

TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Budget Estimates 2019–20 (Health)

Melbourne—Thursday, 13 June 2019

Members

Mr Philip Dalidakis—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallence

WITNESSES

Ms Jenny Mikakos, Minister for Health,

Ms Kym Peake, Secretary,

Mr Terry Symonds, Senior Deputy Secretary, Health and Wellbeing, and

Mr Greg Stenton, Deputy Secretary, Corporate Services, Department of Health and Human Services.

The CHAIR: Good morning, everybody. I declare open this hearing of the Public Accounts and Estimates Committee.

I would like to begin by acknowledging the traditional custodians of the land on which we meet and pay my respects to elders past, present and emerging.

On behalf of the Parliament, the committee is conducting this inquiry into the 2019–20 Budget Estimates. Its aim is to continue to scrutinise public administration and finance to improve the outcomes for the Victorian community. The committee will begin with the consideration of the portfolio of health. The hearings will then follow the order as set out in the published program.

I welcome the minister, the Honourable Jenny Mikakos, and officers from the Department of Health and Human Services, and I thank you all for appearing before the committee, not that you really had a choice.

All evidence given is protected by the Parliamentary Committees Act. This means that it attracts parliamentary privilege and is protected from judicial review. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty. Previously that penalty was spending 24 hours in a car with Danny O'Brien, but on this occasion it will be 24 hours with me, watching games that St Kilda lose and me crying like a baby.

All evidence given is being recorded by Hansard and broadcast live on the Parliament's website. Any rebroadcast of this footage must be in compliance with the conditions set out in standing order 234.

I would ask photographers and camerapersons to follow the established media guidelines and the instructions of the secretariat.

Minister, I invite you to make a brief opening statement or presentation of no more than 10 minutes. This will be followed by insightful questions from the committee. Over to you, Minister.

Visual presentation.

Ms MIKAKOS: Thank you very much, Chair, and thank you committee members. It is a pleasure to be here this morning to talk about the record investments in health that the Andrews Labor government has made in the 2019–20 budget. As my Legislative Council colleagues Mr Dalidakis and Ms Stitt know very well, I love talking about this budget and have taken every opportunity to do so over the past two weeks. This budget invests more than \$5 billion in health services funding. It delivers on the long list of commitments that we made during the election campaign in the health portfolio. It provides record funding to run our hospitals and record funding for building better hospitals. The 2019–20 budget invests in the health of all Victorians, from our youngest to our oldest, from those in the city to those in the bush. It is a health budget for the whole state.

This budget invests a record \$2.5 billion to meet demand and run our hospitals. This record investment will help admit 2 million patients across Victoria and will ensure 1.91 million patients receive world-class care in emergency departments and over 203 000 Victorians get the surgery they need, faster. In addition to this, the budget delivers an extra \$71.9 million to provide support for 7700 patients seeking palliative care.

The Andrews Labor government made massive new investments in health across every year of the previous term, and this term we have gone even further, with the record investment in new output initiatives. In 2014–15

the previous government invested approximately \$1 billion in new health initiatives, which we have more than tripled, with a \$3.2 billion investment in new spending in this year's budget.

As well as investing in new programs to improve the health of Victorians, we have invested a record amount in building new hospitals right across the state. This budget builds on the \$3.2 billion worth of health infrastructure investment made during our first term, double the previous Liberal government's investment during their four years. In the 2014–15 budget the previous Liberal government invested approximately \$180 million in hospital capital—less than a tenth of the \$1.8 billion we are investing this year. In fact what we have delivered on health services infrastructure in this budget is more than the entire term of the previous Liberal government combined. Whilst the previous Liberal government closed hospital beds and left thousands of Victorians stuck on waiting lists, the Andrews Labor government is keeping its promises, building the hospitals our state needs and delivering first-class health care for all Victorians.

