

ESTIMATES COMMITTEE G

REPORT TO THE LEGISLATIVE ASSEMBLY OF QUEENSLAND

8 July 1997

ESTIMATES COMMITTEE G

Chairman:	Mrs Judy Gamin MLA Member for Burleigh
Deputy Chairman:	Mrs Wendy Edmond MLA Member for Mt Coot-tha
Other Members:	Ms Anna Bligh MLA Member for South Brisbane
	Mr Frank Carroll MLA Member for Mansfield
	Miss Fiona Simpson MLA Member for Maroochydore
	Ms Judy Spence MLA Member for Mt Gravatt
Staff:	Mr Les Dunn Research Director
	Mr John McCrae Research Officer
	Ms Maureen Barnes Executive Assistant



TABLE OF CONTENTS

CHAIRMAN'S FOREWORD	i
1. INTRODUCTION	1
2. DEPARTMENT OF FAMILIES, YOUTH AND COMMUNITY CARE	2
2.1. INTRODUCTION	2
2.2. ABORIGINAL AND TORRES STRAIGHT ISLANDER AFFAIRS	2
2.3. COMMUNITY CARE	3
2.4. DISABILITY.....	4
2.5. FAMILIES.....	4
2.6. YOUTH.....	5
2.7. CORPORATE SERVICES.....	5
3. DEPARTMENT OF HEALTH	6
3.1. INTRODUCTION	6
3.2. HOSPITALS.....	6
3.3. COMMUNITY	7
3.4. MENTAL HEALTH.....	7
3.5. RESIDENTIAL CARE.....	8
3.6. CORPORATE SERVICES	8
3.7. PUBLIC HEALTH.....	8
3.8. PATHOLOGY AND SCIENTIFIC SERVICES.....	9
4. RECOMMENDATION	9
5. ACKNOWLEDGMENTS	9

CHAIRMAN'S FOREWORD

Estimates Committee G accepted the responsibility for examining the estimates for the Department of Families, Youth and Community Care and the Department of Health. Expenditure by these departments represents a significant portion of the state budget.

Because estimates committee hearings provide members of parliament with the opportunity to examine departmental budgets, all members were welcome to attend the hearing and to put questions to the respective ministers. All members of Estimates Committee G attended the hearing and one non-committee member, the Member for Capalaba, attended the Department of Health session of the hearing.

The Ministerial Program Statements provide members with a clear, easy to understand budget overview for the portfolio and allow for reasonably valid comparisons between budgetary years.

1997 saw the introduction of new sessional orders for the estimates process. Regardless of procedural changes incorporated into the new sessional orders, the committee believes the individual skill of members in interpreting the budget papers and asking pertinent questions will always be the underlying reason for success of the estimates process.

Thank you to my fellow committee members for their work on the committee and to the secretariat staff for their assistance. I would also like to thank the Hansard staff, the parliamentary attendants and the audio-visual staff for their assistance.

Judy Gamin MLA
Chair

30 June 1997

1. INTRODUCTION

The sessional orders adopted by the Legislative Assembly on 4 June 1997 established seven estimates committees to consider proposed expenditure under the *Appropriation Bill 1997* and the *Appropriation (Parliament) Bill 1997*. On 4 June 1997 the Legislative Assembly appointed the chair and members to the estimates committees. The Votes and Proceedings for that day formally records these matters.

Estimates Committee G was appointed to examine and report on the proposed expenditure for the organisational units within the portfolios of the following ministers:

- Minister for Families, Youth and Community Care
- Minister for Health

The committee first met on Wednesday 4 June 1997. Mrs Judy Gamin MLA, Member for Burleigh, had been appointed as chair of the committee. The committee elected Mrs Wendy Edmond MLA, Member for Mt Coot-tha, as deputy chair.

The committee met again on Wednesday 19 June 1997 immediately prior to the public hearing and finalised procedural matters. Non-committee members were granted leave to attend the committee's public hearing and to ask questions of the ministers.

The committee conducted a public hearing on Thursday 19 June 1997 to take evidence from the Minister for Families, Youth and Community Care and the Minister for Health and their respective officers. Additional information and answers to questions on notice asked before and during the public hearing will be presented to the parliament as a volume of "Additional Information" accompanying this report. Minutes of the committee's meetings are included in the volume of "Additional Information".

The committee asked twenty pre-hearing questions of the Minister for Families, Youth and Community Care, and twenty pre-hearing questions of the Minister for Health. Answers were received by the committee to all questions taken on notice. One question was taken on notice at the public hearing by the Minister for Families, Youth and Community Care. Three questions were taken on notice by the Minister for Health.

