C O R R E C T E D T R A N S C R I P T

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into budget estimates 2005–06

Melbourne — 3 June 2005

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Witnesses

Mr G. Jennings, Minister for Aged Care;

Mr J. MacIsaac, director, Office of Senior Victorians, Department for Victorian Communities;

Dr C. Brook, executive director, rural and regional health and aged care services;

Mr L. Wallace, executive director, financial and corporate services; and

Ms J. Herington, director, aged care, Department of Human Services.

The CHAIR — I now welcome Mr James MacIsaac, director, Office of Senior Victorians, Department for Victorian Communities; Dr Chris Brook, executive director, rural and regional health and aged care services; Mr Lance Wallace, executive director, financial and corporate services; and Ms J. Herington, director, aged care, all from the Department of Human Services. Before the minister gives his brief overhead presentation on the more complex financial and performance information relating to the aged care portfolio, I ask that mobile phones be turned off and pagers be put on silent mode.

Overheads shown.

Mr JENNINGS — I thank the committee for the opportunity to talk about my area of responsibility as it relates to ageing matters, and in particular the aged component of the Department of Human Services and the Office of Senior Victorians, which is part of the Department for Victorian Communities. The outputs and programs we are talking about here, it is important for the committee to note, straddle two government departments, and we do that with great dexterity and fleetness of foot.

The programs that I would like to outline to you must be seen in the context of clearly what we have embarked upon in the last 12 months. I want to report on the initiatives that appear in the budget papers and also reflect on the Fairer Victoria policy, which is the centrepiece of this year's budget. I will be interested to outline to the committee the progress that we have made in a major area of my responsibility in relation to public sector residential aged care facilities, in terms of both delivering high-quality and new services and also improving the business and clinical performance of our significant undertaking to the Victorian people through public sector residential aged care. Probably members of the committee have seen any number of public discussions about the ageing profile of our community, but I would just like the committee to reflect for a second on the way in which the population profile in the state of Victoria will change significantly in the years to come. A way doing that is to give a snapshot of the age profile in 2001 and the most recent ABS analysis that is available to us, as shown in this graph, and then basically and importantly contrast it with the one that features how the population will look in 30 years time. Obviously we could have optically challenged the committee by showing the intervening years, but there will be a pretty constant rate of change over the next 25 years.

The CHAIR — It is clear who is on the downward slope, so you can move on.

Mr JENNINGS — From my perspective, as a former Minister for Senior Victorians I think you started the trend to say that people do not need to think of themselves necessarily as being in decline.

The CHAIR — No, I know that, it is just the numbers that I am looking at!

Mr JENNINGS — We will all age gracefully, I hope. The critical issue is probably the next graph. It is very important for us to understand, and this is actually something that the Productivity Commission has mortified the nation over in the last few months, with the urging on of the federal Treasurer, to actually describe demography as destiny and in the most alarming terms. But one of the great challenges for the nation is to be able to ensure that services rise up and meet the needs of the older community and that we can do it in a financially sustainable way.

This next graph indicates the rapid growth in the over-85 population. The first baby boom that we have to consider is the baby boom that occurred after the First World War, so it is the rapid escalation of 85-year-olds that is going to be a feature of community life in the next 10 years as we get to 85 years after the First World War. Most people when they talk about the baby boom concentrate on the one that occurred after the Second World War, but there is similarly a boom bubble coming through in terms of the age profile. Those over the age of 85 are intensive users of health care and other community-based services. I just want to alert the committee to the fact that whilst we have an ageing profile, it is the over 85s that in fact are going to be increasing at even a faster rate.

I contrast this with the concern that I have outlined to the committee before about the level of federal funding that attaches to residential aged care and to home and community care — two major programs that provide services to older Victorians — and about how senior Victorians are disadvantaged vis-a-vis other states in relation to these specific-purpose payments coming from the commonwealth. This graph indicates that degree of disadvantage. You can see that Victorians on average per capita over the age of 70 receive $3056 in terms of commonwealth payments for residential care and community care, which is well below the national average, which is $3182. In fact the Northern Territory is so outside this scheme that it is not even on the bar graph. It is not comparable to other states, because it is well and truly above that average for a variety of reasons that I will not go into. What it means in the daily lives of members of the Victorian community is that we are deprived of about $60 million worth of

investment that comes in those major programs to support older members of the community. Certainly it is something that I have indicated to the committee before. We are well and truly under in terms of residential care. We are also, unfortunately, being disadvantaged by the decisions being made, partially by our government, to invest in home and community care.

It is has not necessarily been to the advantage of the Victorian population, because there has been a corresponding reduction in commonwealth payments. The inflator that applies to the home and community care payments coming into Victoria is reduced compared to other jurisdictions that do not have a level of home and community care. So the extraordinary thing is that there is an equalisation factor that applies across the nation, effectively taking money away from Victoria, so that despite the intention of our government in Victoria to more than match the commonwealth allocation and indeed to invest significantly in home and community care, our community continues to be disadvantaged.

The following table indicates the failure, I believe, of the commonwealth to ensure the delivery of high-care residential care during the life of the commonwealth Aged Care Act. This table outlines the situation in Victoria. To explain to the committee how this table works, the commonwealth benchmark operates on the basis of 40 high-care beds per every 1000 members of the community who are over the age of 70. That is how that figure is derived. As members of the committee can see, during the period 1997–2004 that commonwealth benchmark increased from 16 101 to 19 104 in the last year. The operational places in high care have not grown as a proportion of that commonwealth zone benchmark. Indeed they have only risen from 16 825 to 18 149. What it means is that at the beginning of that period from 1997, when the commonwealth Aged Care Act came into play, whilst the benchmark was 40, the actual presence of aged care beds was over benchmark. It had come off a period of investment within Victoria, so we started off from a position of being over the benchmark, and then year by year, consistently one year after another from 1997 to 2004, that operational ratio deteriorated each and every year, and it continues to be reduced, now to the level of 38 per cent.

The reason why that is significant is that the commonwealth has made adjustments in the last year to its benchmarking formula. They have rejigged in a positive way — they have actually provided for a higher allocation of community-based care — but they have maintained the benchmark of 40 beds per 1000. They have continued to issue licences to the sector to operationalise those beds, but the gap between the issuing of licences and the operational places continues to be wide. Indeed the commonwealth has not been able to facilitate that take-up of investment. It is an issue that I have now reported to the committee three years in a row. There continues to be a shortfall of places in the state of Victoria. We are 2600 beds short of the commonwealth's own benchmark, and it has not been able to demonstrate through its reforms to the sector that followed the Hogan inquiry — before or after the Hogan inquiry — that it has achieved that level of investment in the sector. What it means each and every day in the state of Victoria is that far too many people are ending up waiting for residential care and being in hospital. Each and every day, on average, in the state of Victoria in 2003–04 there were 626 people waiting in hospitals until they were appropriately placed in residential aged care — a major system problem.

