

HEALTH AND FAMILY SERVICES

Investment in preventive health

1998-99	1999-00	2000-01	2001-02
14.4	19.0	22.0	23.4

Explanation

This measure provides funding to a range of nationally significant public health areas whilst strengthening Australia's medium to longer term public health capacity. From 1998-99 to 2001-02, total funding of \$78.8 million will be allocated for the initiatives outlined below. All initiatives will be funded over four years with the exception of tobacco harm minimisation which will be funded from 1999-2000 to 2001-02.

Immunisation: \$8.8 million for the consolidation of immunisation funding; a modification to the threshold of the existing funding approval mechanism which will ensure timely access to new vaccines; and a free influenza immunisation programme for older Australians over the age of 65.

Strategic investment: \$14.4 million for new national strategies, which deliver on the Government's previous commitments in several public health areas and will focus on the priority areas of environmental health, injury prevention, cancer control and men's health.

Public health information evidence base: \$12.4 million for the implementation of a national public health information model and work plan under the National Public Health Partnership will facilitate the coordination of existing public health information across jurisdictions.

Tobacco harm minimisation: \$6.1 million will be available to meet the Government's commitments of September 1997, in response to the Senate Community Affairs References Committee's report on *The tobacco industry and the costs of tobacco-related illness* of December 1995. The initiatives include the development of a national response to passive smoking and a range of school-based tobacco education programmes.

Combating infectious diseases for Aboriginal and Torres Strait Islander communities: \$22.6 million to address pneumococcal, influenza and sexually transmitted diseases in Aboriginal and Torres Strait Islander communities. It will help prevent chronic respiratory problems and hospitalisations arising from pneumococcal and influenza diseases by making the vaccines available to all Aboriginal and Torres Strait Islander people over 50 years and 80 per cent of 18-50 year olds.

This measure will also provide for a new diagnostic technique based on Polymerase Chain Reaction (PCR) technology. This will support early detection and treatment of sexually transmitted diseases in Aboriginal and Torres Strait Islander peoples and will reduce the transmission of HIV.

Health infrastructure and capital replacement in Aboriginal and Torres Strait Islander communities: \$7.9 million to address the health infrastructure requirements of

Aboriginal and Torres Strait Islander communities. It will provide for the maintenance and replacement of health facilities, and construction and upgrade of accommodation for health care staff in remote communities, to improve access to primary health care services. The measure will be implemented in partnership with the States under the Aboriginal and Torres Strait Islander Framework Agreements.

Internet redevelopment: \$6.6 million for the redevelopment of the Department of Health and Family Services internet site will provide improved information services and communications. It will provide a comprehensive user-friendly information base on health and family services issues, policies, programmes and research.

Further Information

Public Health funding in this measure, together with a number of other measures in the Health and Family Services portfolio and a commitment by the Commonwealth to provide an ongoing base level of funding for public health, brings the total Commonwealth contribution for public health programmes to around \$295 million in 1998-99. This funding includes the Commonwealth’s contribution to State and Territory public health programmes which are funded through the Commonwealth-State Public Health Outcome Funding Agreements.

HEALTH AND FAMILY SERVICES

Support for Human Pituitary Hormone recipients

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
2.3	2.0	0.5	0.3

Explanation

This measure implements the majority of the recommendations of the Senate Community Affairs References Committee’s *Report on the CJD Settlement Offer* of October 1997, and provides an additional \$5.1 million over four years. From 1998-99 to 1999-2000, up to a further \$3 million will be allocated to the Human Pituitary Hormones Reserve (formerly Trust Account) to provide for one-off payments to hormone recipients who can demonstrate that, prior to 1 January 1998, they have, or have suffered a recognised psychiatric injury due to the recipient having been informed that they are at a greater risk of contracting CJD. The balance will fund other new activities including the establishment of an independent Board to authorise payments from the Human Pituitary Hormones Reserve and examination of the possible benefits of conducting a longitudinal study of hormone recipients.

Further Information

Between 1967 and 1985, over 2,000 people received treatment with human pituitary derived hormones, produced under the Australian Human Pituitary Hormone Programme, for infertility and short stature. These people are now at an increased risk of contracting Creutzfeldt-Jakob Disease (CJD) for which there is no diagnostic test and no known cure.

