V E R I F I E D V E R S I O N

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Budget Estimates 2016–17

Melbourne — 19 May 2016

Members

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Mr David Morris — Deputy Chair
Dr Rachel Carling-Jenkins
Mr Steve Dimopoulos
Mr Danny O'Brien
Ms Sue Pennicuik
Ms Harriet Shing
Mr Tim Smith
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Witnesses

Mr Martin Foley, Minister for Mental Health,

Ms Kym Peake, Secretary,

Mr Lance Wallace, Deputy Secretary, Corporate Services, and

Ms Frances Diver, Deputy Secretary, Health Service Performance and Programs, Department of Health and Human Services.

The CHAIR — I declare open the public hearings for the Public Accounts and Estimates Committee inquiry into the 2016–17 budget estimates. All mobile telephones should now be turned to silent.

I would like to welcome the Minister for Mental Health, the Honourable Martin Foley, MP; Ms Kym Peake, Secretary of the Department of Health and Human Services; Mr Lance Wallace, Deputy Secretary, Corporate Services; and Ms Frances Diver, Deputy Secretary, Health Service Performance and Programs.

All evidence is taken by this committee under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Comments made outside the hearing, including on social media, are not afforded such privilege. Witnesses will not be sworn but are requested to answer all questions succinctly, accurately and truthfully. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty.

Questions from the committee will be asked on a group basis, meaning that specific time has been allocated to members of the government, opposition and crossbench to ask a series of questions in a set amount of time before moving on to the next group. I will advise witnesses who will be asking questions at each segment.

All evidence given today is being recorded by Hansard, and you will be provided with proof versions of the transcript for verification as soon as available. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

All written communication to witnesses must be provided via officers of the PAEC secretariat. Members of the public gallery cannot participate in the committee's proceedings in any way and cannot photograph, audio record or videorecord any part of these proceedings. Members of the media must remain focused only on the person speaking. Any filming and recording must cease immediately at the completion of the hearing.

I now invite the witness to make a very brief opening statement of no more than 5 minutes. This will be followed by questions from the committee.

Visual presentation.

Mr FOLEY — Thank you, Chair. I will seek to keep to the time frame you have set me. In the mental health portfolio the Andrews government is very pleased that we have been able to deliver a series of themes. They are around, as it says in the presentation, better access to mental health services as a contributing factor towards creating a better society; there is a strong focus, as part of the whole-of-government focus, on taking action on family violence; and, of course, the correlation between community safety issues and mental health.

If I could move to the next slide, which in simple terms seeks to reflect on the mental health and drug and alcohol services which, whilst related, are to some degree slightly separate in terms of the machinery-of-government arrangements that go to this area. Year on year this looming 16–17 budget reflects a $356 million combined asset and output funding boost, which represents a 6.7 per cent increase on the previous year. That is a substantial funding improvement and it is in large part a reflection of the increase in demand in both acute and community-based settings for the services that fall under this portfolio.

If I could perhaps focus on the next slide on meeting clinical services demand in the acute end of the portfolio's activities. We went to the election with a commitment for a 10-year mental health plan to set the strategic and overarching formats by which we will be pursuing both programmatic and systematic policy reform. Members of the committee, particularly Mr Dimopoulos, will be well aware of that because Mr Dimopoulos is the chair of the expert reference task force that has the job of delivering on the 10-year mental health plan.

That is why the $132 million to meet critical demand, particularly in the acute end of the sector, is a very welcome addition of resources which will seek to deliver more mental health services and more beds where they are needed in the health services that are requiring them, together with greater specialist intensive care. In addition to that, there is $18.2 million for particular specialist and programmatic services to not just help people get well but make sure they stay well. As a result of that, an investment here is in many senses an up-the-pipeline investment to ensure the justice and corrections system and community safety of all Victorians are protected.

If I could briefly move to the next slide, noting the time. The sad truth is that after starting to reduce in the 90s, plateauing down in the noughties and starting to increase at a concerning level over the last seven years in

particular, all the states, through the National Mental Health Plan, should be obliged — they are not actually obliged but I think they should be — to focus on the increasing rate of suicide and suicide-related events. That is why, as a key part of this 10-year mental health plan and funded in this budget, there is a 10-year suicide prevention framework which seeks to reduce those increasing rates of suicide right across our community.

