

Questions taken on notice and further information agreed to be supplied at the hearings

Portfolio:	Health
Witness:	Minister Mikakos
Committee member:	Mr Riordan – requested the information
Page/s of transcript:	Not Applicable

Relevant text

1. BP3, p. 51 – \$117 million to maintain Victoria’s leadership in health and medical research. Why was no competitive tender process undertaken to establish the VFM, economic or health outcome case for the procured GK service over other modalities or proponents?
 - a. Why has the Victorian Government elected to procure outdated technology that is superseded by more advanced and cost-effective modalities that provide equivalent or superior health outcomes?
 - b. Given that modern Linac modalities are at least the equivalent of dated GK technology, why has the Victorian Government elected to procure a GK system over more advanced modalities such as Linac?
 - c. What assessment has the Victorian Government undertaken to establish the health benefits of a GK service to Victorian cancer patients over Linac modalities?
 - d. What consideration has the Victorian Government given to the potential security risks represented by old GK technology, in comparison to Linac systems?
 - e. What assessment has the Victorian Government given to the additional costs of the security and decommissioning requirements associated with GK systems? Was this extra cost included in the Budget announcement?

Answer

The Andrews Labor Government was proud to deliver \$116.5 million from the Budget to maintain Victoria’s leadership in health and medical research. The government is investing in our hardworking researchers, clinicians and scientists as they strive to find the next big breakthrough.

Included in this commitment, the Victorian Government is co-funding, with the Peter MacCallum Cancer Centre, the establishment of the Victorian Gamma Knife Service with the cutting-edge Gamma Knife Icon model, which is the newest, most technologically-advanced and accurate Gamma Knife machine ever developed. This technology at the Peter MacCallum Cancer Centre will represent the third Gamma Knife purchased for use in Australia; however, it is the first Icon model with the very latest technology in Australia.

The Peter MacCallum Cancer Centre has prioritised the addition of a Gamma Knife Icon to its world-class suite of specialist cancer services and is contributing funding to the establishment of this service. The Peter MacCallum Cancer Centre is the ideal location for the Victorian Gamma Knife Service as the largest provider of public radiotherapy in Victoria, with extensive established clinical referral pathways across Victoria and Australia. The Peter MacCallum Cancer Centre is co-located with the Royal Children’s Hospital and Royal Melbourne Hospital providing the required expertise in neuro-oncology, neurology, neurosurgery and neuroradiology.

The Gamma Knife has a growing market and is the world’s leading stereotactic radiotherapy system. There are currently over 330 Gamma Knife machines installed across 54 countries with no other company manufacturing a similar mainstream radiotherapy machine that is designed uniquely for the treatment of small target brain tumours and for a range of non-cancer indications originating in

the brain. These diagnoses include movement disorders, severe headaches, Trigeminal neuralgia and epilepsy, thus offering a new treatment option for Victorians with these conditions.

The Gamma Knife uses multiple very small and precise beams that are designed specifically to treat delicate brain tissue. Due to its sub-millimetre accuracy, treatment with Gamma Knife reduces by two to three times the radiation dose to surrounding normal brain tissue, and produces a many times lower dose to the rest of the body compared with other radiosurgery devices. This reduces any potential side effects from the radiation on the patient

The Gamma Knife not only provides a new treatment option for a range of non-cancer brain-related indications, but with the majority of treatments completed in a single out-patient session, will also reduce patient travel and the need for an inpatient hospital stay after invasive surgery. The Gamma Knife Icon model has advanced features to limit the intrusiveness of treatment, such as screws being inserted into a patient's skull, and expands the range of indications that can be treated.

At full capacity the Victorian Gamma Knife Service is estimated to treat up to 500 Australian patients per year.

The Gamma Knife is largely 'self-shielded' as part of its design, so it does not require a special purpose-built bunker unlike some other radiotherapy technologies.