In 1994, the Commonwealth provided \$10 million to establish the Human Pituitary Hormones Trust Account (\$5 million) and to fund activities to implement the recommendations of the *Report of the Inquiry into the Use of Pituitary Derived Hormones in Australia and Creutzfeldt-Jakob Disease*. The Human Pituitary Hormones Trust Account was established to provide funds for counselling and support services for hormone recipients and their families, as well as medical and other care costs should a further recipient contract CJD.

HEALTH AND FAMILY SERVICES

National Illicit Drugs Strategy - demand reduction and harm minimisation - second instalment

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
13.4	14.8	15.2	7.9

Explanation

This measure provides \$51.3 million to fund demand reduction and harm minimisation programmes administered by the Department of Health and Family Services over the four years as follows:

- \$19.2 million for the expansion and upgrading of existing, non-government organisation (NGO) treatment services. This represents the Commonwealth-only contribution to estimated unmet need in the NGO sector. It is proposed that levels of State and Territory funding will be negotiated on a bilateral basis to ensure funds are provided to areas of greatest need in the NGO sector. The additional funding will enable non-government treatment organisations to achieve improved service outcomes, increase the number of places offered and improve staff training;
- \$15.8 million for a community-wide education and information campaign. It will be the first comprehensive national campaign to educate the community about the dangers of illicit drugs and raise awareness about primary prevention, treatment and rehabilitation;
- \$3.3 million for ongoing support for the Australian National Council on Drugs (ANCD) and its supporting advisory committee structure. Five specialist committees (tobacco, alcohol, illicit drugs, pharmaceuticals and education) will report to the ANCD and to the Ministerial Council on Drug Strategy. The ANCD will provide an ongoing opportunity for key stakeholders from non-government organisations and community groups to have a direct contribution to the development of national policies and programmes for both licit and illicit drugs;
- \$0.6 million in 2001-02 to continue the operation of the One-Stop Shop announced by the Prime Minister on 2 November 1997;
- \$3.3 million to establish an ongoing illicit drugs reporting and information data base. Such a data base will provide reliable information on the demand for, and

usage patterns of, illicit drugs (currently lacking) and the basis for evidence-based policy decision-making at all levels of government;

- \$1.8 million to identify, promote and disseminate best practice in the treatment of illicit drug dependence. This will include the development of best practice guidelines in several key areas such as the management of intoxication and withdrawal; provision of social support in methadone services to improve client outcomes and management of clients with dual dependency on opiates and prescription drugs;
- \$2.2 million to enhance activities in evaluation, quality assurance and outcome monitoring in relation to existing treatment practices. This funding is for the development of quality assurance mechanisms for methadone treatment services, testing of screening instruments for use in primary health care settings and the development of outcome monitoring systems for illicit drug treatment services; and
- \$5.1 million for running costs to administer the above initiatives.

Further Information

As part of the National Drugs Strategy, a total of \$104.1 million will be provided from 1998-99 to 2001-02 as the second instalment of the National Illicit Drugs Strategy (NIDS). The NIDS consists of three main parts, supply reduction (law enforcement), demand reduction and harm minimisation.

See related Attorney Generals' outlays measure titled *National Illicit Drugs Strategy - supply reduction - second instalment*.

HEALTH AND FAMILY SERVICES

Long term commitment to health and medical research

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
15.3	50.5	54.0	53.8

Explanation

The National Health and Medical Research Council (NHMRC) supports health and medical research through the provision of research grants and career and training awards. The NHMRC research effort is underpinned by base funding supplemented by additional time-limited funding, eg for special research projects.

This measure converts most of the current time-limited funding which otherwise would cease, to ongoing funding, providing the NHMRC with base funding of \$164.7 million a year (1998-99 prices). This level will enable the NHMRC to maintain its 1998 calendar year level of grant funding in future years.

The increase in base funding will provide longer term certainty for the health and medical research industry, enable longer term research projects to be undertaken and encourage those with research skills to participate or continue in such research.

HEALTH AND FAMILY SERVICES

New directions in general practice

Financial Implications (\$m)

	1998-99	1999-00	2000-01	2001-02
Health and Family Services	11.4	10.5	-10.2	-20.1
Veterans' Affairs	0.7	1.7	1.9	2.0
Total	12.1	12.2	-8.3	-18.1

Explanation

This measure provides a substantial strengthening of the role of general practice in the Australian health system, and the financial basis to respond to the General Practice (GP) Strategy Review and the Review of General Practice Training.