The $27.5 million in initiatives there will in very general terms seek an intensive community-based, place-based, whole-of-community response to avoiding and responding to suicide events, together with a quite intensive separate response to those people who are most at risk of suicide. Those people are those who have attempted a suicide incident. Based on advice from the committee, the expert reference group, and based on an evidence-based response from the data, those programs will be rolled out as part of this budget.

I am very pleased to see — following representations, again, from other members of the committee — that there is a $1.6 million contribution to filling the hole that was created for us in the 2015 federal budget when, with two weeks notice, the commonwealth walked away from funding the 2009 national agreement on perinatal mental health support. Given that our budget was already in place, we have sought to sustain those services, but now, against our general approach, we have taken the view that this service is too important and that we will fill the gap that has been created by the commonwealth.

If I could very briefly in the allotted time focus on the 'Supporting vulnerable Victorians' slide. Under that general heading there is $57.3 million for more mental health services, again particularly targeting families and children as areas that we think there will be specialist support for families where a parent has a mental illness. Sadly again, coincidentally there have been some backwards developments from the commonwealth in funding what had been up until now a partnership area here. We are also developing new clinical specialists for, particularly, young children with severe behavioural disorders — again on the notion that the earlier you intervene and get support the better your outcomes longer term are — as well as at the more acute end in improving housing access and support for people with mental illness at the severe end. There is also — as part of the first wave as we are calling them- projects flowing from the 10-year mental health plan — specific funding of $9.9 million for a package around Aboriginal Victorians, members of our LGBTI community and those culturally and linguistically diverse Victorians, where we see a disproportionate reflection of mental health issues being reflected in those communities.

Quickly, given the time, taking action on alcohol and drugs is a real challenge for us. Frankly we inherited a bit of a mess, and we are committed to undoing that. I think particularly the measures in the budget reflect both the problems we inherited and the turnaround that we are seeing.

When it comes to targeting, for instance, some of the programs that are set there — whether it is targeted support particularly for, but not exclusively, our regional and rural Aboriginal communities; how we invest in mental health, actual alcohol and drug facilities in the community base as well as in the acute area; and how we particularly seek to increase the number of drug and alcohol residential rehabilitation facilities in our regions. Based on the evidence that was presented to us, particularly but not exclusively in that Grampians region, there is in those communities a growing demand for these services.

More broadly, there is the second phase of the ice response, which has a joint focus with my colleagues the Attorney-General and the Acting Minister for Police, who is also Acting Minister for Corrections, in support there. In terms of my portfolio responsibility for parts of that plan, there is further support and training to equip front-line workers and, as I indicated, there is support from the attorney for the model of drug courts as to how to focus on rehabilitation as a result there.

Very quickly, on the last slide, in terms of capital injections, you will see there the delivery of our election commitment around Orygen Youth mental health, as indicated at Parkville, and again with a focus on the earlier the intervention and the earlier the support, the better the outcomes; and the investments at Monash Medical. I am particularly pleased that we will see in the northern suburbs a second state women's prevention and recovery care service — that step-up step-down, community-based facility — with a focus exclusively on women, with particular gendered filters on mental health and recovery, and the statewide rollout of the child and family health mental health intensive treatment centres, which will again be based at Monash Health. In the time available to me, I just wanted to briefly bring that to the committee's attention.

Ms SHING — Thank you, Minister, for your presentation and opening remarks. I would like to take you to the first page of your presentation, if I may, in relation to the budget objectives for 2016–17, noting that better

access to mental health services, creating a better society and, among other things, community safety are key here, as well as taking action on family violence.

Minister, following the very significant drought events across rural and regional Victoria, there was a package announced by the Premier, the Minister for Agriculture, who is also Minister for Regional Development, and the Minister for Environment, Climate Change and Water in Birchip last November, which involved a number of packages to alleviate the stress on farmers who are doing it very, very tough in areas which have been severely affected by drought. That is in the north, the west, obviously, and out to Gippsland, which is my neck of the woods.

In addition to the drought relief package, which has addressed mental health and first aid training and provided a number of different opportunities for people to access information, financial counselling and employment of farmers and farm workers, with the drought extension program as well, Minister, I would like to ask you how you propose to tackle what is now a new front that has emerged recently, which has had a further impact on the mental health and wellbeing of farmers in the dairy sector, with the price drop that has in fact seen communities and families right across regional Victoria see profits go down the drain as milk. They are seeing very, very real challenges come up not just financially but in terms of how they will cope over this next period while negotiations and processes are continuing with Murray Goulburn.