2. DEPARTMENT OF FAMILIES, YOUTH AND COMMUNITY CARE

2.1. INTRODUCTION

The department's 1997-98 budget is \$534.03 million, an increase of \$34.9 million or a 7% increase on the comparable budget for 1996-97¹.

The Department of Families, Youth and community Care provides and supports a diverse range of social support services and community networks aimed at, and responsive to, the needs of all Queenslanders. The department provides, or funds the non-government sector to provide services to a wide range of clients including Aboriginal and Torres Strait Islander people, children, young people, people with a disability, older people and families.

The department works with other organisations, agencies and communities to ensure the ongoing development of community networks and the delivery of services responsive to people's needs. Changing social and economic circumstances continue to present the department with key issues requiring a dynamic and forthright approach to their resolution.

Building upon the department's key initiatives of 1996 in meeting these strategic challenges has seen the implementation in February 1997 of the department's "Working Together Better" strategy. The department continues to place great importance on developing innovative preventive programs in conjunction with clients and community groups, reflecting the diversity of community needs for service provision and resource allocation.

\$13.2M over three years has been allocated to provide community organisations funded by the department to assist them in meeting additional salary costs in light of the Social and Community Services Award.

2.2. ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

The program's budget for 1997-98 is \$49.631M. The program facilitates cooperation between government agencies and Aboriginal and Torres Strait Islander communities to develop effective and culturally appropriate responses to identified needs. The program reflects the government's focus on Aboriginal and Torres Strait Islander issues and administers legislation supporting the role of Aboriginal and Torres Strait Islander community councils.

As envisaged in last year's MPS, 1996-97 saw the merging of the Aboriginal and Torres Strait Islander Overview Committee and the Aboriginal Justice Advisory Committee to form the Indigenous Advisory Council. This key initiative provides financial and general assistance to indigenous community organisations to promote community economic development, and assists indigenous organisations in the

¹ *State Budget 1997-98 Budget Paper No. 2*

management of natural resources and for basic infrastructure and services to small communities and remote outstations.

Support for indigenous community organisations will continue during 1997-98. Funding assistance in the region of \$45.27M will be available for projects to enhance economic development, natural resource development and the continued promotion of local justice initiatives. In line with alternatives to police detention for public drunkenness, a new diversionary centre was completed at Rockhampton and a temporary centre established at Townsville through funding provided for by the *Diversion from Custody* program.

The committee sought and received finance and function details on the establishment of the Carramar diversionary centre in Townsville. An amount of \$0.27M has been expended on upgrading Carramar. In response to a question on the over-representation of indigenous young people in the juvenile justice system the minister pointed to the Aboriginal Outreach Programs and the Local Justice Initiatives Program as evidence of the department's commitment to alleviating the problem of over-representation.

In addition, the Family Counselling and Support Program continued to provide financial and counselling assistance for indigenous families who had experienced a death in custody.

The three year program approved in 1996-97 to assist with the construction of administrative buildings and office accommodation will continue. In addition, \$2M has been allocated over three years for a whole-of-government strategy to upgrade and manage the water supply scheme in the northern peninsula area of Cape York in order to service infrastructure for communities in the region.

2.3. COMMUNITY CARE

The Community Care program administers funding programs for and provides developmental assistance to community-based human services delivery throughout Queensland. The program's sectors includes the areas of ageing, concessions, child care, gambling addiction, family breakdown and domestic violence.

The program liaises with peak welfare bodies, coordinates funding for state-wide agencies and negotiates state/commonwealth funding arrangements. The program's allocation for 1997-98 is \$183.677 million.

Key initiatives for the forthcoming year include broadening the coverage of the *Domestic Violence (Family Protection) Act* and so bring within its ambit victims of non-spousal violence such as children and the elderly. The committee sought a response to concerns that domestic violence responses fail to recognise that men may be victims as well as perpetrators. Whilst acknowledging that there are no permanent specialist counselling services for male victims, the department has allocated recurrent funding in the 1997-98 financial year to address this service gap on an ongoing basis. The department continues to fund male perpetrator programs to assist them to take responsibility for their actions and to establish more appropriate ways of relating to their families.

The committee asked for details on how the Government plans to assist families with young children in rural and remote areas of the state. An allocation of \$4.35M has been earmarked to establish up to 40 additional multipurpose children's centres in rural communities throughout the state. In addition, three new mobile child care services will operate out of such centres as a way of extending children's services to isolated families on surrounding properties.

In response to questions on activities of the Office of Ageing, the committee was informed on the department's commitment to improving the quality of life for all senior citizens throughout the State. Initiatives such as "The Best is Yet to Come" publication and a Seniors Card outreach strategy lay on point. Furthermore, an Inter-Departmental Committee on Ageing will, in consultation with stakeholders, coordinate the development of a strategic framework for a whole-of-government response to the ageing of Queensland's population. The Ageing sub-program has been allocated \$94.825M for 1997-98.