I think improving the health and safety of our children is the most important task for any government, and this budget includes a number of initiatives to do that. The \$321.9 million that we have delivered to bring back the dental vans for Victorian government school students is the biggest ever investment in dental care. We have also allocated \$213.6 million to provide more support for new Victorian mums and dads. This is a record investment in parenting because we know raising a child is not easy, which is why we are doing what we can to ensure Victorian families get the support that they need when they need it. We are also investing \$2 million to get on with our commitment to establish public IVF services that are bulk-billed and subsidised for low-income Victorians.

Other election commitments delivered in this budget include \$15.1 million to enhance the availability of SunSmart services in Victoria; \$8 million in operational funding to introduce a 24-hour urgent care centre at Phillip Island, plus \$3.4 million in asset funding to upgrade the centre; \$3.5 million to enhance the skills of frontline health service workers to recognise and respond to occupational violence; \$64.4 million to increase nurse and midwife-to-patient ratios in rehabilitation, mental health, special care nurseries and medical/surgical wards, taking the total number of new nurses and midwives to be employed by this government to 1100; and \$50 million to establish a Nursing and Midwifery Workforce Development Fund to retain, recruit and train more nurses and midwives.

This year's budget gets the ball rolling on an unprecedented \$3.8 billion pipeline of health infrastructure projects, the centrepiece being the new Footscray Hospital. The \$1.5 billion, 504-bed hospital will cut waiting times, allow almost 15 000 additional patients to be treated and almost 20 000 additional people to be seen by the emergency department each year. The budget also includes \$31.4 million for the expansion of the iconic Royal Children's Hospital to treat our littlest Victorians, as well as funding to get important planning underway for the \$562 million Frankston Hospital redevelopment. We are getting underway with planning for our five new children's emergency departments, 10 new community hospitals, as well as the project at the Angliss Hospital and a new hospital for Melton.

This is an excellent health budget for rural and regional Victoria. Regional health services will also benefit from a \$100 million boost to the Regional Health Infrastructure Fund, helping build the world-class health facilities that rural and regional communities can count on, taking our total to \$350 million during the life of this government so far.

The budget commits \$136 million over four years to provide an extra 500 000 specialist appointments to patients living in regional and rural communities. We are investing \$60 million for a new day rehabilitation centre at Bendigo Hospital. The project will bring together a range of rehabilitation services into a cutting-edge new facility. We are starting important planning work for stage 3 of the Latrobe Regional Hospital and Wangaratta hospital and have funds at the ready for the Maryborough hospital redevelopment and the Geelong women's and children's hospital once they are shovel ready.

Victoria is a leader in health and medical research, and this budget includes significant investments to maintain that position. We are funding the Gen V initiative at the Murdoch Children's Institute; the Gamma Knife service at Peter MacCallum Cancer Centre, which will provide a greater range of treatment options for cancer patients; the Australian Clinical Trials Network TrialHub at the Alfred hospital site, which will increase access to clinical trials, particularly for patients living in regional and rural communities; the Australian Drug

Discovery Centre at the Walter and Eliza Hall Institute for Medical Research will provide additional capability in high-throughput drug screening to help the translation of biomedical research discoveries into new drugs for patients; and finally the Aikenhead Centre for Medical Discovery at St Vincent's Hospital, which will bring together doctors, scientists and researchers to focus on chronic conditions such as arthritis, cancer, diabetes, cardiovascular disease, and cutting-edge treatments and technologies including robotic hands, heart tissue engineering and spinal cord repair.

Thank you very much, Chair. It has been a great pleasure to give you a very quick overview of the health budget this morning, and I am very happy to take your questions.

The CHAIR: Minister, if you run the budget the way that you run your presentation, at 2 minutes under, Victorian people will have much to look forward to. We will start with questions from Mr Maas.