Mr FOLEY — Thank you, Ms Shing. Obviously there is Fonterra as well. That is something like 80 per cent of Victoria's dairy industry facing not just a price reduction but a clawback back to the start of this financial year in unprecedented financial trauma for that sector. That sector is extremely important, as the honourable member for Gippsland South will well and truly be aware.

As part of our whole mental health package response, given that these events were quite recent — late April — we have been in contact on a number of cases. I personally, as recently as yesterday, have been in discussions with the VFF, and I know whilst this process is being led by the Minister for Agriculture, it is necessarily a whole-of-government response.

We are aware from the processes of both our funded agencies and our own on-the-ground people of the substantial trauma that this is causing, particularly, but not exclusively, for younger farmers, who might be looking to the future and who have built up debt and larger herds and modernisation of equipment for all sorts of reasons on the promise that the growth that was indicated was going to be there. You can well and truly imagine the stress that that has brought to those communities on top of the wider issues around the drought and changing climate market conditions.

We are working through those issues closely across the whole of government with our $27.5 million — and I hope it does not come to this generally in a negative way — around the suicide prevention strategy having to be put into place. We want to get in early, but we do know — there are already reports, sadly — of trauma starting to occur in some communities.

Ms SHING — Absolutely.

Mr FOLEY — We are working through, with the Minister for Agriculture, with the VFF, with UDF, with local communities, with service providers what precisely will be that response, and that will necessarily have a strong community wellbeing and mental health component. I would love to be able to share those details with the committee, and more importantly the dairy communities of Victoria, but we have not quite landed them. As soon as they are landed, I know that we will get them out and supported. Unsurprisingly it has built on some of the good work that we have seen, such as the across the farm gate model. Largely, peer-to-peer, farmer-to-farmer, community-to-community support is where the real benefits are.

I suppose, given the importance of this issue, I just say that, given the modern technologies and social media, it is never too dark a place for people to look beyond. If anyone is in that community or any other community where they are facing those traumas, there is in fact support there now. We hope to make sure that there is more support. So if anyone is feeling traumatised, feeling vulnerable, they should reach out, they seek the support. They should pick up the phone and phone beyondblue — —

Ms SHING — Irrespective of age, gender, location or source of angst.

Mr FOLEY — Absolutely, but given the question was specifically regarding our dairy communities, I would just like to send a message to any dairy community through this process that if you are in that space, there is support. There is a future for that sector, and there is a need and a future for Australia's leading dairy industry to be sustainable and viable, and that is a responsibility on all levels of government to deliver.

Ms SHING — Thank you, Minister. I, along with dairying communities and families from all over regional Victoria, look forward to some progress in relation to alleviating what has been an enormous source of stress, depression and anxiety and the knock-on problems and challenges associated with that. Thank you.

The CHAIR — Order! Mr Smith until 11.42.

Mr D. O'BRIEN — Just some indulgence, Chair. I endorse those comments. Minister, we look forward to whatever package you might be able to announce, and certainly mental health is one of the issues that my community is deeply concerned about, and Gippsland more generally. We look forward to it. Thank you.

Mr FOLEY — Absolutely, and just continuing on the indulgence, to make sure that in a thoroughly bipartisan way we will provide briefings for all local members of Parliament where those programs roll out.

Mr D. O'BRIEN — Yes. The agriculture minister has organised one for next week.

Mr T. SMITH — If I could, on behalf of the Liberal Party, endorse the comments of Mr O'Brien, Ms Shing and the minister as well on that matter.

Secretary, budget paper 3, page 24, refers to the recently announced new drug and alcohol residential rehabilitation facility for the Grampians, but there were no specifics about whether it was for forensic patients or they were for public rehabilitation beds. Can you advise the committee on the specifics of this facility?

Ms PEAKE — Certainly. I might just ask Ms Diver to step you through that.

Mr T. SMITH — Thank you very much.

Ms DIVER — Sure. The announcement was for capital funding to support the establishment of a new service in the Grampians region. The location has not been finalised at this stage, and the targeted group of patients will not be forensic patients.

Mr T. SMITH — Okay, so it will be for — —

Ms DIVER — General patients.