2.4. DISABILITY

The budget allocation for 1997-98 is \$191.183 million. The program is responsible for the development and provision of services for people with a disability. This includes policy advice and developmental support and direct services such as accommodation support in community and centre-based settings, therapy and specialist intervention, and support for individuals, families and individuals.

The minister advised the committee of a key initiative which will see the implementation of the *Moving Ahead* program which aims to alleviate un-met needs in the area of post-school services and options for young people with severe disabilities aged 18 and enrolled in special educational programs. An expected initial intake of some 106 students will commence in July 1997, and expenditure over three years estimated at \$17.431M. An amount of \$14.816 million has been allocated over three years to assist residents of the Challinor Centre to centre-based and community-based care. In response to committee queries the minister noted that MPS reference to residents' relocation from Challinor included relocation options for residents of the Basil Stafford Centre.

2.5. FAMILIES

The Families program budget allocation for 1997-98 is \$78.707 million. The program has statutory responsibility for the protection of children from abuse and neglect and for the provision of alternative care in a safe and supportive family environment when necessary. The ongoing commitment to the reform of Alternative Care Services will be demonstrated through the proposed transfer of responsibility for the recruitment and training and support of care-providers to the community sector. Funding for the Alternative Care sub-program for 1997-98 stands at \$34.110M.

In response to a question on the department's child protection strategy, the committee was informed on the child protection case management system. Proposed new child protection legislation will provide the framework for child protection services with a focus on prevention of child abuse and neglect. Ongoing

initiatives will be enhanced with further funding. The Child Protection sub-program has been allocated an amount of \$33.350M for 1997-98.

Family support services aim to strengthen families by providing assistance and support before problems become insurmountable. These services have been allocated \$4.715M for 1997-98.

2.6. YOUTH

The program has been allocated \$30.2 million in 1997-98 to facilitate the coordination of youth policies and programs; the provision of grants and developmental support to the community youth sector which includes initiatives to prevent offending behaviour and to encourage young people's participation in decision-making and leadership development. To this end, funds of \$7.6M will be committed over three years to assist young people's successful participation in society through prevention and early intervention programs.

The new Youth Support Coordinator projects will work with "at risk" young people through cooperative school and community networks. Aboriginal Outreach Programs will continue to focus on young people in Cairns and Cherbourg, as will programs in Ipswich, Logan City and Inala.

Both the committee and the minister expressed their concern at the continuing high levels of youth suicide. Although Queensland Health takes prime responsibility for addressing the problem the minister advised the committee of departmental efforts in the prevention and minimisation of youth suicide and self-harm behaviour. The department's Office of Youth Affairs has been and continues to be active in promoting a collaborative across-government response to this very serious issue.

The sub-program of Youth Affairs has an allocation of \$11.584M for 1997-98 and Youth Justice stands at \$15.864.

2.7. CORPORATE SERVICES

The Corporate Services program provides financial, property and personnel management services, information management services like Freedom of Information, information technology, publications, and records and assets management to the department. The total allocation to corporate services covering the department's five major programs for 1997-98 is \$29.619M.

3. DEPARTMENT OF HEALTH

3.1. INTRODUCTION

Queensland Health continues to focus on the basics and thereby assist the people of Queensland to achieve better health and general well-being. The department carries this achievement through health promotion, community development, disease surveillance, public health, operating nursing homes, and through special purpose long term facilities and in-patient facilities. There are now 38 fully operational District Health Services plus the Mater Hospitals Service. Each District concentrates on providing quality health services and patient care close to where people live and work and producing health results which enhance their well-being.

As well as retaining its focus on basics in 1997-98, Queensland Health's infrastructure will see total capital expenditure increase to just under \$570 million covering over 70 major projects, with half of these located in regional areas.

Key priorities for 1997-98 will continue to be a reduction in waiting time for hospital services, client satisfaction and service quality. There will also be further enhancement of emergency, intensive care, oncology/palliative care, rehabilitation and end-stage renal failure services. Accompanying this will be an extension of the Home and Community Care Program, outreach and telemedicine services all joined with a new priority on transitional care ensuring that people using Queensland Health facilities receive adequate and appropriate information and preparation before, and support after their treatment.

The 1997-98 budget allocation for Queensland Health will be \$3.434 billion which represents an increase of at least \$422 million (14.02%) on the 1996-97 budget.²

3.2. HOSPITALS

The 1997-98 budget allocation for this program is \$2.33 billion. The patient base for this program is any person who presents at a public hospital for medical, surgical, or emergency treatment or for maternity and related services. The department's "Surgery on Time" strategy, introduced in 1996-97, has been enhanced by \$42.9 million. The strategy will maintain the proportion of Category 1 patients waiting longer than the recommended maximum of 30 days at less than 5%, and will further reduce the proportion of Category 2 patients waiting longer than the recommended maximum of 90 days.

