are partly—we received additional activity funding at MYBR, so that enabled us to employ extra doctors and nurses. We have had to obviously employ people with regard to those significant projects, such as the new Royal Adelaide Hospital, and employ more people there—

Mr MARSHALL: The net increase is just 54, minister, is that correct?

The Hon. J.J. SNELLING: —and there would also be extra FTEs as a result of commonwealth national partnerships that we have signed during the year. But anyway, there would be small numbers of FTEs associated with money that has flowed from the commonwealth as well. So, we have had to somewhat grow our workforce, but that has been significantly offset by, as I say, a reduction in 277.2 FTEs.

Mr MARSHALL: So, in reality, you are saying at this point that you grew—the net growth in employees in the Health department last year was 54, despite the—

The Hon. J.J. SNELLING: That is right, but this adjustment to our FTE numbers is a result of this statistical anomaly.

Mr MARSHALL: Yes, but are you saying that it is accurate now?

The Hon. J.J. SNELLING: Yes, that is right.

Mr MARSHALL: It was not accurate a year ago; you have essentially—

The Hon. J.J. SNELLING: It is now accurate; it has now been—

Mr MARSHALL: —found 1,600 employees that you did not know that you had.

The Hon. J.J. SNELLING: No, that is not the case.

Mr MARSHALL: Well, how many did you find?

The Hon. J.J. SNELLING: Mr DeCesare just said that it was roughly approximately 600.

Mr MARSHALL: You found 600?

The Hon. J.J. SNELLING: That was the adjustment. You are talking about statistical measures of FTE numbers in the department, and that is what has been adjusted.

Mr MARSHALL: This is almost too good to be true; it is almost too good to be true. Anyway, you have found these statistical anomalies now, and we have got 30,975 of them at the moment; that is accurate?

The Hon. J.J. SNELLING: The 30,957—

Mr MARSHALL: FTEs.

The Hon. J.J. SNELLING: —at the end of May 2014—FTEs—is accurate, yes.

Mr MARSHALL: Well, I will just make the point that that is 1,600 more than what you said you were going to have just 12 months ago.

The Hon. J.J. SNELLING: As I have said, that has been offset—part of that explanation is this statistical adjustment that has been done, and Mr DeCesare has been through that. Partly, it is also the result of us employing extra doctors and nurses as part of our activity growth funding, as part of MYBR. I mean, I am amazed that the Leader of the Opposition should be so appalled that we would be employing more doctors and nurses.

Mr MARSHALL: I am just appalled that you did not know they were there 12 months ago. Twelve months ago you had no idea how many doctors and nurses that you had—

The Hon. J.J. SNELLING: We did know, though.

Mr MARSHALL: —and you are coming in here now and you are saying—

The Hon. J.J. SNELLING: We did know that they were there.

Mr MARSHALL: —that Mr DeCesare says that there might be 600 more. I reckon there are 1,600 more than you knew a year ago.

The Hon. J.J. SNELLING: No, we did know that they were there.

Mr MARSHALL: Do you know what is going on in your department?

The Hon. J.J. SNELLING: Absolutely.

Mr MARSHALL: Have you got any idea?

The Hon. J.J. SNELLING: Absolutely.

Mr MARSHALL: How many people are you going to have at the end of this financial year?

The Hon. J.J. SNELLING: Our projection for FTE numbers at the end of 2014-15 is 30,000.

Mr MARSHALL: Yes, and what is it for each of the years of the forward estimates?

The Hon. J.J. SNELLING: We do not have that in front of us. I can get that back to the Leader of the Opposition.

Mr MARSHALL: Thank you. Do you have any idea where those jobs will be found? Have you got a break-up of whether they will be doctors, nurses or people within the bureaucracy?

The Hon. J.J. SNELLING: No. You have got to keep in mind that any number sort of assigned to the budget papers with regard to FTE reductions is basically a notional number. The main point is that we achieve the savings. I think we just have to be very careful when we are talking about an actual reduction in staff numbers because sometimes we can achieve those savings in other ways that do not necessarily result in us having to lose an FTE.

Mr MARSHALL: Okay. I am not quite sure I understand that, but I am sure when I read the *Hansard*—

The Hon. J.J. SNELLING: As far as the budget is concerned, the important thing is that we achieve the actual saving. Now, how we achieve it—

Mr MARSHALL: I see.

The Hon. J.J. SNELLING: It might be that we are able to achieve it. One way we are looking at achieving savings is by how we do our ordering, how we do various drug ordering, procurement issues and things like that. We can often achieve significant savings in those sorts of ways.

Mr MARSHALL: Sure, but, at this stage, you have already identified that you plan to reduce your workforce by 975. You did that just a few minutes ago when you told me what it was at 30 June—30,975—and I subtract what you say you are going to have on 30 June at the end of this financial year, which is 30,000. It is not difficult arithmetic. There are 975 people to go, and I just wonder whether there is any indication at this stage—you must have had something in mind when you came up with the 975—which areas they would be going from, but at this stage you are saying it is not determined.

The Hon. J.J. SNELLING: No, what we have done is set up a process where I have three groups drawn from our various clinical areas: firstly, a doctors group; secondly, a group consisting of nurses; and, thirdly, a group consisting of allied health in our science areas. They are providing me with advice on how we are to deliver better quality health care.

It is a bit of a truism in health that, if you are able to achieve better quality outcomes then, inevitably, that is going to be cheaper because you are going to have lower rates of readmission and lower rates of complications as a result of procedures. So, I have asked those three groups to come to me with advice about how we can build a better system and how we can drive better outcomes because I am very confident that, in doing that, we can achieve less complications and less readmissions and actually achieve those savings that have been allocated to us.

We are going through that process at the moment. I expect that those groups will be reporting to me in the next couple of months, and we will be making decisions towards the end of the year about how we get better outcomes out of our health system and how we drive down costs.

Mr MARSHALL: Thank you. How many voluntary separation packages were offered last financial year, what was the value of those and how many were taken up?

The Hon. J.J. SNELLING: 203.8.

Mr MARSHALL: Were taken up?

The Hon. J.J. SNELLING: Yes.

Mr MARSHALL: What was the total value of those?

The Hon. J.J. SNELLING: I would have to get that for you.

Mr MARSHALL: Okay. As of 1 July this year, tenure has gone. Have you made any forced redundancies so far this year?

The Hon. J.J. SNELLING: No.

Mr MARSHALL: What is your process for determining what percentage of those 975, if any, would be taken up with forced redundancies?

The Hon. J.J. SNELLING: We are not near that point. With regard to the redeployees, always the first thing we do is to try to find alternative employment, alternative placements, for these people within the department. Often redeployees are actually in funded positions doing work somewhere in the department. I think sometimes in my office I have had redeployees filling vacancies in the office. So we are a long way from having to exercise forced redundancy.

Mr MARSHALL: Just for clarification, once a position becomes redundant, you essentially will then offer redeployment but then after a certain period of time if you have not had enough voluntary separations you have the opportunity to look at a forced redundancy when a position is no longer available.

The Hon. J.J. SNELLING: I think it would be fair to say that we are a long way from that.

Mr MARSHALL: Sure, but you have plenty of people who are currently working—

The Hon. J.J. SNELLING: My advice is that we are not considering forced redundancies at the moment.

Mr MARSHALL: Despite the fact that you already have significant numbers who are redeployed, so they are already not in jobs.

The Hon. J.J. SNELLING: Yes. As I was saying, the redeployees we have are working in the department, they are filling funded positions in the department.

Mr MARSHALL: Okay.

The Hon. J.J. SNELLING: So they are not sitting around twiddling their thumbs, they are actually in funded roles.

Mr MARSHALL: Alright, but—

The Hon. J.J. SNELLING: We also have, for example in our nursing workforce, a turnover of just under 10 per cent, so it may well be—and we would expect and be reasonably confident—that we would be able to deal with redeployees just through normal attrition.

Mr MARSHALL: Thank you. The only reason I ask that is because it seems to me that you need to reduce your workforce by 975. We know that last year the take-up of the TVSPs was only 203.8, and that is with a package that is significantly better than what it is now, so that is why I asked the question. You are quite convinced that you would be able to make up that 975 with general turnover of employees.

The Hon. J.J. SNELLING: That is what my advice is. We are talking about a workforce of 30,000 people and even with an average turnover of 8 to 10 per cent that is a significant number of

vacancies that become available across the health department every single year. The department is reasonably confident that we will be able to deal with redeployee numbers through normal attrition, and history has shown that we have done that.

Mr MARSHALL: Just a couple of quick questions now on the da Vinci machine, referring to Budget Paper 5, page 28. Is the government going to invest in a da Vinci robot for use within the public health system? I understand that you are allowing public health patients to use the system within the private sector, but it is a simple question: is there any plan at this stage to invest in a da Vinci robot for use within the public health system?

The Hon. J.J. SNELLING: That is part of the procurement decision for the new Royal Adelaide Hospital. My advice is that the current arrangement we have with St Andrew's is going very well and utilisation is about 50 per cent of public patients on that machine and, if that utilisation increases, we will consider purchasing a machine for within a public hospital. The arrangement we have with St Andrew's is one that works very well for us.

Mr MARSHALL: Just another quick one to finish on the da Vinci machine, some people have suggested to us that patients' prospect of survival and recovery, and then ultimately cost to the health system, are better and lower with the da Vinci intervention or surgery versus other procedures. Has SA Health done any cost benefit analysis and factored that in?

The Hon. J.J. SNELLING: Decisions about whether or not it is appropriate to use the da Vinci machine is, at the end of the day, the responsibility of individual clinicians and their patients. They will make the decision about whether to use the da Vinci machine or not. There is a da Vinci machine at St Andrews available to them, and decisions about whether to utilise it or not, at the end of the day, are made by a clinician.

Mr MARSHALL: Just a couple of quick questions about the Repat. I refer to Budget Paper 4, Volume 3, page 15. Is the government considering privatising all or some parts of the Repatriation General Hospital?

The Hon. J.J. SNELLING: No.

Mr MARSHALL: Is the government considering outsourcing any services currently provided at the Repatriation General Hospital?

The Hon. J.J. SNELLING: No.

Mr MARSHALL: When the Treasurer goes out publicly and says that we may have to close a hospital in South Australia, can you effectively rule out that the Repat is one of those hospitals being considered by the government?

The Hon. J.J. SNELLING: We are going through a process with the various clinical groups who are providing advice to me about how to build a better health system. I am not going to play the rule-in rule-out game and start to tell these clinical groups what they can consider and what they cannot consider.

Mr MARSHALL: So they can consider the Repat?

The Hon. J.J. SNELLING: The sorts of things they are considering are basically how to deliver better quality health care. I will leave it up to them to provide advice to me, but I am not going to give them direction about what they can advise me and what they cannot. I am leaving it entirely with those groups about what their advice is. The prime consideration is how we can get better health outcomes for South Australians because, at the end of the day, that is what is going to drive down costs.

Mr MARSHALL: I understand that, but when I ask the question of whether the government is considering privatising the Repat, you say no.

The Hon. J.J. SNELLING: Nothing has been put to me. There has been no proposal put to me to do any of those things.

Mr MARSHALL: But it is something that could be—

The Hon. J.J. SNELLING: You are asking whether something is under active consideration. The answer is no, no proposal has been put to me. But then you ask me a second thing: can I rule it out? Well, they are two different questions. My point is that I am not going to be giving direction to those clinical groups about what they can consider and what they cannot consider. All I am asking them to do is to provide advice to me on what we can do to build a better health system and get the best outcomes for South Australians. I will leave it up to them what they think is the most appropriate way of doing that, but I am not going to say that there are certain areas where they cannot go.

Mr MARSHALL: Has the government conducted or sought feasibility studies into the privatisation of one or more parts of the Repatriation General Hospital?

The Hon. J.J. SNELLING: The only thing we have been looking at is hotel services. We have a mixed system, where we have some hotel services that are insourced and some hotel services that are outsourced. Obviously, the new Royal Adelaide Hospital is going to be a completely outsourced model; so we have been looking at hotel services. I presume the Leader of the Opposition is talking purely about clinical areas, and the answer to that is no.

Mr MARSHALL: Is it possible that the department has done that work and sought that feasibility study but it has not been brought to the minister's attention at this point?

The Hon. J.J. SNELLING: Not to the chief executive's knowledge, anyway.

Mr MARSHALL: Is the government considering selling any assets held at the Repatriation General Hospital?

The Hon. J.J. SNELLING: No, we are not.

Mr MARSHALL: I refer to Budget Paper 5, page 28. Why was $1 million cut from the upgrade of the Repatriation Hospital?

The Hon. J.J. SNELLING: How are you extrapolating the $1 million cut?

Mr MARSHALL: Just from looking at it in previous years, what it has been reported as.

The Hon. J.J. SNELLING: I will get back to the member with an answer, but it may well be not a cut but just that the project has cost less than was originally envisaged.

Mr MARSHALL: Thank you. I would be grateful for that.

The Hon. J.J. SNELLING: It is not uncommon.

Mr MARSHALL: No, nothing untoward, just a question of clarification. I have a question on the old Royal Adelaide Hospital site, Budget Paper 4, Volume 3, page 31. Do the government's current intentions for the current Royal Adelaide Hospital site leave scope for the utilisation of part of the current buildings for health purposes?

The Hon. J.J. SNELLING: You will have to direct that question to minister Rau, who has carriage of that project.

Mr MARSHALL: Thank you very much.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 53, activity indicators, the last dot point about Port Pirie lead levels. I cannot help but draw a parallel between environmental contamination in Port Pirie and at Clovelly Park, where at Port Pirie, according to the activity indicators, a number of children—800, in fact—have been tested for blood lead levels. What is the change in the number of children being tested now that the new recommendations from the NHMRC have been basically halved, from 10 to five micrograms?

The Hon. J.J. SNELLING: The National Health and Medical Research Council released a draft information paper on the health effects of lead for public comment on 16 July 2014 as part of the review of its current position that all Australians should have a blood lead level of less than 10 micrograms per decilitre. Key conclusions of the paper include that there is no safe level of lead that has been proven not to cause any health problems and that blood lead levels above five micrograms per decilitre indicate that a person may have been exposed to sources of lead above

those normally found in the environment. These additional sources should be investigated and reduced, especially for young children and pregnant women.

Please note that SA Health's lead abatement program already meets this recommendation, providing an increase in levels of active management to reduce lead exposure when a child's level is above four micrograms per decilitre. However, the NHMRC report will have clear impacts on how the department reports blood lead levels. The department will be reviewing these impacts during the public comment period.

The latest result showed that the overall Port Pirie children's lead exposure for the first quarter of the year has improved compared with last year, with approximately 78 per cent of under five year olds having blood lead levels below the current NHMRC value of 10 micrograms per decilitre. The targeted lead abatement program, announced by the government on 16 May this year, intensifies actions taken by state and local governments and the community to reduce children's blood lead levels. This program, along with continued monitoring by the department, provides the best opportunity to effectively manage children's exposure to lead in Port Pirie.

Membership:

Mr Tarzia substituted for Mr Marshall.

Dr McFETRIDGE: On the same budget reference, minister, it is the public health section of the health department, I assume, that is enlisting or deciding who is tested in Port Pirie, or is there just an age range of testing?

The Hon. J.J. SNELLING: In regard to lead levels in Port Pirie, there is a whole across-government task force approach to that particular issue in which SA Health is obviously involved. I can get a full briefing available for the member for Morphett on how that is structured and how that is done, but it is an across-government task force that coordinates these sorts of things.

Dr McFETRIDGE: Given that it is an across-government task force, is the government considering establishing an across-government task force to manage the environmental contamination at Clovelly Park and at—

The Hon. J.J. SNELLING: You would need to direct that question to minister Hunter.

Dr McFETRIDGE: I would have thought that if it were across government you would be part of those discussions.

The Hon. J.J. SNELLING: At the end of the day, minister Hunter has carriage of the Clovelly Park issue.

Dr McFETRIDGE: On these across-government decisions, what happened to the policy of health in all areas that minister Hill was promoting?

The Hon. J.J. SNELLING: I will need to get a report back to the member for Morphett about that. My understanding is that it was tied up with part of our health promotion activities in Dr Christley's area.

Dr McFETRIDGE: Going back to the lead health levels in Port Pirie, is the EPA the lead agency there?

The Hon. J.J. SNELLING: Again, I can get a report back to the member for Morphett but my understanding, with regard to Port Pirie lead levels, is that it is done by this across-government task force and coordinated in that way. However, I will get back to the member for Morphett about exactly what the machinery arrangements are for that.

Dr McFETRIDGE: This is an historical problem in Port Pirie, as are TCEs and all the other hydrocarbon contamination across metropolitan Adelaide. Was it the state emergency committee that met? I would have thought—

The Hon. J.J. SNELLING: No, there is a specific across-government task force where the issues in regard to the smelter and all the Port Pirie issues are brought together. A number of government agencies are involved in that across-government task force because, obviously, it is tied up with the existence of the smelter.

Dr McFETRIDGE: So that we are not getting too tied up in the toxicology of South Australia, let's go to Budget Paper 4, Volume 3, page 14, the wonderful EPAS project. What is the total estimated cost to develop EPAS and operate it for the next 10 years before offsetting any savings? It was originally $408 million; I think the last estimate was $422 million. Can you tell us what the current cost of EPAS is expected to be?

The Hon. J.J. SNELLING: Without offsets, the current budget is $421.5 million.

Dr McFETRIDGE: The original cost was $408 million, was it?

The Hon. J.J. SNELLING: There were some CPI adjustments that were not factored into the original business case. There was an original figure of $408 million, but that was not adjusted for inflation. The $421.5 million reflects the CPI adjustments.

Dr McFETRIDGE: From the same budget reference, minister, can you remind the committee what the original project plan rollout schedule was, what was the forecast spend, the hospital rollout and the number of beds? I think you have already given us the spend, so the hospital rollout and the number of beds rolled out by the end of June 2014, what you thought it might have been?

The Hon. J.J. SNELLING: This pre-dates my time as minister; indeed, I think it pre-dates my time in cabinet. I know the member for Morphett is trying to suggest that there had been a reduction in the scope and that originally all country hospitals were part of the scope. The simple fact is that when cabinet made a decision to proceed with EPAS it was done on the current scope, and that is of all the metropolitan hospitals and the two country hospitals. Since cabinet approval has been given to EPAS—which I think pre-dates my membership of cabinet—it was on the current scope, and that is that those two country hospitals and all the metropolitan hospitals, the GP Pluses, and the SA Ambulance Service.

Dr McFETRIDGE: Is the government committed to continue with EPAS?

The Hon. J.J. SNELLING: We are having a look at it at the moment. We have obviously put a pause on the rollout, which has partly been driven as a result, obviously, of the federal cuts. We have had to pause all our capital programs, including redevelopment of the Flinders Medical Centre ($100 million), expenditure at Modbury Hospital, and expenditure at The Queen Elizabeth Hospital. It was sensible also, for the moment, to pause on EPAS while we have a bit of a rethink about it. We also need to ensure that it is successfully rolled out to the Royal Adelaide Hospital in time for April 2016. Obviously, the Royal Adelaide Hospital's design is predicated on having electronic health records.

Dr McFETRIDGE: As part of the funding, the $400-odd million we have, I think there was a $90 million contribution from the federal government. Is that locked in, there are no conditions associated with that?

The Hon. J.J. SNELLING: No, there is not.

Dr McFETRIDGE: The issues with EPAS seem to be not only that the costs have gone up but also implementation. Even this morning, on the ambulance service dashboards, poor old Noarlunga hospital has had no statistics entered onto the dashboard, and that has been the case—I am a bit of an observer of these—for many, many months. Is that because EPAS really has been an absolute mess down there?