Gamma knife uses radioactive cobalt sources, a different radiation source to the standard linacs in operation around Victoria. The Peter MacCallum Cancer Centre already has the facilities, expertise and security requirements to handle the radioactive sources used by the Gamma Knife and has handled radioactive sources over many years with other pieces of radiotherapy equipment that have used radioactive sources.

Through the 2018-19 Budget, the Andrews Labor Government invested \$8 million on new MRI radiotherapy technology for Victoria, that will better target cancers and minimise damage to surrounding tissue. Work is underway to install this equipment at the Olivia Newton-John Cancer Research and Wellness Centre.

The Andrews Labor Government is investing in cutting-edge technology so that Victorians get the right care sooner. The Andrews Labor Government is committed to supporting our health and medical research sector in Victoria because it not only helps drive our economy, but it also saves lives.

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2. 2019-20 BP3, p. 50 – ‘responding to people’s end of life care choices’. It has been reported that ‘Navigators’ are based at Peter MacCallum Cancer Centre who are ‘already providing terminally ill patients, doctors, health services and hospitals across the State with information’.
 - a. What are the requisite qualifications of the ‘Navigators’?
 - b. The government has said that it plans to have more ‘Navigators’ but ‘don’t (sic) know how many or where they will be placed’. Why not, and what is the criteria the department is looking at for the placement of ‘Navigators’?
 - c. The Peter MacCallum Cancer Centre advertisement for Voluntary Assisted Dying (VAD) Navigators called for ‘Clinical Nurse Consultants Grade 6 or Grade 4 Allied Health Professionals or Grade 4 Psychologists’ to apply. The VAD Act prohibits registered health practitioners from discussing assisted suicide/euthanasia with patients unless requested by a patient. So, are these ‘Navigators’ registered under the Health Practitioner Regulation National Law (Victoria) Act?

Answer

- a. In establishing the Care Navigator service, the Department of Health and Human Services (the department) put in place requirements that the Care Navigators are required to be a registered nurse, a qualified allied health professional or psychologist.
- b. The department established the service in early 2019 to enable it to be in place at the commencement of the legislation. Over the first six months, the Care Navigators and the department will be delivering the service and also working together to design the ongoing service delivery model. The early months after commencement will provide important real life operational experience to inform that service model. The Care Navigators will also work with a reference group to support the development of the model and make sure it is informed by a range of professionals and consumers from across Victoria.
- c. The Care Navigator model is patient driven, in line with the overall design of the scheme. Patients will initiate contact with Care Navigators in the same way they are required to do with their doctors.

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3. I refer to BP3, p. 64 and note the \$6 million allocated for the building of the Frankston hospital. Could you provide to the Committee the planning documents already completed for the Frankston Hospital and on what date this planning was completed.

Answer

Planning documents that supported the business case for the Frankston Hospital include:

- The Frankston Hospital Service Plan 2016-2026
- Peninsula Health Mental Health Service Plan 2016-2026
- Peninsula Health Plan for Cancer Services 2015-2032 (2018 update)
- Peninsula Health Women’s and Children’s Service Plan Report 2018
- Peninsula Health Ambulatory Services Plan 2018-2028
- Frankston Hospital Masterplan – July 2017
- Frankston Hospital Redevelopment Stage 4 Feasibility Study – June 2018

These documents are included in the Appendix to the business case for the Frankston Hospital redevelopment and as such are classified Cabinet-in-Confidence.

Funding provided in the 2019-20 Budget will be utilised to undertake front-end engineering & design works and confirm the procurement strategy for the project. This will allow for more certainty in moving the project forward and give assurance of the subsequent cash flows required.