New funding under this measure of \$367.0 million over the period 1998-99 to 2001-02 will be offset by savings of \$369.1 million, principally from changes in the remuneration arrangements applying to GP Registrars. The new funding comprises:

- \$121.0 million over the four years 1998-99 to 2001-02 is provided for two increases in Medicare Benefits Scheme (MBS) schedule fees for GP consultations, comprising:
 - an increase from 50 per cent to 100 per cent indexation in the 1 November 1998 fee adjustment; and
 - a further increase in MBS fees from 1 March 1999;
- a further amount of \$6.3 million over the four years 1998-99 to 2001-02 allowing for indexation as described above for GPs who provide health care services to veterans;
- provision of \$57.0 million over the four years 1998-99 to 2001-02 will increase the funds available to strengthen and reform general practice. Allocation of these funds within the GP Strategy will be decided in consultation with the profession and consumers; and
- GP Registrars who begin their training in 1999 will be paid by salary rather than fee-for-service, at a cost of \$182.7 million over the four years 1998-99 to 2001-02. The change was recommended by the Review of GP Training in order to strengthen the educational outcomes of the GP Training Programme.

HEALTH AND FAMILY SERVICES

Australian Health Care Agreements - Increased funding for provision of designated health services to public patients

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
241.9	308.8	437.5	524.0

Explanation

The Commonwealth proposes new funding arrangements to replace the existing Medicare Agreements which expire on 30 June 1998. Payments will be based on a funding formula in which the Commonwealth shares financial risk with the States in relation to changes in private health insurance, and the measured national average output cost for public hospital treatment. It also provides for increases in population, ageing of the population and an additional provision for expected increases in demand per capita.

The Commonwealth will provide an increase in funding of around \$2.1 billion over five years (including \$1.5 billion over the four years 1998-99 to 2001-02 and \$0.6 billion in 2002-03). This offer includes \$500 million over five years for National Health Development Special Assistance, and up to \$120 million which is directly aimed at reducing waiting lists.

In addition, \$750 million over five years will be provided through the Veterans' Affairs portfolio to allow full cost purchasing of hospital treatment for entitled veterans, increasing total Commonwealth spending by \$2.9 billion. This would bring the total level of Commonwealth funding available to the States and Territories to approximately \$30.2 billion under the Health Care Agreements offer over this period.

Health Care Agreements focus on the provision of free public hospital services to eligible persons on the basis of clinical need, and also include provisions for mental health, palliative care, quality assurance and access, and broadbanded health related specific purpose payments programmes.

The Agreements also address future directions for acute care, including improving quality and focus on patients, performance reporting and information, improving the coordination of acute care, primary care and aged care; and the infrastructure needed to take advantage of technological change.

See related Veterans' Affairs outlays measure titled *Additional funding to reflect the costs of direct purchasing of hospital services for entitled veterans in all States and Territories from 1 July 1998*.

HEALTH AND FAMILY SERVICES

University places for overseas trained doctors

Financial Implications (\$m)

	1998-99	1999-00	2000-01	2001-02
Employment, Education, Training and Youth Affairs	-0.1	-0.2	-0.2	-0.1
Health and Family Services	0.0	-0.8	-0.5	-11.9
Total	-0.1	-1.0	-0.7	-12.0

Explanation

From January 1999, 100 places will be provided in Australian medical schools for overseas trained doctors as an alternative to their completing the Australian Medical Council (AMC) examination as a route to medical registration. The doctors will undertake to work in rural and remote areas for five years on completion of their medical training. The AMC examination will continue to be conducted.

The measure will:

- help 100 overseas trained doctors gain the specific skills and knowledge required to practice medicine in Australia; and
- help meet the needs of many rural and remote communities by directing new graduates to rural practices.

As a result of this measure, the entry of 100 overseas trained doctors into Medicare will be delayed as they complete Australian training (a number of overseas trained doctors will continue to qualify through the AMC examination). Some savings to Medicare will be realised as a result, principally in 2001-02.