I will give you anecdotal evidence of that, and that is that doctors have told me they are having to go through up to 40 screens to admit a patient, that there were over 300 medication errors in the first few weeks and that, at one stage, EPAS was shut down and they went back to a paper-based system until they could sort it out. It just has never worked.

The Hon. J.J. SNELLING: EPAS has two components: one is the electronic health record, and my advice is that it is going very, very well. We should spend a little bit of time talking about what

are the benefits that EPAS so far has delivered where it has been rolled out, in terms of clinical benefit:

- Over 3,500 alerts firing for prescribing drugs when a patient is allergic to the drug being prescribed.
- There is an important drug/drug interaction that prescribers should take into account or there is important information to inform prescribing, for example, renal function, weight or age.
- Timeliness of OPD letters (outpatient department letters), where over 1,400 letters waiting to be typed for OPD when EPAS went live and it is currently zero.
- Better quality of letters, that is, the discharged letters that are provided when patients are discharged to go to their GP. There were 1,400 letters previously waiting, and that has now come down to zero, and that is basically because of the effectiveness of EPAS, these clinical systems. Better quality of letters, according to one GP, suggested that EPAS structure be used elsewhere.
- Continuity of patient information across sites using EPAS. Multiple people can use the record at the same time, saving time in searching for records.
- Falls went down at the Noarlunga Health Service the month following the EPAS introduction. EPAS has a mandatory falls assessment; legible notes versus handwritten notes, which can be difficult to read.

These are all some of the benefits from the clinical side. There is no arguing that we have had difficulties with the patient administration side, in particular with the billing module. They are things that are being rectified by Allscripts, which is the provider of the software. My advice is that the issues with providing information to go up on the dashboards is because of the difficulties we are having with the patient administration part of the software. Nonetheless, we are getting enormous benefits from the electronic health record, from the clinical side of the software, of the sort of magnitude I have just mentioned.

Dr McFETRIDGE: It still puzzles me, then, minister, with the clinical record side of things, the patient administration, we do not know how many patients are in the emergency department at Noarlunga hospital.

The Hon. J.J. SNELLING: That is all provided for the dashboard by the patient administration side of the software, and we are having difficulties with that. That is being rectified. Allscripts, the software provider, is rectifying that and, as soon as that is rectified, we will be in a position to start putting that information back up on the dashboard.

Dr McFETRIDGE: Thank you for that. Same budget reference. Given that the EPAS project is on hold, how much does it cost per month to maintain the EPAS project team? Is it $200,000, I have here, a month?

The Hon. J.J. SNELLING: I would have to get back to you with what the exact cost of the team is. But the other thing to keep in mind is also the costs of maintaining the legacy systems—

Dr McFETRIDGE: That was the next question.

The Hon. J.J. SNELLING: —that we need to continue. Obviously, we would have hoped that a number of those legacy systems by now would have been able to be turned off, but we have had to keep them going. The other issue we have encountered is that we have had to do significantly more training for our clinicians in the use of the program than was originally anticipated, So that is, of course, another issue we are facing we are having to deal with.

Dr McFETRIDGE: The expected ongoing running costs of EPAS, have they changed because it is on hold—

The Hon. J.J. SNELLING: We are having a look at that. To date we have not had to go back to budget to seek supplementary funding; we have been able to manage it within the current funding envelope. It may well be that in the future we will have to get some supplementary funding,

given that we have not been able to switch off the legacy systems at the rate at which we originally anticipated and we have had to do significant extra training as well—more training than we originally anticipated.

The main and most important priority for me is that we do this rollout safely. Any IT project—whether it be in government or the private sector—is notoriously fraught with mistakes with health software, and health IT rollouts can obviously cause deaths if they go wrong. It is incredibly important that we get this right and that no corners are cut. I will be rolling it out at a rate at which I deem and on which I have very strong independent assurance that it is absolutely safe to do so.

As I said, there have been significant benefits so far in the sites where we have rolled it out. There have been reductions in people being prescribed drugs which might interact with another drug they might be on which may cause an allergy and there has been a reduction in falls. There has been more efficient use of nursing time with nurses doing what they are trained to do: that is, look after patients rather than scouring wards for missing medical records. So it has been a success but we are talking about a project of significant complexity.

Dr McFETRIDGE: You were talking about patient records and discharge letters and other things. The inpatient treatment orders for mental health patients, I understand, was a significant issue at Noarlunga. Has that been sorted?

The Hon. J.J. SNELLING: It has been sorted, I am advised.

Dr McFETRIDGE: How many challenges were there by lawyers in regard to these inpatient treatment orders, do you know?

The Hon. J.J. SNELLING: I will get some advice on that. My advice is that it was not many, but I will get advice and provide that information.

Dr McFETRIDGE: Just continuing on EPAS, the same budget reference, is the government committed to rolling out EPAS across all of the initially announced hospitals? What time frame do you envisage at this stage?

The Hon. J.J. SNELLING: We are having a look at that at the moment. My first priority is to make sure that we successfully roll it out to the Royal Adelaide Hospital in time for the opening of the new Royal Adelaide Hospital, so we will be focusing all our resources at that particular rollout. Once the Royal Adelaide Hospital is done, then we will consider further rollouts from there. We are looking at all this at the moment and having a bit of a think about it.

Dr McFETRIDGE: So how do you know if it is working if you are not using it at the moment?

The Hon. J.J. SNELLING: Well, we are. It is working at the Repatriation General Hospital, Noarlunga Hospital and the Port Augusta Hospital, and it is working in GP Pluses and in the SA Ambulance Service.

Dr McFETRIDGE: So it is still being used—or they are developing it and fixing it.

The Hon. J.J. SNELLING: Yes, indeed, it is being used at all those sites. Obviously, with the patient administration system, we have encountered difficulties there. There are things which are being rectified as we speak by the software provider Allscripts, and those issues are being worked through.

Dr McFETRIDGE: Are they using a paper system instead of the electronic system or are they using the electronic system now?

The Hon. J.J. SNELLING: Sorry, you mean where we have rolled it out?

Dr McFETRIDGE: Yes.

The Hon. J.J. SNELLING: At the moment my advice is we are using entirely the electronic health record. In those sites where it is being rolled out, it is paperless.

Dr McFETRIDGE: On the same budget reference under the National Partnership Agreement on improving public hospital services—actually, I think you may have answered this question in your broad-ranging answer before, but I will move on to that same reference there. I am

told that there are a number of security issues with bedside consoles and their capacity to protect patient confidentiality. Has the chief information officer signed off on some sort of security fix for that?

The Hon. J.J. SNELLING: I am not aware of the issue. If the member for Morphett wants to provide some more details, I am happy to get back to him with a full briefing.

Dr McFETRIDGE: I will check with my sources and I will get back to you on that one, because that certainly to me would be something—just anecdotally, I was told that doctors and nurses were hesitant to interrupt patients watching television on the same monitors. Is that the case or not? Is it one common monitor for TV as well as EPAS?

The Hon. J.J. SNELLING: I will ask the Chief Executive to answer.

Mr SWAN: Those bedside monitors are used for both entertainment and for access to clinical information. Obviously, when clinicians enter the room they are seeking endorsement from the patient to access that information, but the intention was and acceptance by clinicians and patients is they are a dual-use modality.

Dr McFETRIDGE: It is just I heard that patients who paid to watch a movie were complaining to doctors and the doctors were then taking handwritten notes and going back in and doing it later, which seemed to be—

Mr SWAN: I have not heard of that.

Dr McFETRIDGE: Anyway, it may be something you want to perhaps look at. The next budget reference is the last one we will put on EPAS at this particular moment in time as we are watching the time very carefully here: Budget Paper 4, volume 3, page 21. The gateway reviews following the rollout of Noarlunga Hospital—what are the standout issues that the government is trying to overcome at the moment? I think you have mentioned some of them before, but if there are others you could tell the committee.

The Hon. J.J. SNELLING: The main issues we have encountered are obviously with the billing module and the actual issues with the software, which are being rectified by All scripts, the provider. I went down to the Repatriation Hospital in particular and visited their outpatients where there were issues with transferring data from the old system to the new with regard to outpatient appointments. The other issue is, of course, the system they have got is essentially blank, so every patient who comes in has to have their data re-entered into the system, and of course that takes time. As more and more patients come through and their data is entered onto the system, that will tail off significantly, but that has caused some issues as well. So, we are having to get around all these things.

Dr McFETRIDGE: Has there been any evidence of an overloading of the system? Because the same as in the Concessions and Seniors Information System (the CASIS system) with the Department for Communities and Social Inclusion, the problem they had there was that they had multiple entries of the same person. Is that because they had two spellings or different names? How do you overcome that?

The Hon. J.J. SNELLING: That particular issue has not been raised with me as a problem.

Dr McFETRIDGE: Just changing tack a little here to Budget Paper 5, page 6—the new Royal Adelaide Hospital. I note, minister, you answered a question for me in question time last year, I think it might have been, or it might have been earlier this year, about the completion date of the Royal Adelaide Hospital. I asked whether it was going to be in April 2016; you confidently replied that it was. I see in a media report the other day 2016 without naming April, so what is the reported completion date of the Royal Adelaide Hospital—not the contract date, but the reported completion date?

The Hon. J.J. SNELLING: I do not know what the member is referring to, but there is a contracted completion date of April 2016. The consortium, SAHP, under the contract are obliged to deliver a hospital to us in April 2016. They have not come to us to say that there is any change to that date. Indeed, they have made public comments as recently I think as this week indicating April 2016 as far as they are concerned as the completion date.

Dr McFETRIDGE: So that is the only date that has been reported to you?

The Hon. J.J. SNELLING: I am not a builder, and I am certainly not down there directing the project. My understanding, though, and my advice is that any construction project will obviously have times when it is running behind and then they have procedures in place and allowances which enable them to make time up where they need to.

To date, they have made no approach to government seeking a variation of that April 2016 delivery date, and we are working on the basis that April 2016 is when it will be delivered. If the builder decided, for whatever reason, that they were not able to meet April 2016—and I hasten to add that they have not done so—they would have to make an approach to government and seek a variation of the contract, but to date that has not happened.

Dr McFETRIDGE: I assume the remediation is complete now down there.

The Hon. J.J. SNELLING: Yes, of course.

Dr McFETRIDGE: And all the claims for any costs are in?

The Hon. J.J. SNELLING: The new Royal Adelaide Hospital site has been contaminated through its 100 years' use as rail yards. The state conducted an extensive investigation of the nature and extent of the contamination in the lead-up to tendering the project. The contaminants identified onsite by the state's investigation included arsenic, which, I understand, historically has been used as a weed spray; ash and cinders from old steam trains; diesel; and chemicals related to cleaning products.

The contract with SA Health Partnerships has a requirement to remediate the site suitable for use as a hospital. If SA Health Partnerships finds contamination that was not identified in the state investigations (that is, unknown contamination), it is entitled to be compensated for 80 per cent of the remediation costs. SA Health Partnerships has claimed that it found unknown contamination and submitted a claim for compensation and an associated extension of time.

One part of the claim for approximately $1 million has been through the prescribed process in the contract and has been settled at 50 per cent of the claimed cost. Detailed information in the rest of the claim has not yet been formally submitted. SA Health Partnerships has completed the majority of the remediation of contaminated soil. Areas under the site amenities complex will be remediated when they become accessible.

Dr McFETRIDGE: On that same, point, minister, and going on from that answer, what is the total number of claims that have been put in and the value of those claims?

The Hon. J.J. SNELLING: There is one claim, and that has a number of different components. One of those components was a claim for approximately $1 million; that is the only component that has been through the formal process, and as I said, that has been settled at 50 per cent ($500,000).

Dr McFETRIDGE: I have to ask, minister, on the new Royal Adelaide Hospital, what was the original and what is the current cost to the government of the NRAH project?

The Hon. J.J. SNELLING: The state works are $248.1 million, and that has not changed. There was a bring-forward of $22.7 million last year, which I announced last year.

Dr McFETRIDGE: Just on the build down there, is the government's project manager working full time, or do we have a part-time project manager? I understand that project manager is in DPTI, though.

The Hon. J.J. SNELLING: Yes, that is Judith Carr. She has responsibility only for the construction side and for dealing with the builder, basically; that is her involvement with the project. I presume she has other responsibilities within DPTI that she looks after, and this is part of her responsibilities, albeit a significant part.

There are people within Health whose responsibility is the health side of things: the running of the hospital, the commissioning of the hospital, the decisions about where services are put, how we are going to transition from the old hospital to the new hospital, and procurement issues. They

now fall under the responsibility of a full-time project director who started about a fortnight ago to work on the transition from the old hospital to the new.

Dr McFETRIDGE: Thank you for raising that transition time, minister, because—and this is the same budget reference, Chair—I understood that the initial transition time was something like six weeks; is that correct?

The Hon. J.J. SNELLING: We are having a look at all that, and we will be making some decisions.

Dr McFETRIDGE: That would be just about impossible.

The Hon. J.J. SNELLING: Yes, it is something that warrants significant further investigation.

Dr McFETRIDGE: Is there a budget for the transition?

The Hon. J.J. SNELLING: At the moment, that is all within the $248 million as part of our state works.

Dr McFETRIDGE: Just on the build down there, antivibration technology was being put in place because of the vibration from the train lines. Has that been re-evaluated? Have the reports on that vibration been reviewed? I understand that, when the initial reports were done, the Belair train line was actually closed, and that is the one that is closest to the hospital.

The Hon. J.J. SNELLING: They would be questions we would have to direct to the builder or to DPTI. I can get information back to the member for Morphett.

Dr McFETRIDGE: Whilst you are at it, you might want to ask them if it is true that the cost of the quadruple-glazing of the windows for the helicopter pad is about $30 million, which is what I have been told.

The Hon. J.J. SNELLING: I am not aware of that. That would be part of the overall build cost. It would be a fixed-price contract, and that would be part of the overall build cost incurred by SAHP.

Dr McFETRIDGE: Just to finish off on the new RAH, minister, what is Dr Panter's current role with the new Royal Adelaide? Is he just general manager down at the—

The Hon. J.J. SNELLING: No, he is integral to it. He is the chief executive officer of the Central Adelaide Local Health Network, and he will take delivery of the hospital in April 2016. He is intimately involved in every way in the commissioning of the new hospital and so on. We have employed a new project director who is basically on a contract to ensure the delivery of the new hospital, so that is his particular role, but David Panter remains intimately involved in the commissioning of the new hospital.

The CHAIR: Before you continue, member for Morphett, could we just ask everyone in the galleries behind us to keep their voices down? They are carrying into the chamber, so could we ask media people to keep their voices down in the galleries? Thank you. Member for Morphett.

Dr McFETRIDGE: I will hand over to the member for Hartley for a couple of burning questions.

Mr TARZIA: Thank you, member for Morphett. Minister, I refer you to the, Budget Paper 4, Agency Statements, Volume 3, page 32. Why have performance indicators for the percentage of patients who receive care within clinically accepted time frames fallen so dramatically for patients who require emergency, urgent and semi-urgent treatment?

The Hon. J.J. SNELLING: The drop in performance can be attributed to an increase in category 3 and 4 presentations. The largest volume of patients presenting to metropolitan EDs are those under 35 years of age. The increase in presentations by young people is often from postcodes where there are no extended hours GP services or GP services that do not bulk bill. Younger aged presentations to ED are often not admitted to the hospital.

To encapsulate that, my advice is the reason for that reduction in performance is an increase in volume of category 3 and 4 presentations. These are people who, I think it would be fair to say,

would generally be better off going to their local GP. They are young people, and my advice is the reason why is that there is a shortage of after-hours GPs and bulk-billing GPs, which certainly raises the issue of the commonwealth government's decision to abolish bulk billing in this country with a $7 GP tax, so thank you very much for the Dorothy Dixer.

Mr TARZIA: You have turned it into one, but it was not intended to be one.

The Hon. J.J. SNELLING: If we can see that just a shortage of after-hours GPs and a shortage of GP services that bulk bill can have this sort of impact on emergency departments, I shudder to think what a $7 GP tax is going to mean for our emergency departments. It would certainly indicate that what I have been saying since the GP tax has first been talked about—that this is going to have an impact on emergency departments—is being borne out.

Mr TARZIA: Getting back to the budget, referring to page 32 and the percentage of visit times in emergency departments within four hours, I draw your attention to 2014-15 target and the 13-14 estimated result. What is the government going to do to raise the percentage of visit times in emergency departments within four hours from 53 per cent to 82 per cent?

The Hon. J.J. SNELLING: We will just be clear on what the four-hour target means. It means that within four hours a person is either discharged or admitted into the hospital.

Mr TARZIA: It is obviously a big difference. What is the government going to do?

The Hon. J.J. SNELLING: Indeed, and all hospitals around Australia have struggled with the four-hour target. It is not something that is peculiar to South Australia; it is an across-the-board phenomenon.

Mr TARZIA: I was not suggesting it was, minister.

The Hon. J.J. SNELLING: What we are doing is improving patient flow in other areas of the hospital and looking at ways we can get better patient flow. What we find happens is that, where there are blockages elsewhere in the hospital—so, beds that are not available because people are waiting to be discharged—all of those sorts of things can result in delays in the emergency department and people waiting for unacceptably long times.

Metropolitan ambulance load levelling is occurring to guide ambulances to a hospital with capacity, so an ambulance will be directed or given advice, where they have a non-urgent patient generally, to go to an emergency department where they know that there is capacity and to avoid emergency departments which are full, so we are doing that.

Criteria and event-led discharge, where we are having under certain conditions qualified nurses being able to discharge patients, is helping improve these issues of patient flow. We are doing many different things to try to improve patient flow through our hospitals; better discharges—all of these things help us to get people out of hospital quickly.

Mr TARZIA: Thank you, minister. In relation to BreastScreen on the page—

Mr PICTON: Just on that, can I ask about that four-hour target? Can the minister confirm that that was originally under a national partnership agreement from the commonwealth with support to the state to help meet those targets and that has been ripped up by the commonwealth?

The Hon. J.J. SNELLING: Thank you very much. It is a very well made point—

Members interjecting:

The CHAIR: Order!

The Hon. J.J. SNELLING: —that it was a nationally agreed benchmark. It was done on the basis of funding from the commonwealth government to supplement staffing to improve patient flow and to improve capacity of our emergency departments and, of course, with the commonwealth government significantly stripping away funding to the South Australian hospitals of roughly $655 million as well as tearing up national partnerships, including national partnerships that had not even expired, the combination of those things is going to put increased pressure on our emergency departments.

As I mentioned earlier, the $7 co-payment, as we have seen the shortage of GPs and GPs who bulk bill, does have significant flow-on effects to our emergency departments. What disappoints me with the commonwealth is that the commonwealth, even though at a ministerial meeting of all health ministers I gave minister Dutton an opportunity to consult with his state counterparts about the GP charge and what impacts that might have, he refused to engage on that particular issue, and it was very disappointing. It is going to have significant impact on our state public hospitals. BreastScreen, sorry.

Mr TARZIA: Minister, on the next page regarding breast screening, the estimated result for 2013-14 is well below the 2014-15 target for the breast screening participation rate for women aged 50 to 69 years of age every 24 months. What is the government doing to ensure that that target is met for the next 12 months?

The Hon. J.J. SNELLING: I would need to have a look at that. I will get some advice back to the member for Hartley. That target does seem very, very high, very significant, and significantly above what our actual result is. I need to find out how they have arrived at that particular target and what it is based upon.

The CHAIR: The member for Morphett.