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4. I refer to BP3, p. 64 and note \$60 million is allocated to Engineering and infrastructure and medical equipment replacement programs.
- a. Could you please provide a breakdown of the critical medical equipment supporting operating suites, emergency departments, surgical wards, intensive care units, neonatal and maternity services and specialist areas and to which 'selected metropolitan, regional and rural hospitals' (p. 65) would be receiving what funding for what purpose?
 - b. Has any of that \$60 million been allocated to the Alfred Hospital? If so, how much?
 - c. How much has been spent on repairing the damage to the Alfred Hospital roof?
 - i. Is this in addition to the \$13 million allocated last year for its repair?
 - ii. How much has the repairs cost so far?
 - iii. Have the roofing works been completed?
 - iv. Have the repairs been complicated by any fungal contamination?
 - v. Is there fungal contamination anywhere at the Alfred? Has there been any other contamination?
 - vi. Have any other hospitals had fungal contamination problems? If so, where?

Answer

- a. This line item in the budget funds \$35 million to replace critical in-scope, high-risk, medical equipment for acute services in public hospitals that is essential to maintain life, safety, and clinical service continuity. Funding will be made available in the 2019-20 financial year. Allocations will occur through the 2019-20 High Value Statewide Replacement Fund – Medical Equipment (for single items greater than \$300,000, GST exclusive) utilising a submission-based process as well as through Specific-purpose capital grants that are allocated directly to health services to flexibly manage the replacement of critical in-scope medical equipment items that are less than \$300,000 (GST exclusive).

This line item in the budget also funds \$25 million to replace critical in-scope, high-risk, engineering infrastructure for acute services in public hospitals that is essential to maintain life, safety and ensures service continuity. Funding will be made available in the 2019-20 financial year. Allocations will occur through the 2019-20 High Value Statewide Replacement Fund – Engineering Infrastructure (for single items greater than \$300,000, GST exclusive) utilising a submission-based process as well as through Specific-purpose capital grants that are allocated directly to health services to flexibly manage the replacement of critical in-scope engineering infrastructure items that are less than \$300,000 (GST exclusive).

- b. No funding has been allocated to Alfred Hospital from the 2019-20 Engineering infrastructure and medical equipment replacement programs (\$60 million) as the funding is not appropriated until 1 July 2019.
- c. There are five roofs being replaced at the Alfred in a project being managed by the Alfred and not the Department of Health and Human Services (the department). This includes levels 7, 8 and 9 of the Main Ward Block, the theatre roof on level 3 of the Main Ward Block, and the South Block. In addition to this, there are upgrades to the stormwater and sewer infrastructure. All these upgrades are being managed as one overall project using internal department funds, with a total budget of approximately \$8 million.

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- i. The department is not aware of \$13 million allocated this year or last year for Alfred roof repair. Roof works are part of an approximately \$8 million project outlined above.
- ii. The roof replacement and sewer work project reported expenditure of \$6.73 million, as of the June 2019 Project Control Group cost report.
- iii. All five roofs mentioned above have been replaced, with minor make good works still underway. These are forecast to be completed by July- August 2019.
- iv. While in this project, it is the responsibility of the Alfred to monitor infection control risks, the department is not aware of any fungal contamination issues.
- v. The department is not aware of any fungal or other contamination issues.
- vi. The department is not aware of widespread fungal contamination problems at Victorian hospitals.

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5. BP3, p. 51 – ‘free dental care for government school students’. How will a referral take place for those children requiring specialist orthodontic care?

Answer

Students may be referred to the Royal Dental Hospital of Melbourne for further assessment and treatment if they meet specific clinical criteria for orthodontic work. The criteria assess the functional impact students’ teeth have on their health and wellbeing. Families requesting cosmetic orthodontic work will not be covered by the scheme.

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6. Has the government factored in the increased of an additional 25,000 children as reported on June 26th taking the numbers to almost 650,000 to be screened each year?

Answer

Yes. Program modelling has accounted for an annual increase in the estimated number of students in Victorian public primary and secondary schools, increasing to almost 650,000 per year once the program is in full operation.

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7. What additional workforce requirements will be required to screen and treat 650,000 children each year as you've promised?