The CHAIR — That is 10 minutes, Minister. If these are all going to be tabled in our report, is there one fact that you think must be put on the Hansard record?

Mr JENNINGS — If these slides are going to be put on there, then the committee would be very confident with the budget allocation's rising to meet some of those needs from the state of Victoria.

The CHAIR — One of the topics that was not covered in the overheads is the elder abuse project. Could you please outline to PAEC and the assembled people here what the project will do and what you wish to achieve through it?

Mr JENNINGS — I thank the committee, and I am sure there are members of the committee and the audience who are vitally interested to know that, whilst this project has not been a high-profile one in terms of outputs in this budget, clearly the government has flagged its intention through *A Fairer Victoria* to ensure that if there are any service gaps or particular concerns with the service system and enforcement of quality of life for older people that it rises up and meets those needs.

To facilitate our better understanding and the plugging of any of those service gaps, and to apprise ourselves of the way that quality of care and assurance can be provided to older members of the community, we have embarked upon a process which involves a forum that is chaired by Barney Cooney, a former senator and a well-known

advocate for human rights issues, a wise elder from the federal Parliament. He has been joined by a number of community-based representatives who bring together the Ministerial Advisory Council of Senior Victorians, the Office of the Public Advocate, the Victorian Community Council against Violence, the Council on the Ageing, the Alzheimer's Association of Victoria, the Residential Care Rights group, the Carers Association of Victoria, Victoria Police, the Royal District Nursing Service, the Australian Society for Geriatric Medicine, the Victorian Association of Health and Extended Care and representatives from the trade union movement.

They will be charged with responsibility for engaging in public consideration of those issues to seek advice and guidance from stakeholders and interested members of the community. They are charged with the responsibility to do that work by the end of the year. They will be supported by the Office of Senior Victorians, which will be distributing a discussion paper about this suite of issues during the course of this month, and will allow for public consideration and public return of submissions to us later in the year. We think this project will be extremely useful as it will build on the existing protocols and the service system that is in place.

Mr CLARK — At this stage of the evaluation process can you indicate what you expect the annual cost of providing the elder protection service is likely to be, what is the budget for establishing the project you have just described and is there funding currently in the budget for the evaluation process or for the program once established?

Mr JENNINGS — We are internally funding this project at the moment. As I think I indicated to the committee, it does not feature in the new initiatives within the budget this year. We are testing what the needs of the sector may be, to have an integrated service delivery in the sector, and any particular initiatives that may be appropriate will be guided by the recommendations. I know that this is not as conclusive as Mr Clark and the committee may hope, but at this point in time we will be guided by that consideration. We will also be guided about whether any appropriate initiatives can be taken by the government that can add to the wherewithal of older people. Our desire is to enable people to know their rights, to exercise their rights and for it to be an empowering, educative approach, rather than a disempowering one where people see themselves as victims. If they are the victims of inappropriate behaviour, we will make sure we have mechanisms in place to deal with the enforcement of those issues. The reason I have drawn the committee's attention to that is that it may well be that we build on things like the enduring power of attorney, consumer rights or residential tenancy-type arrangements. They are constantly being reviewed, and the legislative framework for all of those areas has been updated during the life of the government. We will be interested to know what the cumulative effect of those empowering provisions of that legislation has been on the quality of life for older people.

Mr FORWOOD — Minister, I refer to page 76 of budget paper 3, which covers the HACC primary health, community care and support output group, and I note at the outset that it says that the total output cost is $408.3 million. Just as an aside, I would be interested to know whether that is the total amount being spent on HACC and whether that includes the local government and federal government contributions. But my question actually goes to the Krupjak case, which I am sure you are familiar with.

Mr JENNINGS — The what, sorry?

Mr FORWOOD — The Krupjak case, which I am sure you are familiar with, which is the case recently in Gippsland where — —

The CHAIR — Perhaps the minister could actually the expression on his face.

Mr FORWOOD — I know he does not understand about the Krupjak case, and I am about to explain it to him.

Mr JENNINGS — That is where I was at. I had not heard of it, but I was waiting for some information that I may have actually grasped to facilitate my knowledge of the case.

Mr FORWOOD — What happened was that there were two disabled children, and the worker visited and got bitten by a dog and had a tetanus injection and a reaction to that. There was a WorkCover claim and the Victorian WorkCover Authority has sued, under section 138, the family of the disabled children for third-party reimbursement. This, of course, has caused huge concern amongst thousands of families around Victoria that receive home and community care services.

You are aware, I know, Minister, that there are a number of things HACC workers cannot do already because of occupational health and safety issues. But now these families are faced with the fact that they can be sued by the Victorian WorkCover Authority if there is a WorkCover claim in the home while the workers are treating either the frail aged or disabled kids. I guess the question I am asking you, and which I tried to put to the Minister for Community Services yesterday without much success, is: do you think this is an acceptable circumstance for these families? Does the government intend to do something to rectify a situation where all these families are now at risk of being sued by the VWA?

Mr JENNINGS — It is not the first time today that I think I might have been asked a question that is outside my responsibility.

Mr FORWOOD — You are responsible for HACC.

Mr JENNINGS — I know, and hence the sounding that you took to me before we convened. I understand that.

Mr FORWOOD — It actually says it in here: 'People with a disability and their carers'.

Mr JENNINGS — Absolutely. With respect to the substantive issue about WorkCover the arrangements and home and community care — which I am responsible for, and there could be some overlap in relation to this particular case which I do not believe was part of the HACC program — whilst this family might be in receipt of home and community care, I do not think that was the funding mechanism for the case in question.

Mr FORWOOD — No, it was not.

Mr JENNINGS — But in respect of the general issue of dealing with WorkCover issues, there has been a working group established between the Department of Human Services and the Municipal Association of Victoria, and it is doing some deliberative work about trying to improve the protocols and the arrangements that apply under HACC. I am aware that there are some discrepancies between home and community care and other disability services in relation to some of those guidelines. I think it would be preferable for the one set of guidelines to cover these programs but that may not be technically possible — I am not sure why, but there might be some technical reasons why. Certainly DHS and the MAV are doing this at the moment. I have had discussions with the WorkCover authority about the need for us to have certainty on these matters so that there is not open-ended liability. So I share the concern of Mr Forwood in relation to that. Beyond that I cannot talk about the specific case because I am not aware of it apart from what I have been speedily advised during the course of your submission. The first question you asked is that the number that appears in the budget papers referred to commonwealth and state funding rather than local government. This is actually something that we have discussed before. The local government contribution is somewhere in the order of $70 million.

