

The three committees in this chamber are all-party committees in the sense that their members represent all the political parties, and I would have thought that it was a very reasonable thing to give this sort of reference to an upper house committee. I think the Environment and Planning References Committee can do worthy work.

With those points, I encourage the chamber to support this reference. It is always a point of debate as to which committee is best placed to handle the work. The Family and Community Development Committee already has two important references — one relating to seniors and one relating to mental health issues — and I do not want in any way to diminish the importance of those two references. As I understand it, the Environment and Planning References Committee currently has no references, and it would be a very worthy place for these matters to be examined.

House divided on amendment:

Ayes, 18

Barber, Mr	Pakula, Mr
Broad, Ms	Pennicuik, Ms
Darveniza, Ms	Pulford, Ms
Eideh, Mr	Scheffer, Mr
Hartland, Ms (<i>Teller</i>)	Somyurek, Mr
Jennings, Mr	Tarlamis, Mr (<i>Teller</i>)
Leane, Mr	Tee, Mr
Lenders, Mr	Tierney, Ms
Mikakos, Ms	Viney, Mr

Noes, 21

Atkinson, Mr	Koch, Mr
Coote, Mrs	Kronberg, Mrs
Crozier, Ms	Lovell, Ms
Dalla-Riva, Mr	O'Brien, Mr
Davis, Mr D.	O'Donohue, Mr
Davis, Mr P.	Ondarchie, Mr
Drum, Mr	Petrovich, Mrs
Elsbury, Mr (<i>Teller</i>)	Peulich, Mrs
Finn, Mr (<i>Teller</i>)	Ramsay, Mr
Guy, Mr	Rich-Phillips, Mr
Hall, Mr	

Amendment negatived.

Motion agreed to.

ECONOMY AND INFRASTRUCTURE REFERENCES COMMITTEE

Reference

Hon. D. M. DAVIS (Minister for Health) — I move:

That this house requires the Economy and Infrastructure References Committee to inquire into, consider and report on

the measurement, including budget measures, of primary health and aged-care services and outcomes, and in particular whether —

- (1) Australia, like most other western countries, should mandate the provision of information on the reasons people receive primary-care treatments — that is, epidemiological coding according to the international classification of primary care or similar;
- (2) Australia should mandate the provision of waiting times and waiting lists for primary-care services;
- (3) Australia should mandate the requirement for provision of information about outcome measures, such as appropriate treatment for all patients with diabetes in primary-care settings, appropriate treatments for asthma in those settings and so on;
- (4) conditions for which hospitalisations can be avoided should be considered a surrogate for the adequacy of our primary health-care system;
- (5) actual rates of provision of residential aged care for each community should be provided, as opposed to bed ratios;
- (6) comparable rates of community care alternatives should be provided for these communities;
- (7) quality criteria for residential aged care across a community and for each individual setting should be more clearly available and provided; and
- (8) potentially unnecessary or avoidable hospitalisations of patients in residential care should be used as a surrogate indicator for poor care in these settings;

and that the committee present its final report to Parliament no later than 12 months after this reference is given to the committee.

This is an important reference. The community will be aware of the debate that has taken place about which levels of government ought to be responsible largely for each particular type of service that is provided in our health-care, aged-care and acute-care settings. There has been a broad national debate about whether the states or the commonwealth ought to undertake certain services and how those ought to be reported.

The fact is that those services are mixed. Primary-care services are provided by both the commonwealth and the states. Victoria provides a number of key primary-care services. Whilst aged care is funded and regulated largely — and I emphasise largely — by the commonwealth, Victoria has a number of aged-care settings that are provided by the state government, and they constitute important contributions to the aged-care services in Victoria.

There is significant measurement of and reporting on the acute health sector in Victoria. They are important measures, and the new Baillieu government has

indicated that it will ramp up the level of reporting on acute health. We will certainly do that. Prior to Christmas we reported on waiting times for treatment in a number of key condition areas. We have released additional ambulance bypass and hospital early warning system data. We will be releasing further data sets that relate to acute health provision.

In a number of areas there is not good reporting and no good data is available, and the data that is available and could be aggregated is not reported in a public way that is accessible either in a budget format or some other documentary or Web format that could inform the community and decision-makers at commonwealth, state and local levels. I make the point here that in primary care there is a lack of some of the key measures that could make a difference to the allocation of resources and the focus of a number of local communities in their decisions on how they focus their activities. That is also true at national and state levels.

The purpose of this reference to the Economy and Infrastructure References Committee is for the committee to look at what measures are appropriate. I make no prejudgement in bringing this reference forward. In a sense the points listed in the terms of reference point to where there are clear deficiencies in the material and measures that are available. It is not just me saying this — the motion lists a much broader series of points. Recently in a series of debates with the commonwealth in public and private we have talked about the need to improve accountability and performance measures. A number of those points have been made at health ministers conferences.

As members know, the commonwealth funds a lot of the general practitioner activity in primary-care settings, but a number of allied health provisions are not captured and reported particularly well. There is private health insurance data that could be made readily accessible in a de-identified form to provide additional data as to what services are provided in particular areas. There is commonwealth Medicare data that again could be provided in a de-identified form that would provide greater information as to what services are provided and the types of services that are provided. I make the point that this data is already collected in part but is simply not available in accessible formats that not only protect patient privacy but also provide us, in an aggregated form, with a much better understanding of what is happening in a particular state or even nationally or at a particular local service level.

This is an area where commonwealth and state government cooperation could deliver better outcomes, and I do not think this committee would need to

prejudge any of this. It could work through these matters with state and commonwealth departments to see what is feasibly achievable, can be done in a way that does not provide too much of a burden in terms of collection and aggregation, but does provide material that would inform the provision of health care and enable the targeting of particular health services to particular regions of need.