Dr McFETRIDGE: Thank you, Madam Chair. Just back to your former comments and these Dorothy Dixers, or these interjections, from the—

Ms Hildyard interjecting:

Dr McFETRIDGE: My most humble apologies, ma'am; not you. My most humble apologies ma'am.

The CHAIR: Member for Morphett, I allow government questions because they are government questions. And I really—

Dr McFETRIDGE: I appreciate that, minister, there are no Dorothy Dixers this time around.

The Hon. J.J. SNELLING: Apart from your side.

The CHAIR: No, again I want to draw your attention to the fact that government questions are government questions from members who have a genuine interest in the area. Member for Morphett.

Dr McFETRIDGE: I refer to the same reference as the member for Hartley gave, and you can also continue on with the Northern Adelaide Local Health Network and the southern. The Women's and Children's emergency results are quite good. Minister, I have heard so many times through question time, ministerials and in estimate committees about changes to emergency departments to improve patient flow through, access block reductions, acute medical units, emergency care, nurse practitioners, the whole thing.

Yet in 2002—it might have been 2003; I would need to go back and check my records—the Australasian College of Emergency Medicine said that 1,500 Australians die as a direct result of delays in emergency departments or as a result of access block. That makes South Australia's share at about 128 per cent, which is more than the road toll. What guarantee can you give South Australians that that is not going to be happening every year, that we are going to have that number of South Australians die as a direct result of the ED block? It has been going on since 2002, so 10, 12 years.

The Hon. J.J. SNELLING: I cannot, in the wake of the federal budget cuts, give any guarantees. There is no doubt—

Dr McFETRIDGE: You cannot blame the federal budget. They are putting $332 million more in.

The Hon. J.J. SNELLING: When the federal government has ripped out $655 million over the next four years in funding for our state public hospitals no-one can pretend—and you can stick up for your federal mates as much as you like; certainly none of your interstate Liberal counterparts pretend—that that is not going to have a significant impact on our emergency departments. We are

going to do everything we possibly can. That is why I have set up these three clinical groups, to look at how we can deal with these enormous cuts that the federal government is inflicting upon our state health system.

Let's remember that only a few years ago the commonwealth government and all the states signed up to a national health reform agreement whereby the commonwealth government indicated that over time we would work towards a 50-50 funding share of our public hospitals. They have torn up, unilaterally without any consultation, that national health reform agreement, and over the next 10 years you are going to see the commonwealth contribution to state public hospitals drop to just over 20 per cent. I am not going to pretend that that is not going to present significant challenges to our state public hospitals.

Dr McFETRIDGE: Continuing the challenge, I will just pass back to the member for Hartley for a question.

Mr TARZIA: How much was spent on each of the four capital projects before they were suspended in the Queen Elizabeth Hospital, Modbury Hospital, Noarlunga Hospital, and the Flinders Medical Centre?

The CHAIR: Are still on paper 4, Volume 3?

Dr McFETRIDGE: The reference is Budget Paper 4, Volume 3, page 13, net cost of service summary.

Mr TARZIA: How much was spent on each of the four capital projects which were suspended before they were suspended?

The Hon. J.J. SNELLING: None of those projects have been started. You have to remember, though, that some of them are phases of earlier projects that have been completed but, in terms of what we have suspended, those particular phases, none have been started and no money has been expended on any of them.

Dr McFETRIDGE: Minister, on that same topic, no money has been spent on prefeasibility studies, feasibility studies or anything like this?

The Hon. J.J. SNELLING: In any capital project there are feasibility studies and so on that are done by the department but, of the money that is budgeted for the project, none of that money has been expended.

Dr McFETRIDGE: The Premier, during the election campaign, said—and this is the same budget reference—that the upgrades at Flinders Medical Centre would improve the efficiencies in the emergency department. Are we to draw from that efficiencies will now not be delivered?

The Hon. J.J. SNELLING: No. Given that we are going through a process to look at transforming our health system, what we are examining is how we can best deliver better services and the money going into that reconfiguration fund will enable us to re-examine how that money is spent and what is the most effective way of spending it. My advice from the clinical groups is that we can best expend that money on capital works at the Flinders Medical Centre, but what I am enabling to happen is for those clinical groups to do their work and for the process to go through.

Mr TARZIA: In regard to the Modbury Hospital, Budget Paper 4, Volume 3, page 36, what is the progress in the closure of the Modbury paediatric ward—a ward very close to the member for Florey's heart as well, I know.

The Hon. J.J. SNELLING: It was closed in the first half of this year and now those patients who need inpatient care for longer than six hours are transferred to the Lyell McEwin Hospital. I have not got the figures in front of me but, the last I heard, the number of transfers that were needed to the Lyell McEwin was minuscule compared to the overall number of presentations. I have been there myself—in fact, I am a bit of a frequent visitor to the Modbury emergency department with the kids—and, in particular, the Modbury paediatric area in the emergency department is working very well, and a very small number of children are having to be transferred to the Lyell McEwin ED. Most of them have been able to be seen and treated at Modbury and, if they need to be kept there, it is generally for less than six hours.

Mr TARZIA: In last year's estimates, minister Snelling, you said that there is no budget saving attached to the closure.

> It is about maximising the availability of bed stock and it is about good clinical outcomes for children who are admitted…when you consolidate services it means the throughput the clinicians face is higher and…higher throughput means better clinical outcomes for patients.

Can the minister advise whether the impact of the closure has enhanced clinical outcomes for children?

The Hon. J.J. SNELLING: It is still early days. We have not done a study on it, but what I can very confidently say is that the number of children who have had to be transferred from Modbury to the Lyell McEwin is minuscule—a tiny, tiny fraction of the overall number of children who are seen at the Modbury emergency department. I can certainly say that it will have resulted in a better use of the beds that we have available to us with that ward; instead of being half empty most of the time, it is now being appropriately utilised.

Dr McFETRIDGE: On that same reference, and I will include the Repat in this, can you give the committee a commitment that neither of those hospitals will close no matter what advice the clinicians give?

The Hon. J.J. SNELLING: No, we have been through this. I am not going to be directing these clinical groups about what they can advise me on what they cannot advise me.

Dr McFETRIDGE: But you are the minister; the buck stops with you.

The Hon. J.J. SNELLING: Indeed, and I will consider the advice that is given to me at the time.

Dr McFETRIDGE: So you will not rule it out?

The Hon. J.J. SNELLING: But I am not going to be playing the rule-in, rule-out game. I am not going to be directing these clinical groups about what advice they can provide to me what they cannot. I can say that nothing is under active consideration at the moment. We have these clinical groups, experts in their area, recognised clinical leaders among doctors, among nurses and among allied health leaders who are providing advice directly to me on how we configure and transform our state's health system in the light of these massive federal cuts. That is what they will be doing. That is the advice. I am not going to be telling them what they can and cannot do. I am not going to anticipate their advice by playing the rule-in, rule-out game.

Dr McFETRIDGE: Minister, I remember, and you definitely remember, the Sustainable Budget Commission's report, which recommended closing the Repat. It took about three nanoseconds for the government to come out and say, 'No, we're just not going to do it,' even though the Sustainable Budget Commission had recommended it. So, are you telling the committee and the member for Torrens, the member for Reynell, the member for Kaurna, the member for Hartley and the member for Florey that you will not rule out closing hospitals that are going to affect their constituents?

The Hon. J.J. SNELLING: What I am going to say is that what has been asked of these three clinical groups is to provide me with advice about how we transform our health system to get better clinical outcomes. The people best positioned to provide that advice are the people at the coalface: the doctors and nurses—not you or me—and allied health professionals who are out there every day looking after patients.

They are the ones who are best positioned to provide advice to me about how we get better outcomes in our health system. I am not going to have the arrogance to start saying to them what they can and cannot look at. I am not going to allow you to take me down that path. These three clinical groups, experts and leaders in their fields, have been asked to provide me with advice. Let's just see what advice they provide to me and then we will deal with that issue when it comes up.

Dr McFETRIDGE: I remember the then health minister Hill telling the house—I think I have the actual dates: 23 October 2007, but I might need to be corrected on that. He stood up in the house and said that South Australians expect him to deliver (I cannot remember the exact words) a top-shelf public health service. He said, 'The buck stops with me'—meaning that it stopped with him.

The government ruled out the Sustainable Budget Commission's recommendations, and they were purely on economic grounds, so you are not going to tell the committee that you will rule out closing those hospitals, but will you rule out downgrading them to aged-care facilities or day surgery facilities?

The Hon. J.J. SNELLING: I am not going to be telling the clinical groups; I am not going to be so arrogant—

Dr McFETRIDGE: They could recommend whatever they like but you are the minister—

The CHAIR: Member for Morphett—

Dr McFETRIDGE: You are the minister.

The CHAIR: Member for Morphett, order!

Dr McFETRIDGE: Thank you, Madam Chair.

The CHAIR: We need you to listen to the answer.

Dr McFETRIDGE: I would like an answer.

The CHAIR: If we are not all speaking over the top of each other it will be fine.

The Hon. J.J. SNELLING: I am not going to be so arrogant as to tell—

Dr McFETRIDGE: It is not arrogance; it is leadership.

The CHAIR: Order, member for Morphett!

The Hon. J.J. SNELLING: No, it would be arrogant to say that, and it would be bad faith on my part as well, because these clinical groups have very busy people giving freely of their time to come together to provide advice to me on how we build a better health system. The only thing I will be asking them and the only riding order, I guess, they have is to provide advice to me about how we get better clinical outcomes. At the end of the day that is what is going to drive down costs. I am not going to be so arrogant as to say, 'Well, you can look at this but you can't look at that.'

I will look at their advice and—you are right, the buck does stop with me and at the end of the day I will be making the decision based upon that advice and I will be held accountable for it. However, I am not going to pre-empt, I am not going to engage people in bad faith and say, 'Well, I want you to do all this work but at the end of day I've already made up my mind about what we can do and what we can't do.' I am not going to do that. I will not be drawn into doing that.

Dr McFETRIDGE: I am not saying that you cannot—

The Hon. J.J. SNELLING: All the bluster the member for Morphett can throw at me—

Dr McFETRIDGE: —accept their advice.

The Hon. J.J. SNELLING: But these people are giving freely of their time in good faith and I am going to deal with them in good faith on that basis.

Dr McFETRIDGE: So, they are making the decision, not the minister?

The Hon. J.J. SNELLING: No, the minister makes the decision. They will provide advice to me, but I am not going to pre-empt that advice.

Dr McFETRIDGE: I suggest, then, that you or your staff continue to look at the dashboards because, at six minutes past 10 this morning, Flinders Medical Centre, Lyell McEwin, Modbury Hospital, the Royal Adelaide Hospital, and The QEH were all over capacity; they were in the white zone. So, shutting those hospitals, even downgrading those hospitals, would be something, I would think, not in the interests of maintaining a very good public health service. Minister, I will move on from there.

The Hon. J.J. SNELLING: Can I respond to that. It is without doubt that our hospitals have to work extremely hard under very, very difficult circumstances, and they do an exemplary job. That is why we have considered putting considerable resources into primary health care, into building up our GP Plus clinics, and into hospital avoidance measures to try to reduce and ease the burden on

our public hospitals. I could easily take up hours of the committee's time drawing comparisons about the state of our public hospitals as they are now compared with when the Liberal Party—

Dr McFETRIDGE: The state Liberal priority in 2002.

The Hon. J.J. SNELLING: —was last in government. You had elective surgery waiting lists of, I cannot remember, it was a year, wasn't it?

Dr McFETRIDGE: It was about 13,000 this morning, I think.

The Hon. J.J. SNELLING: Considerable waiting lists in public hospitals. Our public hospitals, when we came into government, were in disrepair and crisis. We have worked considerably hard, over the last 12 years we have been in government, to rebuild our public health system. It is an achievement of which I am incredibly proud, and I will not have the member for Morphett trying to rubbish and to talk down our public hospitals.

Dr McFETRIDGE: Minister, you know that I am not doing that. In fact, I should put on the record that my son is doing his final year in medicine at Flinders University, and I—

The Hon. J.J. SNELLING: Yes, I met him at Flinders. I was going into theatre, and he was in the change rooms there. He introduced himself—a very, very fine young man.

Dr McFETRIDGE: He is, and he is just finishing a six-week medical placement at Ninewells Hospital in Dundee in Scotland. On his Facebook site last night, he said that he had accepted a job with the central Adelaide northern hospital network.

The Hon. J.J. SNELLING: Fantastic.

Dr McFETRIDGE: Certainly, my son Lachlan will be an addition to the public health service in South Australia, as I hope to be in this place.

The CHAIR: He is aware of the Public Service Act and will keep all his information to himself, I am sure.

Dr McFETRIDGE: He is an honourable young man. I will talk to you about that later, Madam Chair. I refer to Budget Paper 5, page 28, Women's and Children's Hospital Upgrade. Is the government intending to go ahead with the construction of a new Women's and Children's Hospital co-located at the new Royal Adelaide Hospital, as the government committed to at the end of the 2014 election, and what will happen to the upgrade and the spend on the upgrade?

The Hon. J.J. SNELLING: Yes, we are. The time frame for that was 10 years. We are having a look at that at the moment. But, yes, absolutely our intention is to go ahead with the co-location of Women's and Children's with the new Royal Adelaide Hospital.

Dr McFETRIDGE: On that same reference, has the government established an expert steering committee and reference group, and who are the members of the reference group if you have established one?

The Hon. J.J. SNELLING: We are still working on that at the moment, but that has not formally been established as yet.

Dr McFETRIDGE: On the same issue, is the government proceeding with its $54.4 million upgrade of the existing Women's and Children's Hospital?

The Hon. J.J. SNELLING: At the moment, we are working on a 10-year time frame. We have had a look at it, we are committed to $54 million of that $64 million dollars. It may well be on the table and, as part of the work that is being done as these clinical groups, that might be a project we will bring forward. But, working a 10-year time frame, we would be looking at $54 million of the $64 million being spent.

Dr McFETRIDGE: I see that there is $22.69 million in 2014-15 for redevelopment of the 'hot floor'—

The Hon. J.J. SNELLING: Yes, that is right.

Dr McFETRIDGE: —and a few other things. Once again, I will be personal here, and I will put on the record my thanks to the doctors and nurses at the Women's and Children's Hospital for the tremendous care they give my two grandchildren, one of whom is a frequent flyer there, little Harry, unfortunately.

I turn to Budget Paper 4, Volume 3, page 32, the Royal Adelaide Hospital's eye clinic, and I have a series of questions here. Evidence-based peer-reviewed data shows that patients with sight-threatening age-related wet macular degeneration must be seen at the interval prescribed by the ophthalmologist for ongoing treatment. Is the minister aware that many public patients are currently unable to receive their outpatient treatment—specifically, injections for macular disease—at the time recommended by their ophthalmologists? I understand that is four to six weeks. I can always go to the general one.

The Hon. J.J. SNELLING: I am aware of this issue and I have asked my department to investigate. SA Health advise that this is a new and emerging treatment. They are currently working to clarify clinical protocol, service provision opportunities with public/private providers, demand forecast and resourcing needs. Ultimately, provision of treatment will be a decision of SA Health once they have completed this body of work. We are doing work at the moment on the appropriate resourcing and defining or clarifying what the clinical protocols exactly are in regard to the frequency of treatments.

Dr McFETRIDGE: On the same reference, how many people have lodged formal complaints in relation to delays?

The Hon. J.J. SNELLING: I would have to get back to you with an answer to that.

Dr McFETRIDGE: Is it true that vital equipment is being stored at the Lyell McEwin Hospital and Modbury Hospital that could be used at the Royal Adelaide Hospital to deal with the lack of resources for the eye clinic?

The Hon. J.J. SNELLING: The department did want to establish a service out at Modbury Hospital, but it had difficulty recruiting an ophthalmologist to provide that service. That equipment has now been transferred to the Lyell McEwin Hospital and is now being used.

Dr McFETRIDGE: On the same budget reference and the same issue, minister, can you advise the committee if the eye clinic will be transferred to the new Royal Adelaide Hospital and will they be able to cope with the increased outpatient services? In particular, as I understand it, the number of rooms being allocated for the eye clinic in the new Royal Adelaide Hospital is half of what it is in the old Royal Adelaide Hospital; in effect, it is less than half, from 24 to 11 rooms.

The Hon. J.J. SNELLING: Within the new Royal Adelaide Hospital, ophthalmology will access a share pod containing 22 multifunction clinical rooms. All pods within the new Royal Adelaide Hospital have a generic design to allow maximum functionality and flexibility, ultimately enabling any unit to utilise spare space when required.

Within the pod, each clinical room contains consulting treatment and equipment space. Some of these rooms have been purpose-fit with ophthalmology equipment; however, this will not constrain the ophthalmology unit from utilising additional space when required. The number of outpatient rooms that are required to meet the needs of the ophthalmology service will continue to be discussed with the ophthalmology consultants, particularly in light of developing the model of care of the macular degeneration service for SA Health hospitals.

Dr McFETRIDGE: Now one for the former member for Schubert, and I am sure the current member for Schubert is very interested in this. I refer to Budget Paper 4, Volume 3, page 48. Can the minister give a commitment that Tanunda Hospital will not close?

The Hon. J.J. SNELLING: Again, I am not going to play the rule-in rule-out game. I will allow the clinical groups to do their work and provide advice to me.

Dr McFETRIDGE: Going back to the new Royal Adelaide Hospital, on that same budget reference as before, are all the outpatient services currently at the Royal Adelaide Hospital being transferred across to the new Royal Adelaide Hospital in the same scope, and will there be any changes to their locations around the metropolitan area?

The Hon. J.J. SNELLING: The detail of this is still being worked through, but obviously minister Hill previously made a commitment that on a macro level all the services that are currently at the existing Royal Adelaide Hospital will be provided at the new Royal Adelaide Hospital. Obviously, on a more detailed level, some things will shift over time and not necessarily connected to the shift to the new Royal Adelaide Hospital.

Hospitals are organic things and demands for health services change. Obviously, we have significant population growth out north and that has meant we have been moving some services out and dispersing them to other hospitals to make sure we get best utilisation of services. All these decisions are made on best clinical practice and how to get best outcomes for patients.

Dr McFETRIDGE: Budget Paper 4, Volume 3, page 31 in the five minutes we have left—the old Royal Adelaide Hospital site: do the government's current intentions for the current Royal Adelaide Hospital site leave scope for the utilisation of the current buildings for health purposes?

The Hon. J.J. SNELLING: If you are talking about SA Health remaining on that site, I can say that that is not happening. We want to consolidate all SA Health services at the western end of North Terrace. We do not anticipate there would be any health services left there. With regard to anything else being at that site, you will need to direct that question to minister Rau. The Chief Executive has just pointed out to me that obviously we still have the pathology on that site, and we expect that that will continue there, and of course we have the Dental Hospital there, and for the time being that is on that site, too.

Dr McFETRIDGE: With indulgence, Chair, the member for Bragg does have a question.

The CHAIR: Certainly, member for Bragg.

Ms CHAPMAN: Thank you, Madam Chair. I thought the Speaker set a fine precedent of interrupting and coming in to ask questions, but the reason I am asking this—

The CHAIR: As you know, it is a brave person who defies the Speaker in any chair in the room.

Ms CHAPMAN: Indeed. Thank you for the indulgence. Yesterday, minister, the Premier was asked some questions about a project called the government's plan for social impact bonds and he advised the committee that he had given this to you as a special project, so hence I would just direct a couple of questions to you, if I may.

It is proposed in this forthcoming year that this will be fleshed out, as will probably be evident to members of the committee. In New South Wales, there have been some trials in relation to this in the area of child protection and the corrections area, and Social Ventures Australia apparently is a group that has been in some way instructed to look at the social benefits trial in New South Wales. In relation to that, can I ask you what is happening with this project and is there any money allocated for it to be undertaken this year, and, if so, what areas of social benefit are going to be invested in as a trial?