Mr D. O'BRIEN — Public.

Mr T. SMITH — The public, yes.

Ms DIVER — Public, yes.

Mr T. SMITH — Okay, fantastic. Thank you for that. On budget paper 3, page 243, it indicates the number of drug treatment and rehabilitation bed days have not increased and there is no budgeted increase in withdrawal clients. Why is that, given all drug and alcohol agencies are calling for increases in these areas?

The CHAIR — Just for clarification, Mr Smith, is that to the minister?

Mr T. SMITH — It is to the minister.

Mr FOLEY — Thank you very much. As I indicated, the structure and changes that the community-based and residential-based providers of alcohol and drug services faced when we came to government were a bit of a mess, if I can be polite. That was on the back of a, again polite, rushed recommissioning process that had seen substantial difficulty for providers to figure out both intake and assessment, and delivery of service arrangements across the whole gamut of services.

In response to concerns that were brought to us from the sector we have continued to work through those, and indeed we released a report from Aspex Consulting based on that late last year. Whilst the focus was on

community-based support, there was indeed a reference to residential support as part of the continuum of support that people need. I do need to be clear that the funding that we have seen in the last two budgets increases by some 25 per cent the number of residential-based intensive drug and rehabilitation beds in this state, and that is a substantial increase in two years after a number of years of reduction of support.

I also want to be clear that as important as residential-based, bed-based care is, the biggest demand and the biggest support focus continues to be on ensuring we intervene with people in this space in their community and that we support them in their community to be fully functional members of their community. That is where particularly last year's budget was focused and where this year's budget is focused. But indeed, as you indicated, Mr Smith, in your question to the secretary, there is nonetheless some support for facilities-based residential care in this budget, and it would be our view that the measures that are reflected in this budget will turn around as a result of the inheriting of the difficulties that we faced when we came to government in this space. I look forward to the sound and planned rollout of that substantial investment, making sure that all Victorians, but particularly those who need high-intensive, residential-based drug and alcohol support, get the care and the support that they need.

Mr T. SMITH — Minister, referring to budget paper 3, page 23, and the *Ice Action Plan*, given Victoria has at present 208 drug and alcohol public rehabilitation beds and New South Wales has over 800, can you explain why as a part of the ice action plan there has been a minimal effort to address this discrepancy when the major drug and alcohol agencies, like the VAADA, have called for investment?

Mr FOLEY — Yes, I can, and that is because you are not comparing apples with apples. The New South Wales model of what they would call residential-based beds bears no relationship to I would say reality but that would be perhaps too harsh, but it is not possible in terms of how we through successive governments have called what is in reality bed-based care, high-intensive residential bed-based care, in Victoria with what New South Wales would call beds, which has a disproportionately — —

Mr T. SMITH — I understand there is a difference in classification, but it is a big discrepancy.

Ms WARD — Your question may not have indicated that you do understand that, Mr Smith.

Mr T. SMITH — Oh, be quiet!

The CHAIR — Order!

Mr FOLEY — Well, it is because we are not comparing apples with apples. I would perhaps ask Deputy Secretary Diver, who has some appreciation of this area, to perhaps take you through the technical processes, if that is what you are seeking. Having said that, I refer to my earlier answer whereby, with the investment in the Grampians region, with the investment that we have seen roll out in Mildura for Indigenous-based beds and with the support from two successive budgets now where we have seen a 25 per cent increase off a base that we inherited that was perhaps not as adequate as we would all like, we are confident that we are heading in the right direction and that largely — —

Mr T. SMITH — If I could hear from the secretary, Minister. I know we are short of time, but if I could hear from her with regard to the classification differences.

The CHAIR — The secretary or the deputy secretary?

Mr T. SMITH — The deputy secretary, sorry.

Mr FOLEY — If you are interested, by all means.

Ms DIVER — Just in terms of beds for drug and alcohol treatment services, it is similar to the issues that the committee has talked about before in terms of acute beds across the general health system. I guess beds were previously used as a good measure of capacity to determine then what kind of access the community would have to services. With changing models of care, particularly where there has been rapid changes in model of care between bed-based services and community-based services, beds are no longer a very good measure of capacity, so there is often interchange between both the community-based services as well as bed-based services. Then even within the bed-based services we have got different levels of care. Some bed-based services provide 24/7 clinical staff and an intensive treatment model that is obviously significantly more expensive than

a supported accommodation model which has fewer overnight and 24/7 staff there but has sort of specialist clinical input into the service. So that is the issue where you get difficulties in comparing New South Wales with Victoria where we have got different models of care. So the raw bed numbers that are reported through reports like AIHW are not necessarily as helpful in providing an understanding of capacity.