If you look at some of the performance indicators that might be available, you can see that the ratio of GPs per population is not always clear in particular areas. The utilisation of allied health-related Medicare Benefits Schedule items in a local government area again is data that is collected on GP referral to allied health people, but is not available in an accessible form. The rate of primary-care presentations at emergency departments is only partially recorded, and simple coding might tease out some useful points there. With respect to the utilisation of after-hours general practice services, again payments are made. I suggest that without a great deal of additional work, if it were aggregated in the right way, this data might become useful for predicting where areas of need are and where greater resources are required.

Avoidable mortality — that is, the secondary avoidable mortality data, which includes conditions that respond to early detection and treatment — typically could occur in a primary-care setting. Some other examples include the percentage of the population that have had mammography within a two-year period or had a cervical screen within three years being assessed for their primary risk of developing cardiovascular disease. We have some very good preventive health programs in Victoria, but that data is not necessarily available in a form that could inform future decision making. Flu vaccinations that have been provided by regions by 30 June each year would be another example. There is a long list of these that could be provided and done in a way that would not be burdensome but would aggregate data that is already collected in one form or another. The number of people who have received their complete set of age vaccinations is not provided at a detailed level in public formats.

The states obviously have a role in reporting on access to community services, and state-based organisations could play a role in assisting a number of these reporting changes if the committee believed this was broadly in the public interest.

I make the point that the commonwealth government has indicated that it wishes to move to a system of Medicare Locals. Victoria, as part of the heads of agreement, has agreed that there could be a role for

Medicare Locals. The commonwealth government, in my view, needs to be much clearer about the precise role of Medicare Locals and what it seeks to achieve. We have obviously corresponded with the commonwealth government as to Medicare Local boundaries and the size of Medicare Locals in Victoria, and constructive conversation has occurred with the commonwealth minister on a number of those matters. I welcome those conversations.

The point on these Medicare Locals is that, without the clear definition by the commonwealth government of precisely what it is wanting to achieve with Medicare Locals, it is a little hard to be precise on which size of boundary is the best and in the interests of Victorians. Nonetheless we have sought to work on a number of those matters and to put the views of many Victorian providers and communities on Medicare Locals to the commonwealth in a constructive and in a sense non-partisan way.

Another important point is that there are international conventions and reporting mechanisms for primary-care services, and those are not broadly used in Australia. It is a timely point to look at whether some of those measures could be used. This obviously is a reference that straddles health issues but goes into budget and reporting and measurement issues, which is why it is highly relevant for this particular committee.

Some of the measures could be brought forward into Victorian documents; others might be measures that could be brought forward in commonwealth or other national documents. Those documents have the capacity to lead to a better understanding of what primary care is provided and what aged-care services are provided, and a better understanding of how we can target interventions to improve the health of the community.

This is a new set of concepts in one way, but in another way it is deeply simple in that if you do not record and measure in a constructive way and you do not report, it is very hard to see how you can properly align your resources and focus to get better health and community outcomes.

Mr VINEY (Eastern Victoria) — I will be proposing an amendment to this motion, but I wanted to make a few general comments first. I must say, in reading this notice of motion from Mr David Davis that I am a bit bewildered by it. I am bewildered for a number of reasons, but most particularly because of the expectation that Mr Davis seems to have that a number of very competent politicians from both sides of the house should be expected to undertake a very complex

inquiry into matters that have been the debate of health experts and econometricians for decades — that is, how does one measure health performance and hospital performance?

I suspect that this motion given by Mr Davis has been framed in this way because we have in him a minister who does not understand his own portfolio. Mr Davis is obviously bemused by my comment, but he might like to think about how I have come to that conclusion, because he is asking the committee to inquire not only into matters relating to Victorian performance but into matters relating to national hospital and primary health performance. He is asking the committee to inquire into some very complex issues that really are the domain, and properly so, of specialists and experts in the health professions. These include issues relating to conditions for which hospitalisation can be avoided, which are matters that the minister and his department may wish to spend some time pondering. We are verging on somewhat new territory to be suggesting that is something that the expertise of a parliamentary committee can add a lot to. It is questionable whether a parliamentary committee, without any resources and with no professional expertise or capacity to purchase specialist expertise in relation to such a complex issue, could properly deal with that issue.

Other matters such as the potential and unnecessary or avoidable hospitalisation of patients in residential care are questions requiring complex health-related consideration. They are not questions that a group of politicians are going to be able to inquire into in 12 months and without any resources.

Mr Davis himself, in his own contribution, was commenting on a range of data that he thought could be made available for comparative purposes. He talked about private health insurance data and, presumably flowing from that, private hospital data. He then noted there might be some problems in relation to privacy. So we have gone from expecting a committee to deal with complex economic analysis of performance to expecting it to deal with complex health analysis of when hospitalisations are appropriate for the general population and, in particular, when they are appropriate for those in residential care, most commonly aged persons, although not always. Now we are beginning to encounter some fairly complex legal issues around the subject of privacy and how one deals with data, data protection and so on. This is all being expected of committees that the government is refusing to provide resources to, and those are the references committees of the upper house — in this case, the Economy and Infrastructure References Committee.

With all due respect to the members of this committee, including yourself, Acting President, and Mr Barber and Ms Broad, and with due respect to their expertise as members of this place, I do not think many of those members would claim to be experts on health data or the analysis of it. Most of those members would have joined this committee because of an interest in economics and infrastructure. That is why they would have, in their own parties, put their name forward as a relevant person to be on that committee. Even with the knowledge gained and opportunities had during my three years as Parliamentary Secretary for Health and my four years as Parliamentary Secretary for Innovation and Industry, and even given my strong interest in medical research during my time in that second portfolio, I would be nervous about embarking on a study of this complexity and magnitude, and I would be particularly concerned about doing so without access to resources. I am not sure who provides service to this particular references committee, but I assume it is one of the clerks. I have enormous confidence in the ability of the clerks in this place to provide me with advice on parliamentary procedure, but I have never asked the clerks for advice on technical health data, and I am not sure whether they would particularly want to volunteer it.