The Hon. J.J. SNELLING: Just to explain what social impact bonds are, they are a financial instrument that enables a government to issue bonds and attract private sector investment into areas where, with some early up-front investment, we expect there to be long-term returns to government in terms of costs which are not incurred. My understanding is in New South Wales the trial of social impact bonds there is working with families with children who would be at risk of ending up in the care of the minister or in juvenile protection, and working intensively with those families and with those children to ensure that those bad outcomes do not happen.

Obviously, if you can avoid those outcomes, then there is a potential saving there to government, and what New South Wales have done and said is calculated that if certain KPIs are able to be met, then the private investors in those bonds would get a return. Government obviously comes out ahead because they make significant savings or costs that are not incurred because of the program, and the bondholders get a return on their investment. It is something I am very interested in. I am not sure that they are necessarily a magic bullet, but I think that they are worth close examination.

Last year, some officers in the Department of the Premier and Cabinet were assigned with particular responsibility for developing the policy. We have had several sessions with the sector to explain what social impact bonds are and how they work, and one of the things that has been identified very early on is we need to work significantly with the not-for-profit sector to get it up to speed, I guess, and to get it into a position where it could potentially partner in a social impact bond. There was a tender I think earlier in the year for an organisation to come in and do capacity building in the sector, and that was awarded. The cost of that is expected to be about $47,000 and that is to I guess get the sector to a stage where we can progress this policy further, if indeed that is what we do.

I am particularly excited about opportunities in health, because we all know that one of the big issues we have in health are people at the end of life who, as their condition deteriorates, might be in a nursing home or at home, and they end up in hospital. Of course, once they go onto the conveyer belt that is our public hospitals and they go through the emergency department, they can often end up in very costly intensive care which they do not want and which is not to their benefit. By building up and providing more opportunities for people to be able to stay at home and to die at home, then obviously that is far better for those patients and far better for our health system as well.

So, that is one of the particular areas where I am very interested in working up this policy. It is in the early stages at the moment and still has a long way to go, but it is something I am keen to give a go. We will be looking at the New South Wales outcome. The trick is to how you measure the outcomes, because obviously, the payment of the bond depends upon the success in delivering the outcomes, so measuring that is the key thing.

The CHAIR: Do you have a final question?

Ms CHAPMAN: Just to complete that, at the end: apart from the $47,000 for the contract for Social Ventures Australia, is there any other budget allocation in this financial year?

The Hon. J.J. SNELLING: I will double check, but I think it is being met—the two staff in the Department of the Premier and Cabinet who are working on it are existing DPC staff and they are doing it as just part of their normal work. So, I do not think there is an actual budget allocation for it; it is being met within existing resources in the Department of the Premier and Cabinet.

Sitting suspended from 12:46 to 13:45.

Membership:

Mr Gardner substituted for Mr Speirs.

Departmental Advisers:

Mr D. Swan, Chief Executive, SA Health, Department for Health and Ageing.

Dr P. Tyllis, Chief Psychiatrist, SA Health, Department for Health and Ageing.

Ms M. Bowshall, SA Health, Acting State Director, Drug and Alcohol Services South Australia, Department for Health and Ageing.

Mr D. DeCesare, Acting Chief Finance Officer, SA Health, Department for Health and Ageing.

Mr S. Archer, Deputy Chief Executive, SA Health, Finance and Business Services, Department for Health and Ageing.

Ms J. Richter, Deputy Chief Executive, System Performance, SA Health, Department for Health and Ageing.

The CHAIR: Just to let you know, this is the estimate of payments for the Department for Health and Ageing, $3,070,300,000, which is still the entire line open for examination.

The Hon. J.J. SNELLING: Since 2007, the government has made mental health a top priority and progressed a number of reforms to improve both services and infrastructure. The system required extensive remodelling as it was too heavily skewed towards crisis care and institutional care with limited options and inadequate support for people to live well within the community.

The new stepped system of care includes new service models for intensive psychiatric care, secure care, acute care, intermediate care, supported accommodation, community rehabilitation centres and community mental health. Our new services and infrastructure are now closer to where people live so that they receive the help they need to stay well in their communities.

These localised services allow people to step up to more intensive health care if they are becoming unwell, and step down to support from other services as they get better. In recognition of the government's strong commitment to mental health, it has invested over $330 million since 2007 to improve services and infrastructure as well as a further $14.4 million over four years in the 2014-15 state budget to improve services to vulnerable mental health consumers and carers in our community.

This strong commitment to mental health will be further strengthened by a new role I have assigned to parliamentary secretary Leesa Vlahos, who will be assisting in mental health and substance abuse. In particular, the parliamentary secretary will lead the implementation of the government's important mental health election commitments in addition to her other responsibilities. During 2013-14, the government commissioned a number of new services as well as continuing to develop new infrastructure. These included:

- two inpatient acute units at Whyalla and Berri, each comprising six beds;
- a further six-bed acute unit to be commissioned in Mount Gambier in early 2015;
- continued construction of the new 20-bed development at James Nash House;
- a forensic mental health facility at a cost of $22 million;
- opening a number of new commonwealth time-limited funded services, including crisis respite services consisting of 24 facility-based beds and 10 home-based community places;
- a 10-bed forensic step-down facility at Oakden;
- 80 supported packages of care;
- 20 community rehabilitation places in Whyalla and Mount Gambier;
- an extension of the assessment crisis intervention service to 24 hours a day, seven days a week; and
- the community mental health walk-in service at Salisbury that allows consumers to obtain the service without an appointment between 9am and 9.30pm, seven days a week.

These new services and infrastructure improvements have complemented other service enhancements since 2007 and included three 15-bed intermediate care centres, three 20-bed community rehabilitation centres, four community mental health centres, 79 supported accommodation dwellings, stages 1 and 2 of the 129-bed Glenside Hospital redevelopment, and new hospital-based infrastructure comprising the new 50-bed aged acute facility at the Lyell McEwin Hospital, the 30-bed aged acute unit at the Repatriation General Hospital, the 20-bed aged acute unit at The Queen Elizabeth Hospital, the 40-bed adult acute unit at the Margaret Tobin Centre and the upgrade of the 20-bed adult unit at Noarlunga Hospital.

Finally, to ensure that the mental health reforms are achieving the outcomes expected and the number of acute beds were adequate to assess system capacity to respond to emergency demand, we commissioned a review in March 2013. The review found that South Australia had sufficient mental health resources and capacity. In fact, South Australia spent more per capita on mental health than the national average and has sufficient adult acute beds relative to the national average. The review also found that South Australia needed to rebalance and more equitably distribute resources across acute and community services as well as across local health network

population boundaries. SA Health staff are now working to implement the recommendations of that review in 2014-15.

Dr McFETRIDGE: Thank you, Madam Chair, and to the minister and Dr Tyllis and others who have come along today. My first question relates to Budget Paper 6, page 63 and the Mental Health Commission. In the operating and investing initiatives there is a bit over $3 million in 2014-15. Minister, can you give the committee details on the model of the commission? Is it going to be unique to South Australia or will it be based on the Western Australian model or one of those others?

The Hon. J.J. SNELLING: I have a formal briefing; I will give that in a moment. We are looking at the various models, and that is one of the things I will be asking parliamentary secretary Vlahos to look at about which model we adopt. Western Australia has one, and in fact I have met with the Western Australian commissioner. New South Wales also has a commissioner. I am attracted to the New South Wales model. It is expected there will probably have to be some legislation to underpin the establishment of the office of the mental health commissioner, so we need to look at that.

The government announced that the commission will develop the next stage of mental health reform in the state through a state mental health strategic plan 2015-20 and explore how to enhance consumer and carer choice and control including models of individualised consumer funding. One of the things I am quite attracted to is following the shift that has happened with funding for services for disability clients where they essentially have a budget allocated to them that they have control over and are able to tailor services around their own individual needs rather than it being done on a top-down bureaucratic approach. Functions of the commission under consideration will include:

- using population health models;
- identifying the needs of people of South Australia to determine the range and types of services required;
- monitoring, evaluating and reporting on mental health service provision;
- key performance indicators and cost effectiveness at all levels of care by government and non-government organisations;
- monitoring, evaluating and reporting on other services and programs provided to people with mental illness by government and non-government organisations, including accommodation, education and employment;
- monitoring the use of mental health funding of full-time equivalents within local health networks and the allocation of new mental health resources across those networks in line with population-based strategic planning;
- promoting social inclusion and reducing stigma and discrimination;
- increasing public awareness and understanding of people living with mental illness and their families and of mental illness more broadly;
- exploring options for greater choice of control for consumers and families in the provision of non-government organisation care and support services; and
- undertaking a review of systemic issues that come to the attention of the commission or as requested by the minister in producing annual reports and the functioning of commissioning special reports on systemic issues.

Dr McFETRIDGE: On the same reference, one of the criticisms of mental health commission—and I must say I support it very strongly, in fact—was that it is just another layer of bureaucracy. Are you able to discount that and tell us how many staff there will be and perhaps give us an idea of who is going to be the commissioner or what the relationship between the commissioner will be and, say, Dr Tyllis?

The Hon. J.J. SNELLING: It is still early days, but I have to say that this is a policy which has very strong support in the sector. One of the reasons we included it in our election platform was lobbying of me by the Mental Health Coalition. In fact, from memory, it was the Mental Health

Coalition who arranged for me to meet with the Western Australian mental health commissioner to discuss it. So, this has very, very strong support in the sector among mental health consumers.

Dr McFETRIDGE: Are you able to give any details at all about individual funding? That is an interesting concept.

The Hon. J.J. SNELLING: Individualised funding?

Dr McFETRIDGE: Yes.

The Hon. J.J. SNELLING: It is a direction that is being taken in regard to the delivery of disability services, so I think there is a potential there. In Western Australia, there has been a shift. There has been an undertaking in Western Australia, as I understand it, towards client-centred funding. It certainly results in better outcomes and better satisfaction among consumers in regard to the services they are getting, which are tailored to their particular needs. It is a model which appears to work very well, and it is a particular policy change that I would want a future mental health commissioner to drive.

Dr McFETRIDGE: In terms of the Western Australian model, with individualised funding—and you may not be able to answer this, but if you can it would be great—do NGOs still get block funding for what they are doing, or is it all, once again, a bit like the NDIS set-up?

The Hon. J.J. SNELLING: I will need to get back to you on that because I have not had a very close look at exactly how it is run. It is early days, and one of the reasons that we would have a mental health commissioner is to explore all those issues, how the funding is delivered to the NGOs, and how it all works. These are the sorts of things that I would expect to be ironed out by a future mental health commissioner as part of their mandate.

Dr McFETRIDGE: Following on from individualised funding, do you have any idea—this is not an unfair question, and I am not being derogatory—about the number of consumers who will be transitioning from the mental health services to the NDIS?

The Hon. J.J. SNELLING: My advice is that it is still unclear, and it is still being worked out at the moment.

Dr McFETRIDGE: I think the head of the DSA said that people will morph from the health system to the NDIS, which is an interesting concept. Anyway, we look forward to that. I refer to Budget Paper 4, Volume 3, pages 48 and 49, Drug and Alcohol Use. As recently as 2012, residents of Millicent in the South-East were serviced by a full-time residential drug and alcohol counsellor, along with a fortnightly visiting service from Penola. Will the minister review the centralisation of services in the South-East and the need for a counsellor in Millicent? I can add to that that, according to my information, police particularly are very concerned about methamphetamine use and the need for increased services.

The Hon. J.J. SNELLING: There will be a service delivered from 1 July 2015. It will be delivered by an NGO or group. There will be a tender process, and that tender will commence later this year, with services commencing on 1 July 2015.

Dr McFETRIDGE: I am informed that at the moment there is a single DASSA counsellor responsible for a total population of 60,000; is that correct?

The Hon. J.J. SNELLING: There is one full-time counsellor in the area. There is telephone counselling available and there are NGOs providing services in the area as well.

Dr McFETRIDGE: Is there a drug education program going on in the South-East at the moment?

The Hon. J.J. SNELLING: If there is, it would be done through the department for education and children's services, rather than through the Department for Health.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 50, the Country Health SA Local Health Network, with a spend of $778,916, according to my information. Some of it is being spent on The Junction in Mount Gambier to provide a range of services and support. The opposition has been advised that the total cost of the centre is in the order of $55,567, so they are not getting a

whole lot of that $778,000. Why has the government decided to forgo crucial funding for this mental health service? My information is that it has been significantly downgraded.

The Hon. J.J. SNELLING: I will have to get a report back to the member for Morphett.

Dr McFETRIDGE: What mental health services are available to those living in Mount Gambier?

The Hon. J.J. SNELLING: For one thing, there is the new inpatient facility as part of the hospital redevelopment which will be up and running in February 2015. There is a 10-bed community rehabilitation centre, which has only recently opened. There are community mental health services as well. So, there are significant services in the area.

Dr McFETRIDGE: Do any of those services offer the community engagement model similar to that offered by The Junction?

The Hon. J.J. SNELLING: I am not familiar with what the community engagement program is that The Junction runs. I can have a look and see what the similarities are between the services.

Dr McFETRIDGE: Thank you, minister. I refer to Budget Paper 5, page 62, the balance of acute and subacute beds. Given the government's focus on building the subacute capacity of South Australia, what has been the growth of mental health beds and the proportion of subacute beds within that stock? Are we in the ballpark with the national average for acute beds for mental health patients in South Australia?

The Hon. J.J. SNELLING: Following the announcement of Social Inclusion Board reforms in 2007, the government has invested over $330 million to improve mental health services and infrastructure, as well as $14.4 million over four years in the 2014-15 state budget, to improve services to vulnerable mental health consumers and carers in our community. When the reforms were announced in 2007, South Australia had 513 inpatient and forensic beds. When all the infrastructure is completed in 2014-15, South Australia will have 615 beds and places across all care types, an increase of 102 beds and places.

The government commissioned consultants Ernst & Young to review the stepped system of care recommended by the Social Inclusion Board. The review found that there were sufficient adult acute inpatient beds but that there should be no bed closures for up to 12 months to allow the system to stabilise in response to the implementation of the report's recommendations.

Under the commonwealth national partnership agreement associated with improving public hospital services, South Australia now has an additional 144 subacute beds and places. The beds and places include supported accommodation, forensic step-down services, crisis respite services and community rehabilitation services in the country. This has increased the playing capacity of the system to 759 beds and places by the end of 2014-15, an increase of 246 beds and places since 2007. Does that answer the member's question?

Dr McFETRIDGE: Thank you, minister. Just on that same issue, can you tell the committee what the occupancy is of subacute beds compared with, say, the acute beds? The reason I ask is that (once again back to my interest in the dashboards) at six minutes past 10 this morning it showed that Flinders Medical Centre's availability of special beds was minus seven, the Lyell McEwin had no beds available, Modbury Hospital had no beds (this is mental health beds), and the Royal Adelaide was minus seven. So, Flinders and the RAH were over capacity, so was the Repat with minus one, the QEH was minus seven, and the Women's and Children's women's section was minus one. They are all running over capacity with acute beds, so why is there an emphasis on subacute beds all the time?

The Hon. J.J. SNELLING: My advice is that subacute beds are generally almost always all full; they almost always have patients in them and there is no vacancy rate. Generally, they are being fully occupied. To explain the reason for the emphasis on subacute facilities in beds you really have to go back to the Stepping Up report in 2007. The report of the Social Inclusion Board found that we had a strong skew in our system towards acute care. Basically, we are standing at the bottom of a cliff waiting for people to fall off and catching them in a net, rather than being at the top of the cliff and stopping them from falling.

There was a significant investment made in building up subacute services and community care services, with a view—I think a more enlightened view when it comes to mental health—that it is better to assist people to be able to live with mental illness in the community and continue with their productive lives than wait for them to reach crisis point and then institutionalise them, which is a rather 19th century view of mental health.

I think other jurisdictions have been very successful in a shift towards community-based subacute care, basically enabling people with chronic illness to continue their lives, rather than waiting for them to reach crisis point and only intervening at that point. That is why there has been significant build-up in subacute care. It is also better for the budget, too, because obviously it is cheaper and easier to provide services to people to assist them not to get into crisis and stop them getting to that point in the first place, rather than wait for them to reach the point where they need that acute, very specialised, very expensive care. That has been the policy of the government since 2007.

I have to say that it is a direction we are looking at in health generally. The member for Morphett has talked about what is on the dashboard, and the way we are going to help with that is by assisting people in managing chronic illness in the community. I cannot remember the figure of the number of avoidable hospital admissions we have—what is classified as avoidable—but it is significant. It is millions of dollars that we spend every year in our hospital system looking after people whose admission is classified as avoidable; that is, if there had been some medical intervention earlier, they would not have been there.

Those earlier medical interventions, whether it be a mental health or management of people with chronic illness generally, are always far cheaper than waiting for people to reach crisis point and only intervening at that point. That has been the policy for the government in mental health, and I have to say that it will be the direction we will be taking health generally.

Dr McFETRIDGE: Thank you, minister. I certainly do not want to go back to the 1950s, when my father worked in Z ward as a psych nurse. I am concerned, though, and I know that you have been, over the years with the numbers of mental health patients who do require an acute bed and cannot get into them, that is all. I just wondered why we are not perhaps giving a bit more in that area.

The Hon. J.J. SNELLING: I think that what Ernst & Young found with its review is that we did have a number of adult acute beds per head of population that was on par with interstate counterparts.

Dr McFETRIDGE: They found a bit of an imbalance between north and south, though, didn't they?

The Hon. J.J. SNELLING: They did. They did find that there was an imbalance between north and south, and they basically found that south had too many acute beds and north not enough. But, ironically, when we have heard of problems about people being admitted into acute mental health beds, generally it has been in the south. So, you have to ask yourself what is happening there.

Dr McFETRIDGE: On the dashboard, Flinders is always up there, unfortunately.

The Hon. J.J. SNELLING: Indeed. So, there is obviously an issue there. One of the things we are looking at is how we get a better distribution of beds across the community, to make sure that those beds are where the need is, with a strong emphasis on community-based care, rehabilitation and subacute to ensure that people are getting the care they need in the community, that they are not just being allowed to reach crisis point and needing admission into an acute bed. We want to try to avoid that as much as we can.

Dr McFETRIDGE: RDNS/Silver Chain, do they provide a mental health service?

The Hon. J.J. SNELLING: No, they do not. My understanding is that they do not do any mental health; it is all domiciliary care.

Dr McFETRIDGE: I understand that the hospital at home service, is it—it is a private organisation—they do a lot of hospital-at-home quite high level acute care, and I think they do mental health there.

The Hon. J.J. SNELLING: We certainly use the non-government sector quite extensively in caring for people community-based. There are a number of NGOs involved in delivering programs on behalf of SA Health that we fund them to do, aimed at assisting people who have been discharged in their rehabilitation and assisting people who have a chronic mental illness in keeping them well. We extensively utilise the private sector and NGOs to do that; in fact, we would not be able to do it without them.

Dr McFETRIDGE: Thank you, minister. James Nash, then, with acute beds, Dr John Brayley said that we needed 60 forensic beds there. We have 50 now, is that right, and there are attempts to—

The Hon. J.J. SNELLING: We have 50 currently; we are building up to 60.

Dr McFETRIDGE: Is that 50 acute and 10 step-downs?

The Hon. J.J. SNELLING: There are 40 acute, 10 step-downs. We are building up 50 acute and will have the 10 step-down.

The CHAIR: The member for Morialta.

