

LEGISLATIVE COUNCIL

Tuesday, August 5, 1969

The PRESIDENT (Hon. Sir Lyell McEwin) took the Chair at 2.15 p.m. and read prayers.

QUESTIONS

GAUGE STANDARDIZATION

The Hon. A. F. KNEEBONE: I recently asked the Minister of Roads and Transport whether agreement had been reached between the State Government and the Commonwealth Government on the terms of reference for a feasibility study in connection with the standardization of the railway line from Adelaide to Port Pirie and ancillary work north of Adelaide. The Minister replied that he expected information concerning such an agreement to be supplied soon. Can he say whether agreement has yet been reached?

The Hon. C. M. HILL: Agreement has now been reached between the Commonwealth and the State Government of South Australia on the terms of reference for the proposed feasibility study in connection with the proposed standard gauge link between Adelaide and the railway from Port Pirie to Broken Hill and in connection with associated proposals. A new section has been added to the draft feasibility brief for the consultants to consider, in the following terms:

. . . the most efficient and economic method of providing for the carriage of traffic on narrow gauge lines affected by the works recommended.

The main report covering the most efficient and economic method by which Adelaide can be connected by standard gauge railway and a report on the most efficient and economic method of providing for the carriage of traffic on the existing broad gauge system north of Adelaide affected by a direct link are to be supplied within four months from the date of the contract for undertaking the study.

The report on the narrow gauge lines that I referred to is to be submitted within two months of the lodging of the main report. The Commonwealth has also suggested that within five months of the lodging of the main report a further supplementary report is to be submitted which will contain outline drawings of the proposed works and realistic estimates of the cost of the works recommended to be undertaken.

The Hon. A. F. KNEEBONE: Can the Minister say whether it has been decided who the consultants will be?

The Hon. C. M. HILL: They have not yet been chosen. The Commonwealth Government has forwarded a list of firms and planners, and it has asked this Government to consider them. The agreement to which I previously referred was finalized only today. The Commonwealth Minister for Shipping and Transport, on his way between Canberra and Port Hedland last night, made a stop-over at the Adelaide Airport so that he could discuss this matter, among others, with me. He indicated that he would be very pleased if a South Australian firm could be retained for the work. However, he also stated that if we could not mutually agree upon a South Australian firm he would like to see an Australian firm retained.

I hope that within a matter of days we can reach agreement with the Commonwealth Government on the choice of the consultants, who can then get on with the job forthwith.

The Hon. R. A. GEDDES: Can the Minister say who will bear the costs of those consultants; will this be on a 50-50 Commonwealth-State basis, or in other proportions?

The Hon. C. M. HILL: I have reached verbal agreement with the Commonwealth Government that in the first instance that Government will be responsible for the cost of this study. However, if and when the work proceeds the charge will be made to the standardization fund.

ADDRESS IN REPLY

Adjourned debate on motion for adoption.
(Continued from July 31. Page 602.)

The Hon. R. C. DeGARIS (Chief Secretary): First, I would like to extend my congratulations to the Hon. Mr. Geddes and the Hon. Mr. Springett on their contributions to this debate. I have always said that we are singularly fortunate with the number of people we have in this Council who can make splendid contributions to any debate; not only that, they can speak constructively on a very wide range of matters. I join with other members of the Council in congratulating His Excellency the Governor on the manner in which he opened this session of Parliament. I also join with other members in the references they have made to those whose deaths were referred to in His Excellency's Speech.

I note the remarks made by the Hon. Mr. Geddes that most of our mineral resources are located in the Northern District. Since the present Government took office there has

been a spectacular upsurge in mineral exploration in South Australia, most of which has occurred in that area. The activity, which is so evident, will result in new mining ventures being developed there. We hope also that new mineral activities will develop in other South Australian districts.

As has already been announced, exploration for petroleum will also be stepped up considerably. We must accept that South Australia's future expansion and economic development will rely to a great degree upon the success or otherwise of this exploration. As I have pointed out so many times before, South Australia singularly lacks resources.