The government has provided a complex and detailed reference to a committee comprising members of this place who put their name down for that committee because of their interest in economics or infrastructure. These members have been confronted with an expectation that they undertake research into one of the most complex areas of debate in the health sector — that is, how one measures performance. They are being asked to investigate when it is appropriate for people to be in hospital, the length of time that people should be in hospital, issues associated with the availability of beds and number of beds per head of population, and what impact an ageing community is going to have on those things. This is a whole range of issues that are national issues, particularly in primary health.

Mr Davis said most primary health care is covered by the commonwealth government. The Minister for Health ought to know that all general practice costs are covered by the commonwealth government and not by state governments. However, the minister went to a whole range of areas that are the commonwealth's responsibility and not the responsibility of the states.

The inquiry will have national implications — that is, not just implications for Victoria but for every state — in terms of the allocation of funds at a national level to the health sector. There is also the crossover effect from primary health and investigating data in relation to

primary health — that is, not only bed ratios and staffing ratios and all the other things that will flow from that. It is not just a question of the input data but there is also the output data and all the procedural data that are necessary to understand an analysis of what is happening in our health system. Then there is a consideration of the impact on this data of areas such as community and public health. What are those impacts? What are the impacts on immigration and on the ageing population? What are the impacts on these issues that affect health? The complex issues which have been debated by the health professions include how to manage data, how to do data assessment and whether you measure output, input or procedural data. At what point do these studies need to be undertaken? What are the impacts of all the other effects on the health system from this process? These are the issues we need to consider when making a reference to this committee.

As a lead-in to talking about the proposed amendment the opposition will move, I want to touch briefly on the issue of resources for these committees. The standing orders were changed in the last Parliament — a process that Ms Pennicuik, Mr Lenders, Mr Davis and Mr Dalla-Riva were involved in — and there is no question that the role of the references committee is about the scrutiny of government, particularly the executive. There is no question about that. That was always the intention of the references committee and upper house committee system.

During the discussions of the Standing Orders Committee, it was always clear that the then government, without giving an absolute commitment, was heading in the direction — and this, I think, was supported by Ms Pennicuik — of saying we would have fewer joint committees and properly resourced upper house committees. That was always the then government's intention. I do not think the Standing Orders Committee would have gone down the path of establishing the upper house committees if the government had expressed the view that there would be no resources provided to the committees. The Standing Orders Committee went down the path of using a combination of what has been happening in some other states — and particularly what has happened in the Senate — on the basis that there would be some proper resources allocated.

Mr Davis mentioned New South Wales in either this debate or the debate we had before. The fact is the New South Wales committee system does not have the joint investigatory committee structure that we have in Victoria. However, New South Wales has approximately the same number of staff for its committee structure as we have in Victoria. Roughly

the same amount of resources are allocated to committees in New South Wales as are allocated in Victoria, but in New South Wales those resources are distributed according to the committees and their workloads. The fact that New South Wales has a strong upper house committee system means those committees get some proper resources to undertake their work.

If this committee were to undertake this incredibly complex work, I believe it would need at least specialist consultants to provide it with some advice. It would need to travel to other jurisdictions to look at what those jurisdictions are doing. It would need dedicated research people working on this reference. Whether they were working full time on this reference or spread between a couple of references is a matter the clerks and committee staff would have to work out. But there is no question that you could not undertake this study without some proper research support. It would be absolutely impossible. I do not believe it will be possible for any committee to do that. At the very least we ought to send this reference to a committee that has some capacity to undertake the research necessary to make it work.

Mr Davis is obviously distracted, but I hope he will focus, because if he genuinely wants an outcome in terms of this matter, there are some ways he could achieve it. Firstly, if he genuinely wanted an outcome, a lot of this work could be done by his own department. A lot of this work is exactly the sort of analysis work a government department ought to be doing. If Mr Davis genuinely wanted some proper research done, he could use the resources he has at his disposal as the Minister for Health. That is the first option.

Secondly, he could support an amendment which I intend to move, which refers this reference to the Family and Community Development Committee.

Mrs Peulich interjected.

Mr VINEY — I did not hear Mrs Peulich's name called, but given that she wants to participate in the debate, let me just say that if she was not listening, yes, we did recommend in the last motion that the reference go to the Family and Community Development Committee, and the government voted against it. It did not get that reference. Now we are going to give it an opportunity to get another one. Here is an opportunity to give this reference to that committee.

The second way that Mr Davis could be serious about this reference and at least get some analysis done in the way he wants would be to send it to a committee that has some resources and some capacity to undertake the

research. By the way, the members of the Family and Community Development Committee have presumably nominated for it because they have a genuine interest in these kinds of issues.

We are giving the government an opportunity to send the reference to a committee that has the capacity to undertake this research and to at least give us some response. Frankly, I do not believe any committee of the Parliament would be able to do such incredibly complex work within a 12-month period without the support of a substantial number of experts such as econometricians and legal experts, because of the privacy issues that are associated with it, and certainly a number of health experts, particularly in relation to the hospitalisation issues and, using the words in the motion, 'unnecessary or avoidable hospitalisations'. As someone who was Parliamentary Secretary for Health I have to say I have always been of the view that most patients do not think their hospitalisation was avoidable. Anyway, that is the terminology the Minister for Health has chosen to put into the motion.

I move:

That the words 'Economy and Infrastructure References' be omitted with a view of inserting in their place 'Family and Community Development'.

In moving that I say that we think this is little more than an attempt by the government to fill up the functions of the references committee of the Legislative Council that were fundamentally established for the purpose of scrutiny of government and scrutiny of the executive. It is a poor development by a government that, led by Mr David Davis in opposition, talked extensively about the issues of accountability and scrutiny and the role this house must play in those areas. It is a bad development indeed that the government is choosing to use its numbers, its 21:19 rule, to fill up the references committees with inquiries that ought to be conducted elsewhere and at the same time to deny resources to those committees so that, even having given them these references, there is no chance of them doing anything near an adequate job. I urge the house to support the amendment and to at least allow the chance for some degree of opportunity for an appropriate inquiry.