The cost of funding the university places will be met from existing resources of the Health and Family Services portfolio and by students contributing through the Higher Education Contribution Scheme. On an underlying basis, this results in a small decrease to the Employment, Education, Training and Youth Affairs (EETYA) portfolio outlays because HECS loans are not recorded in the underlying total (this is partly offset by the increase in EETYA outlays required to fund the 100 additional students).

HEALTH AND FAMILY SERVICES

Diagnostic Imaging Package including improving access to Magnetic Resonance Imaging services

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
-2.0	-18.4	-29.1	-30.7

Explanation

This measure will contain growth in Diagnostic Imaging outlays, while improving access to Magnetic Resonance Imaging (MRI) services, through a three year agreement over 1998-99 to 2000-01 to manage growth in diagnostic imaging expenditure under the Medicare benefits arrangements. The three year agreement will continue to have an impact and provide savings in 2001-02. The Commonwealth will improve access to MRI services as recommended by the Australian Health Technology Advisory Committee.

HEALTH AND FAMILY SERVICES

Increased access to Medicare claiming through pharmacies

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
4.0	2.0	2.1	2.1

Explanation

This measure will increase access to Medicare claiming services by expanding pharmacy claiming facilities to outer metropolitan growth areas and some areas where Medicare offices have closed. Two hundred Medicare easyclaim units will be placed in pharmacies in these areas following successful introduction of these units in rural and regional locations around Australia. This measure will ensure that the community will continue to have access to Medicare claiming facilities in a timely and accessible manner.

HEALTH AND FAMILY SERVICES

Better use and disposal of medicines

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
-0.2	-0.1	-0.3	-3.1

Explanation

This measure will improve the way in which medications are utilised by patients at risk of medication misadventure. This will be achieved through two approaches.

Firstly, the medication review role of pharmacists will be extended to residents across all residential care facilities (this previously applied only in nursing homes), and to certain patients in their homes regarded as at high risk by their doctors. Secondly, a national programme for the disposal of unwanted medicines will be established to encourage patients to appropriately discard out-of-date medicines and/or medicines no longer appropriate for their conditions.

This measure will generate net savings from the two approaches of \$3.7 million over 1998-99 to 2001-02 to the Pharmaceutical Benefits Scheme (PBS).

HEALTH AND FAMILY SERVICES

Adjustment of the Reciprocal Health Care Agreement with New Zealand

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
-3.0	-3.4	-3.5	-3.6

Explanation

This measure will restore parity in the reciprocal health care agreement with New Zealand by removing access to Medicare Benefits for New Zealand visitors to Australia. The Agreement on Medical Treatment between Australia and New Zealand will be renegotiated so that visitors from New Zealand will be eligible for immediate essential care through the public hospital system. This new agreement will match changed arrangements already applying to Australian visitors to New Zealand.

HEALTH AND FAMILY SERVICES

Maximising effectiveness of the Pharmaceutical Benefits Scheme by improved data analysis and compliance activities

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
-3.0	-21.2	-21.7	-22.3

Explanation

This measure will generate savings in the Pharmaceutical Benefits Scheme (PBS) by reducing activities involving the sending of PBS subsidised pharmaceuticals overseas and encouraging the more effective and appropriate use of PBS pharmaceuticals within Australia.

The savings will be generated through a variety of activities in the Health Insurance Commission (HIC) including strengthening the relevant legislation, liaison between the HIC and the Australian Customs Service, the development of targeted education and awareness campaigns, and the employment of more medical advisers to increase counselling and educational visits to doctors prescribing pharmaceuticals being sent overseas as well as doctors practising inappropriately or ineffectively.

HEALTH AND FAMILY SERVICES

Adjustments in funding for Artificial Limbs Scheme and Medical Speciality Centres

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.0	0.0	0.0	0.0

Explanation

A number of health related programmes were nominated for inclusion under more flexible arrangements, involving the broadbanding of funding, in the 1996-97 Budget. The intention was to achieve savings to the Commonwealth by improving the efficiency of service delivery.

Broadbanding negotiations between the Commonwealth and the States are yet to be resolved and as a result, broadbanding will not be achieved in 1997-98. Funding arrangements for the Artificial Limbs Scheme and Medical Specialty Centres have reverted to those that were in place prior to consideration of broadbanding. This has increased funding by around \$0.8 million in 1997-98 only.