The Hon. G. J. Gilfillan: We have the largest iron ore deposits so far as the steel industry is concerned.

The Hon. R. C. DeGARIS: I shall refer to that in a moment. However, we are singularly lacking in resources when compared with the other States. As has been said often, South Australia is the driest State in the driest continent on the face of the earth, and it is necessary for us to do all we can to encourage mineral development as a means of maintaining a dynamic economic growth in the State. Much publicity has been given to the massive iron ore finds in Western Australia, and Australia is extremely proud of its achievements in that State. Nevertheless, as the Hon. Mr. Gilfillan pointed out, and rightly so, a great iron ore industry has been developed in this State, and Whyalla is still the major steel-producing centre in Australia.

The Hon. Mr. Shard and the Hon. Mr. Springett referred to the dental health of our school children. I am extremely proud of the service that has developed in South Australia under the programme that was begun during the term of office of the previous Minister. It is a project that you, Sir, were vitally interested in when you held that portfolio. The Hon. Mr. Springett referred to "an insurance for the future well-being of dental health in South Australia". I point out to the Council that considerable costs are involved in providing an overall cover for our children's dental health. It will take considerable time fully to train enough dental therapists to cope with all our school children, and to provide the necessary facilities. Considering the involvement of both capital and maintenance costs, I estimate that it will cost the Government \$15 a year to look after the dental health of each child. Whilst I have every appreciation of the scheme, I stress the financial problems involved.

Recently, there have been murmurings that the Commonwealth Government may be interested in, or that pressure is being applied to the Commonwealth to implement, a dental health scheme at Commonwealth level similar to that operating in respect of medical and hospital benefits. I firmly believe that this scheme, coupled with fluoridation, would offer the cheapest and best way of ensuring, and would go a long way to coping with, the dental health of the community. In all sincerity, I make that suggestion—not that I wish to throw off the responsibility on to the Commonwealth, but I think every honourable member here appreciates the financial difficulty the State faces. If the Commonwealth is interested in providing a dental health scheme for Australia, these two things—fluoridation and the establishment of dental clinics staffed by dentists and dental therapists—will go a long way towards providing what the Hon. Mr. Springett said was an insurance for the dental health of the community.

The Hon. A. J. Shard: It will save money in the long run.

The Hon. R. C. DeGARIS: I agree, but I am dealing with the point made by the Hon. Mr. Springett that it is an insurance for the future. Let me give the Council some information on the matter raised by the Hon. Mr. Shard. The first group of trainees completed its training and was presented with certificates and medallions in June. Of the initial intake of 16, 13 completed the course, one resigned and one transferred to New Zealand, where her parents had moved. One had to cease training because of medical reasons. (I believe the Hon. Mr. Shard referred to this in his speech.) Although there was some delay in the completion and equipping of the clinics established in some towns, all school dental therapists are now working in the clinics at Whyalla, Port Augusta and Port Pirie. It is expected that the clinic at Peterborough will be available for use later this month. The clinics at Renmark and Murray Bridge will not be fully equipped until later in the year. In the meantime, school dental therapists will be fully employed at the other clinics. The school continues to function smoothly. The training of the second and third intakes of 16 girls is proceeding, and it is anticipated that the second group will complete training early in 1970. I think the Hon. Mr. Shard really allocated the first group of clinics and, with one exception, I think, I agree with the areas where these clinics have been established.

The Hon. A. J. Shard: There is no complaint about where they are going.

The Hon. R. C. DeGARIS: No; I agree. I think there was not a complaint but a question why certain areas were not getting the first clinics. With one exception, in which I made an alteration, I agree entirely with what was done.

The Leader also referred to the completion of the women's rehabilitation block at Yatala. The building will be completed by the end of September. Equipment is at present being ordered and it is hoped to occupy the new prison as soon as possible following completion. Also, I have made certain statements about the Government's plan in regard to the reorganization of our prison establishments in South Australia. Whilst Cabinet had approved a certain programme, this has now been further examined for recasting of the Government's programme, and I hope to make an announcement shortly.