The ACTING PRESIDENT (Mr Ramsay) — Order! I was going to draw the chamber to order during Mr Viney's contribution in that nearly all members in the chamber bar two were having some discussions with their nearby counterparts, and I found that hum of conversation quite distracting. Unfortunately I am guilty and got caught up in that myself. I ask those in the chamber to confine their commentary to their

contributions to the chamber rather than to their next-door member.

Mr BARBER (Northern Metropolitan) — Thank you for your ruling on that, Acting President. The motion Mr David Davis has moved here is quite a different animal to the one we debated just a few minutes ago. It is also clear from the way Mr Davis set about arguing it that it is quite a different animal. Mr Davis has a particular agenda that he would like to push forward; it is even there in the wording of his motion. The motion asks whether certain questions, (1) to (8), should be considered, but it is pretty clear to me that Mr Davis has already decided the answer is 'yes' to all eight of them.

Leaving that aside, I find it quite an excellent reference. If I had the power, I would move it to the Senate community affairs inquiry, because at paragraphs (1), (2) and (3) Mr Davis asks whether Australia should do something. It would be good for Australia to make up its mind on that, but Victoria having a view is not really taking us too much closer to Australia having a view.

Mr Davis may very well want to prosecute this argument through his ministerial council, but he has the enormous resources of government, not to mention his department, with which to do it. For that reason the Greens support Mr Viney's amendment and, if it comes to it, we will vote against this particular referral.

I am a member of the Economy and Infrastructure References Committee, and I do not believe this is the right committee, even of the three upper house standing committees, to consider this question. Mr Davis frames the motion in the terms of whether measures, including budget measures, should be developed for the eight issues he raises. Measures can be anything — any measures used by anybody at any time. Budget measures are something quite specific, but it is not clear to me whether he is referring to the state budget or perhaps the federal budget. If Mr Davis believes state budget measures of primary health and aged-care services and outcomes should be prepared, then he can just prepare them. But if he is recommending that the Economy and Infrastructure References Committee make a decision on whether the federal budget should contain measures on these things — and the last time I looked, I think it did not — I will put it this way: I had to take some advice just to understand what the motion was driving at. The advice to me was that it would be an extremely ambitious project for a commonwealth health minister to take this on. I am not at all clear that Mr Davis, as state health minister, is taking it on, but he is asking us to take it on and perhaps advise him as to how he should do that.

That being the case, and with the lack of resources so far made available to the upper house committees, I put it to the chamber that if this reference is to be sent to our committee, it is the Department of Health that should respond to the committee in the initial stage, because, as Mr Viney correctly argued, this is an enormous task that is well outside the jurisdiction of the Victorian Parliament, even when given a full 12 months to do it.

In contrast I intend to move a motion tomorrow to send to an upper house committee the tightly focused issue of Melbourne's rail timetable, which relates directly, by the way, to the government's announcement about the regional rail link because it is all about squeezing in more trains. I am suggesting it be done on a tight time line and that it be done — were I to be determining the way the committee evidence would work — by hearing very quickly from the relevant people while offering members of the public the opportunity to say what they want as well. We could knock it off in a couple of months.

Whatever Mr David Davis's personal interest in this matter is, it is obvious he understands quite clearly that this represents an extremely effective blockage that can be jammed into the work plan of the Economy and Infrastructure References Committee. It ensures that no matter how many resources the committee has it will be stuck doing this for 12 months and will not come up with any clear answers. With no resources the committee will be there forever trying to answer the eight questions that Mr Davis has already answered quite clearly in the affirmative. You heard it in the speech with which he introduced this motion. It was practically the report of the committee. It was not an argument for why we should get into this topic; it was an argument for why Australia, according to paragraphs (1), (2) and (3) of the motion, should do the things he is saying it should do. It was an argument in favour of the proposition, and probably the same speech he will give when he receives the report of the committee.

Mr Leane — Job's done!

Mr BARBER — Job's done! As they say in the classics, 'What part of yes do you not understand?'. Of course this will not stop the upper house doing its job in scrutinising government. It will certainly not stop my committee doing its job or for that matter members scrutinising the government's performance on health. There will be a very high level of scrutiny over the coming four years on all the hot-button issues that Mr Davis raised.

Mrs COOTE (Southern Metropolitan) — I commend Mr David Davis for bringing on this motion and for looking at the reasons for bringing it on. I am the deputy chair of the Legislative Council Economy and Infrastructure References Committee, and I am particularly concerned about the direction this debate has taken so far.

In an earlier debate about government business, notice of motion 34, Mr Lenders talked about previous parliaments. He went into some detail about the configuration of those parliaments. I would suggest that over the years this chamber has become more aligned with what has gone on in the lower house. When the issue of committees was looked at in the last Parliament and there was significant debate about configurations of committees, the basis of that debate was to see how we could upgrade this chamber and bring it more into line with being a house of review rather than just rubber-stamping whatever had gone on in the lower house. There was a general consensus in dealing with the Senate at the time that we wanted to give this chamber a greater sense of responsibility and clarity of purpose. The configuration of the committees that have been established by the Legislative Council has gone a long way to doing just that.

I was therefore particularly perplexed to listen to the contributions of Mr Viney and Mr Barber, because both of them tended to reflect on this chamber in a derogatory way. To reiterate, Mr Viney said that he was bewildered. He may well be bewildered that he is in opposition; he probably does not quite know what he is doing. He seemed to have more confidence in the clerks than in this chamber. He said he did not believe, quite frankly, that a committee from this chamber was up to debating the issues outlined in this motion. He said they were complex issues. He said they were national primary health issues that did not have a lot to do with this chamber at all. He said how we measure health activities and outcomes should be determined by professionals, and then he went on to say that a group of politicians could not possibly do this.

I would suggest he was being patronising and that he underestimates the strength of the committee work that could be done by this chamber. He may be underwhelmed by the people from his side of the chamber, but I have great confidence in the people from our side. The members of the Economy and Infrastructure References Committee are politicians of a very high calibre; they have good insight, debating skills and knowledge. Mr Viney is underestimating them and putting down the whole committee, to which I take great offence.

