

AN ANALYSIS OF THE 2009-10 STATE AND TERRITORY HEALTH BUDGETS

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This analysis of the 2009-10 State and Territory Health Budgets has been prepared by assessing the budget commitments, as we found them in the publicly available budget papers and related information, against the partnership commitments agreed through the COAG process. Given the dramatically different ways in which governments present their budgets, and different levels of detail, this has not been an easy task. However we would argue that if the COAG partnerships to drive forward health care reform nationally are to be effective, efficient and publicly accountable, then the ability to make this sort of analysis annually is essential.

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COAG COMMITMENTS

COAG has agreed (COAG Communiqué, 28 November 2008) to provide **\$64.4 billion over five years**, including an additional \$8.6 billion over current forward estimates. This includes **\$60.5 billion over five years** for the National Healthcare Agreement, which reverses the cuts of the previous Agreement and provides \$4.8 billion in additional base funding. In the fifth year of this Agreement, the base will increase by \$1.5 billion. This means that States are, on average, better off by nearly \$1 billion each year over the five years.

As part of this deal, the Commonwealth is offering a \$500 million recurrent boost in base funding from 2008-09, increasing the starting point for the National Healthcare Agreement from \$9.96 billion to \$10.46 billion. The Commonwealth is also delivering a more generous indexation formula, which currently delivers indexation of 7.3 per cent per annum to put public hospital funding on a more sustainable footing.

Additional Throughput in Hospitals

This funding equates to increased throughput in public hospitals over and above 2008-09 levels over four years, of 2.5 million extra outpatient services, 350,000 additional Emergency Department presentations, 200,000 additional same-day separations and 170,000 additional overnight separations.

Additional Commonwealth funding of \$500 million in 2008-09 will provide the equivalent of an extra 1,600 sub-acute care beds (an increase in capacity of five per cent per year over four years). Sub-acute care services improve health outcomes, quality of life, productivity and reduce hospital readmission rates. This will enable many older people to leave hospital and help free up hospital beds.

Health Workforce

The Commonwealth and the States also committed to a reform package of **\$1.6 billion** – the single largest investment in the health workforce ever made by Australian governments – comprising **\$1.1 billion of Commonwealth funding** and **\$540 million in State funding**.

This will meet the future challenges of the health system through workforce reform by providing \$500 million in additional Commonwealth funding for undergraduate clinical training, including increasing the clinical training subsidy to 30 per cent for all health undergraduate places. The package also provides for an increase of 605 postgraduate training places, including 212 GP places, and the establishment of a national health workforce agency and health workforce statistical register to drive a more strategic long-term plan for the health workforce.

Investment of \$175.6 million over four years in capital infrastructure will also be provided to expand teaching and training, especially at major regional hospitals to improve clinical training in rural Australia. This is vital because students who train in rural areas are more likely to practice in rural Australia.

The 212 additional ongoing GP training places will boost the total number of GP training places to over 800 from 2011 onwards, and 73 additional specialist training places in the private sector. Funding will also be provided to train approximately 18,000 nurse supervisors, 5,000 allied health and other supervisors, and 7,000 medical supervisors.

Taking Pressure off Public Hospitals

The Commonwealth is investing an additional \$750 million in 2008-09 to relieve pressure on public hospital emergency departments. This recognises that emergency departments are treating an increased number of patients who could otherwise be treated in the primary care sector.

Treating primary care patients puts added pressure on emergency departments, resulting in longer waits for patients and adding avoidable costs to the public hospital system. This injection will fund the equivalent of 1.9 million emergency department presentations and relieve some of the pressure on public hospitals, while the primary care reforms the Commonwealth is undertaking are being implemented.

Shared Accountability and Better Performance Reporting

The Commonwealth and the States have agreed to the following objectives and outcomes for the health and hospital system. These are:

- children are born and remain healthy;
- Australians manage the key risk factors that contribute to ill health;
- Australians have access to the support, care and education they need to make healthy choices;
- the primary health care needs of all Australians are met effectively through timely and quality care in the community;
- people with complex care needs can access comprehensive, integrated and coordinated services;
- Australians receive high-quality hospital and hospital related care;
- older Australians receive high-quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transitions within and across sectors;
- patient experience: Australians have positive health and aged care experiences which take account of individual circumstances and care needs;
- social inclusion and Indigenous health: Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians; and
- sustainability: Australians have a sustainable health system.

The Commonwealth and the States have agreed to report against a number of performance measures to address these outcomes including: preventable disease and injuries; timely access to GPs, dental and other primary health care professionals; life expectancy, including the gap between Indigenous and non-Indigenous Australians; waiting times for services; and net growth in the health workforce. The COAG

Reform Council will report progress against these performance measures annually, commencing in 2009-10.