Mr FORWOOD — On top of the $408 million?

Mr JENNINGS — Yes.

Mr FORWOOD — And the $408 million is divided between you and the feds on what line?

Mr JENNINGS —Of the $407 575 348, commonwealth funding is $213 657 000

Mr FORWOOD — Yours is?

Mr JENNINGS — I will tell you. The state matched component is $142 675 000 and the state unmatched money is $51 243 348.

Mr FORWOOD — Plus 70.

Mr JENNINGS — Plus 70, yes.

Ms ROMANES — Minister, on page 287 of budget paper 3, and also referenced on page 21 of the same budget paper, is an outline of some upgrades to aged care facilities in five rural areas. That is set out in the asset initiatives table. Could you tell the committee what type of improved services residents of these regional services can expect from these upgrades?

Mr JENNINGS — Thank you for the opportunity to tell you that one of the great joys I have had as the Minister for Aged Care in the last two and a half years has been to travel to communities to hear from them what they expect of the quality of residential aged care, for them to make some demands upon government to provide the degree of support to reinvest in residential aged care, and then subsequently to have budget announcements and to go back and open them. It is a great joy to see what becomes a great community event, and I have had the good fortune to do that on a number of occasions in the last two and a half years.

It is my desire to go back and do it on a number of other occasions, including, with a bit of luck, the ones that were announced in this year's budget. They range from Mount Alexander Nursing Home redevelopment at Castlemaine, which is a 60-bed facility to replace the service in Castlemaine; a $5 million redevelopment of the Skipton Nursing Home, which will see not only 11 high-care, 9 low-care but the redevelopment of 6 acute beds within the Skipton facility, which is a huge fillip to the community in Skipton. Members of the committee may or may not be aware that Skipton is a very small location in Victoria, a place near to where I went to school — that is not the reason it got funding; there was already a commitment previous to my arrival in the portfolio — and I was very pleased to travel back to that very small community and to share their joy about the announcement of that service.

I visited Portland yesterday for a great community event to announce the $7.5 million redevelopment of a 30-bed residential care and day surgery facility that will be developed within the precinct of the Portland hospital. I also travelled recently to Ararat to join that community in celebration of the announcement of the $7.5 million 45-high-care bed facility that will serve the needs of members of the Ararat community. A week or so ago I travelled to Wangaratta. I am pretty disappointed that The Nationals are not here at this event, but Kenny Jasper was at the other one and I gave him the encouragement to suggest that he could get himself re-elected so he could come back and join me at the opening of this new facility in Wangaratta — an $11 million, 60-bed facility for the citizens of Wangaratta. Our government has been very pleased to support the redevelopment of now 39 aged care facilities right throughout the breadth of Victoria, many of them in small locations such as Skipton, to the value of a bit over $258 million.

Mr CLARK — My question also relates to the upgrading of state-owned nursing homes and other facilities. Will the following facilities meet certification requirements of the commonwealth by 2008: Grace McKellar, Grant Lodge, Kingston Centre, Lyndoch, Maryborough, Mount Alexander, Polwarth House, Beechworth Hospital residential care, Wangaratta — which you referred to earlier — and Wilson Lodge, and can you also tell the committee whether you still expect the Warracknabeal facility to be upgraded within the term of the current government and will the $6.6 million currently still to be provided under the LFS asset initiatives be sufficient to cover the upgrading of Warracknabeal if it is to proceed?

Mr JENNINGS — Now I know the Chair is going to protect me so that you go back and you do all those one by one.

Mr CLARK — I am happy to do that, or I am happy if you want to come back with it on notice once you get the list from Hansard, whichever you prefer.

Mr JENNINGS —Let us go through them.

Mr CLARK — Grace McKellar?

Mr JENNINGS — Yes.

Mr CLARK — Grant Lodge aged care facility?

Mr JENNINGS — Which one is that?

Mr CLARK — I am not as strong at country geography as you are, Minister! I do not have your list in front of me.

Mr JENNINGS — My ready reckoner obviously remembers this by its location rather than by its specific name. Okay, let us both of us miss that one. Next one?

Mr CLARK — Kingston Centre, when can we expect that?

Mr JENNINGS — Kingston Centre redevelopment will commence before that, yes.

Mr CLARK — So you expect it to meet accreditation by 2008?

Mr JENNINGS — The simple answer is that yes, we expect all of them to meet accreditation. The sheer completion date of some of these projects may be touch and go in terms of the final completion of them, but in terms of meeting accreditation we are confident that the building program will commence and be undertaken in a timely fashion to enable accreditation to occur. Whether the building is finally completed might be a marginal call, but we think we will satisfy accreditation on all the projects. But let us go back through — —

Mr CLARK — By the required date?

Mr JENNINGS — Yes.

Mr CLARK — Okay. Lyndoch Nursing Home?

Mr JENNINGS — Yes.

Mr CLARK — Maryborough Nursing Home?

Mr JENNINGS — Yes.

Mr CLARK — Mount Alexander Nursing Home?

Mr JENNINGS — Yes.

Mr CLARK — Polwarth House Nursing Home?

Mr JENNINGS — Yes.

Mr CLARK — The Beechworth Hospital residential care program?

Mr JENNINGS — Yes.

Mr CLARK — Wangaratta and District Nursing Home?

Mr JENNINGS — Yes.

Mr CLARK — And Wilson Lodge?

Mr JENNINGS — Wilson Lodge is done.

Mr CLARK — And the other aspect of my question related to Warracknabeal and whether that would still proceed and can be done within the $6.6 million remaining uncommitted.

Mr JENNINGS — You mean whether in fact in the building program we are going to stick to the $6.6 million. As you know, Warracknabeal has not been included in the most recent budget. I answered a question in the last sitting week from Mr Koch, who asked me this. My answer to him and to you is the same: we intend to commence this project during the life of this government and for it to satisfy accreditation and to meet the commitment we made to people during the life of this government.

Mr CLARK — And within the $6.6 million?