He suggested, as his amendment proposes, that this reference should be given to the Family and Community Development Committee of the Parliament. That committee already has two references. Mr Viney completely misses the point of what this motion is trying to achieve. As Mr Davis said in a very comprehensive way in his contribution, we are looking at accounting measures. We are looking at accountability and how information and data is collected. If we want to make decisions in this state and beyond — and Australia needs to be making such decisions — on how we formulate policy into the future and deal with the economy, this is exactly the right place for this motion. The charter of the Legislative Council Economy and Infrastructure References Committee is to deal with these issues. It is completely relevant, and the opposition parties have completely misread the whole thrust of where this debate is going.

Mr Davis spoke about some of the accountability issues. If we are looking at developing economically viable and responsible policies for the future, it is vital that we have the necessary data and performance indicators. Mr Davis spoke before about there being a need for further detail on the ratio of general practitioners to local government associations and the rate of primary-care presentations at emergency departments, for example.

We also need to have information on people who have had mammograms and cervical screenings and on people who are at risk of developing cardiovascular disease. If we are looking at how we determine policy and how we deal with budgetary processes for the future, we will need to look at the forward estimates, and of course we need to base it all on facts. The Australian government needs to be far better at providing us with this information. However, that was not a hallmark of the former government.

We know from the budget papers that we have been left with that forward estimates were not a strong point of the former government. In fact that was a huge weakness, because we have found many programs that were not costed into the future. We only have to look at the Olivia Newton-John Cancer and Wellness Centre to see an example of the former government not providing any future money for its fit-out. It said, 'Sure, we'll build the building, but we won't fit it out'. Fortunately the Minister for Health announced that the Baillieu government will put \$45 million into fitting out the Olivia Newton-John cancer centre.

As I have said, I believe Mr Viney is patronising. I do not think he believes in the skills of his own colleagues, which they must be feeling disappointed about. I have

every confidence that the Economy and Infrastructure References Committee can come up with the information outlined in this motion. However, I will not finish there, because I also have some concerns after listening to Mr Barber's contribution to the debate.

Mr Barber said he did not believe this committee could undertake this reference. In fact, he said he thought these matters should be referred to the Senate.

Mr Barber was intricately involved in looking into and upgrading this chamber as a house of review, into building its integrity instead of it just being a rubber stamp. He was very keen about the value of this chamber, so when he says this work should be sent off to a federal committee he is once again not giving this chamber the benefit of being able to debate and to investigate, as this motion says, in the best possible way. He does not believe we can do it, or that we are as capable as the Senate. That is a derogatory view of members of this chamber.

Mr Barber then went on to say that Mr David Davis, in his contribution to the debate, indicated that the job had already been done, that he had written the report and that he had already answered his own question. That view is ridiculous and offensive. I suggest that each member of this chamber has a responsibility to make this chamber much more accountable. We have a responsibility to raise the level and calibre of our debates, our investigations and the work of our committees.

This motion will increase the integrity of the Economy and Infrastructure References Committee and enable us to get vital information from the Australian government, particularly about what is happening in this state with regard to aged care and primary care, and given the huge emphasis that will be placed on residential care and aged care in particular. If we are to have proper planning into the future, we need to understand what we are dealing with. This can only be done by gaining information on the very things Mr Davis has identified in this motion. I commend this motion, and I will not be supporting the amendment.

Mr JENNINGS (South Eastern Metropolitan) — Mrs Coote, who has preceded me in this debate, has done her level best to lend integrity to the debate before us. She has done her level best to give integrity to the motion that has been put by her leader. However, notwithstanding her extraordinary talents in terms of her debating skills and her undoubted belief that this nation's health care would be better if we had a better information system, better data available to us and better advice about how we should systematically plan for health care and aged care, about the connection

between primary care, tertiary care and the availability of aged-care services, despite the fact that she understands this all too well, she has used her understanding and her ability to call on the goodwill and better contributions of other members of this chamber to hide the fundamental failings of this motion.

A fundamental failing of this motion is that it is directed to the wrong jurisdiction; it is the wrong brief to the wrong committee, with the wrong intent. The wrong intent, as Mr Barber and Mr Viney have identified, is to create a workload for a committee of this chamber which, by design, is meant to do something else. By design the committee is meant to scrutinise the performance of the executive government, the performance of infrastructure and economic activity within Victoria and to make recommendations about how the government can better provide economic and infrastructure activities. That is the committee's brief, and this reference has been given to the wrong committee on purpose to ensure that its time, agenda and workload are dominated by a brief that should have gone elsewhere.

In Mr Viney's terms, it would have been better if the work were undertaken by the Family and Community Development Committee, primarily because it falls within that committee's brief and scope.

Mrs Coote interjected.

Mr JENNINGS — Mrs Coote knows that her interjection is a clear indication that she is losing this debate and is trying to take me off message.

Mr Barber — On a point of order, Acting President, members appear to be flouting your previous ruling about the level of noise in the chamber. A little while ago you told us that you were having a lot of difficulty hearing the contributions and that even Ms Pennicuik and myself sitting here huddled over my BlackBerry whispering to each other was causing so much industrial noise it was drowning out your ability to hear. Now I am suffering the exact same syndrome in stereo. Given that these members are flouting your ruling, Acting President, I would ask you to bring them back to order.

The ACTING PRESIDENT (Mr Ramsay) — Order! I am not quite sure it is a point of order, but I do have some sympathy with Mr Barber's sentiments. I actually felt, as I think we all did, that I was an innocent bystander between Mr Jennings and Mrs Coote in relation to their contributions. I agree with Mr Barber that there has been some fairly incessant background

chatter between members in this chamber that I have found to be reflecting away from the business. I also agree that it is not good for this house to have both Mr Jennings and Mrs Coote exchanging arguments. I will ask both members to refrain from interacting with each other and for Mr Jennings to continue with his contribution to the chamber.

Mr JENNINGS — Thank you, Acting President, because you have reminded the chamber that I have the call; I think that is what the net effect of your intervention has been.