Mr T. SMITH — Thank you, Deputy Secretary.

Mr D. O'BRIEN — Could I just ask a quick follow-up back on the Grampians beds? The local member put out a release saying that the beds were for Ballarat people, but I take it from your answer, Ms Diver, that they in fact were public beds for anyone in the state to use.

Mr FOLEY — Absolutely.

Ms DIVER — The beds are determined to be in the Grampians region and to service people in the Grampians region, and the location just has not been determined. Often beds and services in regional areas might be located — you know, a service could be located in Traralgon but people from Bairnsdale might access it.

Mr D. O'BRIEN — It could also be people from Mildura, if they let them, presumably. But they are not location-specific to the residents, I assume, or are they?

Ms DIVER — No, it is open.

Mr FOLEY — Yes, I think you are right, Mr O'Brien, that if you are for whatever reason seeking support from wherever you are in Victoria — —

Having said that, we have a regional-based, geographic-based system, but that is not to the exclusion of people on the wrong side of a line. Ballarat is the largest population centre in that Grampians region. It has already an existing range of services, but that does not mean that it automatically will — —

The CHAIR — Order! Dr Carling-Jenkins until 11.46 a.m.

Dr CARLING-JENKINS — Thank you, Chair, and welcome back, Minister. I would like to take this opportunity to commend you for reinstating support for perinatal depression care after, as you pointed out in the presentation, this was not actually a Victorian initiative but something that was withdrawn by the commonwealth. This is on budget paper 3, page 79, for a reference there. Perinatal depression is of course a very serious issue for many women and I am very pleased to see that it has been taken so seriously that you even had it under suicide prevention, so I think that was very appropriate. I would just like to ask if you could confirm that this funding will cover all the costs withdrawn from the key services that were providing this service, and also, secondly, I would like to note that at present there is no money allocated going forward across the budget estimates. I am wondering what your strategy here is as to whether you will be providing ongoing funding or lobbying the federal government, for example, to return to the funding of this initiative.

Mr FOLEY — Thank you, Dr Carling-Jenkins, and I thank you for your forceful advocacy in this space.

Dr CARLING-JENKINS — Aka nagging!

Mr FOLEY — As a general proposition, the Treasurer is pretty firm that we do not and should not fill federal government cuts across services in Victoria, but there are exceptions that are of such community importance that we would make an exception. Perinatal support is the most early of early interventions that you can make obviously in the interests of the child, of the mother, of the family but also in the interest of the parent and the mother. That is why we were particularly not happy when, after we had framed our last budget and with two weeks to go before the rollout of the new financial year, we received — as did all the states — advice from the commonwealth that they were ending unilaterally their contribution to the 2009 intergovernmental agreement on perinatal mental health.

Whilst it was not a lot of money, in terms of the scheme of things it was really strategically important money of $1.6 million from the commonwealth as well as the Victorian government's contribution that was used strategically through different health services right around the country, right around the state, particularly in the regional and rural communities in really important ways to provide that level of support that you were talking

about. We took the view, after many of our service providers struggled on — some of the services have been absorbed within wider services; some have kept going — that it was really important to make sure that this $1.6 million funding returned to the organisations, some of which I know you are familiar with — support to Tweddle early parenting, the Queen Elizabeth Centre and O'Connell early parenting, as well as organisations across the state.

It is a one-year funding contribution because, whilst we see the importance of these services, we also want to hold the federal government — whoever is the next federal government — to account. This should be a shared area of support responsibility, as indeed it was reflected in the national mental health Contributing Lives plan that was released in May last year by the National Mental Health Commission, headed by Professor Allan Fels, in its report, which identified, amongst a range of priority areas, that perinatal mental health should be an area of joint state and commonwealth support. Whilst we seek these services to keep going, we would want to make the really clear point that it is a joint shared responsibility between the state and the commonwealth.

The CHAIR — Ms Shing until 11.51 a.m.