Mr JENNINGS — The $6.6 million — Jane has actually written me a note saying 'to be determined' — that is the amount we have allocated until now. I am sure, Mr Clark, if the most recent costings come in at $6.9 million, you would be supportive of my paying for that $6.9 million, wouldn't you?

Mr CLARK — I do not want to prejudge you, Minister. I am just trying to find out what the facts are.

The CHAIR — Were we able to establish Grant Lodge?

Mr JENNINGS — Good news, Grant Lodge is there already, in Bacchus Marsh.

Ms GREEN — Minister, my question also relates to public sector residential aged care. I refer you to the output group in BP 3, page 76, and also to something you released last year, which was a new public sector residential aged care policy. Could you advise the committee on the directions for this policy and also any outcomes?

Mr JENNINGS — I launched this policy when I was opening Maryborough, so that is why I can actually say with some confidence that Maryborough is going to be looked after. The facility was opened the day I launched this policy, which outlines the intention of the government to maintain the shape and the scope of our commitment to residential aged care throughout Victoria. What that means in practice is that there are just on 200 facilities — 196 at the most recent count — public sector residential aged care services throughout Victoria. We intend to maintain our level of commitment and the network of those services, and with the number of beds that are currently operational — about 6500 beds — we intend to maintain that effort. There might be some degree of flexibility in terms of the service configuration, but overall we want to maintain that commitment, particularly to smaller regional communities where, if it were not for the presence of the Victorian public sector, there would not be any provider coming anywhere near them. That is an important undertaking we have made to members of those smaller communities. As I say, that is not to indicate that we are necessarily standing still on service configuration, but overall we maintain that level of commitment.

We also recognise that some of the expertise we bring to the field is dealing with complex care needs and high care needs of residents. That is an important aspect of the sector that we play a very prime role in. We will continue to do so. The more remote the location in the state of Victoria, the more likely you are to see the public sector; the higher the needs in terms of the complexity of care, the more likely you are to see the public sector. We will continue to maintain our effort as a major provider across Victoria in the years to come.

They are the fundamental features of the policy. We are wanting to make sure that we are committed to continual clinical improvement in terms of the quality of care that we provide, and we have a number of strategies and measures in place designed to support ongoing improvement in the quality of care. Also very significantly in the last year we have embarked on an extensive analysis of the business management practices within public sector residential aged care and the viability of the sector. We have spent a lot of time with chief executive officers and boards trying to make sure that there is a tight business regime operating within their facilities.

Mr FORWOOD — Minister, I refer you to page 75 of BP 3, and in particular to the aged support services output group. I wonder if you can explain to the committee why there has been a decrease between the expected outcome this year and the actual target for the forthcoming year in the individuals provided with respite services which you will note is now equal to the amount of the target of 2004–05. Could you advise the committee how much of the $74.2 million is being allocated to respite services?

Mr JENNINGS — The answer to your last question out of this program is $11.3 million. We add to our support for respite services to carers by significant investments in the home and community care program, which is not in this output — it is in a different output. The total amount of respite care that I would put to the committee through the programs I am responsible for is $11.3 million in this output group and another $18.3 million out of HACC in terms of community-based, in-home and overnight respite, and a further $42.3 million in relation to planned activity groups within the home and community care program making a total across those two outputs of $71.9 million.

The answer to the question about the target — interestingly, in your question, Mr Forwood, you recognised that we exceeded our target during the last financial year, and it is on the basis of our exceeding the target you might be concerned that we are actually reducing the output this year. There are a number of measures, and I am sure my outputs are not the only ones where you have seen targets exceeded. We maintain the target because we think within the allocation that that is an appropriate level of that service. If we exceed it well and good; if we can sustain it over time, we might increase the output target, but we think it is probably a level of service we can confidently provide, and if we can exceed our targets, we will.

Mr FORWOOD — Do you know why you did exceed it?

Mr JENNINGS — I would have announced it in the house. Mr Forwood probably knows the answer to this question, and that is why he wants to ask it. In question time during the course of the last year I would have announced to you and others that we put in some additional discretionary money we had.

Mr FORWOOD — One-off, one-off funds?

Mr JENNINGS — Yes.

The CHAIR — My question goes to HACC funding, in particular at page 76 of BP 3. Could you outline to us how much the state is putting in and how much the commonwealth is putting in, and outline in detail what that money is providing — the performance measures and the outcomes. I want to know what the dollars are buying and how people's lives are enriched.

Mr FORWOOD — They buy 5 181 000 units.

The CHAIR — Perhaps you could describe it in other terms.

Mr JENNINGS — Hansard could give half the answer to this question, because I passed over to it a piece of paper about the commonwealth's money. Let us take that component as a given. The important thing to demonstrate the commitment of the Bracks government to this program is to remind the committee of the unmatched component, which relates to something I said earlier in my presentation — $51 million of that $407 million is unmatched money. There are two points I want to make about that. The first point is that in some ways it is unfortunate that the people of Victoria are almost penalised from commonwealth payments because of that level of investment. Because we have a certain baseline within home and community care in Victoria, it is primarily inflated because of the state-only investment. There is an equalisation formula that applies from commonwealth payments that means that our growth rate is less in commonwealth payments than it otherwise would be. That is an extraordinary proposition.

The number two point is that the good news about the state-only money is that it provides us with some opportunities to achieve particular outcomes in the delivery of home and community care that might otherwise not be available to us, because otherwise it would have to go through an elaborate process in our agreement with the commonwealth. The particular areas I want to draw attention to are inequity, in trying to address the historical inequity in the way in which HACC services were provided on a geographic basis across Victoria and the way in which we can start to try to turn that around. In the last year significant use was made of unmatched money to provide for more equitable outcomes, in particular the northern and western suburbs of Melbourne that proportionately were under-represented. Possibly as a local member, Chair, you may have noticed.

The CHAIR — I did a very good media release as a result of that funding, and it was to a lot of different organisations. I am keen for you to explain what you want them to do with that money.

Mr JENNINGS — As Mr Forwood noticed, it is to go beyond the unit and it is actually to deliver a quality service which is responsive to people's needs. There was a great underinvestment in historical terms into certain communities geographically based in those subgroups, but also compounded in some instances by a cultural bias to the program. There was a significant under-representation of people from culturally and linguistically diverse backgrounds who received home and community care, and we tried to address that as well through a significant investment of $6 million over three years to introduce a program known as Cultural Equities Gateway, to try to improve the participation of older members of our community, particularly from those diverse backgrounds, who are receiving care. As it turns out, the geographic overlay of that, and the equity money, has meant that there has been significant support given to councils such as Hume, Whittlesea, Brimbank, Melton and Wyndham in the north and west, and Casey, Greater Dandenong, Frankston and Mornington Peninsula in the south-east. There happens to be a very high overlay of disadvantage and diversity in those communities, but we have now been able to achieve more equitable outcomes through the distribution of state-only money.