In addition, the COAG Reform Council will report performance against a range of measures, including:

- reduced incidence and prevalence of sexually-transmitted infections and sentinel blood borne viruses (for example, Hepatitis C, HIV) for Indigenous and non-Indigenous Australians;
- increased immunisation rates for vaccines in the national schedule;
- reduced waiting times for selected public hospital services;
- a reduction in selected adverse events in acute and sub-acute care settings compared to 2008-09 levels;
- a reduction in unplanned/unexpected readmissions within 28 days of selected surgical admissions compared to 2008-09 levels;
- increased rates of services provided by public hospitals per 1,000 weighted population by patient-type compared to 2008-09 levels;
- timely access to GPs, dental and primary health care professionals; and
- a reduction in selected potentially avoidable GP type presentations to emergency departments.

The Commonwealth and the States have also agreed to provide a basis for more efficient use of taxpayer funding of hospitals, and for increased transparency in the use of those funds through the introduction of **Activity Based Funding**. It will also allow comparisons of efficiency across public hospitals.

Indigenous Health

The Commonwealth and the States have agreed to an **Indigenous Health NP** worth **\$1.6 billion over four years**, with the **Commonwealth** contributing **\$806 million** and the **States \$772 million**. This proposal will contribute to addressing the COAG-agreed closing the gap targets for Indigenous Australians, closing the life expectancy gap within a generation and halving the mortality gap for children under five within a decade. The proposal includes expanded primary health care and targeted prevention activities to reduce the burden of chronic disease.

This NP commits investment by both levels of government to close the unacceptable gap in health and other outcomes between Indigenous and non-Indigenous Australians. The NP targets:

- smoking rates among Aboriginal and Torres Strait Islander peoples;
- the burden of diseases for Aboriginal and Torres Strait Islander communities;
- uptake of Medicare Benefits Schedule-funded primary care services to Indigenous people;
- coordination of care across the care continuum; and
- average length of hospital stay and readmissions.

This means that over a five-year period, around 55 per cent of the adult Indigenous population (around 155,000 people) will receive a health check with about 600,000 chronic disease services delivered. More than 90,000 Indigenous people with a

chronic disease will be provided with a self-management program, while around 74,500 Indigenous people will receive financial assistance to improve access to Pharmaceutical Benefits Scheme medicines.

Prevention

The Commonwealth and the States have agreed to a **Health Prevention National Partnership**, with the Commonwealth providing funding of \$448.1 million over four years, and \$872.1 million over six years starting from 2009-10 to improve the health of all Australians. This funding could support the following elements:

- increased access to services for children to increase physical activity and improved nutrition;
- provision of incentives for workplaces and local communities to provide physical activity and other risk modification and healthy living programs;
- increased public awareness of the risks associated with lifestyle behaviour and its links to chronic disease;
- a national social marketing campaign; and
- enabling infrastructure, including a national preventative health agency, surveillance program, workforce audit, eating disorders collaboration, partnerships with industry and a preventative health research fund, leading to better oversight and research into prevention, leading to improved outcomes.

This funding will lead to reductions in the proportion of people who smoke, are at unhealthy bodyweight, and/or do not meet national guidelines for physical activity and healthy eating. Specifically, governments commit to:

- increase the proportion of adults and children with healthy body weight, reduce rates of obesity and avert new cases of diabetes in adults each year;
- increase the proportion of children and adults meeting national guidelines for physical activity and healthy eating; and
- reduce the proportion of adults smoking daily, averting premature deaths and ameliorating costs.

E-Health

COAG has agreed to continued funding of \$218 million (50:50 cost shared between the Commonwealth and the States) for the National E-Health Transition Authority for the period July 2009 - June 2012 to enable it to continue its existing work program.

DENTAL SERVICES

Victoria

- \$52.8 m boost to dental services will provide extra dental treatments for pensioners at Ballarat, Moe, Sale, Knox, Footscray, Frankston and Geelong.
- \$21 million over two years to treat more than 20,000 public dental patients.
- Increase the capacity for workforce training (clinical placements for 600 dental students). This is part of a workforce reform, supply and retention package worth \$72.2 million over four years.

New South Wales

New dental clinic (\$1.2 m) at Orange Base Hospital (Bloomfield Public Private Partnership).

Queensland

\$9.7 million increased capital funding (\$14.2 million over three years) towards the procurement of nine new mobile dental clinics and refurbishment of some of the existing fleet to ensure compliance with contemporary infection control policies and workplace health and safety legislation

South Australia

New GP Plus Health Care Clinics across Adelaide and throughout regional South Australia will include dental services.