Ms SHING — Thank you, Minister. Again, to pick up on what was being discussed earlier around farmers' mental health following off the back of the drought and the price drop for milk solids throughout the region, just with your indulgence, Chair, I am advised that the National Centre for Farmer Health is located at the Western District Health Service and can be contacted on number 03 5551 8533 and also that anyone who requires support, information or assistance can also contact beyondblue as it relates to these or any other mental health issues.

Thank you, Minister. No further comment is required. Unless you wanted to add anything else, I will hand over to my colleague Mr Dimopoulos.

Mr DIMOPOULOS — Minister, just to bring you back to your presentation and the commitment of 18.2 million for clinical specialists and programs relating to helping people to get well, I think you referred to it a bit in the previous couple of answers, but can you elaborate a bit more on that commitment?

Mr FOLEY — In terms of the acute mental health programs?

Mr DIMOPOULOS — Yes.

Mr FOLEY — Yes, I can. As part of that framework of the 10-year mental health plan, we want to make sure that those particularly vulnerable groups of Victorians through a variety of life circumstances that have brought people into a frame where marginalised groups in particular — unless there is targeted and appropriate support — will run a disproportionate risk of bad and enduring mental health, and indeed other co-morbidity outcomes.

Mr DIMOPOULOS — Including being dragged into the criminal justice system?

Mr FOLEY — Indeed, one of but many. So part of the funding that you referred to is for the psychosocial environmental support that will see some $9.895 million to strengthen for marginalised Victorians over the forward estimates and to tackle appropriate community-based or culturally appropriate access to services, so to seek to counter that. We are talking about people who perhaps do not have such severe mental illness now that they need to be hospitalised in the acute sector, but who we know, left without treatment and without support, run a disproportionate risk of ending up in that space and that that could substantially worsen those conditions. So in terms of how that applies in that set of circumstances, there are those aspects there.

There is also, at the other end of the equation, support and investment in new clinicians at the acute end, and disproportionately — as members of the opposition were referring to some forensic issues — we know that there are at that more severe end demand and growth issues there. That is why there is a further $18.2 million for specialist clinical support to meet those particular growth areas of the equation.

The truth is that we have to do a lot across the whole spectrum of the pipeline of mental illness and wellbeing, in both the community, early intervention and primary population end as well as the acute end, and as well as the really pointy bits of the acute end in those forensic and community-based arrangements.

Mr DIMOPOULOS — That is why it is heartening to see effectively a threefold increase in the budget. Just in the last 50 seconds, Minister, last year there was a commitment of 1 million to Orygen youth centre — I cannot remember the exact name — in Parkville, and this year there is 59 million. I imagine the first million was planning money. Can you give us a quick snapshot of where it is at?

Mr FOLEY — Yes. We went to the election with a $60 million commitment to redevelop the Orygen Youth Health mental health service in Parkville. That is two services out there — that is both a research as well as a specialist delivery facility — headed by Professor Patrick McGorry, a former Australian of the Year and an internationally renowned leading advocate, researcher and practitioner in this space. I am sure if any members have been to that facility they will know that it is well and truly in need of this. The $1 million last year was for planning and feasibility; this 59 is the delivery over the next two years.

The CHAIR — Mr O'Brien until 1.56 p.m.

Mr D. O'BRIEN — Minister, I just want to go to BP3, page 214, which refers to health indicators, saying:

Incidence/prevalence of selected potentially preventable health conditions is reduced.

DHHS statistics on HIV infections for 2015 show that in April, May and June there were no new HIV diagnoses related to drug use — so, in other words, no non-sex-related diagnoses — but in July the figure went to 13 per cent, in September 20 per cent, and in October nearly 16 per cent. Do you have any idea why there was a large spike in drug-related HIV diagnoses?

Ms WARD — Excuse me, Mr O'Brien, where are you sourcing those figures from?

Mr D. O'BRIEN — They are DHHS figures.

Mr FOLEY — I do not have those specific figures in the budget paper that you have referred to, but I will take them as read, subject to later testing. But of course the whole issue of HIV/AIDS in our community is not one that has gone away. That is why as part of our support — largely through my colleague the Minister for Health but to some degree through the mental health and alcohol and drug aspects of this portfolio — we are working very closely with the practitioners in the area, particularly those in Prahran around the Alfred and the related research institutes there, about progress to combat the transmission of HIV/AIDS.