HEALTH AND FAMILY SERVICES

Increased funding to Aboriginal and Torres Strait Islander primary health care services to reflect population growth

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
3.0	5.9	8.5	11.4

Explanation

This measure builds on improvements in access to primary health care in Aboriginal and Torres Strait Islander communities by maintaining the real per capita funding level for health care provision.

The increased demand is attributable to both the rapid growth of Australia's Aboriginal and Torres Strait Islander population and increased awareness of health needs within these communities.

Services which demonstrate movement towards best practice in implementing care protocols, planning to address community health priorities, utilising data and recall systems and linking effectively with a network of service providers, will be resourced to respond to the increasing demand for health care in Aboriginal and Torres Strait Islander communities.

Funding may also be allocated for service provision in communities with continuing high levels of unmet need.

HEALTH AND FAMILY SERVICES

Increased funding for Aboriginal and Torres Strait Islander health services

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
1.3	2.6	4.0	5.3

Explanation

This measure provides additional funding for Aboriginal and Torres Strait Islander primary health services, over and above Commonwealth funding planned for the four years 1998-99 to 2001-02. It will work in tandem with the Health and Family Services outlays measure titled *Increased funding for Aboriginal and Torres Strait Islander primary health care services to reflect population growth*, leading to a significant overall increase in funding for Indigenous health services.

HEALTH AND FAMILY SERVICES

Business and community sector partnerships incorporating expansion of the volunteer management programme

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
4.8	5.6	4.7	4.8

Explanation

On 19 November 1997, the Prime Minister announced a programme to improve links between Australian businesses and the community sector. This initiative will support the development of higher levels of social capital in Australian communities by promoting and facilitating the development of partnerships between businesses and the communities they serve. It will also enhance the current operation of health and family service organisations which use volunteers to deliver services to the community.

Following a round table discussion in March 1998 between leaders of the business and community sectors, this measure announces more detailed strategies related to this initiative which include: annual Prime Ministerial Awards in recognition of business and individual philanthropy; education and awareness campaigns to promote the value of business and community philanthropy and research and data collection.

Further assistance will be provided to the community services sector through the enhancement and continuation of the Volunteer Management Programme (VMP). VMP assists in the provision of appropriately trained volunteers for health and family service organisations. The new package of funding will provide more appropriate coverage of areas of greatest need and will enable a stronger focus on continuous improvement in volunteer training. It will strengthen VMP by increasing funding to existing centres and agencies (eight State and Territory Volunteer Centres and nine major Regional Referral Agencies) and provide funding for a small number of new referral agencies.

HEALTH AND FAMILY SERVICES

Improving services for families through enhancement of family and community service networks

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
1.0	2.5	2.6	2.5

Explanation

This measure will provide funding towards the development of an integrated and holistic national approach to delivering services and developing policy in relation to families. The measure involves a number of initiatives:

- a series of innovative projects will draw together information on Commonwealth, State/Territory, local government and community services for families. This initiative will pilot the building and enhancing of community networks so that services working in different areas, for example aged care and child care, can provide more integrated assistance to families with complex needs; and
- linked to this, another initiative will work towards integrating the delivery of relevant programmes and services that impact on families across Commonwealth, State/Territory and local government programmes. The longer-term goal will be to integrate family policy and programme delivery across all levels of government.

HEALTH AND FAMILY SERVICES

Continued funding for child abuse prevention and parent support

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.2	0.6	1.2	2.4

Explanation

Funding has been provided to continue and enhance the Commonwealth's presence in the prevention of child abuse and to provide support to parents raising children. This new funding is additional to existing programme funding for child abuse prevention initiatives which will continue.

This measure provides continued funding for the National Council for the Prevention of Child Abuse, dissemination of the outcomes of activities undertaken under the Best Practice Parenting Grants Programme, and research through the National Child Protection Clearing House.

In addition, the Commonwealth will play a leading role in coordinating the preparation of a National Plan of Action against the Commercial Sexual Exploitation of Children. Funding will also be made available for a range of innovative initiatives that support parents and increase community awareness of child abuse and neglect.

HEALTH AND FAMILY SERVICES

Continuation of funding for child care communication strategy

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.6	0.0	0.0	0.0

Explanation

Funding will be provided to continue a public awareness campaign to alert families to:

- the existence of the Childcare Access Hotline and the information it can give to parents about child care centres and help with the costs of child care; and
- changes to income testing for Childcare Assistance for school age children, which commenced in April 1998.