After noting that 10 major Queensland hospitals are currently part of the Surgery on Time project, the committee asked whether the government had plans to extend the project to other Queensland hospitals. The minister and his elective surgery adviser informed the committee that a further 22 hospitals will become involved, bringing the coverage to 85% of all elective surgery in the state.

² State Budget 1997-98 Budget Paper No. 2

The enhancement of the outreach support service for rural and remote communities and enhancement of emergency, intensive care, oncology/palliative care, rehabilitation, and end-stage renal failure services remain priorities for 1997-98. Following a committee request for advice on specific funding increases for specialist services, the minister and the Deputy Director-General (Health Services) informed the committee of increases for renal, cardiac and cardiac investigation, and intensive care services. Enhanced funding was also allocated to ophthalmology, anaesthetics, obstetrics and gynaecology specialist services throughout the state's health districts. An allocation will also establish a chair in otolaryngology at the Princess Alexandra Hospital.

Major capital works funding under the Hospital's program for 1997-98 is estimated at \$417.150M.

3.3. COMMUNITY

Overall funding for the Community Health program for 1997-98 is \$501.268M. Comprising community care, self care, home care and rural health, these services include clinical treatments, clinical support and non-clinical support provided separately from the public hospital system to people in their home and community environs. Additional specialised services in the area of Aboriginal and Torres Strait Islander health development and oral health services form part of a state-wide primary health care network.

The patient/client base for this program is any person who requires non-acute treatment, post-acute care and support, people with chronic conditions, those needing palliative care, women requiring antenatal and postnatal care and eligible people requiring oral health services.

The committee sought clarification on referral services in the area of pregnancy counselling. The minister explained that such services will be funded from the Women's Reproductive Health Program.

In response to a question on public dental services the minister advised that the department will maintain oral health services through the replacement of commonwealth funding cuts by providing recurrent funding of \$19.8M. This will enable some 70,000 Queenslanders to continue to access free public dental services.

Major capital works funding under the community program for 1997-98 is estimated at \$56.243M.

3.4. MENTAL HEALTH

The 1997-98 budget allocation for this program stands at \$260.909M. Services in this program include referral, intake, assessment and continuing treatment and use of case management systems which aim to achieve continuity of care across the range of services provided in the community, public and psychiatric hospitals. These services form part of the state-wide specialised mental health network provided by Queensland Health. The patient/client base is any person with a mental disorder or

serious mental health problems requiring specialised assessment, treatment or support.

1997-98 will also see the development of a Queensland Health Suicide Prevention Strategy which will incorporate National Youth Suicide Prevention Strategy initiatives already under way in Queensland. This will include the implementation of the recommendations of the Inter-Departmental Working Group on Youth Suicide Prevention whilst simultaneously expanding the "Young People At Risk" project. The minister informed the committee that funds of \$1.6M over three years have been allocated for rural and regional youth suicide counselling. The committee was informed of the importance of collaborative efforts with the Department of Families, Youth and Community Care in this regard.

In response to committee questioning, the minister outlined the main objectives of the proposed new Mental Health Bill. These include provisions for involuntary admission, assessment and treatment of people with mental illness to ensure that the rights of people with mental illness are correctly and appropriately safeguarded throughout the involuntary process. Inclusive of this will be the establishment of a process of independent review through the proposed Patient Review Tribunal.

Major capital works funding for projects under this program for 1997-98 are estimated at \$28.5M.

3.5. RESIDENTIAL CARE

The residential care budget for 1997-98 is \$141.836M. The services in the program area are specialised assessment and long-term residential care. The range of services include nursing homes, hostels places and other long-term accommodation for older people and a small number of residential care facilities for people with intellectual and physical disabilities.

The program is targeted towards adults, children and frail or at risk older people who require assessment, slow-stream rehabilitation or residential care.

The 1997-98 estimated capital works program funding for residential care is \$14.872M.

3.6. CORPORATE SERVICES

The Corporate Services program provides strategic policy, management, administrative and professional advisory services required to run a modern health system and which facilitates Queensland Health's mission statement of "*helping people to better health and well-being*".

The allocation of corporate services to the department's programs for 1997-98 is estimated at \$32.165M.

3.7. PUBLIC HEALTH

This program has been allocated an amount of \$97.294M for the 1997-98 budget year. The public health program provides an integrated, specialised capacity for

organised and population-wide responses to the (i) protection of health (ii) prevention of disease, illness and injury, and (iii) promotion of good health and well-being.