Western Australia

We were not able to find information about this provision.

Northern Territory

An extra \$1.5 m to reduce the general dental service waiting list and improve services in remote areas; and a further \$750,000 ongoing from 2010-11 to maintain increased dental services.

Tasmania

\$3.2 m in 2009-10 to continue implementation of the 'Better Dental Care' package, including additional dentists in the public sector and funding for extra general dental treatments in the private sector for public clients.

Australian Capital Territory

We were not able to find information about this provision.

HOSPITALS AND INFRASTRUCTURE

Victoria

Hospital investment, including funding to expand sub acute care services at a rate of five per cent a year over four years, to alleviate pressure on public hospitals, in addition to:

- \$780.9 m / 5 years to significantly boost the capacity for hospitals to provide treatment in key areas of cancer treatment, acute care and sub-acute services;
- \$23.9 m boost to the Hospital Admission Risk Program would improve the management and treatment of chronic illnesses and conditions in the community before they develop to the extent of needing a hospital stay; and
- \$45 m for a one-off waiting list blitz.

Infrastructure investment, including:

- Bendigo Hospital: \$55 m for the first stage of redevelopment – relocating the ambulance station and the demolition of existing buildings;
- Ballarat Hospital: \$20 m has been provided to redevelop facilities;
- Dandenong Hospital: \$66 m to redevelop and expand mental health services;
- Geelong Hospital: \$30 m to upgrade and reconfigure clinical service areas;
- Alexandra Hospital and ambulance station redevelopment: \$19 m to redevelop the Alexandra District Hospital, providing a new integrated hospital and community health service
- Short Stay Units, Day Treatment Centres and Medi-hotels: \$3 m to provide enhanced facilities to support access and timely treatment for people presenting to emergency departments.
- Sunbury Day Hospital Stage 2 expansion: \$6.4 m to provide specialist medical care, including diagnostics, pathology and rehabilitation, and a suite with operating and recovery services to provide minor same-day surgery services for patients with low complexity.
- Warrnambool Hospital redevelopment Stage 1c: \$26.2 m will deliver the final stage of the project, comprising the redevelopment of the allied health, rehabilitation, and mental health services with new community health facilities to form a single Integrated Care Centre.
- BreastScreen Victoria's Digital Technology Rollout: \$10 m to expand digital mammography to BreastScreen Victoria services. The rollout will upgrade old analogue equipment;
- Critical Care Service expansion: \$1 m to extend the capacity of critical care by providing enhanced intensive care, neonatal intensive care and special care nursery services;
- MonashLink Community Health Centre: \$2.5 m for the next stage of the development of purpose-built facilities for MonashLink Community Health Service at the Oakleigh site, with a focus on adolescent health;
- Rosebud Community Health Centre: \$3.1 m to replace accommodation for the Rosebud Community Health Centre, which was destroyed by fire last year;
- Aged Care Land Bank Stage 4. An extra \$3 m will be used to access surplus government land for not-for-profit agencies for the development of high-care residential aged care services in the inner and middle suburbs; and
- Alfred Hospital Burns Unit: \$1.1 m to refurbish facilities to provide single bedrooms for each patient containing their own bathroom.

New South Wales

Investment in hospitals and infrastructure, including:

- \$14.5 b for health service delivery in 2009-10, a 10.2 % increase (\$1.34 b) on the previous year, with a further \$603 m to upgrade health infrastructure;
- \$150 m / 4 years to enhance Medical Assessment Unit services; including \$17.7 m in 2009-10 for 6 new Medical Assessment Units and the expansion of another 6 units; and
- Additional 106 beds, as well as \$11.9 m for more than 7,900 community-based residential and/or aged care places:
 - \$9.4 m for an additional 30 hospital beds;
 - \$3 m for 3 additional Intensive care beds at John Hunter, St George, and Gosford Hospitals;
 - \$3 m for 3 additional neo-natal beds at Royal Hospital for Women (2) and one at Children's Hospital at Westmead; and
 - \$900,000 for additional high risk maternity bed capacity at Royal Hospital for Women.
- \$7.7 m to expand renal services including dialysis chairs, intensive therapy capacity, home dialysis support and prevention and education programs;
- \$5 m for services to children with rare and complex conditions.

Queensland

Queensland Health's operating budget will grow to \$9.037 b in 2009-10, an 8.2% increase on the previous year. In this budget, spending is focused on upgrading emergency departments, new rehabilitation and maternity services, and expanding cancer treatment facilities. Including:

- \$110 m / 3 years for the Surgery Connect program to provide treatment for waitlisted public patients through utilizing spare private capacity;
- \$127.5 m capital funding for the expansion of the adult and/or paediatric emergency departments at Logan, QEII, Bundaberg and Redland Hospitals;
- \$69.9 m / 4 years to improve rehabilitation and transition care at Eventide, Sandgate, Rockhampton and Townsville;
- \$37 m / 3 years to improve cancer services by increasing access to oncology specialists at Rockhampton and opening new chemotherapy chairs at Cairns;
- \$16.7 m to improve services for mothers and babies by introducing new/enhanced maternity and neo-natal services across Queensland.