Further Information

The Childcare Access Hotline was launched in November 1997.

There is a continuing need to promote awareness among families of Government assistance available for child care and general information about child care services and how to find them.

School age care reforms announced in the 1997-98 Budget context commenced in April 1998. There is a need to provide information to families, through the hotline, to ensure that those eligible are able to apply for Childcare Assistance.

HEALTH AND FAMILY SERVICES

Continuation of funding for the Supported Accommodation Assistance Programme National Data Collection Agency

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.6	0.8	0.0	0.0

Explanation

This proposal provides partial funding for the Supported Accommodation Assistance Programme (SAAP) National Data Collection Agency until June 1999. The Agency was initially established in July 1996 and funding was due to expire in September 1998.

The Commonwealth Government funded the SAAP National Data Collection Agency in order to assist the progress of SAAP reforms. The data is being used to inform policy

development on issues such as homelessness and domestic violence and monitor performance under SAAP and inform evaluation processes.

HEALTH AND FAMILY SERVICES

Increased funding for the Commonwealth/State Disability Agreement

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
6.4	15.2	24.6	33.8

Explanation

This measure provides additional funding for the Commonwealth/State Disability Agreement over and above the Commonwealth funding planned for the four years 1998-99 to 2001-02. This will assist the States and Territories to fund accommodation support and related services for people with disabilities.

HEALTH AND FAMILY SERVICES

Gold Medal Access Strategy 1998-2000: improving access to goods and services for people with disabilities

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.9	1.0	0.2	0.0

Explanation

This measure will promote improvements in access to goods and services for people with disabilities in the lead up to Australia's hosting of the Paralympic Games in 2000. A national series of Gold Medal Access Symposia will be held to highlight best practice in meeting the needs of people with disabilities in tourism, access to premises, transport and employment. Gold Medal Access Awards will be presented in 2000 to recognise outstanding achievements in all four areas.

This initiative will provide funding to enable recognised experts, in fields such as transport and planning, to hold seminars in each State and Territory to raise awareness of the difficulties faced by people with disabilities when they seek access to services and facilities. Best practice solutions to these problems will be promoted widely. Paralympic athletes will lend support on the basis of their personal experience. Funding will also be used to publicise the Gold Medal Access Awards, organise the nomination and selection process, and stage an Awards ceremony.

HEALTH & FAMILY SERVICES

Staying at home - care and support for older Australians

Financial Implications (\$m)

	1998-99	1999-00	2000-01	2001-02
Health and Family Services	22.9	60.6	84.0	101.9
Social Security	5.3	1.6	2.0	1.6
Total	28.2	62.3	86.0	103.5

Explanation

The "Staying at Home" package of measures, announced by the Prime Minister on 2 April 1998, will cost \$280.0 million over four years. It has been designed to enhance the care of older people in the community and provide greater recognition and support for carers within Australian society. The measures will assist elderly Australians remain in their homes for as long as possible and provide better support for carers.

The package includes:

- 3,900 additional Community Aged Care Packages at a cost of \$95.5 million over the next four years. Together with growth under existing programmes, this will more than double the number of people receiving assistance to 22,000. The packages will also be able to cater for people with more complex care needs, including nursing care;
- an increase in continence assistance at a cost of \$15.4 million over four years to make it easier for older people to manage at home and avoid unwanted admission to residential care;
- the expansion of the successful Carer Respite Centres programme announced in the 1996-97 Budget from 58 to 73 centres at a cost of \$30.9 million over four years. An extra \$10.3 million over four years will also be available for additional respite care places for people with dementia;
- extra accommodation assistance through the Commonwealth/State Disability Agreement for adults with a profound disability who have ageing carers at a cost of \$15.4 million over four years;
- expanded eligibility for the Domiciliary Nursing Care Benefit at a cost of \$96.4 million over four years. This builds on an already announced 28 per cent increase in the rate of benefit to take effect from 1 July 1998;
- increased aged care assessment funding that will be indexed to growth in the older population to enable people to access care appropriate to their needs at a cost of \$14.1 million over four years; and
- a communication strategy at a cost of \$2.0 million in 1998-99 to promote positive images of older people and ageing in the community.

