

Mitchell, Rachelle (REPS)

From: Philippa.Cotter@nt.gov.au
Sent: Wednesday, 14 April 2004 6:06 PM
To: Mitchell, Rachelle (REPS)
Cc: Kylie.Gwynne@nt.gov.au
Subject: Ageing Inquiry: Questions on Notice



Ageing Inquiry Qs
on notice.do...

Dear Rachelle

Please find attached responses to questions taken on notice at the Public Hearing in Darwin on 3 February 2004. I apologise for the delay in providing these. Please contact me if you require any further information.

Regards

Philippa Cotter
Policy Officer
Aged and Disability Program
NT Department of Health and Community Services

(See attached file: Ageing Inquiry Qs on notice.doc)

Ageing Inquiry: Public Hearing 3 February 2004
Northern Territory Department of Health and Community Services
Questions on Notice

1. What percentage of your staff would be Indigenous people?

There are approximately 4800 staff employed by the Department of Health and Community Services (DHCS). Current data indicates that 3.6% identify as Aboriginal or Torres Strait Islander. This is expected to sit at 5%. However Equal Employment Opportunity details are not held on all employees and this may impact on the accuracy of the current data. DHCS is currently working to improve data quality to assist in monitoring and developing workplace diversity.

2. On the funding issue, has the government been asked to address that anomaly that you have explained to us about losing the funding if they go over a certain number of beds – over 19 beds? Have you been asked to address that issue?

Neither the NT Department of Health and Community Services or the Australian Government Department of Health and Ageing has been asked to address this anomaly. The service provider that manages the 19 bed facility referred to in this case has not sought to increase bed numbers because they knew this would result in a reduction in the viability supplement.

The key issue is that based on aged care planning ratios the Barkly Region of the NT should have around 30 high care places (based on a population of approximately 600 people in the eligible age range). However the only residential aged care facility in the region is unlikely to consider expanding its bed numbers as the decrease in viability supplement would have a significant impact on its already insecure viability.

3. Is there no in-home palliative care in Darwin? Is there no more general palliative care in communities outside Darwin?

Territory Palliative Care operates as a specialist resource and advisory palliative care model from which specialist professionals provide advice, support and education to primary health care workers, clients and families in urban and remote areas, in hospital and community settings, in nursing homes or a clients place of residence. One team is based in the Top End and one in Central Australia.

The NT Palliative Care strategic plan (2005-2009) is currently being developed. The development of a hospice on the Royal Darwin Hospital campus is one of the major initiatives planned.

The NT is also participating in a range of national palliative care activities. These include:

- Caring Communities Program - Providing community organisations with one-off funding to improve their capacity to care for someone with a life-limiting illness.
- Program of Experience in the Palliative Approach (PEPA) – providing primary health care workers with an opportunity to develop skills through short placements with a palliative care specialist service.
- Equipment Program – one-off funding allocated to purchase equipment for palliative care patients.

- NHMRC research project on best models of palliative care delivery to Indigenous people – the NT has seconded an Aboriginal Health Worker to work on this project and other staff are participating in the coordinating group.