In 2009-10, the Queensland Government will invest \$1.296 b in capital funding for new and existing health infrastructure, including:

- \$155 m for the construction of the \$1.762 b 750 bed Gold Coast University Hospital to provide complex care, research and teaching opportunities by 2012;
- A \$145.2 m program to expand more emergency departments (EDs) at hospitals throughout Queensland, including:
 - \$31 m in 2009-10 towards expansion of EDs at Logan, QEII, Redland and Bundaberg Hospitals;

- Expansion and/or upgrades to EDs at Ipswich, Caboolture and Toowoomba Hospitals to commence 2011-12; and
- A dedicated paediatric ED at The Prince Charles Hospital, due to open 2012.
- \$105.1 m for the \$1.283 b Queensland Children's Hospital to provide enhanced paediatric services by 2014;
- \$21.8 m for the \$446.3 m redevelopment of the Cairns Base Hospital with enhanced rehabilitation facilities and radiation oncology services;
- \$61 m for the new \$405.6 m Mackay Base Hospital to provide new, acute service facilities;
- \$25.4 m to continue \$65.2 m redevelopment of the Mount Isa Hospital;
- \$72.4 m for the \$240 m Robina Hospital expansion;
- \$39.4 m for additional beds at the Townsville Hospital as part of a \$332.8 m expansion;
- \$74.2 m for the \$149.1 m expansion of the Rockhampton Hospital to provide additional beds in partnership with funding from the Australian Government's Health and Hospital Fund;
- \$4.2 m for the \$122 m Ipswich Hospital expansion for additional beds; and
- \$8.3 m to commence work on the \$1.494 b Sunshine Coast University Hospital Precinct; and
- \$80 m for an Academic and Research Centre to complement the new Queensland Children's Hospital.

South Australia

In 2009-10, health expenditure will exceed \$4 billion for the first time – an increase of \$2 billion or 93 per cent since 2001-02. South Australia continues to support health services by providing \$546 million over four years for health initiatives, including:

- \$114 million for increased levels of health services;
- \$60.9 million to improve the operations of emergency departments by increasing access to hospital care, establishing Acute Medical Units and improving patient flow;
- \$40.0 million towards increasing sub-acute services, including home rehabilitation and a community pharmacy network; and
- \$15.1 million for the SA Ambulance Service to provide more out of hospital emergency medical care.

Investment in infrastructure, including:

- \$85 m to continue redevelopments underway at Flinders Medical Centre, Lyell McEwin Hospital and the Queen Elizabeth Hospital;
- \$9.7 m towards the site clean up for the new Royal Adelaide Hospital (RAH);
- \$24.45 m for the construction of Marion GP Plus Health Care Centre, and towards running Elizabeth GP Plus Health Care Centre;
- \$7 m towards the \$15 m redevelopment of Whyalla Hospital;
- \$4.4 m for new surgical equipment and infrastructure to enable SA hospitals to provide more elective surgery;
- \$4.9 m on sustainable works at the current RAH to maintain it until the new RAH is completed in 2016;

- \$3.225 m on developing Acute Medical Units in the emergency department, including the current RAH, to improve patient flow through the hospital;
- \$5.7 m to start the \$41 m redevelopment of the Berri Hospital;
- \$15.6 m towards the \$36 m redevelopment of Ceduna Hospital; and
- \$1.64 m to upgrade Hammill House Nursing Home at Port Pirie Hospital

Over the next four years works will be undertaken on redevelopment of the Lyell McEwin (\$118m), Glenside Campus (\$112m), Flinders Medical Centre (\$80.9m), Queen Elizabeth (\$58.6m), Whyalla and Berri hospitals (\$49.6m), progressing the new Royal Adelaide Hospital (\$81.0m) and GP Plus centres at Marion, Elizabeth and Port Pirie (\$46.9m).

Western Australia

\$5.1 billion will be spent on health services across the State in 2009-10, a \$282 million or 5.9 per cent increase from 2008-09, including:

- \$27 million for the Friend-in-Need Emergency initiative;
- \$18 million for patient transport services through the Royal Flying Doctor Service and the Patient Assisted Transport Scheme;
- \$8 million for palliative care and cancer services;
- \$6 million to implement the State Suicide Prevention Strategy; and
- An additional \$420 million over five years for increased activity and costs Implementation of 'four hour rule' for hospital emergency departments.