Mr GARDNER: I apologise if this is there already, but I am quite interested in this area. What is the completion date for those extra 10 beds?

The Hon. J.J. SNELLING: Early next year—January or February next year.

Dr McFETRIDGE: I refer to Budget Paper, Volume 3, page 43.

The Hon. J.J. SNELLING: I will just correct that: June 2014, I am sorry.

Mr GARDNER: Is that the June quarter?

The Hon. J.J. SNELLING: It is anticipated that construction will be completed in March 2015. It will be the next quarter when we have patients in, but construction is due to be completed in March 2015.

Mr GARDNER: And there will be patients in sometime in the quarter following that?

The Hon. J.J. SNELLING: Once it is commissioned.

The CHAIR: The member for Morphett.

Dr McFETRIDGE: Thank you, Madam Chair. I refer to Budget Paper 4, Volume 3, page 43, the CAMHS Coroner's report. Will the minister adopt the recommendations of the Coroner to improve the services of the Child and Adolescent Mental Health Services and significantly increase the number of psychiatrists employed by CAMHS?

The Hon. J.J. SNELLING: We have already commissioned a review into CAMHS which is being conducted at the moment and that review will make recommendations. The Child and Adolescent Mental Health Services in South Australia, under the governance of Women's and Children's Health Network, has a single inpatient unit, regionally-based community teams located across South Australia, and day-patient teams providing services to children and young people in South Australia. The statewide Mother and Baby Inpatient Psychiatric Unit is also under the governance of CAMHS.

The two CAMHS teams merged into one organisation 12 months ago and, whilst there is much commonality, there are also distinct differences in structures and processes across the now-combined service.

Prior to the establishment of one statewide CAMHS, negotiation between the then existing northern CAMHS/southern CAMHS staffing was used to provide a merger model process. Hearings at the Industrial Commission in December 2012 finalised the matter and the merger occurred in February 2013. The Coroner held an inquest into the death by suicide of a young person who was previously a client of the Child and Adolescent Mental Health Services. The Coroner's findings were that CAMHS failed to provide an adequate service and made a number of criticisms.

The Coroner made findings and subsequent recommendations regarding the structure of CAMHS and the need for an increase in psychiatrists in the oversight of the service of all care by consultant psychiatrists.

As CAMHS receives in the order of 6,500 new referrals per year it is not feasible, nor is it desirable, for a psychiatrist to oversee or triage each referral. However, there is a clear need to ensure appropriate governance processes are in place for the management of referrals in a multidisciplinary team environment.

As a result of the inquest and the findings it was proposed, and subsequently approved by the chief executive, that a comprehensive review of CAMHS be undertaken by external experts from outside South Australia to provide guidance on contemporary quality practice and appropriate political governance and leadership structures within CAMHS.

The independent review will consider CAMHS inpatient community-based services and make recommendations on: clinical governance; leadership; supervision and accountability; models of care—including care pathways and transfer of care within the service; integration with non-CAMHS providers of mental health services, other government agencies and non-government organisations; general practice; multidisciplinary staffing; a model facilitating transition to youth services; consumer focus and engagement across the continuum of care and within governance structures; clinical risk management policy procedures and processes; and documentation standards.

An interim governance structure has been put in place for the period of the review which we expect to be about six months. This interim structure will assist an external group of CAMHS professionals to review the combined service and make recommendations for the future.

The Women's and Children's Health Network is currently in conversation with interstate counterparts to identify suitably qualified experts in the field of child and adolescent mental health to lead and participate in the independent review. South Australia is moving towards the establishment of a new mental health system of care for young people aged 16 to 24 years under the governance of the adult mental health services in each local health network.

It is proposed that the Child and Adolescent Mental Health Services age range will be from birth to 15. However, inpatient services at Boylan Ward will remain for young people aged 18 years.

Dr McFETRIDGE: Under 'Suicide prevention' in Budget Paper 6 at page 72, there is $3.75 million to support suicide prevention strategies with $903,000 in 2014-15. Can you tell the committee what the annual funding will be for both Lifeline Adelaide and *beyondblue* over the next financial year and over the forward estimates?

The Hon. J.J. SNELLING: The government has committed $150,000 to small grants for local suicide-prevention initiatives and activities. Lifeline representatives have reported an increase in the number of telephone calls to the Lifeline hotline over the past 12 months and greater funds are required to resolve waiting times for calls. The government has committed a total of $200,000 to Lifeline South-East and Lifeline Adelaide and $278,000 to *beyondblue* for ongoing work in suicide prevention per year.

Dr McFETRIDGE: Referring to the same budget reference, local suicide prevention networks are getting $5,000 each I think, or there are grants for $5,000 available. Minister, can you inform the committee whether these commitments are tied to any particular plans of action and, if so, what are these particular goals the government is trying to achieve, besides suicide prevention?

The Hon. J.J. SNELLING: I will invite the Chief Psychiatrist to answer the question.

Dr TYLLIS: The suicide prevention networks, which are set within council areas as their supporting structure, will be required to submit their action plan which is consistent with the South Australian Suicide Prevention Strategy. It is a collection of community people, businesspeople and members of the community who have an interest in suicide prevention, so they come together.

The purpose of those networks is to actually improve understanding in mental health issues, improve understanding of suicide awareness and also help-seeking behaviour with the idea that we destigmatise the conversation around suicidal ideations, that people are prepared to reach help when

they need that. The expectation is that within 12 months of initiation of the network they will be able to provide us with a plan of action.

Dr McFETRIDGE: Minister, on the same budget reference and the same issue, how many of these $5,000 commitments have been fulfilled so far and where did the funding come from?

The Hon. J.J. SNELLING: I am advised four have been fulfilled so far.

Dr McFETRIDGE: Where are they? Are they in Adelaide or regional areas?

The Hon. J.J. SNELLING: Currently, suicide prevention networks have been established in the rural City of Mount Gambier, the Town of Gawler and the Clare and Gilbert Valleys Council. Others are establishing in the City of Playford and the City of Murray Bridge. Planning has begun in areas of Whyalla, Victor Harbor and Naracoorte. An Aboriginal suicide prevention network has been established in Mount Gambier, bringing together two Aboriginal communities in suicide prevention.

SA Health is continuing to work with non-government organisations funded by commonwealth government agreements. MATES in Construction has been working in the construction industry and providing advice to the mining industry. Wesley LifeForce is continuing to work with suicide prevention networks in Port Augusta, Port Adelaide and Strathalbyn. Living Beyond Suicide, which is run by Anglicare, and StandBy Response, run by United Synergies, introduced in September 2013, provide a statewide suicide postvention response service to those bereaved by suicide.

Dr McFETRIDGE: On the same budget reference, is there funding in the forward estimates for a salary for the dedicated officer rolling out these programs or the government's suicide prevention strategy, more particularly?

The Hon. J.J. SNELLING: I am advised yes.

Dr McFETRIDGE: Excellent. I am sure the Hon. John Dawkins will be very happy about that. On the same budget reference, the budget papers indicate that an initiative will also establish a community grants program for small grants targeted at community groups and organisations. You have mentioned some of this already, minister. Can you outline the maximum value of those small grants? I think you may have done that. Is that the $5,000?

The Hon. J.J. SNELLING: You mean the total or you mean the individual grants?

Dr McFETRIDGE: The total and the individuals, if you like.

The Hon. J.J. SNELLING: The individual grants are $5,000, and $150,000 is the total. That is in addition to the network grants.

Dr McFETRIDGE: How much of these funds has already been committed to specific groups and/or organisations in the 2014-15 financial year and over each year in the forward estimates?

The Hon. J.J. SNELLING: Of those grants, nothing has been committed so far, it being so early in the new financial year.

Dr McFETRIDGE: On the same budget reference, from this budget line, is there money that is specifically targeted at preventing suicide in the lesbian, gay, bisexual, transgender and intersex community? If so, how much funding has been allocated?

The Hon. J.J. SNELLING: Nothing at this stage, but that is the reason why we have these grants available. If a proposal is put to government—an application for grant funding under this line by an organisation seeking funding for that particular cohort—then obviously they will receive favourable consideration.

Dr McFETRIDGE: On that same budget line, on 3 July last year (2013), during the debate in the other place on the motion relating to the death of Ms Kirbee O'Grady, the Hon. Russell Wortley moved an amendment which included a clause which said:

Urges the government, through the Suicide Prevention Strategy 2012-2016, to look at the risk of suicide for victims and alleged victims of sexual assault and ways to better support them during and after their contact with the criminal justice system.

In speaking to the amendment, the Hon. Russell Wortley stated:

> It is beyond doubt that victims of sexual assaults are generally in a higher risk category of engaging in suicidal behaviour.

Given the government's previous statements, will the minister advise what action the government is taking to specifically target the reduction of suicidal behaviour of sexual assault victims, particularly those who have come in contact with the criminal justice system?

The Hon. J.J. SNELLING: I will get back to the member with more detail, but essentially what we have done is put extra resources into Yarrow Place for counselling of rape victims. Off the top of my head I have not got anything else, but that immediately comes to mind as something we have done.

Dr McFETRIDGE: Any idea what funding is in the budget for these programs, minister?

The Hon. J.J. SNELLING: I would have to get back to you about that.

Dr McFETRIDGE: Thank you. On that same budget reference, is the government providing any funding directly into community suicide prevention programs? How much will be allocated to these programs? Can the minister provide details of the programs that will receive this funding?

The Hon. J.J. SNELLING: Sorry, which program is that?

Dr McFETRIDGE: Budget Paper 6, page 72. We are referring to the same budget line as before—community grants.

The Hon. J.J. SNELLING: Is it suicide prevention that you are talking about?

Dr McFETRIDGE: Yes, on page 72. There are operating expenses of $903,000 this year—

The Hon. J.J. SNELLING: There is funding that is provided to the existing networks. Is that what the member for Morphett is getting at?

Dr McFETRIDGE: Yes, sorry.

The Hon. J.J. SNELLING: So, there is the funding—there is the $150,000, which is extra, plus there is the funding which is going to the existing networks.

Dr McFETRIDGE: To make sure these programs are being rolled out efficiently, we have got one person at the moment; is there any increase in staff numbers?

The Hon. J.J. SNELLING: In Health?

Dr McFETRIDGE: In the suicide prevention programs. In the community grants area, I understand there is only staff member who is organising the rollout of these programs. Is there any intent to increase that?

The Hon. J.J. SNELLING: That one FTE is actually an additional position on top of what we have currently got.

Dr McFETRIDGE: Okay; thank you. I refer to Budget Paper 4, Volume 3, page 48: what progress has been made with the establishment of facility-based intermediate care services in country South Australia?

The Hon. J.J. SNELLING: I will invite the Chief Psychiatrist to respond.

Dr TYLLIS: The sub-acute facilities, or intermediate care facilities, in the country are all home based. With the rollout of the integrated inpatient mental health units in the country—where the minister has referred to the Whyalla facility and the Berri facility, and also the proposed Mount Gambier facility that will open next year—there is a combination of acute beds and intermediate care beds, but they will function essentially as acute beds.

Dr McFETRIDGE: Thank you. I refer to Budget Paper 5, page 28—capital works statements. Can the minister provide an update on the progress in the provision of 24 new beds for mental health early intervention services across three metropolitan locations, due to be completed in June 2015?

The Hon. J.J. SNELLING: The 24 crisis respite beds?

Dr McFETRIDGE: Yes.

The Hon. J.J. SNELLING: All 24 are now open. They opened on 30 June just gone. There are 10 non-facility beds as well.

Dr McFETRIDGE: Thank you. I refer to Budget Paper 4, Volume 3, page 65, I think—there is a typo here—Program 2: Health Services. We can soon find the reference if that one is not right. Has the state register of mental health consumers and carers been developed and, if so, is it being utilised and by which agencies?

The Hon. J.J. SNELLING: The Lived Experience Register has just had, I have to say, its first birthday, along with the deputy CE of the department—not her first birthday; her 21st! There are 144 registered members and eight registered agencies.

Dr McFETRIDGE: How many are carers and how many are consumers? Do we have a breakdown of those?

The Hon. J.J. SNELLING: We can get it to the member for Morphett.

Dr McFETRIDGE: Thank you. Do you know which agencies are using that register?

The Hon. J.J. SNELLING: We will get that information to the member for Morphett.

Dr McFETRIDGE: Thank you. I refer to Budget Paper 4, Volume 3, system performance—the sobering up units.

The CHAIR: What page?

Dr McFETRIDGE: I am just checking the page. Once again, there is another typo in here. I think it is page 28.

The CHAIR: I can help you index the questions next year.

Dr McFETRIDGE: Thank you; but anyway, it is on the sobering-up units. What was—

Mr GARDNER: You are welcome to join this side anytime, ma'am.

Dr McFETRIDGE: What was the outcome of the tender for the provision of sobering-up units in Adelaide, Port Augusta, Ceduna and Hindmarsh?

The Hon. J.J. SNELLING: SA Health funds a range of non-government organisations to provide specialist services for people with substance misuse issues, including sobering-up services. Sobering-up services are an important harm reduction strategy for people who are at risk due to being intoxicated in a public place. Sobering-up services provide short-term shelter of up to 18 hours, support and non-medical detoxification in a therapeutic environment for people affected by alcohol and other drugs and assessed as requiring a safe place to sober up or recover from the immediate effects of intoxication.

Services are funded under the drug and alcohol services program following an open competitive tender process in 2011 for the provision of services from 1 July 2012 to 30 June 2015. In 2013-14, the state government provided approximately $3.395 million to the non-government sector for the provision of sobering-up services. These services are based in both metropolitan and regional areas, with priority given to services for Aboriginal people. Funded services are provided by:

- the Ceduna Koonibba Aboriginal Health Service, $1,115,204. That is a 20-bed, 24-hour-a-day, seven-day-per-week service with priority given to Aboriginal people;
- Mission Australia, based in Hindmarsh, $401,018, with six beds, 24 hours a day, seven days a week. That is targeted at young people aged 16 to 24;
- Port Augusta City Council, $647,577, with 11 beds, 24 hours a day, seven days a week. Priority there is given to Aboriginal people; and, of course
- the Salvation Army facility based in Whitmore Square, $1,231,190, with 30 beds, 24 hours a day, seven days a week. Priority is given to adults and rough sleepers.

Preliminary data indicates that the number of admissions to these sobering-up units for the period 1 July 2013 to 31 March 2014 were the Ceduna Koonibba Aboriginal Health Service, 3,998; Mission Australia, based in Hindmarsh, 83; Port Augusta City Council, 1,471; and the Salvos in Adelaide, 7,998. SA Health reviewed the Public Intoxication Act 1984 in 2013-14 and consulted widely about recommendations. The government is currently considering its response to these recommendations.

Dr McFETRIDGE: On that same budget reference—and it is page 17, ma'am—what progress has been made in the treatment and non-residential diversionary programs for Aboriginal people who experience problems caused by substance abuse in and around Ceduna?

The Hon. J.J. SNELLING: Sorry? Say that again.

Dr McFETRIDGE: What progress has been made in the treatment and non-residential diversionary programs for Aboriginal people who experience problems caused by substance abuse who live in Ceduna? So, other than the sobering up unit, what else is being done?

The Hon. J.J. SNELLING: Are you getting at the coronial inquiry into deaths in Ceduna? Is that where you are going?

Dr McFETRIDGE: I think one of the recommendations was that non-residential diversionary programs be established.

The Hon. J.J. SNELLING: Yes. I will invite Marina to provide some information on that.

Ms BOWSHALL: We understand that through the Department of the Prime Minister and Cabinet there is an initiative in Ceduna called Breaking the Cycle which is coordinating state, federal, local government and non-government organisation activity around diversionary activities for Aboriginal people in the area. There has been significant investment through all of those agencies in looking at a range of programs, including community programs in Ceduna itself and also the outlying Aboriginal communities, to look at early intervention programs, education programs and referral into treatment services.

The Hon. J.J. SNELLING: Marina is Acting State Director of Drug and Alcohol Services SA.

Dr McFETRIDGE: Thank you for that. Is it the intention that the sobering up units will, if they do not already, operate 24 hours a day, seven days a week?

The Hon. J.J. SNELLING: They are all running 24/7.

Dr McFETRIDGE: Excellent. A question about the new Royal Adelaide Hospital, referring to Budget Paper 4, Volume 3, page 28, Program 2: Health Services. At the new RAH, will there be a detox ward or other means of directing drug and alcohol patients away from the general ED?

The Hon. J.J. SNELLING: It will not have a dedicated area, no, but obviously people suffering from extreme intoxication and requiring hospitalisation will be admitted in the normal way that they are treated currently, where they are kept under observation in a normal hospital bed.

Dr McFETRIDGE: Regarding Youth Mental Health Services, referring to Budget Paper 4, Volume 3, page 50, under Targets 2014-15 dot point 3 states:

> Commence implementation of the Youth Mental Health service provision model across all Country Health South Australia Local Health Network mental health services.

Can you give the committee details on what that entails and what you are hoping to achieve?

The Hon. J.J. SNELLING: Youth Mental Health Services (YMHS) will work with young people from 16 to 24 years of age who are experiencing mental distress. YMHS will intervene early, assisting young people and their families to develop the skills and support necessary to prevent the disability of long-term chronic mental illness, maintain their support networks and connection to education, employment and community.

YMHS will operate within the adult mental health services of CALHN, Country Health, Northern Adelaide Local Health Network (NALHN) and Southern Adelaide Local Health Network (SALHN) and will have dedicated funding and staffing resources. The SA Health portfolio executive approved the establishment of the YMHS, which will be operational from 1 September. To encapsulate one of the problems we have at the moment, adolescents often fall between the gaps

of child mental health services and adult mental health services, and the policy rationale behind this is to establish a dedicated service for those young people.

State, national and international data demonstrate that young people between 16 and 24 do not receive an adequate service from Child and Adolescent Mental Health Services or from adult mental health services. The developmental needs of youth from 16 to 24 are distinct from those of children, adolescents and adults. A dedicated expert YMHS will be able to provide targeted tailored treatment of care that is developmentally appropriate and effective.

Seventy-five per cent of serious mental illness has its onset before the age of 25, and individuals aged 15 to 25 show the highest burden of disease for mental health issues. It is essential that a dedicated expert YMHS is available to provide early intervention treatment and support so that individuals get help early and do not begin a cycle of mental illness and/or psychiatric disability into their adult lives.

Consumers, carers, staff and unions have had continual opportunities to be involved in the development of YMHS model structures and processes since December 2011. Executive staff and unions have participated in the CAMHS Youth Mental Health Implementation Steering Committee and the CAMHS youth union consultative forums since 2012. Broad consultation has occurred with young people, carers, staff, unions, youth, mental health and health stakeholders, other government departments and the general public. This has included the Royal Australian and New Zealand College of Psychiatrists, the Council for the Care of Children, and consultations held in locations across the metropolitan area and in country South Australia.

Concerns have been raised, and they include appropriate psychiatric care. As a first preference, youth psychiatrists will be recruited into positions working in YMHS. Where this is not available immediately, adult psychiatrists will be supported through appropriate peer review, case discussion and supervisory processes. The Women's and Children's Health Network have advised that they will support this process and also continue to provide the existing telephone consultancy service for their colleagues in the other local health networks.

Mr GARDNER: I think this probably comes under Budget Paper 4, Volume 3, page 46:

Developed a New Child and Adolescent Mental Health Services (CAHMS) Model of Care which included comprehensive consultation with staff and stakeholders about the future directions for CAMHS.

I think earlier you talked a little bit about a review that was taking place or had been finalised.

The Hon. J.J. SNELLING: The review has not started yet, but we have identified a psychiatrist from Melbourne to conduct a review.