Answer

For the School Dental Program, oral health therapists and dental assistants will deliver both examination and treatment services, with dentists required for higher level treatment.

It is expected that an additional 500 oral health practitioners will be required in Victoria when the program is fully rolled out in 2022. This workforce will be phased in over time, in accordance with the rollout schedule.

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8. BP3, p. 40 – cladding rectification works, of the \$165.3 million. How much has been expended for the removal of cladding on the nine hospitals that were identified by the Department of Health and Human Services (DHHS) taskforce?

Answer

Funding for the cladding rectification program has been appropriated to the Department of Environment, Land Water and Planning (DELWP) over five years, commencing from 1 July 2019. It is anticipated that the funding will be sufficient to remediate the identified hospital buildings.

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9. Have all the works been complete with each of the named hospitals?

Answer

Funding provided in the 2019-20 Budget, along with \$10 million provided in the 2018-19 budget (2018-19 Budget Papers, BP3, p. 86), will enable the Department of Health and Human Services (the department) to rectify the non-compliant cladding at the public hospital buildings identified in the 2017 Fact Sheet on the department's website.

To date, works have been completed at:

- Royal Women's Hospital
- Werribee Mercy Hospital – Catherine McAuley Centre
- North Wing Expansion at Royal Melbourne Hospital
- Northern Hospital Inpatient Unit
- Geelong University Hospital.

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10. Of the other public health providers identified on the department’s website where further assessments are taking place, have the assessments taken place and what is the status?

Answer

The Department of Health and Human Services (the department) audited more than 1,100 health service and related buildings to check for non-compliant cladding. Non-compliant cladding was found on 18 public hospital buildings, with an additional two buildings requiring minor canopy works only.

It is important to note that ‘non-compliant’ does not necessarily mean the building is unsafe to occupy. A number of safety features in buildings protect occupants from fire.

Independent expert fire engineers have inspected each hospital, and recommended a program of works. These are either complete or underway, utilising the funding provided to the department in the 2018-19 budget, or will be funded utilising the 2019-20 budget allocation for the State-wide Cladding Rectification Program.

The department is working with each affected health service to make sure that staff and patients are fully informed about the progress of works and each building’s fire safety features.

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11. How many had removal of combustible cladding?
And what was the total individual cost for removal of the cladding?

Answer

Non-compliant cladding was found on 18 public hospital buildings with an additional two buildings requiring minor canopy works only. As work is still being completed or is yet to get underway, it is not appropriate to outline the individual cost for removal of the cladding at this stage.

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12. What type of cladding and what safety standards will be applied for the for the planned Footscray hospital?

Answer

The Department of Health and Human Services (the department) cannot confirm what type of material will be applied at the new Footscray Hospital as the project has not yet reached that stage.

The department placed bans on the use of 'expanded polystyrene' and 'aluminum composite' panels on all new capital works projects in mid-2018 and can confirm the cladding and the associated 'wall' construction will be compliant with the Building Code of Australia at time of design and installation.

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13. BP3, p. 195 – the total output cost for ‘Acute Health Services’ is \$14.6672 billion. How much within this funding is allocated to hospital electricity costs?

Answer

As the department funds ‘outputs’ and not individual ‘inputs’ such as electricity, there is no specific allocation of funding to electricity. Electricity (and other costs) is captured within the casemix pricing model Weighted Inlier Equivalent Separation (WIES) for admitted activity.

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14. As part of Health Purchasing Victoria's (HPV) renegotiation of their electricity contracts in 2017, what is the expected impact of the renegotiated contract on hospital funding, and how is this reflected in the budget?

Answer

Electricity, and other costs, are captured within the case mix pricing model Weighted Inlier Equivalent Separation (WIES) for admitted activity.

The 2019-20 Victorian Budget invests an additional \$2.5 billion to fund services provided in our public hospitals. Funding to Victorian hospitals has increased by more than 35% since 2014-15.