Infrastructure, including:

- bringing forward the construction of a new children's hospital with work commencing on a \$117 million forward works program;
- Fiona Stanley Hospital, with site works completed and construction of the main hospital buildings to begin in mid-2009. Completion is expected in late 2013;
- a significant increase in bed capacity at Joondalup Health Campus at a cost of \$227 million; Albany Hospital; Kalgoorlie Hospital; Busselton Hospital; and Nickol Bay Hospital.

Tasmania

\$1.2 b on health services in 2009-10. Including capital works:

- \$100 m / 5 years, including \$11 m in 2009-10, for improvements to Royal Hobart Hospital;
- \$761,000 in 2009-10 for a capital and equipment upgrade at the North West Regional Hospital to complete upgrade of the day surgical suite;
- \$15 m / 2 years for construction of new car park at Launceston General Hospital;
- \$11.2 m / 2 years to complete redevelopment of Launceston General Hospital Emergency Department;
- \$17.3 m / 2 years for development of Launceston Integrated Care Centre (in partnership with Australian Government);
- \$17.5 m / 2 years for the development of the Clarence GP Super Clinic and Integrated Care Centre;

- \$29.8 m / 3 years to complete building works at health centres; and
- \$750,000 to complete construction of new ambulance stations and residences.

Northern Territory

\$421 m for Territory hospitals, including:

- \$245 m for Royal Darwin Hospital (up 118% since 2001);
- \$118 m for Alice Springs Hospital (up 120% since 2001);
- \$27 m for Katherine Hospital (up 90% since 2001);
- \$19 m for Gove District Hospital (up 71% since 2001); and
- \$12 m for Tennant Creek Hospital (up 94 % since 2001).

Better health services:

- \$630,000 to improve cardiac services under the Heart Health Plan.

Improving facilities:

- \$10.5 m for a new radiation oncology facility at Royal Darwin Hospital to be completed in 2009, with services commencing early 2010. This is supported by \$19 m in Commonwealth funding for the infrastructure, equipment and initial running costs.
- \$9.8 m for Alice Springs Hospital including additional mental health secure care beds;
- \$4 m for Royal Darwin Hospital staff accommodation;
- \$2.4 m for more renal facilities;
- \$2 m for additional emergency accommodation to assist victims of domestic violence; and
- \$2 m for additional mental health facilities at Royal Darwin Hospital.

Additional Territory funding of \$2 m will continue the implementation of eHealthNT, allowing the secure and quick electronic exchange of patient information between healthcare providers in different locations.

Australian Capital Territory

The 2009-10 budget will fund \$54 m / 4 years for to provide health services, including:

- \$90 m investment in e-health capacity and infrastructure (personal electronic health records, digital hospital and healthcare infrastructure, decision support and support services);
- \$51.3 m for the forward design and construction of an Enhanced Community Health Centre (ECHE) at Belconnen;
- \$2.1 m to refurbish an existing area at Canberra Hospital for a new walk-in centre;
- \$10.5 m / 4 years to provide an additional two intensive care beds at Canberra Hospital;
- \$25.5 m / 4 years to meet current and emerging demand for acute care services, including the establishment of a 16-bed Surgical Assessment and

Planning Unit at Canberra Hospital, and an additional 25 hospital 'bed equivalents' through home based care;

- \$8.4 m in recurrent funding over four years to meet growing demand for surgery;
- \$5.4 m / 4 years to enhance medical retrieval services which provide emergency transport for critically ill patients in the ACT and surrounding region;
- \$3.5 m / 4 years to for a new public diagnostic mammography service;
- \$4.5 m for a new Positron Emission Topography (PET) scanner;
- \$4.2 m / 4 years to meet the growing demands for cancer services; and
- \$5.822 m / 4 years for high demand therapy services for children (speech therapists, and early intervention and support services for preschool are children with disability).

INDIGENOUS HEALTH

Over the past 12 months, through COAG, the Australian Government and the States and Territories have committed a total of **\$4.6 billion** through National Partnerships (NPs) to initiatives to close the gap on Indigenous disadvantage. This includes **\$1.9 billion / 10 years** (\$834.6 million / 5 years) for remote Indigenous housing, **\$1.6 billion / 4 years** for Indigenous health and **\$564 million / 6 years** for Indigenous early childhood development.