Mr GARDNER: What is the time frame of that review?

The Hon. J.J. SNELLING: Six months.

Mr GARDNER: What are the goals of that review?

The Hon. J.J. SNELLING: I have been through it. It is in the *Hansard*. I can provide the information.

Mr GARDNER: My interest stems significantly from a course I undertook with CAMHS through a local group from the Morialta area recently, for youth mental health first aid, something I found incredibly useful. I would be very concerned if there was anything in the review that was likely to see that program defunded. I understand the program works with community groups and also with government services. Is it possible to identify—and feel free to take this on notice, if you would like—the range of government workers, people who work with children, who have accessed that service in the last, say, two years?

The Hon. J.J. SNELLING: I think we might be talking at cross-purposes. The review I am talking about is a response to the coronial recommendations regarding two suicides, where CAMHS governance was criticised as part of the coronial review. The review is basically looking at the governance structures of CAMHS. In terms of the question of areas being defunded as part of the review, the review is specifically to look at the structure of CAMHS and, in particular, to address the recommendations and the criticisms of the Coroner.

Mr GARDNER: I take some comfort from that, sir, perhaps I would take more comfort if there was the possibility of an explicit statement about this program that currently exists.

The Hon. J.J. SNELLING: Which program is this?

Mr GARDNER: The provision of youth mental health first aid. I think it is one staff member, who is probably a 0.6.

The Hon. J.J. SNELLING: I would need to find out more about it. It is not on my radar, but I am happy to find out and provide an answer to the member for Morialta.

Mr GARDNER: Thank you.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 40, under Targets the first dot point states:

> Develop Youth Mental Health Southern Adelaide Local Health Network to provide an evidence based youth specific service…from within community mental health.

Can you give us some details on that please, minister? On the same budget reference, to help your advisers continue to give us some information, one of the targets is 'implement the psychiatry short stay unit'.

The Hon. J.J. SNELLING: Youth mental health services is what I have been talking about.

Dr McFETRIDGE: There is no difference? It is all variations of the same thing?

The Hon. J.J. SNELLING: They are LHN-based services.

Dr McFETRIDGE: It is the same target for each LHN, I see. It is written in the budget there and I wonder whether it is correct.

The Hon. J.J. SNELLING: Yes, that is right. They are LHN-based services. All LHNs will be rolling it out.

Dr McFETRIDGE: Can you give us some details on the psychiatry short stay unit?

The Hon. J.J. SNELLING: This is something that southern Adelaide has been looking at in terms of its management of mental health presentations to the emergency department. It is something that they are working on. It has not been established yet, but it is something that is being looked at by southern Adelaide as a particular way of dealing with mental health presentations there at southern Adelaide. They do have a high number of mental health presentations at that particular emergency department.

Dr McFETRIDGE: Sticking to the Southern Adelaide Local Health Network mental health, ward 4G, the eating disorder unit—how is the statewide eating disorder plan working at the moment? Are the predominantly young ladies who have been affected with anorexia and other eating disorders being given the best quality care that we can in South Australia?

The Hon. J.J. SNELLING: I was there a matter of weeks ago opening the new service based at Brighton. It is an outpatient service where people who are afflicted with eating disorders—my understanding is that they can self-refer to the service or be referred there by someone else. The work that they do is holistic; they work with the families of these young people as well and they work very closely with the eating disorder unit at Flinders Medical Centre, but of course that is an inpatient unit, essentially. This is part of the statewide eating disorder plan that was announced by my predecessor, minister Hill, in about 2010.

Dr McFETRIDGE: In the same way that we fund beyondblue and Lifeline, do we fund any of the eating disorder associations at all?

The Hon. J.J. SNELLING: I do not think we do, no.

Dr McFETRIDGE: My understanding is that the economic impact of eating disorders nationwide is—I heard a figure of $50 billion when you consider people moving houses and having to stop their jobs and things like this, and the South Australian impact was in the billions as well. Is it something that you have had discussions about?

The Hon. J.J. SNELLING: To my knowledge, they have not approached us seeking funding. I get lots of organisations coming to me seeking funding and all of them do great work and are very worthy. Unfortunately—

Dr McFETRIDGE: I understand that all they are looking for is $140,000 a year for the service. When you consider that—I think it was over Christmas—all the beds in Flinders were full for at least a fortnight and, if they had stopped half of that, they would have paid for themselves within a week.

The Hon. J.J. SNELLING: At least to my recollection, they have not made an approach to me.

Dr McFETRIDGE: I am sure they might after today, minister; I will speak to them.

The Hon. J.J. SNELLING: They might have made an approach to the department that I have not been made aware of but, as I say, I get many, many organisations that all have very worthy ideas and make very worthy approaches to me for funding. Unfortunately, we are just not in a position in the current climate to be able to do everything that we would like to do, no matter how worthy it is.

The other point I would say is that, when we fund an NGO, generally speaking we do it on a project basis. So, they would put a proposal to us or we would put out a tender for a particular project to be undertaken—it might be the delivery of a service or some other area where they have some expertise, and do that. In fact I do not think we give core funding to any of those organisations just to enable them to continue to exist as an organisation.

Dr McFETRIDGE: I think they were just looking for some rent assistance, but I will get them to contact you, minister, because—

The Hon. J.J. SNELLING: It would be very unlikely. I do not think there are any organisations that we would fund just to pay for overheads like rent.

Dr McFETRIDGE: I think if they could—

The Hon. J.J. SNELLING: I had an approach from the Multiple Sclerosis Society earlier in the year. They were in urgent need of funds but I was not able to do it. It does not mean that the work they do is not worthy but we are just not in a position where we would be able to fund all these organisations that exist.

Dr McFETRIDGE: I always worked on the basis in my veterinary practice that it is not what it costs you but what it saves you or makes you. I can guarantee that the information I have been given by the Eating Disorder Association of South Australia is that they will save you far more than the rent. I would ask you to look at it, minister, anyway.

The Hon. J.J. SNELLING: If they had a particular proposal where they were prepared to undertake a particular project or whatever that involved some way of diverting people with eating disorders out of our hospital system, of course we would give that consideration. However, if, as you say, they are looking for payment of their rent, that is not the sort of thing I would consider providing funding for.

Dr McFETRIDGE: I will get them to talk to you.

The Hon. J.J. SNELLING: I cannot provide funding for every health organisation in the state.

Dr McFETRIDGE: I understand that—but, once again, if the savings are there. Along the same line, the Borderline Personality Disorder Association, I understand is very keen to set up a clinical service here in South Australia similar to I think the Swallow Unit in Victoria. I think there are seven clinicians involved. It is about $1.4 million budget but, again, there is a Deloitte's study that shows the savings are in the tens of millions of dollars for the health system. In fact, if I remember correctly, it was something like $100 million. It was an incredible amount of money for a small investment. That is another organisation I might get to speak to you.

The Hon. J.J. SNELLING: Sure.

Dr McFETRIDGE: That was evidence-based. It was not just a—

The Hon. J.J. SNELLING: Yes. Any of these organisations who, in an evidence-based way are able to demonstrate that by making a small investment they are able to make savings to the system, I am happy to consider.

Dr McFETRIDGE: Budget Paper 4, Volume 3, page 17: I was up in the APY lands with the member for Napier and the member for Giles, the Hon. Tung Ngo and the Hon. Terry Stephens last week, and we discussed some of the mental health services on the APY lands. The question here is about Nganampa Health.

It provides some mental health services, I understand, but particularly there are other providers of mental health services on the APY lands that, from discussions I have had, not with them but with other people, their services are in danger. I think CatholicCare was one that was mentioned to me by some people up there. Is there an issue with CatholicCare and providing mental health services on the lands?

The Hon. J.J. SNELLING: I am not aware of that. I imagine it is a program being funded by the commonwealth government rather than us. I cannot answer for the commonwealth government but I imagine, given that they are stripping health funding just about everywhere, it would not surprise me at all if mental health on the Anangu Pitjantjatjara Yankunytjatjara lands is part of the cuts they are making.

Dr McFETRIDGE: CatholicCare, from what I have been told, is funded by state government.

The Hon. J.J. SNELLING: I will check that, but that is not my advice.

Dr McFETRIDGE: On that same topic of Nganampa Health, you might also, whilst we are at it—and this is not particularly mental health—the Family Wellbeing Centre is running out their primary health care programs and there seems to be a bit of a turf war between Nganampa and Country Health up there. That is something you might need to be aware of. I am happy to talk to you about that—

The Hon. J.J. SNELLING: I do not think there would be a turf war. I have been up there and spoken to people up there on the ground, and spoken to Nganampa Health. The relationship between SA Health and Nganampa Health is excellent. It really is first class. There is no—

Dr McFETRIDGE: I am obviously talking to different people. I hope it is; I do.

The Hon. J.J. SNELLING: I have been up there and talked extensively to people and we have a very good relationship with Nganampa Health and generally we are working off exactly the same page. There is certainly no turf war.

Dr McFETRIDGE: I do not think that I am overemphasising. There seemed to seemed to be some frustrations, let's put it that way.

The Hon. J.J. SNELLING: If you can provide me with the names of the individuals involved, I can find out. But every time I have been up there, the people on the ground are working collaboratively in very difficult circumstances.

Dr McFETRIDGE: I will talk to the people who spoke to me and ask them if they are—

The Hon. J.J. SNELLING: I am more than happy to talk when I am there—I will be up there later in the year—but that certainly has not been my experience.

Dr McFETRIDGE: I hope that is the case. I refer to Budget Paper 4, Volume 3, page 28 (page 30 is another reference), net cost in the mental health and substance abuse programs. What is the estimated result of the net cost in the mental health and substance abuse sub-program for 2013-14 and the budgeted net cost for 2014-15?

The Hon. J.J. SNELLING: The net cost of mental health services across the SA Health portfolio is expected to increase by $8.5 million to $383.6 million in 2014-15. One of the key reasons for the increase is the election commitment to establish a mental health commission. There are no significant full-time equivalent changes expected with regard to its being a sub-program. Basically, the funding is embedded within the local health networks within the LHNs. So, there is no sub-program as such.

Mr GARDNER: I think this is Budget Paper 4, Volume 3, page 44, DASSA. I want to tease out the figures in the activity indicators a little bit to gain a better understanding, and perhaps that is useful to have on the public record. For the record, perhaps we can start with the fact that there are two activity indicators: the number of inpatient separations, non-hospital; and the number of outpatient attendances. There are estimated results for the end of the 2013-14 financial year in both indicators. Now that we have past the end of the financial year, I am wondering whether we have the actuals for the 2013-14 financial year to the 30 June. I am very happy if it needs to be taken on notice.

The Hon. J.J. SNELLING: Outpatients will exceed target. With regard to inpatients, because there has been some redevelopment work going on, that will be a little bit lower. We have had 10 beds unavailable for the last couple of months. So, we expect the inpatient number to be down a little, but outpatients certainly exceeded targets.

Mr GARDNER: I appreciate that. Will you be able to get us the numbers when they are available?

The Hon. J.J. SNELLING: Yes, sure. They will be made available in the annual report when they table that.

Mr GARDNER: I do appreciate that. I suspect that it is possible that the estimates responses might come in before the annual report, so we will be glad—

The Hon. J.J. SNELLING: We will do our best.

Mr GARDNER: Thank you, sir; I appreciate it. With respect to the outpatient attendances, there were 38,443 last year, and the estimated result for this year is 38,000. It describes the outpatient counselling for medication-assisted treatment for opioid dependence, and it includes attendances across metropolitan and country services. I am wondering whether this includes any of the diversion programs that are run as a result of substance abuse offences.

The Hon. J.J. SNELLING: It is not included in our numbers. We pay for it but on a contract with the non-government sector.

Mr GARDNER: So the non-government agencies deliver it. Does DASSA have any contracts with Justice, or does DASSA deliver any services for Justice in drug programs?

The Hon. J.J. SNELLING: I will ask Marina Bowshall to take the question.

Ms BOWSHALL: If we get referrals to do court assessments, yes, they are included in our outpatient figures, but it is a case of a court diverting them through for an assessment under relevant acts. It may well be that it is a direct court referral, and we may get a mandated assessment through Families SA or another agency, and they would be included in our outpatient numbers.

Mr GARDNER: So there are a number of police diversion programs—I think they are the highest number—and they go to the NGOs. A magistrate could potentially require, as part of somebody's sentencing or release, that they participate in one of your services, or presumably the Parole Board might do that as well, and you are saying that Families SA can refer people to DASSA services. Can I ask then—and I suspect you might not have the numbers at your fingertips so 'on notice' is again welcome if you wish—can we get numbers for how many people have used DASSA services as a result of each of those categories in the last financial year? Is that able to be established?

Ms BOWSHALL: I believe it is, but I would need to take that away and have a look at it for you.

Mr GARDNER: Are you happy with that minister?

The Hon. J.J. SNELLING: Yes.

Mr GARDNER: I would be very grateful for that. Has there been any submission by Drug and Alcohol Services South Australia over the last two years, in regard to those police diversion programs, for DASSA to be given the opportunity to deliver those services? DASSA is a part of government with a significant reputation, and some of its staff have a worldwide reputation, as I

understand. I am interested to know—or I will ask elsewhere—why it has not had such an involvement. Has DASSA made a submission to have some of that work?

The Hon. J.J. SNELLING: I will ask Ms Bowshall to take that question.

Ms BOWSHALL: Up until 1 July 2012 DASSA did provide police drug diversion assessments and appointments. As a result of the tender, the non-government sector was able to bid for that work and was able to provide those services and the right number of appointments that we required across the state, with the exception of Kangaroo Island, where there were some services commissioned through Country Health SA to provide those assessments within SA Health.

In addition, we oversee the program so we make sure that we provide accreditation for all the clinicians who deliver those diversion initiatives. We provide training to every new clinician in that area, and there is a standardised manual that they are required to adhere to, to make sure there is a certain quality of assessment undertaken and an appropriate health intervention. In the last couple of years we have also implemented and trained all the non-government sector clinicians working in that area to develop and implement a standardised assessment tool and brief intervention which they all issue now as part of the standard assessment for all police drug diversions in this state.

Mr GARDNER: I trust the non-government agency that won that tender is doing an excellent job and I look forward to learning some more about their work. You have agreed you will get some information about how many of the 38,000 or so outpatient attendances are in each of the justice or other government agencies. I assume that the vast majority of those are people who self-identify and seek help; is that correct?

The Hon. J.J. SNELLING: I will ask Ms Bowshall to take it.

Ms BOWSHALL: Yes, that is correct. People can obviously be referred through a self-referral process or it may well be that they have engaged with a GP or another service provider within the health or human services sector, and they certainly refer them into DASSA. But it is a voluntary appointment and the person determines whether they would like to attend and participate in the treatment program.

Mr GARDNER: What proportion of those are people who are presenting on multiple occasions and what is the entry point? Is it the GP who is the main entry point and somebody presents, or do people then get back in touch with DASSA because they may have had a connection before, or is it done through the website?

Ms BOWSHALL: People come through all of those pathways. Our alcohol and drug information service offers a triage service for members of the public who would like to call and find out what services are available. They can match that particular caller to the most appropriate service for them both within a geographic context, but also in the context of the treatment service that they are seeking and requiring based on the assessment over the phone.

In addition, we do have people who come directly back to DASSA who have obviously worked with DASSA in the past and have built that therapeutic relationship with the agency, GPs, and non-government sector organisations. There is quite a clear focus on multidisciplinary teams, and our focus on the non-government private sector and the government sector, working collaboratively on case managing some clients.

Mr GARDNER: Are there any specific programs (and this could be a broader question) dealing with comorbidity issues between people with substance abuse and mental health disorders looking to assist those people who do not present neatly as one or the other, as so many people do?

The Hon. J.J. SNELLING: Primarily, those people will be dealt with in our mental health system. Mental health has a fair bit of experience in dealing with people with drug addictions. In fact, I will perhaps just ask Dr Tyllis to answer that.

Dr TYLLIS: The comorbidity rate is fairly high when we look at the clinical samples. In mental health services, it is over 70 per cent, and in drug and alcohol services the comorbidity for mental disorders is relatively high as well, up as high as that. The idea is not that those services actually work separately, but that the services and the care services are delivered from the same service, which is the mental health sector.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 24, policy and commissioning. Minister, can you give the committee an update on the review of the Mental Health Act and when we can expect to see some changes or some legislation before the house?

The Hon. J.J. SNELLING: I tabled that report I think it was last week, so that report has been done by the Chief Psychiatrist. At the moment, we are going through a consultation phase of the report, and then the government's response to the report will be coordinated by the Mental Health Act User Group.

Dr McFETRIDGE: This is the same budget reference (and this will be the last question before I read at my normal slow speed the omnibus questions), Sub-program 1.5. What is going to be the role of the new SACAT in reviewing mental health services in South Australia, and will there be mental health professionals seconded to the SACAT?

The Hon. J.J. SNELLING: SACAT will absorb the functions of the Guardianship Board, and the Guardianship Board generally makes decisions pertaining to care of people with mental illness who are unable to make decisions for themselves, but the Guardianship Board sits under the Attorney-General, not under Health.

Dr McFETRIDGE: Are you having any discussions about having mental health professionals advising the tribunal?

The Hon. J.J. SNELLING: The Office of the Chief Psychiatrist has been consulted on it, certainly.

Dr McFETRIDGE: Thank you for that, and thank you, minister and your officers, for all the work they do for estimates, particularly in Health. I will now read the omnibus questions into the *Hansard*.

1. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above $10,000 in 2013-14 for all departments and agencies reporting to the minister, listing the name of the consultant, contractor or service supplier, cost, work undertaken and method of appointment?

2. For each department or agency reporting to the minister in 2013-14, please provide the number of public servants, broken down into heads and FTEs, who are (1) tenured and (2) on contract and, for each category, provide a breakdown of the number of (1) executives and (2) non-executives.

3. In the financial year 2013-14, for all departments and agencies reporting to the minister, what underspending on projects and programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2014-15?

4. Between 30 June 2013 and 30 June 2014, will the minister list the job title and total employment cost of each position with a total estimated cost of $100,000 or more—(a) which has been abolished and (b) which has been created?

5. For each year of the forward estimates, provide the name and budget of all grant programs administered by all departments and agencies reporting to the minister and, for 2013-14, provide a breakdown of expenditure on all grants administered by all departments and agencies reporting to the minister, listing the name of the grant recipient, the amount of the grant and the purpose of the grants and whether the grant was subject to a grant agreement as required by Treasurer's Instruction 15.

6. For each department or agency reporting to the minister, what is the budget for targeted voluntary separation packages for the financial years 2014-15, 2015-16, 2016-17 and 2017-18?

7. What is the title and total employment cost of each individual staff member in the minister's office as at 30 June 2014, including all departmental employees seconded to ministerial offices and ministerial liaison officers?

The CHAIR: We have time for another question. Member for Morphett?

Dr McFETRIDGE: I think we will call it a day and give them an early minute, but I would like to thank the minister for allowing the opposition to have a run at questions in estimates, because often it can be very frustrating having to sit and listen to—

The CHAIR: Government questions.

Dr McFETRIDGE: —government questions, yes.

The CHAIR: I can assure you, member for Morphett, I had plenty of my own questions when was on the benches, and so we must not denigrate government questions.

Dr McFETRIDGE: No, we do not; we appreciate the effort they put in. None of them has been reading a book, which is good; they are the virgins of the estimate committee. On that note, I will leave it at that.

The CHAIR: I do think that is where we leave it. There being no further questions for the Minister for Mental Health and Substance Abuse, I declare the examination of the proposed payments adjourned until Wednesday 23 July and thank the minister and all his advisers for their attendance.