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15. BP3, p. 193 and the funding allocated to Public Health of \$389.5 million. It was announced in April last year that the Andrews Government would be trialling ‘independent facilitators’ to stamp out bullying in hospitals with funding of \$400,000. How much of the \$389.5 million has been allocated to provide support to employees who are bullied in the workplace?

- a. How many independent facilitators have been employed in public hospitals?
- b. How much has been allocated in funding to cover the costs of these facilitators?
- c. What has been the cost of consultants so far to understand the issue of workplace bullying in public hospitals?
- d. How many staff have been terminated for bullying in public hospitals?

Answer

The 2017-18 State Budget committed \$3 million across 2017-18 and 2018-19 (\$1.5 million each year) to address occupational violence against health workers and workplace bullying (BP3, p. 78). This included funding over two years to implement a trial of independent facilitators in Victorian health services.

Safer Care Victoria commenced the trial of two independent facilitators on 18 March 2019, in six selected health services. A facilitator is working with two metropolitan health services (Melbourne Health and the Royal Women’s Hospital) and another facilitator is working with four regional health services (Albury Wodonga Health, Corryong Health, Northeast Health Wangaratta and Tallangatta Health).

The independent facilitators provide a neutral avenue of support for staff to raise workplace concerns or complaints (including bullying, harassment, sexual harassment and inappropriate behaviour) and to seek assistance in navigating existing complaints processes.

The trial will conclude in June 2020. Safer Care Victoria will undertake a full evaluation of the trial including feedback from staff who used the service, the participating health services and the two independent facilitators. The evaluation will inform future need for facilitators in health services.

The funding for this initiative has been allocated to deliver the trial, including the co-design of the service with health services, the employment and establishment of the independent facilitator’s offices, and the development of an evaluation plan and other supports.

The \$389.5 million funding referred to by the member relates to the Public Health output group which encompasses services and support, including screening for health conditions and safety inspections that promote and protect the health and wellbeing of Victorians. Funding for the 2017-18 budget initiative, of which the independent facilitators is included, contributes to the Admitted Services output and the Acute Training and Development output.

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The Department of Health and Human Services (the department) has a panel of independent experts in place, who specialise in human resources, industrial relations and organisational culture. These experts may be engaged by the department in response to identified concerns and health services may utilise the panel to undertake their own review and inform improvements in organisational culture.

The *Health Services Act 1988* establishes health services and public hospitals as legal entities with their own boards. As such, public health services, as employers of healthcare workers, hold the data about how many people have been terminated for bullying in each of their hospitals.

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16. BP 3, p. 64 note \$13 million is allocated to ‘Clinical technology refresh’. Of this funding, how much, if any, is allocated to systems which prevent data outages and ensure electronic medical records aren’t corrupted during outages?
- Was any patient data corrupted or compromised during the reported data outage that crippled public hospital IT systems and Ambulance Victoria on 4th April 2019?
 - Could you please list which public hospitals had their IT systems impacted?
 - How many elective surgeries were cancelled?

Answer

The purpose of the fund is to allow health services to replace ageing, at-risk, legacy technical infrastructure being used to deliver clinical care. All \$13 million is allocated to health services to mitigate the risk of unplanned data outages and to ensure the integrity and creditability of electronic medical records. I am advised that:

- Patient data was not corrupted or compromised. Databases were restored when the power was resumed.
- All Victorian public hospitals were impacted by the outage but at varying duration depending on the system recovery sequence.
- The Department of Health and Human Services (the department) does not monitor elective surgery cancellations on the hourly basis required to reliably identify cancellations related to the ICT equipment outage. The department can confirm that there was no evidence of an increased number of cancellations in the month of April, which was the month in which the outage occurred.

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17. How many public hospital patient data systems have been subject to privacy breaches or data attacks since 1 July 2017?

Answer

It is inappropriate to discuss the details of cyber security incidents as it presents further risks for future attempts.

Since 1 July 2017 there have been no successful breaches of public hospital patient data systems reported.