The Hon. Mr. Dawkins referred to the Modbury Hospital, and I draw the attention of honourable members to certain matters relating to the establishment of that hospital. The Hon. Mr. Dawkins mentioned that hospital accommodation should be developed on a more centralized basis than has occurred in the past in order to ensure maximum use of hospital services and equipment. I point out that the Government is fully aware that the theory of centralization of hospitals is a valid concept, but mainly from a theoretical viewpoint. In my opinion, it would eventually lead to certain areas being deprived of an adequate medical service, and I believe there would be many local objections if the Government adopted such a policy in South Australia.

The honourable member also stated that some hospitals might revert to nursing homes; once again, although that is a valid suggestion, I am more anxious to see nursing homes developed alongside already established hospital services. By comparison with other States, South Australia has a wide coverage of medical practitioners, due mainly to the development of a system of country hospitals that varies from the concept in other States. The development of small hospitals with good equipment has encouraged medical practitioners to become established in those areas. Analysing this position from an economic viewpoint, possibly a strong case could be made out for centralization of hospital services, nevertheless, I believe that, from the community viewpoint and the provision of a medical service or coverage, it is

vitaly necessary to maintain the system of a series of small hospitals in South Australia, thus ensuring that medical practitioners will continue to be attracted to those areas.

The Hon. L. R. Hart: That could apply to chemists, in some respects.

The Hon. R. C. DeGARIS: Yes, I agree that would be so in some instances. As far as the Modbury Hospital is concerned, in its original concept I do not think I was "on-side" with the Government's decision, but it is to be noted that statistics show that on the modest basis of four beds a thousand there was a full justification for developing a hospital of 200 to 300 beds by 1971 in that area. It is also interesting to study figures provided by the State Planning Office at the time the initial estimates were made, which show that those figures have been exceeded in the Modbury-Tea Tree Gully area. I refer honourable members to evidence given recently by Mr. Ramsay to the Electoral Boundaries Commission, when it was pointed out that the figures given two years ago had been exceeded in this area.

We must bear in mind the comparison between the functions of the Modbury Hospital and those of the Lyell McEwin Hospital at Elizabeth. The Modbury Hospital will be a public hospital and will therefore admit a full range of patients, including pensioners and indigent persons; it will assume an active role in training medical students in community medicine.

During my trip overseas I saw clearly that the large central hospitals tended to concentrate largely on trauma. In other words, the medical schools deal with a very narrow section of patients and in these schools difficulties arise in training doctors in the essential concept of community medicine. I believe the Modbury Hospital will perform a worthwhile service in this respect by providing this contact for doctors with community medicine. The general section of the Lyell McEwin Hospital has 108 beds, and in late June and early July the daily average exceeded 100 patients. The board of management of the Lyell McEwin Hospital and other sections of the community have made strong representations that, as a matter of urgency, the hospital's general section should be extended. The Hospitals Department is at present working in close liaison with the board of management in developing plans for further extensions at the Lyell McEwin Hospital.

The Hon. M. B. Dawkins: Did that figure for the daily average include the maternity section?

The Hon. R. C. DeGARIS: No. Should the Lyell McEwin Hospital become a public hospital in future, the demand placed on beds there will be even greater than it is at present. The Hon. Mr. Shard referred to this matter, and also to two other issues on which I should like to report. He raised the question of a medical school at the Flinders University and the question of the recent Commonwealth offer to provide financial support for domiciliary services for the aged. I hope the Commonwealth Government will provide capital support and also support for ongoing maintenance, which is probably more important, for a medical school at the Flinders University.

As soon as the Commonwealth Government support for this project has been finalized, detailed planning will proceed for a combined medical school and teaching hospital at the Flinders University. In other words, we will have a teaching hospital on a university campus, and this complex will be the first of its type in Australia. Indeed, this type of complex exists in only two or three places in the world. The State Government's ability to take advantage of the Commonwealth offer on domiciliary services for the aged has now been fully discussed by Cabinet and by organizations involved in providing domiciliary services in South Australia. It may help if I remind the Council of the recent action taken in calling a meeting of a wide range of organizations interested in this matter.