Sitting suspended from 15:11 to 15:30.

DEPARTMENT OF STATE DEVELOPMENT, $644,298,000

ADMINISTERED ITEMS FOR THE DEPARTMENT OF STATE DEVELOPMENT, $7,665,000

Membership:

Mr Marshall substituted for Dr McFetridge.

Ms Redmond substituted for Mr Tarzia.

Minister:

Hon. J.J. Snelling, Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries.

Departmental Advisers:

Mr R. Garrand, Chief Executive, Department of State Development.

Ms A. Reid, Executive Director, Arts and Cultural Affairs, Arts SA, Department of the Premier and Cabinet.

Ms P. Chau, Director, Finance, Department of State Development.

Mr J. Andary, Director, Arts Industry and Finance, Arts SA, Department of the Premier and Cabinet.

The CHAIR: I declare the proposed payments open for examination. I call on the minister to make an opening statement, if he wishes.

The Hon. J.J. SNELLING: The government's strong support for arts and the cultural sector remains strong, and this budget reaffirms that. There is no doubt we are the festival state, and major arts festivals are going from strength to strength. The 2015 budget continues our commitment to support their growth through continuing funding.

The Fringe Festival has again cemented its status as Adelaide's leading arts festival and one of the largest arts festivals in the southern hemisphere, delivering a huge $66.3 million injection into our state's economy. The 2014 Fringe Festival saw record-breaking ticket sales of over 447,000, which is a 10 per cent increase on last year, and estimated attendances of 1.9 million people.

Running concurrently to the Fringe, this year's eclectic Adelaide Festival program resulted in a higher than anticipated box office of more than $2.3 million across 39 ticketed events. Critically acclaimed as 'epic and adventurous', David Sefton's second Adelaide Festival fed $24 million into South Australia. Total attendances for all 50 Adelaide Festival events were the highest in four years at more than 429,000. Notably, almost a third of ticket buyers travelled to South Australia from interstate and overseas, occupying hotel rooms, eating in our restaurants and spending money in the state.

The Cabaret Festival, under the artistic direction of Kate Ceberano, has also grown to become one of Australia's best winter festivals, and I am very much looking forward to the direction that Barry Humphries takes the festival in over the next three years. We also host other festivals, including the Adelaide Guitar Festival, which is on this weekend; OzAsia, which will be in September; and, in 2015, we will host our first ATSI Festival.

Increasingly, our focus is on creative industries and not only the cultural benefits they have on society but also the economic contributions they make. 'Creative industries' describes a range of areas across the arts and entertainment sectors, including music and live entertainment, visual arts, craft and design, screen and media in arts and cultural areas as well as libraries and museums.

In 2013, the government supported the South Australian Arts Industry Council and Service Skills SA to develop the Creative Futures Report: South Australian Arts, Creative and Cultural Industries Workforce Development Project. The Innovation and Business Skills Australia environmental scan indicated that creative industries are estimated to have delivered revenues of around $1.34 billion in 2010-11. As we transition from process driven economics to creative ones, the skills that are crucial to the creative industries also become crucial drivers of the economy.

The upcoming OzAsia Festival is a prime example of the potential for creative industries to forge arts and economic relationships. The focus on the 2014 OzAsia Festival is on South Australia's sister state of Shandong. Following the festival, which runs from 3 to 20 September, a reciprocal program is proposed to take South Australian art and artists to Shandong to support people to people international exchange and training of arts administrators. This type of cultural exchange and collaboration between South Australia and Shandong provides unique opportunities to nurture future commercial and industry opportunities. With that, Madam Chair, I will complete my remarks and happy to take questions.

Mr MARSHALL: My questions will all relate to Budget Paper 4, Volume 4, and they will all basically be centred around pages 87 to 89, just to make it easy for everybody. First of all, can I ask about the relocation of the agency into the Department of State Development? Does that require any physical move?

The Hon. J.J. SNELLING: I believe the Leader of the Opposition is referring to the physical move of Arts SA, the people, from one building to another. Correct? Is that what you were referring to?

Mr MARSHALL: Correct.

The Hon. J.J. SNELLING: There has been a move. Obviously Arts SA until recently was located in Hindley Street.

Mr MARSHALL: Yes.

The Hon. J.J. SNELLING: They have moved to Wakefield House and that has generated significant budget savings. In 2014-15 Arts SA will be contributing $200,000 of rental savings towards the arts portfolio savings target, and the savings will rise to $300,000 per annum in 2015-16.

Mr MARSHALL: So you completed the lease at the previous premises?

The Hon. J.J. SNELLING: In February 2015 the lease concludes, but it has been sublet to other organisations which are using it until the lease expires.

Mr MARSHALL: Minister, you have told us about the saving of moving to Wakefield House. Were there any costs of exiting that lease or making good on the premises?

The Hon. J.J. SNELLING: No, but they have been able to sublet that lease.

Mr MARSHALL: So the amount they are paying is commensurate with what you were paying?

The Hon. J.J. SNELLING: The sublet is not completely covering the cost of the lease, so we are having to continue, but nonetheless we are still making a considerable saving even taking that into account. From February 2015 we will make the full saving because the lease we have will expire.

Mr MARSHALL: Can you outline to the committee what the continuing payment on the building is that you have vacated through to the end of February? From the time you have left it through to the time that you finish the lease and any make good payments that need to be provided then, if you can tell us what the cost of breaking that lease agreement will be?

The Hon. J.J. SNELLING: I am advised that the lease on Hindley Street is about $38,000 a month. That is being partially offset by the fact that it has been able to be sublet. With regard to the accommodation that Arts SA has currently moved into in Wakefield House, that was a lease which the Department of the Premier and Cabinet had, an existing lease which was vacant, which they have been able to move into.

Mr MARSHALL: When did you leave the previous premises then?

The Hon. J.J. SNELLING: On 2 June.

Mr MARSHALL: On 2 June, so you are basically paying the $38,000 fee from 2 June through to 15 February next year.

The Hon. J.J. SNELLING: That's right, but we are still making considerable savings—

Mr MARSHALL: I understand that.

The Hon. J.J. SNELLING: —as I said, of $200,000. The $200,000 is what we will realise. The $300,000 is the full saving that will be realised from 2015.

Mr MARSHALL: Just for clarity, is the $38,000 the gross amount that is being paid, less the sublease?

The Hon. J.J. SNELLING: Yes, that is correct.

Mr MARSHALL: So what is the sublease? What are you getting paid out of the $38,000?

The Hon. J.J. SNELLING: It is not a significant amount.

Mr MARSHALL: It is not a significant amount?

The Hon. J.J. SNELLING: No, but we are still ahead, even taking into account that we have to continue to pay the rent until February 2015.

Mr MARSHALL: Can you find out what that sublease is?

The Hon. J.J. SNELLING: I can find out, but I am advised that it is a relatively small amount compared to the $38,000. Even taking that into account, taxpayers are still ahead.

Mr MARSHALL: What was the motivation for leaving?

The Hon. J.J. SNELLING: To achieve a saving.

Mr MARSHALL: My second question is about the South Australian Film Corporation. Can the minister detail any actions the government is currently taking, or funds that are allocated, to support the South Australian Film Corporation?

The Hon. J.J. SNELLING: The actions the government is currently undertaking?

Mr MARSHALL: Well, essentially, how much have you got in your budget to support the SA Film Corporation, and are there any specific programs related to that for this current financial year?

The Hon. J.J. SNELLING: The South Australian Film Corporation had its second full year of operations at the Adelaide studios at Glenside in 2013-14 since it moved there in late 2011.

Despite the constrained financial environment, there has been considerable film production activity in South Australia. The government, through Arts SA, provided the SAFC with an operating budget of $5.179 million for 2013-14. For 2013-14, the SAFC is forecasting an operating deficit of $952,640, compared with an operating deficit of $4,152,559 in 2012-13.

Deficits arise due to a timing mismatch between the receipt of funding and the spending of those funds due to the fact that income is required to be recognised the year the funding is received. Film investments recognise it as an expense only after formal contract documentation has been fully executed by all parties involved. It can take up to 18 months for producers to secure the necessary finance partners, which results in some program funding not being expensed in the year that the income is received.

Due to long time lines associated with film financing, the SAFC has built a large reserve of $6.416 million cash at bank to cover any year end operating deficits. However, excluding this timing issue, the SAFC is projecting an operating surplus of $47,360 in 2013-14, compared with an operating surplus of $18,764 in 2012-13.

Mr MARSHALL: There are lots of numbers there, minister. Just to go through that, it has basically had grants from the government in the order of $5 million for the past two years?

The Hon. J.J. SNELLING: That is per year, and about $5.179 million in 2013-14.

Mr MARSHALL: And what is it this current year?

The Hon. J.J. SNELLING: So $4.757 million.

Mr MARSHALL: So the grant money has dropped down this year?

The Hon. J.J. SNELLING: Because of savings, yes. Also, last year there was a one-off grant of $400,000, so minus the $400,000 as well. A combination of savings and the fact that the one-off grant is not there is the reason for the reduction.

Mr MARSHALL: Okay; so, two lots of five grand and one lot of 4.7 is the gist of it over the past three years, or the last two years and the current year?

The Hon. J.J. SNELLING: Yes, I think so.

Mr MARSHALL: I think you are saying that in the first year of operation it lost approximately $4.1 million, and then last year did you say $952,000?

The Hon. J.J. SNELLING: Yes; so for 2013-14, SAFC is forecasting an operating deficit of $952,000.

Mr MARSHALL: That is for this current year?

The Hon. J.J. SNELLING: That is 2013-14. And in 2012-13, there was an operating deficit of $4,152,559.

Mr MARSHALL: And the loss last year, then? That was for 2012-13.

The Hon. J.J. SNELLING: The loss last year was $952,640.

Mr MARSHALL: You said that there was cash on their balance sheet sitting at $6.416 million.

The Hon. J.J. SNELLING: Just under $6½ million.

Mr MARSHALL: Is that an optimal use of state government cash to be sitting on?

The Hon. J.J. SNELLING: It is, because of the nature of financing in the film industry. It requires them to hold considerable cash assets to enable them to do it effectively. Essentially, the reason for the deficit is entirely an issue of timing. When the SAFC makes a decision to contribute financially to a film, before that funding can be expended it requires the producers to go out and source their other funding for the project.

So, our contribution might be $600,000 and the total film might be $8 million or $9 million. We require the producers of the film to be able to come up to us and have contracts signed for the

funding for the other $8 million or $9 million. That can take a considerable period of time, because we are talking about international finance, so it might well be 18 months later that the final contract is actually signed and, for budget purposes, for the money to be going out the door.

That is why these timing issues do indicate that they are operating deficits, but when you take out the effect of those timing issues, as I indicate in my answer, SAFC is projecting an operating surplus of $47,360 in 2013-14. If you remove the effect of these timing issues as a result of the contractual issues, it actually has an operating surplus of $47,360, and it had an operating surplus of $18,764 the previous financial year.

Mr MARSHALL: So it is operating in surplus?

The Hon. J.J. SNELLING: Yes, that is right. If you listened, the reason there are these operating deficits is because of timing issues. That is what I have been explaining: the reason why we have these timing issues. It can take up to 18 months (or longer) for the funds to actually be expended and to appear on the budget. That means that you end up having what appear to be operating deficits. If you remove the effect of those timing issues then what is actually happening is that the SAFC is having operating surpluses. However, it does have to have considerable cash on hand to enable it to meet all the obligations that it has made.

Mr MARSHALL: So, essentially, you have set up a fund that it can use to sort of match with other potential investors for productions?

The Hon. J.J. SNELLING: Yes, that is the way it works. Yes, it is an industry program designed to attract films to be made in South Australia. The South Australian Film Corporation, as it has historically done, provides grants to enable this to happen, and it has been going on for a long time.

Mr MARSHALL: Is it envisaged that, ultimately, that fund will be self-generating—that, as profits come back, they go back in there—or is it envisaged that the government will be making a $5 million contribution each and every year?

The Hon. J.J. SNELLING: Generally speaking, we do not actually expect to make a return on these investments; they are effectively a grant. What happens is that the South Australian Film Corporation will be the first on board—the first person to provide funding towards the project. Once that has happened, that enables the producer of the film to go out and attract additional funding to the project. I think it would be correct to characterise it as a grant rather than an investment upon which we would get a return.

Mr MARSHALL: Okay, but it sits on their balance sheet. From their annual report, we can see that it generated $344,000 worth of interest last year. That interest stays with the South Australian Film Corporation?

The Hon. J.J. SNELLING: Yes, that is right.

Mr MARSHALL: So the plan is to return to surplus this year, but that is a surplus—

The Hon. J.J. SNELLING: No, it will always depend on these timing issues. These timing issues will always throw up rogue results and make it appear as though there may be an operating deficit. However, when you take out the timing effects then in fact SAFC has operated, as I say, a $47,000 surplus for last financial year and an $18,000 surplus the financial year before.

Mr MARSHALL: I am not trying to be in any way difficult but am just trying to understand this: it is fine for them to say that they made an operating profit, but they are receiving in the vicinity of a $5 million grant from the state government each year. So, given the total cost to the taxpayer, you cannot say that it is breaking even. They might make an operating surplus of $47,000 but, from the taxpayers' perspective, that is $47,000 less $5 million from the taxpayer. That is the gist of it; I am not trying to be funny.

The Hon. J.J. SNELLING: The $5 million annual grant (or $4.7 million next year) is basically the investment that the state government makes in order to have a film industry in this state. I am advised that for every dollar that is invested in the film industry there is an $8 return to the state economy from the activity of the film industry.

Ms REDMOND: Just following on from that, minister, I have had discussions with some filmmakers, for instance, Mario Andreacchio who made a children's film effectively called *The Dragon Pearl* a number of years ago. That was a coproduction with the Chinese and involved no money from the Film Corporation but had significant employment benefits and so on with the making of the film here—and it premiered here. From discussions with him it appears that there is a huge market in China. I am not sure, but I would like to find out: did Scott Hicks, for instance, making *The Boys Are Back*, have money from the Film Corporation?

The Hon. J.J. SNELLING: Of course, there will always be films made here that have not received an investment. I am advised that Mario Andreacchio has been the recipient of grant funding, not necessarily for the particular film you referred to but other films he has been involved with. He has attracted funding from the South Australian Film Corporation. Of course, there would be films made in South Australia where SAFC has not provided funding. The decision on whether or not to provide funding to a film is made by the board of the South Australian Film Corporation.

Ms REDMOND: But it would be fair to say, therefore, that it is not absolutely correct to say that there would not be a film industry if we did not give these grants. Scott Hicks, for instance, with his loyalty to this state, would go on making films here regardless and, because of our particular outback landscape and the accessibility of certain things, it would be perfectly possible for films to be made here with all sorts of other encouragements rather than grants.

The Hon. J.J. SNELLING: Certainly it is the case that some films would continue to be made even if you did not have the South Australian Film Corporation and if you did not have the government's support. The question is: would you have it on the same scale? What we have seen is an increase. In 2012-13 South Australia's share of Australian feature film and TV production investment represented the highest share of total national production expenditure since 2005-06, at 7 per cent, compared with 2 per cent the previous year.

While a substantial proportion of postproduction digital and visual effect services work was undertaken in New South Wales, which accounted for 67 per cent of the national spend in the five years from 2008-09 to 2012-13, the balance of PDV work over this period was spread between Victoria at 20 per cent and South Australia at 9 per cent. PDV projects undertaken in South Australia include the features *The Seventh Son*, *Gravity*, *The Incredible Burt Wonderstone*, *Prometheus* and *The Wolverine*. Yes, it may be that there will continue to be films being made, but certainly not at the current level. I do not think that there is any doubt that the investment the government makes does mean that films are being made and brought to South Australia that otherwise would not.

Mr MARSHALL: I have a couple of quick questions here, first of all on the State Theatre Company, Budget Paper 4, Volume 4, page 88. It is listed there as a state public sector organisation in the Budget Statement. Can the minister update the committee on any progress in the company moving to a private company structure rather than a statutory authority model?

The Hon. J.J. SNELLING: The State Theatre has certainly made an approach to government saying that it wants to become a company limited by guarantee. The government is in the process of engaging consultants to examine in detail that issue and advise government on how it needs to be structured, and to advise the government on the State Theatre Company's ability to exist separate from government and, of course, what financial impacts there might for government from such a move.

Mr MARSHALL: Do you have a time frame for that?

The Hon. J.J. SNELLING: We do not expect that it is going to take a very long time once they are engaged to do that work—probably a few months. Then, of course, there will obviously have to be legislation brought to the parliament as well. Cabinet would have to make a decision based upon the advice. If we do proceed, it may well be that towards the end of the year we will be looking at having legislation in the parliament.

Mr MARSHALL: What is the cost of that review?

The Hon. J.J. SNELLING: Less than $20,000.

Mr MARSHALL: I refer to Budget Paper 4, Volume 4, page 85, Old Police Barracks. The government has just done an upgrade to the Old Police Barracks armoury facility. Who will be the tenant going forward, and are there any plans to rent this out to commercial operators?

The Hon. J.J. SNELLING: I will get a report back, but my understanding is that the South Australian Museum have responsibility for it. They have undertaken restoration and building code upgrades of the timber frame balcony joining the Old Police Barracks and the armoury buildings have recently been completed. Heritage conservation works to the armoury building and the Old Police Barracks included restoration of the roof, stone walls and timber work and repainting of the buildings.

The project was completed with a contribution of $274,000 from the Department of Planning, Transport and Infrastructure's heritage unit and a supplement of $51,249 from Art SA's capital investment program. An amount of $725,320 was spent on the project. It will continue to be put to use, which the Museum currently does. I think that they lease it out for functions and, if you want to have a party in there, you can hire it out—

Mr MARSHALL: I will look forward to that.

The Hon. J.J. SNELLING: —and now do so without a bit of stone falling on your head.

Mr MARSHALL: Sorry?

The Hon. J.J. SNELLING: And hopefully do it now without falling through the balcony or with a bit of stone falling on your head.

Mr MARSHALL: Indeed. The government has cut its funding to Co-Opera. Can the minister explain why that funding is not continuing? It is a very successful internationally touring South Australian opera company. I am wondering whether the minister can outline the reasons why—

The Hon. J.J. SNELLING: I am advised that that cut happened about three or four years ago.

Ms Redmond interjecting:

Mr MARSHALL: Sure, nevertheless—

The Hon. J.J. SNELLING: It was part of the Sustainable Budget Commission savings.

Ms REDMOND: Minister, with respect, there were a lot of things that were part of the Sustainable Budget Commission report that did not become—

The Hon. J.J. SNELLING: I can dig through the archives and find out the reasoning at the time. There was an overall funding cut to the Industry Development Program at the time, and the overall cut was $1 million. Then the panel of peers, which makes recommendations or decisions and allocation of funding, given that they had less money to deal with, made the recommendation to discontinue the funding to Co-Opera.

Mr MARSHALL: Given that a target of this year's budget is to enhance access to Arts SA funding and grants programs, is it possible that this would be something that might be reviewed, since one of your targets is to increase access?

The Hon. J.J. SNELLING: Given that we have a considerable savings task in front of us, I do not think there is going to be much opportunity to expand funding.

Mr MARSHALL: Not much hope on that one.

The Hon. J.J. SNELLING: I am sorry.

Mr MARSHALL: On the Art Gallery, can the minister detail the exact amount budgeted for phase 1 of the Art Gallery of South Australia's digital strategy and elaborate on the expected time line for all phases of this project to be completed?

The Hon. J.J. SNELLING: Can you refer us to the page?

Mr MARSHALL: It is page 85. I am happy for you to take that on notice.