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18. BP4, pp. 99-101, I note that 11 projects have either had a cost blowout and or have had a timeline blowout. Could you please provide the Committee with an explanation for the cost blowouts of the following projects:

- a. Implementation of the new Greater Metropolitan Cemetery Trusts Digital Strategy (Fawkner)
- b. Infrastructure works (Bumurong)
- c. Lilydale Cemetery infrastructure (Lilydale)
- d. Records building (Springvale)
- e. Office Accommodation (Fawkner)
- f. Padre Pio three – Mausoleum (Springvale)
- g. Song He Yuan stock extension (Springvale)?

Answer

Victorian cemetery trusts are public statutory bodies established under the *Cemeteries and Crematoria Act 2003* (the Act).

Cemetery trusts are self-funding, independent statutory bodies responsible for the proper management and perpetual maintenance of public cemeteries. Cemetery Trusts in Victoria receive their income through the sale of products and services to the community and their investments, and they manage their own building projects .

When entering into a contract or tender for the delivery of services or construction works Cemetery Trusts are required to consider value for money procurement principles in accordance with government policy.

There are various factors that have impacted the Total Estimated Investment for Greater Metropolitan Cemeteries Trust's and Southern Metropolitan Cemeteries Trust's projects including:

- An increase in the scope of works
- Inclusion of contingencies in the project budget
- Latent conditions effecting infrastructure works
- Specialised fireproofing requirements for record keeping to meet updated requirements
- Change of design resulting in increased capacity and sales.

There are various factors that have impacted the timing for Greater Metropolitan Cemeteries Trust's and Southern Metropolitan Cemeteries Trust's projects including:

- Update or redesign of plans
- Flow on effect of construction from one project to another where they are being developed on the same footprint
- Change of project scope delaying completion date; Re-scoping of projects into stages (short-long term) to meet community demand and cultural and religious diversity.

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19. Could you please provide an explanation for the timeline blow-outs of the following projects:

- a. Centre of Care and Wellbeing building (Springvale)
- b. Ely Court development (Keilor)
- c. Implementation of the new greater metropolitan cemetery trusts digital strategy (Fawkner)
- d. Northern Memorial Park expansion (Fawkner)
- e. Records building (Springvale)
- f. Road rehabilitation program (statewide)?

Answer

For responses to parts **a. to e.** please refer to **Question 18** above.

- f. In addition, the expenditure and estimated completion date for the Roads rehabilitation program has been reforecast following the completion of detailed condition assessment reports. This is an ongoing project and is subject to annual review.

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20. BP4, pp. 62-65 note there is no line item for 'National Proton Beam Therapy Centre', which appeared in the 2018-19 budget, estimating a further \$45 million would be spent in future. Has this line item been combined with other initiatives listed on these pages or has the funding been cut?

Answer

Funding for the National Proton Beam Therapy Centre was held in contingency whilst discussions were underway with the Commonwealth regarding the progress of a National Centre.

The project is of national significance, so it is not unreasonable to expect the Commonwealth to contribute to the cost.

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21. Please outline current obesity programs, and how much funding is allocated to each?

Answer

As a government, we have a vision that all Victorians enjoy the highest attainable standards of health, wellbeing and participation. We know that obesity in Victoria, as in the rest of Australia, is high across all age groups, but we also know that close to a quarter of our children are overweight or obese, and this is particularly worrying.

The government currently invests over \$8.1 million every year to initiatives that contribute to obesity prevention. These initiatives support healthier lifestyles and build healthy environments in the places where we live, learn, work and play.

Key initiatives include:

- *Healthy Schools, Healthy Early Years and Healthy Workplaces Achievement Program* which is making it easier for Victorians to be healthy everyday by creating healthier environments in over 1000 early childhood services, 570 schools and 920 Victorian workplaces.
- *Healthy Eating Advisory Service* which is supporting hundreds of early childhood services, schools, hospitals and sport and recreation centres to make it easier for Victorians to make healthy choices by providing and promoting healthy food and drinks.
- *Life! program*, a free lifestyle modification program that helps approximately 5600 Victorians every year to make better decisions for their health and reduce their risk of type 2 diabetes and cardiovascular disease.