Victoria

\$47.39 million over four years, including:

- Health promotion targeting young people, adults and elders through outreach and lifestyle modification programs (to tackle smoking, obesity and lack of exercise);
- More effective CDM through the aboriginal health sector and main stream services via the expansion of AHPACC partnerships and of ICAP;
- The introduction of cultural competency frameworks for acute and primary care settings, and more rigorous monitoring and accountability;
- \$6.2 m for Stolen Generations Victoria to support the needs of and advocate for Victorian Aboriginal people who were removed from their families as children;
- \$1 m for the Koori Business Network to assist Indigenous business people during a time of Global Financial Crisis; and
- \$1 m for improved Koori Maternity Services.

New South Wales

- \$3.8 m to expand aboriginal Housing and Accommodation Support Initiative (HASI);
- Additional \$2.8 m for the *Building Strong Foundations for Aboriginal Children, Families and Communities* strategy, for early childhood health services.

Queensland

Other than Queensland's COAG commitment, we were not able to find information about this provision.

South Australia

- \$53.9 million towards improving indigenous health by providing culturally responsive primary healthcare services and improved patient journeys through hospital;

Western Australia

- The State Government, in July 2009, signed a Memorandum Of Understanding with the Unity of First People of Australia and has agreed to provide the UFPA with \$500,000 per annum for four years to expand the not-for profit organisation's "A Roadmap Towards Better Health Program".

Tasmania

Other than Tasmania's COAG commitment, we were not able to find information about this provision.

Northern Territory

Continuing initiatives to close the gap in health outcomes for Indigenous people, including:

- \$2.1 m to expand therapeutic and residential care services;
- \$1.3 m to expand programs targeting chronic disease;
- \$1.2 m to continue to expand Sexual Assault Referral Centre services in Darwin, Tennant Creek, Alice Springs and Katherine and enhance services in remote communities; and
- \$100,000 for clinical resources in Darwin and Alice Springs to support the community-based and residential alcohol and other drugs withdrawal service.

Australian Capital Territory

\$200,000 p.a. to reduce tobacco use in Aboriginal and Torres Strait Islander people through peer education and a nicotine replacement therapy based intervention

MENTAL HEALTH

Victoria

The 2009-10 Victorian Health Budget contains \$945.0 million for mental health services, up 6.9% over 2008-09.

The Budget papers provide information about some major outcomes and deliverables in mental health.

	2009-10 Target	2008-09 Expected outcome	2008-09 Target	2007-08 Actual outcome
<i>Clinical care</i>				
<i>Quantity</i>				
Clinical inpatient separations	19,250	19,100	21,100	21,148
Community contact hours	1,097,000	1,072,000	1,097,000	1,027,000
Registered community clients	58,000	58,000	58,000	57,429
Residential bed days	343,000	338,000	338,000	-
<i>Quality</i>				
Pre-admission community care	60%	60%	60%	57.6%
Post-discharge community care	70%	70%	70%	68.5%
Unplanned re-admittance within 28 days	14%	14%	14%	13.4%
<i>Timelines</i>				
Emergency patients admitted to m h bed within 8 hours	80%	80%	80%	72%
<i>Cost</i>				
Total output cost	\$857.3m	\$807.3m	\$801.8m	\$754.9m
Psychiatric disability rehabilitation and support services				
<i>Quantity</i>				
Bed days	75,000	75,000	75,000	75,941
Clients receiving psych disability support services	12,500	12,500	12,400	13,578
Contact hours	1,175,000	1,160,000	1,160,000	1,168,000
<i>Quality</i>				
% agencies accredited	100%	100%	100%	70%
<i>Cost</i>				
Total output cost	87.8m	82.0m	82.0m	78.9m

New South Wales

The 2009-10 NSW Health Budget provides funding of \$1.171 billion for mental health.

This includes an additional \$10 million for community-based mental health programs including:

- Services for older people;
- Mental health emergency care;
- Rehabilitation; and
- State-wide telephone access.

The Budget announcement states that this brings spending on these initiatives to more than \$60 million / year.

The Budget also includes:

- \$1.8 million for a six bed (interim) mental health unit at Bega;
- An additional \$3.8 million to expand the Aboriginal Housing and Support Accommodation Initiative to support Aboriginal people living with a mental illness;
- Expansion of the existing SAFESTART program to provide pre and post natal screening for depression for every mother in NSW; and
- \$14.4 million will be spent over 4 years to improve support services for children of parents with a mental illness.

Queensland

There is little detail in the Queensland 2009-10 Health Budget about mental health.

The Budget summary states that improving mental health is one of five priorities under the Advancing Health Action.

The Budget provides:

- \$48.4 million in capital funding for enhancements to mental health services, primarily under the Queensland Plan for Mental Health 2001-2017.
- Funding for new mental health beds in Bundaberg.
- \$6.5million / 3 years to establish two “time out” houses (as an alternative to hospitalization for young people).