Mr CLARK — With all of the output groups on pages 75 and 76 of budget paper 3 there is no total output cost given other than the target for 2005–06. When you look at the footnotes they basically say that is because the output structure has been changed. This in a cynical sense is a very easy way to avoid accountability for what is happening. Assuming that you are under constraints from DTF that prevents you from formally publishing prior year figures for those output groups, are you able on notice to provide to this committee departmental estimates of what the prior year figures would have been compared with the new output group structure, and in particular in relation to the age support services where it says:

> Funding in 2005–06 reflects the transfer of acquired brain injury funding to the disability services classification.

Are you able to tell us now or on notice how much funding was transferred out or into the acquired brain injury funding to the disability services classification?

Mr JENNINGS — From my perspective, despite your concern, on the swings and roundabouts there have been a few changes to the output groups that I am responsible for. They are comparatively transparent, particularly as there is a crossover between these ones you have been referring to and the smaller rural services output group, which in fact, for the sake of the committee, let alone members of the community, the current budget papers at page 79 show that not only do we have what are the equivalent rural health service delivery units, we actually give you a figure for what their equivalent is in aged care service delivery units. So we now allow for comparability between those aged care services that are provided through the small rural services output group and the comparable output level that comes from the output measures that you talk about. The transparency is absolutely crystal clear that enables that degree of that answer to be maintained. Specifically your question on the transference of the acquired brain injury program out of my output group into disability, the amount is $5.7 million. As Mr Forwood would be able to tell you because of his concern about disability issues, it is probably a program far more appropriately attributed to the disability output group rather than aged care.

Mr CLARK — Could I clarify that part of your answer in which you said in relation to small rural services and aged care that you put in a new unit measure of aged care service delivery aged care units to parallel the rural health service delivery units, as I understood what you said. Do you mean to say that you are providing two different specifications of what is the same stream of service delivery, or are you saying that you are providing two separate streams of service delivery with two separately-defined types of units?

Mr JENNINGS — Could you ask the question again?

Mr CLARK — Yes. At page 79 — —

Mr JENNINGS — I know where it is because I referred to it.

Mr CLARK — Indeed. You have the 'Rural health service delivery (rural service unit)' numbers, and two lines under that you have, 'Aged care service delivery (aged care units)' numbers. I took your answer previously to be saying that you put in the third line for comparability or to provide additional information on top of the first line. What I am asking is: are these two lines alternative ways of describing the same set of services, or do these numbers describe two different sets of services?

Mr JENNINGS — What has happened is that they are similar services but they are different because they cover a wider range, hence the rural health service delivery units effectively are more costly because they incorporate other more acute primary health care-type services as distinct from the — —

Mr FORWOOD — Maybe I can help. Are you providing 500 000 units or are you providing 230 000 units? Do you add them together or is there just one of them?

Mr JENNINGS — Let me take some crystal clear advice because I have an interpretation on this. I want to make sure that the officers with me actually share my view. I am very comfortable with where I started, and Hansard will bear me out. Basically I provided the committee with the knowledge of knowing where those aged care service delivery units were transferred from some output groups and ended up in the small rural services component. Therefore the answer to that question is that it is a transference from one output group over to small rural services. The design of small rural services was to enable a degree of flexibility with the funding allocations to achieve the same level of outputs if not greater than what had been achieved as part of the aged care output; and there are a range of other services that have also been brought together under small rural services that would be measured by the rural health service delivery measure, so that is the concept. The last answer to Mr Forwood's question is that they are cumulative in terms of the total output within that funding allocation.

Ms ROMANES — Minister, in the aged care portfolio and the outputs in budget paper 3 there are a number of personal care services that are delivered under those outputs. I ask you to comment on the government program to improve wound management among frail older people; and what are the benefits stemming from the program?

Mr JENNINGS — Perhaps one of the most exciting if not a little gruelling presentations that I have attended during the course of this year — and certainly Jan Herington at the table would share that view as she sat

with me during that presentation — was where we witnessed a number of patients with bed sores in particular and pressure wounds that are bedevilling the quality of life for some older members of our community. We witnessed some evidence of how distressing and acute those wounds are. We also were inspired by some innovative approaches in terms of new technology in ointments and treatment regimes that apply to redressing those dire circumstances. We are pleased to be able to provide a level of support to those innovative approaches through that intervention earlier in the year. We are hoping to have a take-up of these services particularly through the Royal District Nursing Service as a particular provider, which will be intimately involved in this regime, to call on expertise from a number of our teaching universities. We had the good fortune of being provided with that presentation from academics from Monash University, and we think that this will be able to be progressively rolled out through home and community care and other support programs that we are responsible for, which will address what are very dire circumstances for these people. In terms of bed pressure sores, this is an acute problem in residential care where people are not able to turn themselves over and therefore they develop major wounds that are debilitating and life-threatening.

The CHAIR — By way of supplementary, you mentioned aged care facilities. One of the very reassuring points that was made by the Minister for Health in various venues is that this government takes a range of measures to identify performance in public hospitals. Is there a performance measure in our aged care facilities on contraction of pressure sores and if not, could you get back to me if you do not know?

Mr JENNINGS — The reason for me giving a vague expression across the table is because this is one measure of the quality assurance indicators that we are developing and rolling out across the sector, so clearly it is one aspect; not a stand–alone measure, in which you will see this level of detail. It certainly is one of those quality improvements that we are trying to bring to clinical practice.

The CHAIR — That is heartening to hear because it is one of the most distressing things when a family member contracts pressure sores, many would say unnecessarily.

Mr FORWOOD — I would like to return to the issue of respite, if I could. You told us that $11.3 million in aged support services buys a target of 20 450 individuals receiving respite; you have told us that out of the HACC program, of some $408 million, there is a further $60.6 million spent on respite, and I would like to know how many individuals that will buy respite for. If you turn to page 87 of budget paper 3, under 'disability services', you see there are 18 565 episodes of respite being bought there. I wonder if there is anywhere else in human services that does provide respite. Can you explain to the committee why we have one measure, being 'episodes' of respite, and whether there is a standard definition of 'episode' — because I would not want to see you cut the hours down and divide them by two to double the number — and also one measure for individuals? So frankly, I am after some clarity in the respite area.