Many organizations were represented at the meeting, including the Red Cross, the Country Women's Association, Meals on Wheels, St. John Ambulance, the Australian Medical Association, social workers, physiotherapists, occupational therapists, speech therapists, councils, the Royal District and Bush Nursing Society, and various hospitals. All aspects of the Commonwealth's offer were discussed at this meeting, and an advisory committee of 11 members was appointed to work with the State geriatrician on these issues. With a relatively small amount of money available from the Commonwealth for developing co-ordinated and integrated domiciliary support for the aged, it is obviously desirable to establish a number of pilot schemes in depth rather than dissipate the available money in superficial schemes throughout South Australia. The Leader of the Opposition implied that the State Government might not take advantage of the Commonwealth offer.

The Hon. A. J. Shard: I said that I hoped the Government would not let it happen, as it did in an earlier scheme.

The Hon. R. C. DeGARIS: We will come to that matter in a moment. Planning is already proceeding to take advantage of the Commonwealth offer of capital assistance for State-run nursing homes in a redevelopment scheme for the Northfield wards and the Morris Hospital area. Unfortunately, money being made available to the State on a \$1 for \$1 matching basis is limited to \$460,000 over a five-year period; this is about \$90,000 a year to provide nursing home beds in South Australia. During this period the expenditure in financing State-run nursing home accommodation will be four to five times this amount. While the Commonwealth Government has been contributing \$90,000 a year in that five-year period, the State has been spending about \$500,000 a year. Nevertheless, the Commonwealth assistance is valuable.

The Hon. A. J. Shard: My point was that, no matter how small the assistance was, we should get it.

The Hon. R. C. DeGARIS: Yes, I think we will get it all right.

The Hon. A. J. Shard: We did not get it in the other case.

The Hon. R. C. DeGARIS: As I have pointed out, in this case the money we are spending is four to five times the amount of the Commonwealth offer. The Hon. Mr. Shard has referred to a previous Commonwealth offer; I think he was referring to the assistance of \$1 for \$2 to the States for mental health institutions.

The Hon. A. J. Shard: That is right.

The Hon. R. C. DeGARIS: He probably implied that the previous Liberal Government had not taken full advantage of this offer.

The Hon. A. J. Shard: That is correct.

The Hon. R. C. DeGARIS: I point out, however, that some other States did not take full advantage of it.

The Hon. A. J. Shard: You have different information from mine. I am told that the other States got the full issue and that they got all they needed.

The Hon. R. C. DeGARIS: Queensland took up much less than we did in that matter. It is true to say that there was some delay in planning new training centres for mentally retarded people but, rather than adopt a piecemeal approach, it was considered that a comprehensive training centre should be constructed that embodied the most modern developments in training schemes for mentally retarded patients throughout the world. Once again I

refer to my visit overseas, where I did not see anything to compare with the proposed Strathmont training centre. I do not believe that any other State or country in the world can show us the way in the provision of a training centre for the retarded such as we will see at Strathmont.

The Hon. A. J. Shard: I think that is generally accepted.

The Hon. R. C. DeGARIS: This centre will be completed and, we hope, opened in 1970. I believe that our action in not racing in to accept the original offer without making a full study of the situation is going to see South Australia better off in this regard. As I have said, I do not know of any other State in Australia or any country in the world that can show a better concept than the one we will have at Strathmont.

I wish to comment now on other matters concerning hospitals that have accrued since His Excellency's Speech was prepared. A matter of recent general interest to this Council in general and to members of the Northern District in particular was the recent approval by Cabinet for the Murat Bay hospital at Ceduna and the Central Eyre Peninsula hospital at Wudinna to be added to the list of approved subsidized hospitals. The approval date (July 1, 1969) coincides with the takeover date of the Whyalla hospital. I think we all appreciate that in South Australia we have this rather unique system of subsidized hospitals, to which I have referred rather obliquely before in this speech. This system that we have developed has enabled this State to provide a first-class hospital service throughout the length and breadth of the country areas. I am pleased to report on the decision of Cabinet to take into this scheme the Murat Bay hospital and the Wudinna hospital, both of which were having some difficulty in maintaining themselves as purely community hospitals.