The argument that I have been putting to the chamber is that fundamentally, and regardless of the relative merits of the motion in terms of its subject matter about the availability and consideration of health statistics and the establishment of measures and benchmarks by which better health care can be delivered to Victorians — and Australians, for that matter — this is the wrong brief for the committee that it has been referred to. Mr Viney has suggested that if it is going to be considered by a committee of the Victorian Parliament so that the Victorian Parliament expresses a view about this matter, it be given to a committee that has resources to commission additional research that can support that committee establishing with some degree of credibility some in-depth analysis and a well-researched and well-argued position that enhances the situation of the Victorian people in relation to these matters.

Mr Barber identified another fundamental failing of the motion and has been ridiculed by Mrs Coote for suggesting that this may be a reference that is better applied to the Australian Senate. He is on very solid ground in his arguments, because the drafting of the motion clearly calls upon Australia to do things. Its scope and intent is to mount arguments for intervention at the national level not at the state jurisdictional level.

The committee is not actually asked to do any work to prepare Victoria's view about those issues, to provide the Victorian government with any advice about how its service provision and resource and budget allocations could be better made to meet these outcomes. By design it is created in the wrong jurisdictional framework to be a lobbying exercise to call upon or apply pressure to the federal government to implement these outcomes. Even if the committee acquits its responsibility on this reference, it is not within the scope of Victoria to be able to deliver the outcome.

At best it is a lobbying exercise that creates the circumstance whereby the Victorian Parliament could pick this up, abrogate its responsibility for delivering

better health care and apportion the blame to another jurisdiction. Is that the purpose and intent of a reference that goes to a Victorian parliamentary committee? Surely not. Surely the intent of references that are created for committees of the Victorian Parliament should be that they are able to be enacted by the Victorian Parliament in the interests of the Victorian people, not merely created as a weapon in the public relations war between the Victorian government and the federal government because the Victorian government anticipates not being successful in its negotiations about health-care reform.

Clearly the reference is opportunistic in the way it has been constructed. The very words in the scope of the reference indicate that the target of this is federal health policy, and Mr Barber is quite right to suggest that if this were a reference for the Senate, it would make sense. Maybe it has been lifted from a draft prepared in the federal jurisdiction and has just been copied and pasted into a reference to the Victorian Parliament. Maybe that is one of the reasons why it is so poorly drafted.

I think the arguments are pretty clear. Despite the fact that this information could play a positive role if it were compiled in an appropriate fashion and subjected to the rigour of consideration by experts and people who have a major contribution to make to health-care policy into the future, this reference is going to the wrong committee of the Victorian Parliament and would be better given to a committee of the federal Parliament because that is the scope and jurisdiction in which these outcomes would best be applied.

The opposition will support Mr Viney's amendment, which in the first instance suggests that this reference should go to a committee that is better resourced, better scoped and better able to deal with it, if it is going to proceed at all. If that amendment is unsuccessful, then it is the intention of the opposition to oppose this motion because, despite the potential benefits in the outcomes of this reference being considered by the federal government, it will not be undertaken so as to enable that information to be transmitted in a way that will be useful.

Most particularly, when it goes to the heart of it, this reference has been drawn up to stop the Economy and Infrastructure References Committee of this chamber doing its work. It is extremely transparent that that is the intent of this brief. Regardless of any other argument that is mounted, we will not lose sight of the fact that that is the reason this motion is before us today.

Ms BROAD (Northern Victoria) — I wish to make some remarks on the referral motion moved by Mr David Davis, who is also the Minister for Health, and I will do so to the degree that I am able to given my health condition at the moment — hopefully this microphone will keep working.

Firstly, I wish to direct the attention of the Legislative Council to the role of the committee to which Mr Davis has chosen to make this referral, the Standing Committee on Economy and Infrastructure. The role or function of the committee is to inquire into and report on any proposal, matter or thing concerned with agriculture, commerce, infrastructure, industry, major projects, public sector finances and transport. The government departments allocated to the committee in furtherance of this role are the departments of business and innovation, primary industries, transport, and treasury and finance. There is no mention of health in any of those descriptions and no mention of the decisions of the Legislative Council when it established the Standing Committee on Economy and Infrastructure.

I imagine it might take the committee just a few brief minutes on meeting to agree that a healthy population is good for the economy and good for industry. Having agreed, I imagine across all parties, that that is indeed the case, we could rapidly conclude our business. But the motion that has been put before the chamber by Mr Davis goes into a great deal more detail than the question of a healthy population being good for the economy, good for jobs and good for industry.

The motion moved by Mr Davis goes on to require the committee to inquire into, consider and report on the measurement, including budget measures, of primary health and aged-care services and outcomes. That reference to budget measures is the only reference to anything to do with any matters which are within the province of the departments that have been allocated to this committee — the Department of Treasury and Finance of course has responsibility for budget measures. However, it would be extremely difficult for and one would think not responsible of the committee to presume to inquire into these matters without taking advice from the Department of Health. That department is of course responsible to the Minister for Health, and this does rather beg the question of why the minister has not simply sought advice from his own department on all of these matters.

I can confidently assert to the Legislative Council that the Department of Health could tomorrow cheerfully supply the Minister for Health with enough information on these subjects to choke a horse. Without having to

do any work his own department could gather up enough information for the minister. In case he has not figured it out, as the Minister for Health he only has to ask for this information from the department that is responsible for giving him advice and information and the department will give him enough information to choke a horse.

If that was not enough, as Minister for Health Mr Davis could seek advice from the Australian Institute of Health and Welfare and a number of bodies to which he himself referred in speaking to his motion. There is a vast amount of material available to the minister from his own department and from many other organisations that are much better informed, much better equipped and have much more expertise on the subjects that he has set down in this reference to a committee established to consider matters to do with the economy, industry and infrastructure.

The second matter to which I want to draw the Council's attention is that the purpose of the motion Mr Davis has put before the house is to seek advice from the Department of Treasury and Finance and the Department of Health in relation to measurement and the ministerial capacity to request and receive advice from all of these departments and organisations to which I have referred.