Mr MAAS: Thank you, Minister, and thank you for that presentation. Also thank you to you and to departmental officials for your appearance before the committee today. Minister, if I could take you to capital investment, I refer you to budget paper 4, page 61. I was hoping that you would be able to detail how the government's health infrastructure pipeline outlined in the 'New projects' table will benefit the state.

Ms MIKAKOS: Thank you, Mr Maas, and can I say firstly that as a member representing a growing community in your electorate, you would be very pleased to know about the very significant investment that we have made to the growing needs of our community into the future. The 2019–20 Victorian budget gets the ball rolling on an unprecedented \$3.8 billion pipeline of health infrastructure projects, the centrepiece being the \$1.5 billion new Footscray Hospital.

The budget includes \$59.5 million to build a new Bendigo Hospital day rehabilitation centre, and \$160 million is provided to continue grant programs, including \$100 million over the next two years for the Regional Health Infrastructure Fund. That is bringing that to a total of \$350 million since we have been in office. We have also got \$60 million for the medical equipment and engineering infrastructure replacement funds in the coming year. These are grant programs that help our hospitals and health services maintain assets and grow services.

The budget also includes planning funding for a number of government election commitments, including the Frankston Hospital redevelopment, the Latrobe Regional Hospital stage 3 expansion, the government's commitment of 10 new community hospitals and the provision of dedicated children's emergency departments based at the Geelong, Maroondah, Frankston, Casey and Northern hospitals. I am sure that your community would be very interested in the fact that we are planning for these dedicated spaces for children's emergency departments.

We have also committed \$31.4 million for the expansion of the iconic Royal Children's Hospital to treat our littlest Victorians. There will be a new 30-bed flexi ward that will cater for young patients with a range of different illnesses including cancer. This investment will also boost the emergency department's capacity by 20 cubicles so that children and their parents can be seen faster and put on track to treatment.

The budget this year also provides funding to enable the Royal Children's Hospital to continue to respond to increasing demand for acute services from metropolitan and regional areas and expand capacity from 338 to 368 beds. The expanded services at the Children's will be ready for operations in 2022. The Royal Children's Hospital is the designated statewide major trauma centre for children, provides paediatric heart, lung and liver transplantation and is the national leading centre in paediatric teaching, training and research as well.

There is very significant funding in the budget this year for health infrastructure. The point that I also made in the presentation—I am sure you would have taken notice of that—is really how we compare historically. It is really important to note that we have got this very significant pipeline of \$3.8 billion of health infrastructure projects to come. The point to make is that if you look at what we have delivered in this year's budget alone, it is more than the entire term of the previous coalition government. So we think that we are making very strong provision for the future health needs of this state.

Mr MAAS: Thank you, Minister. I also refer you to your presentation and the 'Building better hospitals' part of that. You showed that the centrepiece of the health budget from a capital perspective is the \$1.5 billion

investment in the new Footscray Hospital. Would you be able to detail how this investment will benefit the locals in Melbourne's west?

Ms MIKAKOS: I appreciate that question, and I know Ms Stitt would also be very interested in that question because she has been a very enthusiastic supporter of that particular project, as have been so many of our Labor colleagues in the western suburbs who are very excited about this particular project.

The important thing to stress here is that this \$1.5 billion, 504-bed hospital is the biggest investment in a hospital that our state has ever seen—the biggest investment ever to date. To date, I stress, Mr Dalidakis. The bigger and better Footscray Hospital, with an increase of 193 beds, will cut waiting list times, allowing almost 15 000 additional patients to be treated and almost 20 000 additional people to be seen by the emergency department each year.

Demand for health services in Melbourne's west is expected to more than double over the next 20 years. The world-class new Footscray Hospital will ensure that people in Melbourne's west have greater access to quality care closer to home. In a boost, up to 17 000 western suburbs residents per year will be able to receive treatment in their own local community rather than having to travel to other inner-city hospitals, and this will of course save local residents time but also will take pressure off our other inner-city hospitals. So this is a big win really for all of Melbourne and all of Victoria. The new hospital is proposed to be built next to Victoria University's Footscray Park campus on the corner of Geelong and Ballarat roads and will replace the ageing Footscray Hospital on Gordon Street, which was built back in the 1950s.