Mr JENNINGS — For some reason this does not surprise me that you ask that either. What I can take responsibility for is that we have a standard measure of hours of respite care, and so through the first measure where we started our story, it is 267 966 hours of respite and other support to carers.

Mr FORWOOD — Is that just out of the $11 million or out of the total $71.9 million?

Mr JENNINGS — Out of the $11.3 million. Now you are writing that down and Hansard is busily recording it, that is respite and other support to carers, of which 218 233, to be extremely specific, are hours of respite care alone. Out of the $18.3 million which is part of the HACC program which is the centre based in home and overnight respite, we provide 674 000 hours of respite. Our records indicate that that provides respite service to two-thirds of caregivers whom we know provide a degree of care to the recipients of HACC services.

Mr FORWOOD — Is there a number for the two-thirds?

Mr JENNINGS — Not immediately in front of me, but we provide them with 674 000 hours of respite care. In terms of the other substantive — —

Mr FORWOOD — The $42.3 million?

Mr JENNINGS — Again, in relation to that, I am not quite sure whether it is the same two-thirds, but the extraordinary thing about it is that — — hopefully it is not the same. Two-thirds of clients out of HACC are part of

planned activity groups so I hope there is at least one-third overlap between one and the other, although I cannot absolutely quantify that at this point of time.

Mr FORWOOD — But you can check that for us?

Mr JENNINGS — Yes.

Mr FORWOOD — And do you want to deal with the issue of why one part of DHS has episodes of respite and the other measures individuals provided with respite? Should we not have a constant measure between the two?

Mr JENNINGS — I reckon there is a good chance that you might make a recommendation for that, and perhaps the Minister for Community Services and I might have a good old conversation about that in the intervening period.

The CHAIR — And on that, we might refer back to Hansard yesterday, which had an explanation from the Minister for Community Services on respite.

Mr JENNINGS — From now on I will read her Hansard transcript before I come.

Mr FORWOOD — Don't! Finally, is there any other bucket of funds in DHS that provides respite care of one form or another?

Mr JENNINGS — The simple answer, as Jane just pointed out, is $2.3 million in mental health, but you have actually asked me how many people that affects and I do not know because I am not responsible for that output.

Mr FORWOOD — I know you are not but you get my point.

Mr JENNINGS — Yes. Funnily enough, I knew that some of these questions might come up — I was just sort of crystal ball gazing — and we have come up with $119.2 million across DHS. That is our — the people who work for me — best guess about what we provide in respite care.

The CHAIR — Thank you for being so thorough and pre-empting questions.

Ms GREEN — Minister, can I take you to the output group 'seniors and veterans' on page 250 of budget paper 3? It refers to the 2005 Victorian Seniors Festival. Could you detail for the committee some of the highlights of this year's festival? Also, there is quite a lot of diversity within that output group which has a total cost of $7.8 million. Could you provide a breakdown as to the actual spend on the Seniors Festival? If you do not have it, on notice would be fine.

Mr JENNINGS — In terms of the Seniors Festival first of all, about half of the $1 million allocated to the Seniors Festival goes on transport subsidies. People travel from right across Victoria to Seniors Festival activities. However, I am also aware that many people plan their scheduled holidays on the basis of the availability of free transport.

Ms ROMANES — They certainly do.

Mr JENNINGS — Senior citizens in the state of Victoria are very astute. They book early in terms of getting value for money in relation to free transport arrangements. That aspect is extremely popular — so popular that there are ongoing transport pressures across the system. That is about half of the budget allocation gone on transport subsidies. We use the other $500 000 in a variety of ways in partnership with many local governments and other sponsors which have increasingly added to the festival in the last couple of years. We have estimated that at least $200 000 in cash or kind was contributed so that adds to our other investment. We do not have the final returns for how many people attended the festival but we try to build on somewhere in the order of 400 000 people across Victoria participating in those great community events.

In the last couple of years we have tried to decentralise the events so people do not necessarily have to come to town. There are any number of community-based festivals, mini-festivals, markets, performances, people coming together for dancing, tai chi and a whole range of physical activities. There is lots of singing, lots of dancing and

lots of movement. There are wine tastings and food exhibitions. In the last festival we piggybacked off the food and wine festival in Melbourne and the Waterfest on the Yarra River. We had a bit of a downside in that we lost a day or two because of the Labor Day weekend but we piggybacked off those other festivals at the time. We did some cross-promotion and I had the good fortune of being with Elizabeth Chong and doing a food demonstration for older people — she kept me on my mettle.

Mr FORWOOD — Were you cooking or eating?

Mr JENNINGS — I was cooking on that occasion. I do not know if I have the dexterity for dim sum but that is what I was trying to get to. The product had some resemblance to the ones Elizabeth made!

Ms GREEN — I wanted to say that the office should be commended for the program this year, especially for the large number of active events.

Mr FORWOOD — Okay, you can come next year.

Ms GREEN — We have been talking about promoting active ageing and I think that was really good. The whole program with Molly Hatfield on the front with a red can of paint and looking really active sends a really good message about positive ageing.

Mr JENNINGS — Thank you.

Ms GREEN — I was jealous — I wanted to go.

Mr CLARK — I understand that in the commonwealth budget the commonwealth provided significant increases in funding for dementia and palliative care services and training. Obviously both of those service delivery areas are crucial with an ageing population. Can you tell the committee what plans, if any, your government has to expand services in the area of palliative care and psychogeriatric care?

Mr JENNINGS — I know that every Liberal member of this committee wants me to extend my portfolio responsibilities — almost every question has encouraged me to pick up the responsibilities of others.

The CHAIR — Who do you want us to send the transcript to?

Mr FORWOOD — The Premier?

Mr JENNINGS — No, it's okay, thank you for your assistance but let's just leave it between us. Palliative care and geriatric assessment, evaluation and management programs are not mine and are not output groups I am responsible for. However, members of the upper house are acutely aware of my interest in making sure that they are well integrated with the programs I am responsible for, that we actually develop an appropriate network of services and that we break down any of those clunky movements in terms of care. That is an important discipline that I and the people I work with bring to bear — trying to find a seamless integration of those services. I will fall short of taking responsibility for the output group although I am acutely interested in the quality of the service and that care and the integration with those programs I am responsible for.

Mr CLARK — Thank you for that, Minister. Can you say anything specific about the provision of those services to residents of state-owned aged care facilities?

The CHAIR — Palliative care.

Mr CLARK — Palliative care and psychogeriatric care for residents in facilities you are responsible for.