Priority is given to groups at higher risk of developing preventable illness and injury, and to both short-term outbreaks and long-term trends in disease, illness and injury which has the potential for major health consequences for the population. The focus is on a whole-of-government approach in conjunction with other tiers of government and relevant non-government agencies. The aim is to ensure an efficient, effective, coordinated and collaborative response to public health issues.

3.8. PATHOLOGY AND SCIENTIFIC SERVICES

The budget allocation for this program for 1997-98 is \$109.655M. Pathology services are provided by a network of laboratories which have been amalgamated to form the Queensland Health Pathology Service. The service range includes specimen collection, analytical testing, result interpretation, clinical consultation, teaching and research.

The Queensland Health Scientific Services covers forensic pathology and biology laboratories with state, national and international responsibilities. The client base includes Queensland Health, other government departments and the private sector. The Biomedical Engineering and Health Technology Services unit provides comprehensive health technology services to the state's public hospitals.

Capital works expenditure for the program in 1997-98 is estimated at \$5M.

4. RECOMMENDATION

The committee recommends that the proposed expenditures, as stated in the *Appropriation Bill 1997* for the organisational units within the portfolios referred to Estimates Committee G for examination, be agreed to by the Legislative Assembly without amendment.

5. ACKNOWLEDGMENTS

The committee thanks ministers and their staff for their cooperation and assistance during the estimates process.

Judy Gamin MLA
Chair

30

June

1997

ESTIMATES COMMITTEE G

DISSENTING REPORT BY NON-GOVERNMENT MEMBERS

ESTIMATES COMMITTEE "G" FAMILIES, YOUTH AND COMMUNITY CARE

INTRODUCTION

The tone and content of the majority Report of Estimates Committee G would indicate that the operations of the Families, Youth and Community Care portfolio and the activities of the Minister satisfy the requirements of public accountability and reasonable standards of probity in the expenditure of public money. In fact, there was significant evidence provided to the Committee to the contrary. Evidence which should raise serious concerns about the funding processes in this portfolio in the mind of any reasonable person.

The Report's failure to make any reference to this evidence can only be judged as an attempt to protect the Minister from further public scrutiny and insults the Estimates Committee process.

STATEMENT OF RESERVATIONS FROM NON-GOVERNMENT MEMBER

At the outset of the Public Hearing of Estimates Committee G, non-Government Members placed on record concerns about the voluntary absence of the Director-General, Mr Alan Male, from the proceedings. As the accountable officer under the Financial Administration and Audit Act, the Director-General has a public duty to account to the Parliament. His personal choice to take annual leave at this time indicates scant regard for his responsibilities as Director-General and his role as a Leader for the officers of his Department.

OFFICE OF ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

The Opposition is concerned that the very broad brief given to the Indigenous Advisory Council will dilute the effectiveness of the Council, given the limited budget and support staff that has been afforded that Committee.

The Opposition is concerned that the Chair of that Committee whose office is located in the Minister's Department is not seen as independent of the Government.

The Office of Indigenous Affairs has been allocated a budget of over \$560,000 in the Premier's budget, yet this office has not been established despite receiving funding for two years in this Government's budget. The Minister for Families, Youth and Community Care obviously does not support the establishment of this office. He stated, "There is no need for yet another group to run parallel to Mr Bonner's group. If the Premier wishes to take that course, the money is available. If the Premier does not do it, I have obviously carried the costs of the IAC and Mr Neville Bonner, which were never programmed in my Department previously."

It is a cause for concern that after 16 months in Government, the Premier and the Minister for Families, Youth and Community Care have not been able to determine the best location of an Office of Indigenous Affairs and at this point in time seem unable to identify the correct location of this office.

The indigenous Advisory Council is the Government's premier advisory body on indigenous issues. However, the Committee has not formally been consulted about Wik or land rights. As this issue has been the dominant issue on both the State and Federal agenda this year, it seems extraordinary that the Premier has not sought formal advice on this issue.

The Aboriginal Welfare Benefit Fund is an issue of great concern to the Aboriginal people in this State. It is of concern to the Opposition that the Minister has not returned any of these funds to their rightful owners in the last year and the Minister has no plans to dispense these funds in the next year.

The Opposition is concerned that the Government is intending to use the Carramar Diversionary Facility in Townsville as a bus in/bus out facility rather than a proper diversionary facility. As money has been allocated in State Budgets for a number of years for a Townsville Diversionary Facility, the upgrading of the Carramar property for this purpose is viewed as an unsatisfactory, second-best choice by this Government.

The Opposition is concerned that departmental properties on DOGIT communities are being upgraded with funds from the Outstation Department and Infrastructure program. It would seem more appropriate that the Department use funds from its own capital works budget to upgrade its own properties rather than using grant money for this purpose.