Thirdly, the first three points of Mr Davis's motion all start with the word 'Australia'. It states:

- (1) Australia, like most other western countries ...
- (2) Australia should mandate the provision ...
- (3) Australia should mandate the requirement ...

This serves to draw attention to the fact that Mr Davis, who was the Victorian Minister for Health the last time I looked and not the health minister in the Australian government, is requesting that a Victorian parliamentary committee provide advice to him about matters which are essentially the responsibility of the Australian Minister for Health and Ageing. It does rather beg the question of why Mr Davis is asking a committee of the Victorian Parliament to provide advice to him about what the Australian government should be doing in relation to matters which are the responsibility of the Australian government and the Australian health minister, particularly when you consider that these are all matters about which Mr Davis's own department could give him a great deal of advice, should he choose to ask for it.

Assuming that the government uses its numbers to pass this motion today, I would speculate that one of the first

questions for the Economy and Infrastructure References Committee would be whether Mr Davis will give permission for his own department, the Department of Health, to give advice to the committee about matters on which presumably the minister, if he so chose, could ask his department to give him advice.

The Department of Health is not one of the departments which has been allocated to this standing committee, but it would be patently absurd for the committee to think it could go about its job without getting advice from the minister's department. Perhaps in summarising the debate the minister might care to make some comments about whether he will give his department permission to give advice to the committee, given that presumably this is advice that he could ask his department for.

In conclusion, I wish to place on record that Labor has a strong record of investing to keep people well and out of hospital. This has been achieved through a range of measures across preventive health, primary health care and aged-care services, whether that be through the successful home and community care program or through WorkHealth. The current year's budget papers contain a range of outputs and deliverables on these services. There are currently joint agreements and arrangements in place between the states and the Australian government on the delivery of these services. The National Health and Hospitals Reform Commission also considered these matters in detail, consulting broadly with a range of stakeholders. All of this information is readily available to the minister right now.

The National Health and Hospitals Reform Commission recommends the implementation of national access targets across the continuum of health services, including primary health care and aged-care services. It is therefore puzzling that the minister has not asked his department to provide him with advice on this matter rather than pursuing a parliamentary inquiry, an inquiry that he is proposing should be set down for a committee established to consider matters to do with the economy, industry and infrastructure. It is puzzling, but we know this new government is partial to reviews and inquiries, with over 100 reviews committed to in as many days.

Finally, I draw the minister's attention to some of the measures readily available to him in budget paper 3, which contains a range of major outputs and deliverables for primary health and aged care — for example, bed days, standard equivalent units and accreditation. Aged care assessment includes assessments and average wait between client

registration and aged care assessment services hospital or community-based assessment. Aged support services includes the number of individuals provided with respite services and pensions. HACC (home and community care) primary health, community care and support includes clients receiving HACC, HACC service delivery hours and the percentage of eligible population receiving HACC services.

I could go on, but I urge the minister to reconsider his referral to the committee he has chosen and to reconsider his capacity as a minister in the Baillieu government to request from his own department all the information he is setting down for a committee established for entirely different purposes by the Legislative Council. I urge the minister to consider what specialist resources are going to be made available in the event the committee — presuming that the government is going to use its numbers to pass this motion — endeavours to add to the wealth of information already available to him should he choose to use his authority as a minister, in case he has not yet already figured this out, to request this information.

If that is not satisfactory, perhaps he could request that the federal Minister for Health and Ageing make available to him the wealth of information that the commonwealth minister and her department could, I am sure, provide if his own department feels it does not have adequate information to advise him on these matters, which quite frankly I would find surprising. I urge members of the house to support the amendment and not support the motion moved by Mr Davis.

Hon. D. M. DAVIS (Minister for Health) — I will make a brief response to points raised in the chamber. I think a number of opposition members misunderstand the importance of this matter. It is of economic significance, but the Department of Treasury and Finance link is important. Reporting these measures is a matter of economic as well as social significance. I do not in any way diminish the importance of the second point, but this matter is also of economic significance. The need for this information is not widely understood. While Mr Viney tried to argue that this is all too complex, I have faith in the committee's eight members. They have the capacity to understand these matters, and they certainly have the capacity to seek information from community groups and sectoral and departmental interests and others who understand these matters very well. The committee will be able to take that evidence and understand these points very well indeed.

In response to points raised by opposition members who said this ought to be something done at a national

level, I would welcome national input, but Victoria has its own health system and the motion is in part due to a vacuum of activity at a national level in terms of proper reporting and output measures. This is a significant area of state spending, and reporting of these matters at a state level is important, but it is also a significant area of national spending. It is correct to say that more money is spent by the national body on, for example, primary care and aged care.

Of course the long-suffering taxpayers are the same people who are represented both nationally and in the Victorian context by the Victorian Parliament, so to make this referral is entirely within our purview. These are areas of state responsibility in part. They are areas of significant commonwealth responsibility as well — that is quite correct — but one of the issues here is the interrelationship between the state and federal governments and the failure of one government to take account of the activities of another government in deciding what will happen. We need to look at the issue of duplication occurring in some cases and at services not being provided — in effect at things falling through the cracks because of a set of mixed responsibilities.

It is also true that significant steps were taken by the heads of agreement on national health reform in February this year. It laid out state responsibility for public health and joint responsibility for primary health care, and joint responsibility is what this motion goes to. It is true that commonwealth spending is much greater — that is a fact — but that does not mean the state through this Parliament does not have an interest and, arguably, a responsibility to ensure that the health of Victorians is advanced.

If it is advanced by better measurement and better reporting, that is an important outcome. If it means that there needs to be joint arrangements and a rationalisation of arrangements with the commonwealth, that is also relevant. If it means that data held by the commonwealth and by state bureaucracies is accessed by the community — in a way that is de-identified and does not involve privacy infringements — and is used to inform the activities of all levels of government and other providers as well, that is all good. The health of the community is also an economic issue, but primarily this is about data, about reporting and about getting better outcomes through having better measurement and better transparency of these issues.