But equally there are very important messages that we partner with the AIDS council of Victoria, community mental health organisations, community health organisations, people living with HIV and a whole range of other community-based organisations to make sure that we have that across-the-spectrum issue of how we respond to HIV/AIDS. The truth of the matter is that there has been a spike. It is open to speculation as to why, but I think part of the reason — only part, from the material that has been available to me — is that because people no longer see it as a death sentence, because of the developments in the capability to treat it and live full and wholesome lives, there has been a slippage in safe-sex practices and safe-injecting arrangements in some aspects of the community.

It is up to us all, I think, taking as read the figures that you have provided, to continue to work with particularly those community-based organisations to get the message out that we can beat HIV/AIDS, that we can get new infections down to zero by the international goal that we have all adopted here in Victoria — by 2020 — through being assiduous about the research, the practical delivery of support on finding that cure, but equally about the community-based responses, about safe injecting, about safe-sex practices and about recognising that there is still a risk but a risk that can be managed and appropriately dealt with, and deliver on that widely supported community goal of reducing HIV/AIDS infection rates to zero by 2020.

Mr D. O'BRIEN — Thank you, Minister. Can I move on? BP3, page 23, outlines the Drug Court expansion. What modelling has been done to ascertain what additional beds or other services might be needed as a result of the expansion of the Drug Court?

Mr FOLEY — The Drug Court initiative, whilst largely an initiative of my colleague the Attorney-General, is one that falls into the cross-portfolio support through the ice action task force that the Premier chairs. In terms of how it responds to community-based support for the agencies that currently revolve around Dandenong, for instance, whether it is, as Deputy Secretary Diver was referring to in her comments earlier, that combination of

bed-based and community-based therapeutic support, we are confident that the Drug Court initiative, through the partnerships with community-based providers whose capacity we are rebuilding — —

The CHAIR — Order! Ms Pennicuik until 12.00 p.m.

Ms PENNICUIK — You mentioned earlier in a response — I think it was to Mr Dimopoulos, but I could be wrong — the Aspex report that was released last year called *Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services*. In looking, say, at your presentation, 'Taking action on alcohol and drugs in our community', and some of the measures that are in budget paper 3, pages 227 to 228, I know that working groups have been set up in the sector to work on some of those recommendations, in particular the recommendations including making drug prevention activities a funded activity of the agencies and improving care and coordination for clients with multiple needs. Can you just tell me whether these funded actions are related to this work that is going on in the sector as a result of that report or whether that — —

Mr FOLEY — Absolutely. The short answer is yes. The longer answer is, you are right, the Aspex report that was commissioned shortly after we came into government was in response to the fact that post the recommissioning of intake and assessment and provision of services in alcohol and drug services, at the same time that clearly demand was going up, we saw a drastic reduction in the delivery of services. The figures were unequivocal and statewide. Indeed they were disproportionately worse in the areas of greatest need around the state — the north and the west of Melbourne, northern Victoria, areas of Gippsland and areas north along the Murray — but the same pattern was pretty much everywhere.

In response to that the Aspex report which you referred to, which is available on the department's website, talked about the need to essentially redesign and co-design with the sector the intake assessment and treatment provisions to a much more aligned format. The omelette had to a large degree been cooked, but we needed to, whilst we were trying to unscramble the egg, continue to improve the service delivery through extra funding, which we had, but at the same time seek a redesign of services as the wider sector for community-based alcohol and drug services was being refocused and the number of working groups that you referred to were in place. Perhaps I might ask the secretary in the time that is available to talk about the aligning of the resources in this budget to those working groups.

Ms PEAKE — Really there has been a lot of effort in looking at how we do continue to shift to the community models of care, looking at how we are making sure that we are upskilling workforces to be able to take account of some of the changes in some of the behaviours that we are observing as well. I have been involved in quite a lot of work with a range of the unions around what sort of upskilling of workforces is needed. I think that is a really important piece of this. We are also very focused on looking at how we have a health promotion approach to this as well, so also partnering with investments that are being made in other portfolios — education is an obvious one — so that we are getting in really early about how — —

The CHAIR — Order! I would like to thank the witnesses for their attendance: the Minister for Mental Health, the Honourable Martin Foley, MP; Ms Peake; Mr Wallace; and Ms Diver. The committee will follow up on any questions taken on notice in writing. A written response should be provided within 14 calendar days of that request.

Witnesses withdrew.