The new Footscray Hospital project will help transform Melbourne's inner west into a health education and research precinct, further cement Footscray as a key metropolitan activity centre and create up to 2000 construction jobs in the process. The new hospital will enable Western Health to continue delivering world-class care for years to come. I have established a community consultation committee for the project, and we are just currently finalising the membership of that committee. I have asked the local member, Katie Hall, to chair that committee. The committee will provide a forum for members of the local community to participate in project planning and development through open dialogue and consultation, and the committee will include representatives from key organisations such as local councils and health service providers and the local community.

The new Footscray Hospital is proposed to be delivered as a public-private partnership, and the tender process for this project is expected to kick off soon. The project is on track for construction to commence in 2020, so next year, and will open its doors in 2025. It is a mammoth project. It will complement the government's other investments in Melbourne's west, including the \$200 million Joan Kirner Women's and Children's Hospital, which I had the great pleasure of opening in April of this year. It includes 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics. The Joan Kirner Women's and Children's Hospital will offer local women and families in Melbourne's west world-class maternity and paediatric services honouring the legacy of Victoria's first female Premier. It will also feature the western suburbs first ever neonatal intensive care unit to care for the most critically ill babies. The state-of-the-art hospital will mean more local mums will be able to give birth and access specialist services close to home and is forecast to deliver 7000 babies each year by 2026.

Finally, it is worth mentioning that we have also got some planning money in the budget to really begin the work to look at and develop the hospital in Melton as well. So with those various projects, as well as expansions to the Sunshine Hospital emergency department, we are very much looking after the needs of Melbourne's western suburbs.

Mr MAAS: So far you have spoken to us about the pipeline of work that is there for Melbourne more broadly. We have focused in on the west of Melbourne. I would like now to focus on rural and regional Victoria and would like to know how the government's investment in this year's budget supports rural and regional communities to access quality healthcare services closer to home.

Ms MIKAKOS: Thank you for that further question. I have had the great pleasure to be speaking to you about some of the projects we are doing in metropolitan Melbourne. They are only just some of course that are focused on Melbourne's west. But I am proud that our budget is delivering for regional Victorians as well.

Late last month I had the great pleasure to visit Bendigo Hospital, and I met with staff and patients to announce nearly \$60 million for a new day rehabilitation centre. The project will bring together a range of rehabilitation services—physiotherapy, occupational therapy, social work, speech therapy, prosthetics and orthotics, clinical psychology and neuropsychology as well as a new hydrotherapy pool—into a cutting-edge new facility. So central Victorians will be able to access senior health professionals all in the one place, in the one location, to help them recover from accidents, injuries and medical conditions such as a stroke or heart attack. Currently these services are spread throughout Bendigo Health’s campus, so it is now going to be put all together in the one location. Construction work for this project will start by 2021, and the new rehabilitation centre is expected to be completed by 2023. The project includes the demolition of two towers, one of which was built in the 1950s, and completes the largest regional hospital development in Victoria. It is a project that I am proud to say was started, funded and delivered by a Labor government.

Regional health services will also benefit from a \$100 million boost to the Regional Health Infrastructure Fund. The fund is the largest of its kind in Victorian history, as I said earlier, taking us to a total of \$350 million to date from our government, all going to rebuilding rural and regional hospitals to ensure all Victorians can access the quality care and facilities they need no matter where they live.

So far the RHIF fund, the Regional Health Infrastructure Fund, has funded more than 283 projects across regional Victoria as well as supporting local jobs in the regions. In addition, this year’s budget starts important planning work for stage 3 of the Latrobe Regional Hospital and has funds at the ready for the \$100 million Maryborough hospital redevelopment and \$100 million for the Geelong women’s and children’s hospital once they are shovel-ready. So there is very strong investment in this budget, building on the pipeline of projects that we have funded in previous budgets that are already underway to provide for better health care for regional Victorians. That is because we have a very strong view that people should be able to access quality, safe health care no matter where in the state they live.