The Office of Aboriginal and Torres Strait Islander Affairs is unable to spend its allocated capital works budget from one year to the next. The Opposition rejects the Government's explanation that the wet season hinders capital works projects because this annual event should be factored into capital works planning. Given the serious problems recently exposed by the Public Works Committee into infrastructure needs in indigenous communities in the Cape, the Department's deficiencies in expending its capital works budget and completing projects on time is cause for concern.

DISABILITY PROGRAM

The Minister's initial inability to explain clear discrepancies between estimates provided in the State Budget Papers (p. 206, Budget Paper No 2) of increases in State receipts from the Commonwealth/State Disability Agreement (CSDA) and figures outlined in the Commonwealth Budget Papers was cause for concern. However, subsequent concessions from departmental finance officers that inaccurate estimates had deliberately been published to enhance the State's bargaining position in the renegotiation of the CSDA, indicated a lack of respect for public accountability by the Minister.

- Details provided regarding an allocation of \$1.9 million to address the unmet needs of disabled Queenslanders gave little hope of any significant gains in this area. The allocation over three years and broken down into regions will, for example, see only \$70,600 extra spent in Central Queensland this year. The additional allocation of \$60,500 for disabled people in North Queensland compares poorly to the \$200,000 being spent on the Minister's personal office in Cairns.

- The Minister's confirmation, after many attempts at evasion, that a Budget allocation of \$6.7 million for the relocation of residents of the Challinor Centre, would also be available to fund the relocation of any current resident of the Basil Stafford Centre, was welcome. However, concerns remain about the capacity of this allocation to meet the potential demand from both centres.
- The Minister informed the Committee that his recent announcement in the "Jimboomba Times" of \$400,000 in funds for the construction of a respite centre in the Jimboomba area, which may be utilised for post-school options, was not to be funded by his Department, but by the Health Department. A subsequent answer to a question about this proposed centre, from the Committee to the Minister for Health, reveals no funds have been allocated from the Health Budget for this Centre. The Minister's veracity on this issue is therefore in question and the future of any respite centre at Jimboomba is dubious.

FAMILIES

The Committee put a series of questions to the Minister regarding the funding and decision-making processes in the family and individual support program. In the face of legitimate concerns about public accountability and clear evidence that proper processes were ignored, the Minister's answers were evasive and inconsistent. He appeared unconcerned by the apparent misuse of public money and sought to defend indefensible circumstances. Examples included the granting of public money to ineligible organisations, and allocations of funds to groups without any application as required by the Family Services Act. Non-Government members wish to place on record their grave concerns regarding the unaccountable grants process in this portfolio and the Minister's appalling grasp of his Ministerial and legislative responsibilities in this regard. The omission of any reference to the information presented to the Committee about these programs constitutes a less than honest record of the Committee's deliberations.

The Committee heard substantial material regarding the transfer of responsibility for alternative care to the non-government sector. The Opposition acknowledges the need to streamline the operation of this program and minimise the current duplication and confusion between Departmental and community sector programs. However, evidence from senior officers confirmed that no legal advice had been obtained about this transfer prior to the allocation of \$628,000 of funds to non-government organisations. These groups have expended the money on vehicles, staff and operational set up costs, despite legal impediments to the transfer of families and files to these organisations.

As at the time of the public hearing no families had been transferred and there was still some doubt about the possibility of any transfers because of unresolved legal impediments. While the Minister was confident that the transfer would ultimately go ahead, the clear failure to resolve these issues prior to allocating substantial public funds reflects a lack of planning and professional capacity at the highest levels of the Department.

The absence of any reference or record of expenditure regarding the newly established Children's Commission concerned non-Government members. The Minister's explanation that

it is “not visible because it is too small” failed to satisfy concerns that a genuine public interest in the operations of this new Commission should be clearly spelt out in transparent Budget documents.

The committee sought information regarding an overseas trip undertaken by Mr Norm Alford in August 1996 while a member of the Minister’s staff. The Minister confirmed that Mr Alford held at the time “the lowest position as a research person” and “as far as the pay is concerned I think it was the lowest of the positions there at that stage”. It came as some surprise to non-government members that the Minister approved an allocation of \$9965.00 in travellers cheques for Mr Alford, while a junior officer to attend an overseas conference in Sweden, unaccompanied by the Minister or any senior Departmental officers. The Minister claimed Mr Alford was part of an Australian delegation and represented other States and Territories. However, the Minister refused to provide any detail of the process by which Mr Alford may have been chosen for this position and refused to provide any detail regarding the total cost of the trip to the committee.

The Minister’s outright refusal to provide this information to the Committee indicates a limited grasp of the purpose of the Estimates process. Given that Mr Alford was subsequently appointed as Queensland’s first Children’s Commissioner, his activity while on the political staff of the Minister and the irregular nature of this expenditure on overseas travel should be open to complete public scrutiny.