Further recurrent investment includes approximately \$70 million per year for the delivery of a broad range of health promotion and prevention initiatives through VicHealth and community health services, many of which target healthy eating, physical activity and obesity.

The Victorian Government is also investing in obesity-related prevention activity through Regional Partnerships to provide community-driven solutions to community-identified problems. In 2018-19, this included \$5 million for Loddon Campaspe's Healthy Heart initiative and \$500,000 for the Central Highlands' Prevention Lab.

Finally, the Victorian Government is supporting the HEALing Matters initiative (funding of \$433,000 over two years 2019-2021) to support young people in out-of-home-care to achieve their health and wellbeing goals.

The government's prevention investment also includes a range of programs that support participation in sport and recreation through Sport and Recreation Victoria (within the Department of Jobs, Precincts and Regions as of 1 January 2019).

The Victorian Government is committed to finding meaningful solutions to this problem, for the whole population, but particularly for our children.

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22. How many additional registered nurses practicing do you expect in the workforce for each year of the forward estimates?

In regards to the nurse transition program in regards to the numbers of nurses moving into specialized mental health positions is this sufficient to meet demand? (BP3, p. 50)

Answer

Since coming to government in 2014, we have created more than 4000 full-time equivalent nurse and midwifery positions in Victorian public health services. Where services expand, it is anticipated that the number of registered nurses and midwives practising in the workforce will grow at similar rates to previous years.

Furthermore, we anticipate 1000 additional nurses and midwives will be employed in our public health services by 2022-23 as a result of the workforce requirements associated with improvements to nurse to patient and midwife to patient ratios. Beyond 2023-24 we anticipate a further 128 nurses will be employed as a result of phased improvements to ratios.

Between 2018-19 and 2019-20 budgets there is an uplift of 30 positions to 2020-22, this includes the other workforce initiatives of post graduates and Clinical Nurse Consultant and Engagement workers. This, however, does not completely resolve the issue but work is commencing to establish data collection to establish the demand beyond 2022.

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23. In order to achieve the performance indicators related to maternal and child health and early parenting services. What is been done in the budget to recruit and train of new nurses into Maternal and Child Health services? (BP3, p. 61)

Answer

The Andrews Labor Government recognises the critical need to attract new nurses into the Maternal and Child Health Service to meet future demand, and to increase the diversity of the workforce to better reflect the community we serve.

The 2017-18 State Budget included \$5.2 million over four years to meet future demand and to provide financial incentives to deliver a suite of workforce attraction and professional development initiatives for the Maternal Child Health (MCH) workforce (including increasing uptake of MCH qualifications to meet demand; and, to increase the diversity of the MCH workforce).

Investment in the 2019-20 State Budget strengthened these initiatives, with a focus on student scholarships, graduate supervision and university placements for MCH nursing students. These investments are supporting a number of initiatives to attract more nurses to the MCH workforce, including:

- Increasing the number and value of MCH scholarships up to \$10,000.
- Offering targeted incentives to services to attract staff to work in rural and remote areas that find it difficult to recruit new MCH nurses.
- Supporting local governments to support recent MCH graduates.

The \$50 million Nursing and Midwifery Workforce Development Fund in the 2019-20 Budget will also train more nurses and midwives in Victoria.

Maternal Child Health services will also be supported by a new workforce projection tool in 2019 to inform local workforce planning.

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24. Does Department of Health and Human Services (DHHS) have any specific initiatives to address the ever increasing number of children whose parents are/or have been prisoners that aim to break this inter-generational cycle of disadvantage?

Answer

This matter does not sit within the Health portfolio.