Mr MAAS: In terms of a comparison, would you be able to detail how the government’s investment in this budget compares to previous years?

Ms MIKAKOS: Thank you. It would be great if we could get that slide back; unfortunately we probably cannot. I love that slide! I just think it is worth going back to make the point that, as I mentioned earlier, this budget kicks off the Andrews Labor government’s \$3.8 billion pipeline health and ambulance infrastructure projects.

Our government is building modern hospitals for a growing Victoria, with 2 million more patients expected to be treated over the next year. Not only is the Andrews Labor government investing in world-class hospitals; we are ensuring their tireless staff—our dedicated nurses and doctors, allied health staff and all the other staff who work in our health services—have everything they need to deliver the best care. A record \$2.5 billion investment in Victoria’s health system will help meet the needs of our growing state, meaning that more patients will receive care, treatment and surgery sooner.

The budget builds on the \$3.2 billion worth of hospital infrastructure investment made during our government’s first term, double the previous Liberal government’s investment during their four years. As I like to stress, this government’s investment in hospital capital this year alone is more than the previous Liberal-National government made during the four years that they were in office.

When we look at regional investment, we look at the Regional Health Infrastructure Fund, now totalling \$350 million since we have been in government. If you look at the investment for regional health services, the \$350 million to date, that dwarfs the previous Liberal-National government’s Rural Capital Support Fund of \$56 million. So we have put in \$350 million to date for our regional health services; the previous coalition government provided a measly \$56 million. This means more projects being funded across regional Victoria and also more jobs for our regions as well, because they have the opportunity, of course, to look at whether there are employment opportunities for those communities as well. I am sure we will have an opportunity to talk about that more during the course of the morning as well.

This government is delivering an unprecedented build program. I also make the point that what we have seen from the federal coalition government in terms of contributions to infrastructure projects in Victoria is that they

have contributed a quarter of 1 per cent of Victorian health infrastructure over our last term in government. That is what we have got from Canberra: their contribution to capital projects in Victoria to date has been a quarter of 1 per cent to our Victorian health infrastructure. I welcome the announcements that were made during the federal election recently. It is good to see that they have rediscovered Victoria. It is very much belated and certainly very modest compared to the contribution that our government continues to make to build world-class and modern health care facilities for our state.

Mr MAAS: Thank you, Minister, for detailing the record investment in those output initiatives. I would like to now take you to public dental, if I could, and refer you to line item ‘Free dental care for government school students’ in budget paper 3 at page 51. Minister, could you inform the committee what impact the school dental van program will have for Victorian children and their families?

Ms MIKAKOS: Sure. Thank you very much for this further question. Look, I am really excited to talk about this particular initiative. I know ministers are not allowed to have favourite initiatives in budgets, but it is really—

Mr D O’BRIEN: Like children, Minister.

Ms MIKAKOS: It is really like a favourite child. It is one that I am particularly excited about because I am just absolutely convinced that this is going to make a huge difference to the oral health of Victoria’s children both in the short term but into the long term as well. The 2019–20 budget includes the largest investment in public dental services in Victoria’s history. We are bringing back the school dental vans, and we are investing \$321.9 million towards our commitment of delivering free dental care to all Victorian children in all Victorian government schools by 2022.

It is estimated that these Smile Squad vans, which I have colloquially nicknamed ‘Dan’s vans’, will save the average family around \$400 per child per year. Private dental costs can range from \$185 for a tooth extraction to \$280 for root canal, up to \$1600 for a full crown. These procedures will be free in Victoria for all public school children. All treatments will be covered except cosmetic procedures such as orthodontics, and services will be provided on a needs basis and will not be subject to any financial cap per student. The vans will visit every year. Examples of the kinds of treatments covered include radiographs, teeth cleaning, application of fluoride and dental sealants, fillings, root canals and impressions for mouthguards. Parents will be required to provide consent to the treatment and will be welcome to attend the appointment in the van with their child if they wish.