YOUTH

The Opposition is concerned that the successful applicant for the Assessment Centre for the Youth Alternative Care Program had not been announced by the stated May 15 date because the Minister wished to avoid the scrutiny of the Estimates Committee; departmental officials acknowledged at the Estimates Committee that they had made recommendations to the Minister, however, the Minister has delayed making a decision.

Given the Ministerial interference in the due process of decision-making revealed with regard to other funding decisions in his Department, the Opposition is concerned that the Minister will again bypass the recommendations of his Department when determining the successful applicant.

CONCLUSION

The material submitted to Estimate Committee G and the Minister’s inability to satisfactorily answer serious questions about the expenditure of public money paints a disturbing picture of the operation of this Department in the past financial year and provides little hope of improvement in the coming year. These actions demonstrate a contempt for the public accountability mechanisms of the Parliament and do not bode well for the future administration of this portfolio. The clear failure of the majority Report to acknowledge the collapse of accountability in the portfolio is a poor reflection of the value placed on the Estimates process by this Government.

**DISSENTING REPORT - ESTIMATES COMMITTEE 'G'
NON-GOVERNMENT MEMBERS**

SIGNATURES:

**Ms Wendy EDMOND, MLA
Deputy Chair Committee "G"
Shadow Minister for Health
Member for Mount Coot-tha**

.....

**Ms Anna BLIGH MLA
Shadow Minister for Families, Youth
and Community Care
Member for South Brisbane**

.....

**Ms July SPENCE MLA
Shadow Minister for Women, Aboriginal
and Islander Affairs and Consumer Affairs
Member for Mount Gravatt**

.....

STATEMENT OF RESERVATIONS BY NON-GOVERNMENT MEMBERS ESTIMATES COMMITTEE “G” - HEALTH

OVERVIEW

It was of great concern and disappointment to Members of the opposition that, as in the previous year, the Minister showed either a lack of ability or inclination to provide an open and accountable consideration of expenditure for the Health Portfolio.

This was apparent in the contempt with which the Minister treated Questions on Notice and throughout the Estimates Hearing. The Minister seems to believe that his role is to obfuscate and stonewall rather than to show any understanding or knowledge of the portfolio and its budgeting rationale. This was evident in that Departmental Officers were invited to read prepared answers to Government Members Questions and the Minister put most effort into stonewalling or misinterpreting Opposition Questions when clearly staff knew but were not allowed to give answers - causing them visible embarrassment.

The Ministerial Program Statement is disappointing in its total lack of new initiatives and misleading information.

For example:

- (i) It is ridiculous to claim State Dental Health Service as a new initiative when it is simply a continuation of an existing service with changes to but no increase in funding origins.
- (ii) Similarly, the Minister must be hard-pressed for success when he claims “additional four staff in Obstetrics and Gynaecology” to expand the capacity of Kirwan Women’s Hospital when these four staff are replacements for the four staff lost through the Minister’s mismanagement.
- (iii) Including the Federal funding for high cost drugs in the Public Health Program gives an apparent boost of \$21 Million to the overall budget without any real increase in funding.
- (iv) Public statements regarding John Tonge Centre expansion in both staffing and funding are not evident in the Ministerial Program Statement leaving in doubt their veracity.

It was disappointing to the Opposition that the entire Ministerial Program Statement clearly lacked credibility and it would, therefore, be inappropriate for the Committee to endorse the proposed expenditure in health or to express confidence in the Minister’s administration of the health portfolio.

HOSPITAL BUDGETS

Clearly the Minister has misled Parliament in his repeated statements that hospitals throughout Queensland came in on Budget. The Hospital Budget over-run of \$25 Million alone is specified on P2 of the Ministerial Program Statement. Given the stated aims of Queensland Health in regard to service delivery, it is surprising that the

Minister believes it more acceptable to exceed the hospital budgets because of wage increases and technical management costs than because of “treating too many patients” as in other years of budgetary pressure.

WAITING LISTS

The Minister again refused to be at all open regarding hospital waiting lists and surgical throughput in keeping with his refusal to provide this information in answers to Questions on Notice or Freedom of Information requests. Clearly this indicates that the figures utilised by the Minister repeatedly in Parliament and the media will not stand up to any form of independent scrutiny. This is further evidenced by recent public claims by a leading cardiologist regarding The Prince Charles Hospital waiting list figures.

The Ministerial Program Statement that Category 2 covers conditions “causing some pain, dysfunction or disability but not likely to deteriorate quickly” is extremely deceptive, flippant and insulting to those patients in quite extreme pain and/or bed-ridden due to dysfunction and disability needing joint replacements, neurosurgery, cardiac by-pass surgery etc and waiting far in excess of recommended times.