South Australia

The 2009-10 Health Budget contains the following mental health provisions:

- \$10.3 million for nonclinical community- based support for people with a mental illness;
- \$3.3 million for the development of the six community mental health centres;
- \$10.5 million for the construction of three new intermediate care mental health facilities in the metropolitan area and the provision of new intermediate care within existing facilities in country hospitals; and

- \$17.4 million for the Glenside redevelopment to build a new 129 bed mental health hospital, 15 bed intermediate care facility and 20 supported accommodation places.

The Forensic Mental Health Centre which was planned for at Mobilong, near Murray Bridge has been cancelled and there is no additional funding identified to improve mental health services in the community.

Western Australia

The 2009-10 Health Budget appears to contain new spending only for the implementation of two election commitments:

- \$200,000 / 2 years for a review of mental health services; and
- \$1.1 million / 4 years for a Mental Health and Wellbeing Commissioner.

The Budget papers show the planned total spending on mental health over 2009-10 to 2012-13.

	2007-08 Actual	2008-09 Budget	2008-09 Estimated actual	2009-10 Budget estimate	2010-11 Forward estimate	2011-12 Forward estimate	2012-13 Forward estimate
Mental health	\$177.4m	\$194.9m	\$199.3m	\$209.6m	\$221.1m	\$233.6m	\$247.8m

Tasmania

The 2009-10 Budget Summary from the Tasmanian Department of Health and Human Services does not mention mental health.

The Budget media release from the State Health Minister, Lara Giddings, references \$1.2 million over two years (\$750,000 in 2009-10) for a new Mental Health Services Electronic Client Management and Reporting System.

Northern Territory

The 2009-10 Health Budget for the NT has funding (not specified) for additional mental health secure care beds at Alice Springs Hospital and \$2 million for additional mental health facilities at Royal Darwin Hospital.

Australian Capital Territory

The 2009-10 Health Budget for the ACT has an increase of \$19 million / 4 years for mental health services.

This includes:

- \$8.4 million to address the growth in demand for community mental health services;
- \$2 million in 2009-10 for promotion, prevention and early intervention;

- \$9.7 million for a Mental Health Assessment Unity to provide quicker transfer to specialized mental health services for patients who present at an emergency department;
- \$275,000 / 2 years to expand the Forensic Mental Health Court Liaison Team; and
- \$600,000 / 2 years for mental health training for police, emergency services workers and teachers.

PREVENTIVE HEALTH

Victoria

\$7.8 million over four years, to improve and extend on existing communicable disease prevention initiatives. This funding will include:

- support for improved disease surveillance and reporting, and will allow local governments to access the surveillance system, input data and create reports to help manage workflows.
- \$2.2 m to provide increased resources for TB prevention and control, including funding for drugs used in multi-drug resistant TB.

This will be of interest to divisions, particularly to immunisation staff, and may provide an opportunity for GPV and Victorian divisions to expand their immunisation CPD program.

New South Wales

\$14.4 m / 4 years to improve health and safety of children; including \$3.6 m for a Child Wellbeing Unit within NSW Health.

Queensland

Other than Queensland's COAG commitment, we were not able to find information about this provision.

South Australia

Other than South Australia's COAG commitment, we were not able to find information about this provision.

Western Australia

\$6 million to implement the State Suicide Prevention Strategy

Tasmania

Future Health: An extra \$20 m to extend the health and human services reform program by a year, adding up to \$100 m in the 5 years to 2012-13. This includes:

- \$5.2 m in 2009-10 for ongoing implementation of Tasmania's Health Plan (part of \$25 m / 4 years), including funds to establish and run clinical networks; and

- \$3.8 m for improvements to alcohol, tobacco and other drug services (\$17.1 m / 4 years).

Northern Territory

Initiatives, including:

- \$1.3 m to expand programs targeting chronic disease in Indigenous people.

Australian Capital Territory

\$11 m / 3 years to address issues such as childhood obesity, tobacco use in Aboriginal and Torres Strait Islander people, adolescent health and healthy workplaces:

- \$2 m p.a. to the Healthy kids, healthy future initiative;
- \$750,000 p.a. for workplace health promotion programs (including health assessments, risk modification programs and referrals for people in need of further assistance);
- \$500,000 p.a. for a Chlamydia awareness campaign;
- \$200,000 p.a. to reduce tobacco use in Aboriginal and Torres Strait Islander people (through peer education and a nicotine replacement therapy based program); and
- \$300,000 to conduct a feasibility study on establishing a centre for adolescent health.

In addition to these activities, \$4.2 m / 4 years for improved access to services for people with chronic diseases, including:

- \$1.7 m / 4 years for the development and implementation of telephone and web-based coaching;
- \$800,000 for the establishment of a patient care register for people with chronic health conditions to improve coordination of care;
- \$1.1 m / 4 years for home tele-monitoring; and
- \$600,000 / 4 years for improved case management and care coordination.