HEALTH AND FAMILY SERVICES

Allowing new aged care residents a 28 day period of grace from income testing

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
2.6	2.7	2.8	2.9

Explanation

This measure introduces a 28 day period of grace for new residents of an aged care facility (nursing homes and hostels) before they start paying the income tested component of their daily fees. From 1 March 1998, the fees payable by new residents entering aged care facilities will partly depend on the resident's income. This period of grace will allow sufficient time for an income assessment to be finalised for most residents.

Further Information

The residential aged care package announced in the 1996-97 Budget contained revised fee arrangements through which some residents contribute to the cost of their daily care. Residents pay a base fee of 85 per cent of the pension. Part pensioners and non-pensioners who enter from 1 March 1998 pay an additional amount based on their non-pension income and the level of care they require.

HEALTH AND FAMILY SERVICES

International Year of Older Persons

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
4.5	1.5	0.0	0.0

Explanation

The Federal Government's contribution to the 1999 International Year of Older Persons will focus on implementing practical national initiatives to improve the health and well-being of older Australians and recognise their contribution to communities and the nation. The International Year will involve a range of cross-government projects complementing community-based activities and projects by the non-government sector. Partnerships between government, business and the community will be an important focus for the International Year.

HEALTH AND FAMILY SERVICES

Establishment of a rural multi-purpose health and family services network

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
1.0	6.0	9.0	8.3

Explanation

This measure extends the successful joint Commonwealth/State multi-purpose services model to provide a more comprehensive range of services delivered through a larger number of rural sites. The new services will tailor the mix of Commonwealth and State funded services best suited to the needs of each community. Priority will be given to establishing services in areas of greatest disadvantage or with significant problems of access.

Key features of the measure are:

- provision of at least 30 new rural multi-purpose services;
- employment of community planning managers to expedite the establishment of new services and ensure they are responsive to community needs;
- making 836 aged care places available through the network over four years;
- funding for information technology infrastructure to enhance services and skills by linking services to the latest technological and information advances;
- development of a quality assurance and performance assessment system for the network and ongoing monitoring of demand to assess whether further new services are needed beyond 2001-02; and
- incentive and innovation grants for upgrading existing multi-purpose centres and multi-purpose services, and to encourage continuing innovation.

Further Information

Multi-purpose services operate by coordinating the pooling of funding from a number of health and care programmes which, individually, would not be viable in a rural or remote setting. This enables multi-purpose services to arrange a flexible mix of health care to meet the needs of each individual community.

HEALTH AND FAMILY SERVICES

Contingent capital advance for Commonwealth Rehabilitation Service

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.0	0.0	0.0	0.0

Explanation

In December 1997, the Government announced separation of the Commonwealth Rehabilitation Service (CRS), the Government provider of vocational rehabilitation services, from the Department of Health and Family Services as a preliminary step to the introduction of competition for provision of these services. CRS will be corporatised as a wholly owned Commonwealth company limited by shares from 30 June 1998 and designated a Government business enterprise (GBE).

This measure provides for a capital advance of up to \$17.5 million in 1998-99 to the new company, with access to this funding contingent on final consideration of CRS's business plan, and finalisation of its capital structure. This capital advance will affect the headline budget balance only.

HEALTH AND FAMILY SERVICES

Contingent capital advance for Australian Hearing Services

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.0	0.0	0.0	0.0

Explanation

In November 1997, the Government introduced reforms to the hearing services market for eligible pensioners and veterans. As part of these reforms, the Government agreed to restructure Australian Hearing Services (AHS) from a statutory authority to a Commonwealth company limited by shares by 30 June 1998.

This measure provides for a capital advance of \$5 million in 1998-99 to the new company, contingent on final consideration of the business plan to be developed by AHS. This capital advance will affect the headline budget balance only.

HEALTH AND FAMILY SERVICES

Establishment of a peak body on homelessness through enhanced funding of the Community Sector Support Scheme

Financial Implications (\$m)

1998-99	1999-00	2000-01	2001-02
0.2	0.2	0.2	0.2

Explanation

The initiative seeks to address homelessness by establishing for the first time, a single peak body on homelessness which will work on behalf of those people who are highly marginalised within the Australian community. The peak body will provide a focus on addressing the issue of homelessness and provide the Government with policy advice in this area.