I do not think Mr Viney's claim that it is too complex stands up. There are plenty of sources of significant advice. The committees have resources and capacity; I do not underestimate that. A national performance

authority is being set up by the commonwealth, but the state has every right to put its view as to what matters are measured and how. This enables Victoria to put a potentially bipartisan position, which is in the interests of patients and the community and which ensures that state spending is targeted and well focused. It also enables Victoria to encourage the commonwealth to focus its resources in a way that will lead to better results for the community. I would strongly argue that the targeting of resources is very much an economic issue.

I disagree that this reference should go to the Family and Community Development Committee. That committee already has two important references and is yet to be fully established. It needs one or two more members, but it has significant work. The Economy and Infrastructure References Committee has every capacity to do this work and can take its lead from the reference and from the debate. I have not sought to be prescriptive in laying out the task for the committee; I have said that it needs to look at these matters in the broader context. The government opposes the amendment put forward by the opposition but looks forward to support from other members in the chamber for the motion itself.

House divided on amendment:

Ayes, 18

Barber, Mr	Pakula, Mr
Broad, Ms	Pennicuik, Ms
Darveniza, Ms	Pulford, Ms
Eideh, Mr (<i>Teller</i>)	Scheffer, Mr
Hartland, Ms	Somyurek, Mr
Jennings, Mr	Tarlamis, Mr
Leane, Mr	Tee, Mr
Lenders, Mr	Tierney, Ms (<i>Teller</i>)
Mikakos, Ms	Viney, Mr

Noes, 21

Atkinson, Mr	Koch, Mr
Coote, Mrs	Kronberg, Mrs
Crozier, Ms	Lovell, Ms
Dalla-Riva, Mr	O'Brien, Mr
Davis, Mr D.	O'Donohue, Mr
Davis, Mr P. (<i>Teller</i>)	Ondarchie, Mr
Drum, Mr	Petrovich, Mrs (<i>Teller</i>)
Elsbury, Mr	Peulich, Mrs
Finn, Mr	Ramsay, Mr
Guy, Mr	Rich-Phillips, Mr
Hall, Mr	

Amendment negatived.

House divided on motion:

Ayes, 21

Atkinson, Mr	Koch, Mr
Coote, Mrs	Kronberg, Mrs (<i>Teller</i>)
Crozier, Ms	Lovell, Ms
Dalla-Riva, Mr	O'Brien, Mr
Davis, Mr D.	O'Donohue, Mr (<i>Teller</i>)
Davis, Mr P.	Ondarchie, Mr
Drum, Mr	Petrovich, Mrs
Elsbury, Mr	Peulich, Mrs
Finn, Mr	Ramsay, Mr
Guy, Mr	Rich-Phillips, Mr
Hall, Mr	

Noes, 18

Barber, Mr	Pakula, Mr
Broad, Ms	Pennicuiik, Ms
Darveniza, Ms (<i>Teller</i>)	Pulford, Ms
Eideh, Mr	Scheffer, Mr
Hartland, Ms	Somyurek, Mr (<i>Teller</i>)
Jennings, Mr	Tarlamis, Mr
Leane, Mr	Tee, Mr
Lenders, Mr	Tierney, Ms
Mikakos, Ms	Viney, Mr

Motion agreed to.

**PARLIAMENTARY COMMITTEES
AMENDMENT BILL 2011**

Second reading

**Debate resumed from 24 March; motion of
Hon. D. M. DAVIS (Minister for Health).**

Mr LENDERS (Southern Metropolitan) — I rise to speak on the Parliamentary Committees Amendment Bill 2011. At the outset I indicate to the house that the opposition will oppose this bill because it is our view that it is unnecessary, reflects a very poor work ethic by the government and is a classic case of jobs for the boys and the girls with no work to follow.

What we see is the government introducing a bill that will change the very nature of parliamentary committees. The bill is fairly simple. It provides that instead of the committees having a minimum of 4 and a maximum of 10 members, they will have a minimum of 5 and a maximum of 10 members. It provides that instead of the committees being required to have two members from each house, they will be required to have only one member from each house. It provides also that a quorum for a committee can be simply a majority of the members of the committee rather than a member from each house.

The rationale in the Premier's second-reading speech, which was presented in this house by Mr Davis, is

effectively 'The Parliament was cut by four members back in 2006. There's a lot of work to be done and there are not a lot of members to staff the committees, so let's bring in these changes'.

Let us go through what the Premier's arguments are. Firstly, there is a lot of work to be done. It is a bit hard for the government to staff 12 joint investigatory committees, so what it has done, using its numbers ruthlessly in this Parliament, is to cut committee membership from 7 to 5 members, other than the Public Accounts and Estimates Committee (PAEC), which has been cut from 10 to 7, and the Scrutiny of Acts and Regulations Committee (SARC), which has been cut from 9 to 7.

The government has done that because it wants to ruthlessly use its numbers to control every single committee. That is the long and the short of it, nothing more and nothing less. If the government is talking about committees of the Parliament and about people staffing the committees, there are plenty of members of non-government parties who could do that. But, no, it wishes to control all 12 committees. The government wishes to have its members as chairs of all 12 committees, drawing \$13 000 in extra salary for each and every one of them. It wishes to have the majority on all 12 parliamentary committees, but it will find under the existing act that to be in the majority on all 12 parliamentary committees and to have two government members of the upper house on all 12 parliamentary committees means some of them will have to work. I think that is a bit of a four-letter word for some MLCs present.

If it is so important to have 12 committees running and if it is so important to have government majorities on all of the committees, surely with 14 government backbench MLCs, it is not all that hard to staff 24 committees. That is 24 jobs. Some government members would have to serve on two committees, something that I might say happened during the first and second Bracks governments. It happened during the Brumby government, it happened during the Kennett government, it happened during the Hamer government, the Thompson government, the Cain government and the Kirner government, but does it happen under the Baillieu government? No, because some members of the Legislative Council, bless their dear souls, would have to serve on two joint investigatory committees if the government wanted to maintain its numbers on all committees.

How outrageous! The opposition would not respond to the bullying of the Leader of the House in the Assembly, Andrew McIntosh, who said, 'You guys