Mr JENNINGS — Mr Clark, you may be aware that there has been a significant review of palliative care services in the last year with the intention of trying to make sure that on the building blocks of a network of palliative care services rather than being a top–down approach it is actually a bottom–up approach in terms of making sure that there is an integration of a network of providers and opportunities for members of the community to have locally based palliative care services. Obviously this is important to people in the latter stages of their lives when they are in high care. The model that has been adopted out of that program has been consistent with the approach I would like to see — that is, that the doors of residential care are open to allied health or in this case, specialised care. A number of public sector facilities have benefited from that approach and a number of them have

developed some degree of expertise within palliative care services. For instance, I visited a service in Frankston earlier this year. It is an integrated model that runs out of the Golf Links Road facility, which is a public sector facility that has a palliative care service which is well integrated with local residential aged care so people can move into this accommodation in a timely and respectful manner. It may be very useful for us to roll out that type of facility in other locations.

The CHAIR — Just building on that, do I take it from what you have said that there is either written or unwritten policy in state-owned nursing homes that palliative care will be provided on site as a matter of course? It is not uncommon in electorate offices to hear people complain that their loved ones located in non-state nursing homes are being basically ambulanced out of what is their home, their nursing home, for palliative care in hospitals because those private facilities, quite frankly, do not want to have the final moments of life on site. Do I take it from what you have said that that is definitely not what we do in the state system?

Mr JENNINGS — The critical issue is that it depends upon the skills mix of the staff and the appropriateness of handling the situation. Our preferred position — in fact in the majority of situations where we can and where we have the appropriate staff — is that we do provide that.

The CHAIR — On a different note, in relation to the ageing work force you made the point a number of times that the ageing work force employer education project aims to help employers value older employees. What is this initiative, and what do you expect to achieve from it?

Mr JENNINGS — What we have embarked upon over a couple of years is a couple of collaborative efforts with major employer groups, in particular the Victorian Employers Chamber of Commerce and Industry. We have had some success with two projects that to try to encourage all Victorian employers to recognise the value of retaining and retraining older members of the work force in the name of addressing the long-term work force needs of Victorian business, and also to provide an opportunity for people to stay in the work force longer if they so choose. It has been pretty clear that the trend across Australia for the last 30 years is a decreasing retirement age and critical shortages in work force participation. Unless we address that our industries will be sorely stretched in the decades to come. For that reason alone it is worth doing to try to prevent that slide. The other issue that all of us are a bit concerned about is the quality of life for people once they retire. Many people have experienced a sense of loss. In fact Mr Forwood looks as if he is starting to grieve already about the potential for a loss of quality of life. That golf swing may come into perfection, but there may be other holes in Mr Forwood's life!

The CHAIR — Let us stick to the general topic.

Mr JENNINGS — I just thought he provides — —

The CHAIR — Most ministers have been extremely interested in Mr Forwood's golfing handicap or lack thereof! Can we move onto some other topics?

Ms GREEN — Or retraining him as a train driver!

Mr FORWOOD — I am going to change the swing.

Mr JENNINGS — I was only using Mr Forwood as an example of the types of people whom we are most concerned about — the people whom we want to make sure they continue to have an active life and participate in community life to the fullest extent and do not experience a sense of loss after leaving the work force. It was only my heartfelt compassion that went out to him. That is the general issue. Not only is there that emotional issue and the sense of attachment, but there is also the issue in terms of their ongoing income. They may leave themselves short in terms of their superannuation and they may leave themselves short for an extended period of time in retirement. For a variety of reasons we think it might suit individuals as well as the needs of industry to turn that around. We have funded VECCI to embark upon an education campaign — —

The CHAIR — Have you got any figures?

Mr JENNINGS — We have allocated $400 000 to the project over two years. They are charged with the responsibility of embarking on forums right across the community. We will be joining them in community-based assessments of the local capacities of business to provide opportunities for the skills and attributes of older workers to be encouraged and dovetail that work force in the future.

The CHAIR — Minister, how many people are you expecting to bring in to deal with that $400 000, how many seminars will there be and how many businesses will be involved? It will be two years with VECCI? Perhaps you could take that on notice and provide the funding measure, the funding agreement that went to VECCI.

Mr FORWOOD — I would like to follow up on the previous answer and advise the committee that I am not leaving the work force, I am just leaving the Parliament!

Mr JENNINGS — There you are, you see — I have delivered already! One more for the program!

Mr FORWOOD — My question goes to the issue of units. I wonder whether you could advise the committee what are the values of a HACC unit, a rural service unit and an aged care unit. Can you advise the committee whether the value of a unit has changed between 2004–05 and 2005–06? Finally — perhaps you could take this on notice — could you provide the committee with charts showing the various services that are provided and the number of units per service?

Mr JENNINGS — I know you asked me this question this year, because in fact I have volunteered for the last two years to give you this answer but you refused to ask me the question! That is the most disappointing aspect because I spent a lot of time studying it last time!

The CHAIR — He has brought it along! Sit back, relax and enjoy!

Mr JENNINGS — I think it is a bit formal because it has been written as a thesis! Dr Brook has absolutely delivered the answer to this question on a number of occasions.

The CHAIR — We do not need a CD-ROM.

Mr FORWOOD — A CD-ROM would be fine.

Mr CLARK — Just hand over the briefing notes and that will do fine.

Mr JENNINGS — You would rather do it that way?

Mr FORWOOD — I would rather, yes.

Mr JENNINGS — Okay.

Ms ROMANES — Minister, on page 250 of budget paper 3 under the output for seniors and veterans there is a commitment to support and celebrate the diverse needs and interests of older Victorians. I am aware of the Living Longer Living Stronger program and the way it has been established to develop strategies to increase the quality and quantity of strength training available for people over 50 years and the role that people like Sonya and Bluey Rutherford in the north-west play in this program and their amazing achievements in weightlifting. I ask you to comment on what have been the successes of this program.

Mr JENNINGS — Beyond the Rutherfords there have been some great benefits and some inspirational achievements by older members of our community in terms of Living Longer Living Stronger, which has been a program that we have embarked upon in cooperation with the Council on the Ageing. It has played a great role in bringing a series of providers together right across the state. We think from the last count that a bit over 5500 older members of our community participate in this program regularly. What it does is add to the muscle definition and heart and lung capacity of older members of the community. There have been a whole range of studies done to indicate that there are a range of other psychosocial and emotional benefits from being involved in a participatory program that gets people out and about, and it also adds to their level of confidence in terms of what they can achieve. Quite extraordinary amounts of weights can be bench-pressed, and some of the capacities would probably put any number of us around the table to shame. At a great event held recently in Queens Hall I joined the team from COTA National Seniors to make the announcements of the awards. In fact the shadow minister, who is in attendance today, also made it to that event. It was an inspiring event, and many members of our community continue to participate in that program.