Another announcement made recently (and some questions were directed to me on this) was the decision to adopt a more uniform policy in regard to compulsory rating of local government authorities for hospital purposes. As most honourable members would know (and as the Hon. Mr. Shard would agree), the previous procedure was extremely complicated. It was based on several factors, and most local government authorities did not know until well into the financial year what their contribution would be.

The Hon. A. J. Shard: Not many people apart from the author of the system really knew it.

The Hon. R. C. DeGARIS: I agree. I know that the Hon. Mr. Shard had a look at this and that he would agree that he could not give anyone an accurate assessment or tell them how this matter was computed. Whilst I agree that there are some difficulties or some anomalies in adopting the 3 per cent rating for local government bodies, I believe that in the long run it does allow local government bodies to assess accurately from year to year what their hospital contribution will be. It will allow them to budget for this instead of waiting until halfway through the financial year and then suddenly finding themselves loaded with an imposition for which they could not budget.

The Hon. A. J. Shard: It will mean that they will allow 3 per cent for it and if it does not reach that figure they will get a rebate.

The Hon. R. C. DeGARIS: They will not get a rebate, because actually they will not pay the money out. However, I suppose it amounts to the same thing. This also brings the country areas to somewhere near parity with the metropolitan area. The metropolitan area ranges, I think, from 2.7 per cent down to about 1.85 per cent in rating to the Hospitals Department, and in the country the highest rate will be 3 per cent. I consider that not only will this bring the country areas down to somewhere near parity but also it will mean that in many country areas there will be a significant reduction in the amount that the local government body will be contributing to the local subsidized hospital.

The Hon. S. C. Bevan: But on a population basis the metropolitan ratepayers will be paying more; the country ratepayer will get an advantage under this.

The Hon. R. C. DeGARIS: No, not at all. The country rate will be based on 3 per cent on rate revenue, whereas in the metropolitan area the rate will be based on 2.7 per cent down to 1.85 per cent of rate revenue.

The Hon. S. C. Bevan: It is extremely difficult to get parity.

The Hon. R. C. DeGARIS: This brings it to somewhere near parity. I agree with the honourable member that in any rating system it is very difficult, because of the variety of areas and because of the different approach of some councils, to get complete parity. However, we believe that in this system we are as close as we can get to parity between the metropolitan area and the country areas.

The Hon. Mr. Banfield referred to the decision of the Government to implement charges for treatment of patients in our mental

hospitals. I thought this matter was debated fairly fully in this Council. However, I would just like to point out one or two matters to the honourable member. The Government and the mental health associations throughout Australia have been trying to have psychiatric illness looked on in exactly the same way as physical illness, and this is one very strong reason why the Government has decided to implement charges for treatment for psychiatric illness. We cannot reach a stage of parity when one section of the community is treated differently from another. Also, we have been claiming for a long while and are still claiming that the Commonwealth Government should pay medical and hospital benefits to those seeking psychiatric treatment. How can the State claim this if it is making no charge? To achieve Commonwealth assistance in this field it is necessary that the States charge for this treatment.

The third point, which I think was stressed very strongly in the debate previously, is that the Commonwealth has just introduced a scheme whereby it includes a greater range of patients in these hospitals being entitled to social service benefits. We would reach the anomalous situation of having one section in our benevolent homes from which the State would by right receive from the Commonwealth Government two-thirds of the social service pension for the care of these people, when another group of similar people just coming in would be paying nothing. This situation would be completely anomalous. Indeed, I believe the Government would have been perfectly justified in moving those people from our mental health institutions into benevolent homes and by right claiming two-thirds of the pension payable. However, we believe that it is much fairer to adopt the proposed system than it is to adopt the previous idea.