CAPITAL WORKS

The significant increase in the health budget this year is almost entirely due to a massive increase in proposed Capital Works.

It is this section of the portfolio that the Opposition has most serious doubts.

It is disturbing that the Minister can only point to Capital Works achievements that were initiated by the Labor Government. In particular, projects such as Thursday Island Hospital, that have been significantly delayed and are, even now, only progressing after attempts by the Minister to reduce or defer these developments were overturned by concerted opposition from the local staff and communities and the Labor Opposition.

The Opposition tabled a document (produced from budget information and included as a reference to this dissenting report) that shows a total of \$74 Million underspending on the Hospital Rebuilding Program and was concerned at the Minister’s lack of response to this document.

It was also of great concern that the Minister seemed unable to even understand Questions put regarding the impact of Capital Charging and reiterated claims that Resource Agreements as insisted upon by Treasury before processing rebuilding plans had not been achieved for any of the major developments at Royal Brisbane Hospital, Princess Alexandra Hospital, Logan Hospital, Nambour Hospital, Bundaberg Hospital, Mackay Hospital, Proserpine Hospital, Thursday Island Hospital or Townsville General Hospital.

As the Minister also insisted that he had not promised any exemptions to the Capital Charge, these rebuilding programs are either in doubt or are proceeding without Treasury approval and funding.

The Opposition does not believe that the Minister has the capability to manage the Capital Works Program as is, let alone with the significant increase proposed in this Budget.

QEII HOSPITAL

In answer to Questions regarding the Minister's media statements that he would reopen maternity services at QEII Hospital and the lack of increased obstetric staff, the Minister made it quite clear that his promises to the media were not deliverable and were factually incorrect.

PRINCESS ALEXANDRA HOSPITAL LAUNDRY SERVICES

The Minister clearly misled the Committee by his denial that the transfer of laundry services for Logan Hospital from the new state-of-the-art laundry at Princess Alexandra Hospital to a yet to be established facility at Baillie Henderson Hospital in his Electorate.

Memos from ADG Ross Pitt indicate that there would be a significant reduction in the workload at Princess Alexandra Hospital to almost half its capacity and Mr. Pitt did not deny this fact.

HOSPITAL STAFFING

Staffing levels indicated in the Ministerial Program Statement contradict Ministerial statements and raise doubts about the ability to meet throughput benchmarks and waiting list expectations. Page 3 of the Ministerial Program Statement indicates an increase of only 50 full time staffing equivalents (from gardener to medical specialist) across Queensland. This is, in fact, down by 94 from 96/97 Budget estimations and would appear insufficient to meet the commissioning needs of Hervey Bay Hospital and QEII Hospital without consideration of other needs across the State.

As nursing and medical staff in public hospitals are already indicating high rates of attrition due to "burn out" and low morale problems, it is hard to see an improvement in staff concerns where an expected 5% increase in patient throughput is not matched by any real increase in staffing.

The Opposition is extremely concerned at the stress this staffing problem is placing on quality service delivery in the public hospital system.

MINISTERIAL ACCOUNTABILITY

The Opposition expresses deep concern at the Minister's confusion about Ministerial accountability, particularly in relation to his own Ministerial Staff.

It is quite outrageous that the evidence provided to the Committee regarding a \$290 luncheon for 2 Ministerial Office Staff and the National Party President is not of concern to the Minister and that he felt no responsibility to vet such expenses.

Nor did the Minister appear to be concerned that the reason for such a luncheon was listed as “to expedite capital works program” which raises questions as to the role played by the National Party President in the massive Health Capital Works Program.

Is the President involved with the privatisation of the program, where monies will be spent, which projects will have Capital Charges?

CONCLUSION

Opposition Members of the Committee were totally unimpressed by the Ministerial Program Statement, Answers to Questions on Notice and at the Estimates hearing.

There are simply too many areas of concern and inaccuracies in the Ministerial Program Statement to be covered, the Opposition has only highlighted a few examples.

There seems to have been no improvement since the 96/97 Estimates hearings in the Minister’s understanding of accountability and responsibility to Parliament.

**DISSENTING REPORT - ESTIMATES COMMITTEE "G"
NON-GOVERNMENT MEMBERS**

SIGNATURES:

**Ms Wendy EDMOND, MLA
Deputy Chair Committee "G"
Shadow Minister for Health
Member for Mount Coot-tha**

**Ms Anna BLIGH, MLA
Shadow Minister for Families, Youth
and Community Care
Member for South Brisbane**

**Ms Judy SPENCE, MLA
Shadow Minister for Women, Aboriginal
and Islander Affairs and Consumer
Affairs
Member for Mount Gravatt**