The Hon. J.J. SNELLING: The Art Gallery of South Australia is commencing phase 1 of its digital strategy in 2014-15. The gallery's digital strategy aims to transform the gallery by creating new and inspirational online experiences. The strategy seeks to ignite critical change and have the gallery deliver services to audiences. It has a goal to work smarter, increase efficiency, and build capacity.

The digital strategy is a three-year project that will first invest in transforming the gallery's website and other online communication channels, such as social media, and then expand into the creation of new and cutting-edge gallery experiences. By investing in a transformative service approach, the gallery can redefine how and where visitors can experience the collection and expand its capacity to reach a wide and diverse audience. In the first phase, the project will develop a new mobile-accessible website that will host e-commerce capability and update critical software systems to enable communication across all platforms.

In February 2014, the gallery applied for funding for its digital strategy, through the Ian Potter Foundation 50th Anniversary Commemorative Grants funding round, but was unsuccessful. The foundation has since advised that the application is to be considered separately through the arts committee fund. The art gallery is currently waiting for further advice from the foundation.

Mr MARSHALL: Can you provide the total budget for phase 1, which is completed, and what is the time frame—

The Hon. J.J. SNELLING: We will have to get that from the Art Gallery.

Mr MARSHALL: Thank you very much. On the Adelaide Festival Centre, page 87, can the minister detail the transfer of assets to the Adelaide Festival Centre Trust as part of the administration fit-out project?

The Hon. J.J. SNELLING: What are you referring to?

Mr MARSHALL: Page 87.

The Hon. J.J. SNELLING: I invite Ms Alex Reid to respond.

Ms REID: You are referring to a reference which is about a variation between the 2013-14 estimated result and the 2013-14 budget. It is a component of the $3.2 million increase in expenses over those two years. The fit-out was a project in total of $2.543 million. That $500,000 was initially profiled to the AFC, so therefore it is not showing in our 2013-14 budget. We actually did the works.

The $500,000 was effectively reprofiled to us, so you see it appear there. We did the works on their behalf, and we have then donated back those assets to that extent. It is an accounting treatment, having done the work ourselves, as you would expect us to do. It was just reprofiled to them in the first instance and then reprofiled to us in the course of the project.

Mr MARSHALL: Lots of reprofiling. But where is this new space?

Ms REID: It is underneath the bridge.

Mr MARSHALL: Basically, the total cost of creating that administration space under the bridge was $2.534 million or $3.2 million? I did not quite catch that.

The Hon. J.J. SNELLING: The investment was $2.543 million, and this is under the Playhouse where the bridge comes in, under the bridge next to the Playhouse, that area, and basically it is being used as administrative space for the Adelaide Festival Centre Trust.

Mr MARSHALL: So that is $2.543 million total, or plus the $500,000 that is mentioned in the variation?

The Hon. J.J. SNELLING: That is total; $2.543 million is the total figure.

Mr MARSHALL: The original budget was for $2 million, and it has now become $2.5 million.

The Hon. J.J. SNELLING: No, the original budget was always $2.543 million. The difference is the treatment of $500,000 of that; $500,000 of that $2.543 million originally had been counted within the AFC and therefore was not appearing in the budget, and now that has been brought back. The reality is that Arts SA undertook the full scope of the works and, that having been done, the assets transferred back to the AFC and back onto the AFC balance sheet.

Mr MARSHALL: Also on page 88, I have just a couple of quick questions about the Festival Centre. Can the minister explain what remediation works to address water infiltration are being undertaken at the Festival Centre and the total budgeted spend for this project.

The Hon. J.J. SNELLING: Concrete degradation at the Adelaide Festival Centre has been apparent for some time. Ongoing consultation with industry experts has been undertaken over the past decade to understand and mitigate the degradation process at the Adelaide Festival Centre. Recent investigations found that additional life can be given to the building if program remediation works are undertaken over the next one to three years.

The 2013-14 state budget included a $3½ million funding commitment to undertake the highest priority works to address water infiltration at the Adelaide Festival Centre. Specialist consultants were engaged to investigate and scope the installation of a new waterproofing solution to the Space Theatre Plaza and both the Festival Theatre and Dunstan Playhouse roof shells. The funding available will enable the Space Theatre Plaza waterproofing and Dunstan Playhouse roof membrane waterproofing to be undertaken at a total cost of $3.386 million.

There are insufficient funds to address the Festival Theatre shell, at an estimated cost of $3.5 million. Design and documentation have been completed and tenders have been called and evaluated. Construction works are due to commence on site in August this year.

Mr MARSHALL: Just to clarify that, money has already been spent, and that was in the order of $3.5 million previous—

The Hon. J.J. SNELLING: No, that is due to start in August.

Mr MARSHALL: What has been spent up until now on this treatment?

The Hon. J.J. SNELLING: There has been money spent as part of just the ongoing maintenance budget of Arts SA. The $3½ million—

Mr MARSHALL: Is what is going to be spent.

The Hon. J.J. SNELLING: —is new money on top of our existing maintenance budget, which is being spent on the waterproofing solution on this specific issue, and that project begins in August this year. None of that $3½ million will have been expended yet.

Mr MARSHALL: But for years now they have had areas which have been cordoned off and they send somebody up there, believe it or not, tapping things to see if things are going to fall down.

The Hon. J.J. SNELLING: That is a separate issue: that is concrete degradation. The $3½ million is to basically address the water leakage into the Playhouse and the Space Theatre.

Mr MARSHALL: This is a water issue problem of which part is being addressed, but not the Festival Theatre—

The Hon. J.J. SNELLING: No, that is right. We are not—

Mr MARSHALL: That is something for the future?

The Hon. J.J. SNELLING: Yes.

Mr MARSHALL: You think that will be an additional $3 million, unbudgeted at this point in time?

The Hon. J.J. SNELLING: The cost is expected to be approximately $3½ million.

Mr MARSHALL: You are doing the most urgent part, $3½ million in the budget—

The Hon. J.J. SNELLING: Yes, exactly.

Mr MARSHALL: —and then at some point in the future, not in the budget at the moment, there will be another $3 million required for the Festival Theatre?

The Hon. J.J. SNELLING: At some stage, it will have to be addressed and the expected cost of that is $3½ million.

Mr MARSHALL: And what about the rest of the environment—so, the concrete cancer that exists? That is the water filtration, but what about the costs associated with that concrete cancer that exists on the Festival Centre and its environ?

The Hon. J.J. SNELLING: Where the concrete degradation is worse is basically the car park, and that will be addressed as part of the government's plans for the Festival Centre Plaza and car park.

Mr MARSHALL: There is $16.5 million budgeted, not for this financial year but for the next financial year, for the plaza, which is the top of the car park, essentially, so that will be addressed via that $16.5 million?

The Hon. J.J. SNELLING: The $16.5 million is held in contingency; so, it is held by Treasury, and it is what the anticipated expenditure is on state government works necessary for the interface between the plaza, the Festival Theatre and the car park.

Mr MARSHALL: I understand that the car park is going to be addressed separately with the Walker Corp project. The $16.5 million is for the interface between the Hyatt plaza, or whatever that is going to be called, and the Festival Centre—

The Hon. J.J. SNELLING: Yes.

Mr MARSHALL: —and we have got the water filtration project going, and another one pending, but what about the concrete cancer that exits, not in the car park, but in the environ of the Festival Centre? That is actually scaffolded off at the moment and has been for years.

The Hon. J.J. SNELLING: At the moment there is no funding allocated to address those particular issues, but obviously there is a strong connection between whatever happens to the car park, the redevelopment of the plaza, and the broader Riverbank Precinct. So, I would expect it will all be caught up as part of that. But at the moment, you are right; there is no specific funding allocated to address those concrete issues around the plaza beyond those issues that we have talked about.

Mr MARSHALL: Are you satisfied that it is safe, given that for an extended period of time you have essentially had contractors going around—I am not joking—tapping the concrete to try and break off pieces on an ongoing basis? They do this on a periodic basis. How do we know there has not been a—

The Hon. J.J. SNELLING: Well, that is the reason why we do that—to ensure that it is safe.

Mr MARSHALL: And that practice will continue indefinitely?

The Hon. J.J. SNELLING: Yes; the expert advice that has been provided to Arts SA is that it is safe, and the Festival Centre has said it is safe.

Mr MARSHALL: And who has provided that—

The Hon. J.J. SNELLING: But, of course, we have to keep doing the remediation process.

Mr MARSHALL: Who has provided that advice to Arts SA?

The Hon. J.J. SNELLING: An engineering company called Aurecon.

Mr MARSHALL: Aurecon have provided advice that it is perfectly safe for the very—

The Hon. J.J. SNELLING: Given that we continue to undertake the remediation that we are currently doing, and do the work in the time frames we anticipate.

Mr MARSHALL: Okay, thank you. Also, are there any further plans to undertake a more far-reaching upgrade of the Adelaide Festival Centre?

The Hon. J.J. SNELLING: My understanding is that the Festival Centre is actively considering further development in time.

Mr MARSHALL: I know they are, but I am wondering whether you are. I think it is well documented that they are.

The Hon. J.J. SNELLING: I am not at the moment, but I am always happy to consider proposals that are put to me, and any proposals that are developed by the Festival Centre would have to go through the normal budget process.

Mr MARSHALL: Are you involved in the negotiation with Walker Corp?

The Hon. J.J. SNELLING: No.

Mr MARSHALL: So, Arts SA and the Adelaide Festival Centre and the trust have got no interface with Walker Corp?

The Hon. J.J. SNELLING: The Festival Centre are obviously being consulted, but the negotiations with Walker Corporation are being undertaken by minister Rau within Planning.

Mr MARSHALL: Do you have any idea of the update on when those negotiations will be concluded?

The Hon. J.J. SNELLING: No, you will have to direct that to minister Rau.

Mr MARSHALL: Okay.

Ms REDMOND: I am referring, minister, to Budget Paper 4, Volume 4, page 87, and the employee benefit expenses. In fact, you mentioned, minister, a few times the implementation of saving measures which are also mentioned on that page. Can you explain why a position within Arts SA was created for a lady by the name of Nicole Burns? I say 'created' because, in fact, that position was previously performed by a graduate trainee.

The Hon. J.J. SNELLING: This pre-dates my involvement with the portfolio, but my advice is that, basically, the position was a marketing position. There was an opportunity there to fill a position permanently that had previously been done, I think, by a range of different people, including trainees, in the past. That is probably all the information I have got at the moment. I can come back to the member with additional information, if it is available.

Ms REDMOND: I have quite a few questions about this particular appointment because I have a series of emails regarding it, saying things like, 'Nicole is on two weeks' leave, as you know.' I am curious as to just what exchange of information was going on, what Nicole's previous job was and what made her ideal for the appointment.

One of the curious things in one these subsequent emails was, 'The good thing about this strategy is that, however long the transfer takes, it poses no risks.' That seems an odd basis for the appointment of someone to a job which, as I said, was previously undertaken by a graduate trainee.

The Hon. J.J. SNELLING: I am not sure I can comment much. Under the Public Sector Management Act, I am not able to comment on individual appointments. I am not privy to the emails that the member for Heysen is referring to. It is a bit hard for me to provide any additional information to what I have said.

Ms REDMOND: Could you also find out, when you are getting further information, minister, whether this position was advertised and, if not, why there was not a proper process?

The Hon. J.J. SNELLING: I am happy to find that out for the member for Heysen.

Ms REDMOND: Okay, thank you. On a couple of other matters, minister, you mentioned in your opening statement the Fringe Festival now being the leading festival, and that is fantastic. I have read the booklet, as you may be aware. In fact, it was very handy to me that I had read the booklet about the economic benefits of the Fringe Festival.

I am also aware that the Cabaret Festival is now the biggest cabaret festival in the world. I do not know whether the minister is aware, but we have had a very successful and growing cabaret fringe coming up alongside it, which has been growing at about a multiple of three times a year. So each year it has been three times larger than the previous year, but it seems bereft of funding. I wonder if the minister could provide any information, since I have had to dig into my own pocket to fund that particular organisation.

The Hon. J.J. SNELLING: My advice is that to our knowledge they have not contacted the government and made an approach for funding, but I would be more than happy to talk to them about it and give it consideration. I have just been advised they have not applied for any grants in the last two years.

Ms REDMOND: Was that because they got none when they first applied?

The Hon. J.J. SNELLING: No, I do not think so. I do not think they have ever applied for funding.

Ms REDMOND: So I should perhaps give an indication to them that an application for funding might be favourably considered?

The Hon. J.J. SNELLING: We would have to consider it on its merits, and of course it would depend on what other applications for funding we had before us. Of course I would encourage them to make an application for funding.

Ms REDMOND: My reason for inquiring, minister, is simply this: because the Cabaret Festival has got so large, it now attracts a huge number of international and interstate participants. The Cabaret Fringe by its nature, just as the Fringe itself to the Festival originally did, gives a lot more opportunity to local home-grown people who can grow their capacity here, if we give them a bit of funding.

The Hon. J.J. SNELLING: And of course, we would certainly welcome an application for funding and go through the normal process. We would encourage them to make an application. My advice is that to date they have not made an application.

Ms REDMOND: Minister, and especially for the benefit of the Chair, I want to ask a question about the first dot point in the highlights on page 85.

The Hon. J.J. SNELLING: Where are you going?

Ms REDMOND: I have asked questions about this issue before because I was a bit puzzled by why we are spending a lot of money on moths, not in the collection but—

The Hon. J.J. SNELLING: This is the bug question.

Mr GARDNER: What was the one that you were thinking of?

The Hon. J.J. SNELLING: I was thinking of a certain social history museum on North Terrace.

Mr MARSHALL: Well, we are keen to talk about Muriel Matters as well.

The Hon. J.J. SNELLING: I have been waiting for that.

Ms REDMOND: I do want to ask about the entomology collection preservation project. I think that has been in the budget for a number of years because I remember asking questions about it as the shadow for the arts some years ago. Can the minister advise whether the money being expended—

The Hon. J.J. SNELLING: Are the bugs safe?

Ms REDMOND: Well, are the bugs safe from the bugs?

The Hon. J.J. SNELLING: Yes.

Ms REDMOND: And has it been resolved for all time? Has all the money been expended and are we satisfied that it is all okay?

The Hon. J.J. SNELLING: Alright, here we go. The 2011-12 Mid-Year Budget Review allocated $2.67 million to address the infestation of carpet beetles in the Museum's entomology collection, including the purchase of specialised storage equipment with adequate environmental protection. Since 2002 the Museum has reported that the entomology collection has been affected by a recurring infestation of carpet beetles. The Museum's insect collection is one of the most comprehensive in the world, valued in 2010-11 at $91 million.

Artlab advised that the entire collection could be lost in a matter of a few years if no treatment program was implemented. The treatment program involved decanting the collection into freezer storage for several months and then rehousing it in cabinets specifically made with doors and drawers that have effective insect seals. The existing storage room has been modified to gain the best possible environmental control, including sealing the ceiling, cleaning the roof space and providing separate—

Ms REDMOND: Keeping the bugs from the bugs and the sealing the ceiling!

The Hon. J.J. SNELLING: —filtered air conditioning—these are some bugs! These bugs are getting the royal treatment. The entomology component of the project was completed on schedule in December 2013. In June 2013 the Treasurer approved the project scope being expanded to address the infestation of mammals and bird collections as well, so it is not just the bugs at risk.

Members interjecting:

The Hon. J.J. SNELLING: No, of mammals and birds by bugs. This additional scope could be achieved from savings resulting from the downturn of building activity in the competitive tender process applied to the compactus and storage cabinet solution for the entomology store. Projects currently apply in the treatment program for the mammals and bird collection. The treatment for the mammals and birds collection will be completed in December 2014. In the words of George W. Bush, mission accomplished.

Ms REDMOND: Oh, I thought you were going to say there are no knowns and unknown knowns.

The Hon. J.J. SNELLING: That was Donald Rumsfeld.

Ms REDMOND: I know; I was about to correct you. Minister, just a couple more questions on the targets and so on. The targets—

The Hon. J.J. SNELLING: I thought you were going to ask me more about the bugs.

Ms REDMOND: Well, no, I think I have got enough of an answer on the bugs. I have just been following their progress for a number of years. In the targets on page 85 for 2014-15, the first dot point is to:

> Present the Fashion Icons: From the Collection of the Musee Des Arts Deoratifs, Paris exhibition…

Where is that being held, at what cost, and what is the anticipated benefit to the state in terms of anticipated visitor numbers, and so on?

The Hon. J.J. SNELLING: It is being held at the Art Gallery, and it will be from 25 October until 1 February next year.

Ms REDMOND: Yes, got that bit. And the Chair wants to know what year the fashions are and whether you have anything in an appropriate size.

The Hon. J.J. SNELLING: Well, I think there will be a strict policy of no borrowing from the collection. The state government contribution to it is $2 million. The estimated total budget, which includes all the other contributions, is $4.883 million. What were your other questions?

Ms REDMOND: The other question was: what is the anticipated benefit in terms of visitor numbers? I know that, for instance, some of the exhibitions that are held in Queensland, and so on, have had large visitor numbers. I am just curious as to what our anticipation is.

The Hon. J.J. SNELLING: We expect it to be significant.

Ms REDMOND: It did not work out for the pandas, for instance.

The Hon. J.J. SNELLING: Well, that is true. For the Turner from the Tate exhibition, which was incredibly successful, total economic value to the state was estimated at over $14 million, generating over 200,000 room nights in Adelaide. Audience surveys showed that 47 per cent of attendees had planned to visit especially for the exhibition. They are the sorts of things. The difference between this and the Turner is that we shared the Turner with the National Gallery in

Canberra. This exhibition will be Adelaide only, so we expect that there will be a significant increase in nights and benefit.

Ms REDMOND: Do we have any anticipation as to what that increase will be, or what those numbers will be? I presume some sort of proposal went up for the government to put in the $2 million.

The Hon. J.J. SNELLING: They are basing the projected outcomes on the experiences of the Turner from the Tate, which was by anyone's measure very, very successful in attracting—

Ms REDMOND: Deservedly so. J.M.W. Turner captures light perfectly.

The Hon. J.J. SNELLING: Indeed he does.

Ms REDMOND: Almost as well as Sir Hans Heysen.

The Hon. J.J. SNELLING: Perhaps not as good as Caravaggio, maybe. The other thing that I will just say about the fashion exhibition is that I think it has real potential to attract people to the Art Gallery who might not otherwise go there. I think there will be an enormous amount of interest in this particular exhibition and bring the audiences into the Art Gallery. So, full credit to Nick Mitzevich. He is the brains behind this.

Ms REDMOND: Yes, and a good appointment. Last question, minister, and it is on the second to last dot point of the highlights:

> Launched <www.adelaideia.sa.gov.au>, the new website and mobile app…

Does the minister yet have any information on usage of that website and/or app? I do not know whether it is possible to track those things.

The Hon. J.J. SNELLING: It is up and running, and it was launched in February 2014. I have not got that information in front of me, but I should be able to get that from History SA.

Ms REDMOND: So we can tell? I am completely ignorant about these technology things, but we can tell—

The Hon. J.J. SNELLING: I think we're probably operating at about the same level of understanding of these issues but, yes, go on.

Ms REDMOND: We can tell how many at least have downloaded that app, and so on?

The Hon. J.J. SNELLING: Where is my IT adviser? You can track these things, apparently. I will ask History SA and provide the information.

The CHAIR: That being the last question, I declare the examination of the proposed payments adjourned and transferred to Committee B. I thank the minister and his advisers and thank everyone for their goodwill today.

At 16:30 the committee adjourned to Monday 21 July 2014 at 10:30.