Perhaps for the benefit of the Hon. Mr. Banfield I should give some information on how these charges will be levied on patients seeking treatment. The Leader would agree that for a long time we have been pressing the Commonwealth Government regarding hospital benefits for these people, and I believe that the Commonwealth Government will agree to this in the foreseeable future. Although no charge is to be levied on any patient (this applies to children and adult patients), an amount equivalent to child endowment will be collected. No charge will be made to pensioners who have dependants, and this includes a wife who is receiving a pension but who may be dependent on her husband's pension.

A trustee of a patient is to be responsible for meeting the charges for that patient, subject to the assessment of means referred to previously. A patient or spouse of a patient is to be responsible for meeting charges for a patient, subject to an assessment of earnings.

The charge to be levied against pensioners without dependants is to be equivalent to the amount that the Commonwealth Government pays directly to an institution under the benevolent homes provision, to which I have just referred. If a patient or the spouse of a patient is receiving an income greater than \$50 a week, charges will be made. The minimum income will be raised by \$10 a week for each additional dependant in the family. In other words, the assessment of means for the minimum income of a family with one child will be \$60 a week; for a family with two children it will be \$70 a week, and so on.

Adult patients without dependants will be charged in accordance with income received, the charges being based on proportions equivalent to those charges made to a pensioner without dependants. In all cases only the maximum charge of \$3.50 for each day can be levied. Where any financial commitments weigh adversely on any family, such factors will be specially considered. I do not want to go through all the submissions on the question of charging these patients, but I assure the Council that the scheme will be administered with absolute sympathy to all members of the community. I must emphasize, however, the benefits that will be derived by our adopting this system.

First, it justifies the claim for the payment of hospital benefits; secondly, it allows patients in mental hospitals and benevolent homes to be charged on the same basis; and, thirdly, the State cannot charge any more than the amount at present being paid to it by the Commonwealth Government in respect of a benevolent home. Where circumstances are somewhat more extreme, the charges can be lowered. In my opinion this will be to the benefit and not to the detriment of mental patients. Several other matters have been raised by various members, including the Metropolitan Adelaide Transportation Study Report. However, it would be out of order for me to say anything about that matter in this debate.

The Hon. S. C. Bevan: M.A.T.S. was not touched on pending the debate on it.

The Hon. R. C. DeGARIÉ: That is right. I am merely saying that it would be wrong for me to touch on that matter at this stage. As

honourable members know, they will have the opportunity to place their views on this matter before the Council. I congratulate honourable members for their contributions to the debate. The Address in Reply debate is of value to members of Cabinet, and it gives members an opportunity to bring before the Council at some length matters that may be concerning them. I support the motion for the adoption of the Address in Reply.

Motion carried.

The PRESIDENT: I have to inform honourable members that His Excellency the Governor will be pleased to receive them for the presentation of the Address in Reply later this afternoon. I therefore suspend the sitting of the Council until the ringing of the bells at about 3.30 p.m. when I will resume the Chair prior to proceeding to Government House.

[Sitting suspended from 3.8 to 3.33 p.m.]

The PRESIDENT: I ask honourable members to accompany me to Government House to present the Address in Reply to His Excellency the Governor.

[Sitting suspended from 3.34 to 3.48 p.m.]

The PRESIDENT: I have to report that accompanied by honourable members I attended at Government House and there presented to His Excellency the Address adopted by the Council this day to which His Excellency was pleased to make the following reply:

I thank you for your Address in Reply to the Speech with which I opened the third session of the Thirty-ninth Parliament. I am confident that you will give your best attention to all matters placed before you. I pray for God's blessing upon your deliberations.

BARLEY MARKETING ACT AMENDMENT BILL

The Hon. C. R. STORY (Minister of Agriculture) obtained leave and introduced a Bill for an Act to amend the Barley Marketing Act, 1947-1967. Read a first time.

ADJOURNMENT

At 3.50 p.m. the Council adjourned until Wednesday, August 6, at 2.15 p.m.