WORKFORCE

Victoria

As part of the new *National Partnership Agreement* under the revised Australian Health Care Agreement between the Commonwealth and Victoria, the 2009-10 budget will contribute \$107.6 m / 4 years to health and hospital workforce reforms.

This funding includes \$72.2 million over four years for workforce reform, supply and retention. This will increase the efficiency of pathways into the health workforce, and increase the capacity for workforce training (clinical placements for more than 4500 medical students, more than 12,000 nursing students, 600 dental students and almost 6500 allied health students). This will enable:

- implementation of the National Registration Scheme (formally announced by health Ministers in May 2009);

- support for growth in clinical education requirements for medical, nursing and allied health students;
- a ‘onestopshop’ service for IMGs, and
- a resource to encourage employers to improve recruitment and retention of health workforce.

New South Wales

The NSW Government will invest \$117 m in *Caring Together: The Health Action Plan for NSW* to help doctors, nurses and allied health professionals focus on patient care:

- \$44 m for 500 Clinical Support Officers (to allow clinicians to spend less time on paper work);
- \$13.3 m for Emergency Physicians;
- \$8.6 m for 64 new Clinical Pharmacists to focus on patient safety and education;
- \$7.4 m to promote a positive culture and for training programs to prevent bullying;
- \$6.8 m for 45 additional rural junior doctor positions;
- \$6.35 m for improved cleaning services;
- \$3.9 m for on the job training;
- \$3.7 m for 30 new Clinical Initiative Nurses to improve communication with patients in the ED waiting room;
- \$3 m for more support staff to ensure single sex rooms wherever possible;
- \$2.8 m for additional allied health coverage for ward rounds; and
- \$2.3 m to assist rural patient transport and accommodation for clinical care (IPTASS).

Further investment, including:

- \$145 m / 4 years in Garling reforms; and
- \$4.8 m to expand maternity services including 38 midwives position and 6 obstetricians.

Queensland

In 2009-10, additional doctors, nurses and allied health professionals will be employed as part of the “100,000 jobs to keep Queensland strong policy”, with a target of employing over 3500 more doctors, nurses and allied health professionals in the next 3 years.

Queensland Health will receive \$11.4 m / 4 years as part of the Government’s Sustainable Resource Communities initiatives. Sustainable Resource Communities is a \$100 m initiative focusing on job creation in key mining communities.

Investment in Emergency Department workforce:

- \$7.9 m / 3 years has been committed to train and recruit 30 new nurse practitioners, including \$0.87 m in 2009-10 to train and recruit 10 new nurse practitioners to work in the busiest EDs to cut down on waiting times.

South Australia

More Nursing and Midwifery positions:

- \$51.0 million for additional nursing and midwifery positions;

Western Australia

Investment in training, including:

- \$7 million to support nurses training through the Hospital Nurses Support Fund.

Tasmania

There will be a reduction of up to 250 positions from the Department of Health and Human Services workforce (with up to 185 in non service delivery positions to protect frontline services such as hospitals and health centres.

Investment, including:

- \$5.2 m in 2009-10 to employ extra nurses (part of last year's budget announcement of \$20.8 m / 4 years to employ an extra 75 nurses).
- \$3.2 m in 2009-10 to continue implementation of the 'Better Dental Care' package, including additional dentists in the public sector and funding for extra general dental treatments in the private sector for public clients.

Northern Territory

More Doctors and Nurses:

- 17 more doctors, an increase of 184 since 2001;
- 96 more nurses, an increase of 578 since 2001.

Australian Capital Territory

\$12.2 m / 4 years to support and grow the GP workforce, including:

- \$1.3 m for 10 ANU Medical Graduate Scholarships;
- \$3.5 m to establish a Teaching Incentive Payments Scheme for GPs who support undergraduate clinical training;
- \$4 m for the establishment of a GP Development Fund;
- \$1.9 m to establish a business hours aged care GP locum; and
- \$1.5 m for the establishment of rotations of four junior doctors into general practice.

\$8.3 m / 4 years to expand the roles of allied health professionals, as well as nursing, midwifery and medical roles:

- \$3.6 m for 15 new health professional support roles;
- \$1 m / 4 years for two new physiotherapy positions to be established in the ED and the orthopaedic surgery unit at The Canberra Hospital;
- \$2.3 m / 4 years to provide nine new clinical training and development roles;
- \$700,000 / 4 years for the expansion of the nursing and midwifery scholarship scheme; and
- \$600,000 for support for workforce development in other nations.