A similar program is run by Arthritis Australia which also does a great job and has an increasing group of people who are participating in this scheme. We allocated $70 000 in the last year to try to evaluate this program and make it run on further, to see what the skill development needs of the program are now and will be into the future. While

we do not want to make it an overly onerous accreditation system, there is some degree of confidence that the instruction is provided in a safe fashion to add to people's strength training. I encourage all members of our community to participate because if we become sedentary and do not exercise our muscles, every year of our adult life we lose about 250 grams of muscles and that will turn to fat unless we exercise. That is a very scary thought.

Mr CLARK — Minister, could I refer you to the two output groups relating to HACC on pages 79 and 80 of budget paper 3, one being HACC primary health community care and support and the other being small rural services home and community care. The former refers to services for frail older people and younger people with disabilities; the latter refers to in-home community-based care services for older people delivered in small rural towns. First of all, can I clarify whether that means that the small rural services HACC does not include services for younger people with disabilities? In relation to one or both, depending on the answer to the first question, can you indicate the approximate division of funding and service delivery between frail older people and younger people with disabilities?

Mr JENNINGS — The answer to the last part of the questions is that about one-third of the program provides support to younger people with disabilities. I assume you will be pleased to know that the same service is provided whether people live in metropolitan or country areas. If you have the impression that no support is provided to younger people with disabilities in small, rural services, that is not the case.

Mr CLARK — Does than mean that the description on page 80 of the small rural services HACC output group could be revised to include reference to younger people with disabilities as well as to older people?

Mr JENNINGS — In case there is a state of confusion or potential for that to be perceived then I think we can take that on the chin.

Mr FORWOOD — Just as a supplementary question, earlier we talked about the total amount of funds provided to HACC and we talked about $408 million and how that was made up, and $70 million from local government. Does that include the $21 million for the output group on page 80, or is that separate? Are we starting again, saying that of the $21 million, X comes from the federal government, X-plus-plus comes from the state and some comes from — help!

Mr JENNINGS — Yes, that is what I would have assumed.

Mr FORWOOD — So the earlier figures included the $21 million.

Mr JENNINGS — Yes.

Mr FORWOOD — Right.

Ms GREEN — Minister, could you update the committee on the government's initiatives to improve medication training for division 2 nurses, and how this might be assisting aged care providers in Victoria to deliver quality care and outcomes?

Mr JENNINGS — It is an important initiative that has been backed up by legislative change in the last couple of years to enable division 2 nurses to administer medication in circumstances where they were unable to previously. There has been important legislative reform during the life of our government to enable that to happen. The reason why that is important is that there are about 17 000 division 2 nurses within the Victorian system and many of them work in residential aged care. Up until that legislative change and the guidelines that were developed by the Nurses Board of Victoria, there had not been the opportunity for that significant component of the work force to administer medication, and in fact there was an ongoing reliance on division 1 nurses to administer it. So we have established the training regime to enable that to occur. We have provided some support in the last financial year to enable division 2 nurses to be trained. We have allocated $1.3 million to start the training of about 800 of those division 2 nurses and 313 have already achieved accreditation and are now registered to perform that function, with a further 514 in training as we speak. We think we will start turning around the profile and skill capacity of our nursing work force, and we think our system will work more effectively and efficiently with that important change being enacted across more division 2 nurses over time.

The CHAIR — There is a point of clarification on the last question, and then Mr Forwood has the last question.

Mr JENNINGS — You are actually going to tell us that there should be a cumulative number to add to the $408 million to add another $21 million to make $429.3 million.

Mr FORWOOD — I am.

Mr JENNINGS — You are. Let us say we agree with you.

Mr FORWOOD — I thought you might. Obviously what I was looking for was the division of $21 million according to the same division as we got in the past. You can take it on notice.

Mr JENNINGS — Sure.

Mr FORWOOD — I am just trying to get the bucket right. The final part of the question is: if you look at the output measures on page 76, you have got quantity home and community care units of 5 million, as we talked about before. If you look at the rural services under home and community care, you have home and community care units in one place and rural health service delivery units as well coming out of the HACC bucket. I can understand the rural health service unit, which is used under small rural services aged care, but why would it also be used under home and community care? Surely a HACC unit is a HACC unit?

Mr JENNINGS — A HACC unit actually comprises a whole range of services through nursing, home care, podiatry and a whole range of other services. It has got to do with the range of services that not only come within HACC — they may be very similar but not necessarily exactly the same exclusive group that come out of a small rural service. By design that output group has been created to enable a higher degree of flexibility. The note that has just been given to me shows that the reason why we have these measures in place is to enable the comparability of aged care services — so coming back to the aged care outputs — and the comparability of what the equivalent degree of effort there may be through all the small rural services output groups.

Mr FORWOOD — Let me just finish this. You are saying that the home and community service unit under small and rural services has the same value as the unit on page 76, and that the unit for rural health service delivery on page 79 has the same value as the unit on page 80?

Mr JENNINGS — Yes.

Mr FORWOOD — Yes, yes and yes?

Mr JENNINGS — Yes.

Mr FORWOOD — Thank you. And finally, could you advise the committee why the quality target on page 76 under HACC primary health community care and support is not shown for small rural services home and community care?

Mr JENNINGS — The explanation that I have been furnished with is that the target population figure applies over the entire program. In terms of the 65 per cent penetration rate for small rural services, we assume it would be consistent but it has not been included within that particular output. That is my assessment of it — one total number.

Mr FORWOOD — We know that because we are here and we have had the conversation, but any other person reading the budget papers would not have that piece of information.

Mr JENNINGS — I will have to send them a letter.

The CHAIR — Minister, before we conclude this can I flag that our secretariat no doubt will be communicating with your budget people in writing up this chapter because I would think there will be some degree of analysis that will follow this questioning this afternoon. That concludes the consideration of budget estimates for the portfolios of Aboriginal affairs and aged care. I thank the Minister, the departmental officers, the people here in attendance and those back in the department who have prepared the briefing files; we do appreciate it. The Hansard transcript will be circulated to you and then followed by a follow-up letter with questions you have taken on notice and anything that the secretariat requires for clarification as well. Thank you.

Committee adjourned.