Underpinning the program rollout is the idea that the very best dental care should be available to all children and should not cost the earth. The free treatment will be available to all government school students, both primary and secondary, and the program will not be means tested. The vans will be going out—both a screening van initially to check children’s teeth, and then there will be, for those children who need it, follow-up through a treatment van as well.

The CHAIR: Minister, thank you.

Mr D O’BRIEN: Good morning, Minister, and departmental staff. Minister, can I just begin at page 57 of budget paper 3. Under ‘Addressing drug harms’ it says:

Additional needle and syringe products will also be provided to help address drug harms across Victoria.

Does that mean more needle vending machines, and if so, where?

Ms MIKAKOS: Thank you, Mr O’Brien, for that question. As you will see from budget paper 3, page 57, which you have just referred to, it does explain at the bottom of that entry that this relates to the drug prevention and control output and the drug treatment and rehabilitation output. Those sit with Mr Foley’s portfolio. I know that he is appearing before this committee immediately after myself, so you will have an opportunity to refer those questions to him.

Mr D O’BRIEN: Okay. Going back a few pages to page 53, under ‘Standing with our hard-working health services staff’ there is a line there in the second sentence:

In addition, 100 scholarships will be offered for health service workers to undertake courses—

including a number of things, inter alia ‘and security officer training’. How much is the health department spending to train up health workers as security officers? It was basically the 1.2, 1.2, 0.6 and 0.5 over the forward estimates. Just how much of that is actually on security officers, and how many will be trained up? Do you think we will have a figure, Minister—

Ms MIKAKOS: Yes, thank you.

Mr D O’BRIEN: Or shall we take it on notice?

Ms MIKAKOS: No. Thank you very much for that question. So the budget has provided a total of \$3.5 million over four years. That is referenced on page 50 of the budget papers, and I can just give you a bit of a breakdown of that. So there will be \$2.2 million to enhance the skills of 1000 frontline health service workers to recognise and respond to occupational violence and \$1.25 million to support staff to undertake study with supported scholarships in courses such as the certificate III in non-emergency patient transport, certificate IV in health care and security officer training. The health and human services workforce are critical to achieving the best health, wellbeing and safety for all Victorians—

Mr D O’BRIEN: No, so of those scholarships, Minister, can you just tell me how many will go to security officers or for security officers training.

Ms MIKAKOS: If you can allow me complete my answer, I—

Mr D O’BRIEN: I will be up-front, Minister. We have got limited time today, so I just—

Ms MIKAKOS: No, I understand, of course. We are here for 4 whole hours with me—

Mr D O’BRIEN: I know.

Ms MIKAKOS: So it is not exactly limited.

Mr D O’BRIEN: In the context of the marathon that we are in, it is very limited, Minister, so I do not need the background. And I am happy to take it on notice. I am just wanting to know whether there is a breakdown on security officer training.

Ms MIKAKOS: No, I am coming to give you the detail. I am trying to give you the context of what this particular initiative is about.

Mr D O’BRIEN: Yes.

Ms MIKAKOS: So we want to give opportunities to those healthcare workers who work in our health services who may wish to train up and take on other opportunities in the future. We are wanting to give our hardworking health services frontline staff the opportunities to enhance their skills, knowledge and abilities. We are going to provide 100 scholarships worth \$10 000 so that we can remove the barriers to further education and training and enable them to improve their skills, and this—

Mr D O’BRIEN: Sorry, is it \$10 000 each, Minister?

Ms MIKAKOS: Yes, it is a scholarship program—100 scholarships worth about \$10 000—and the program will give training opportunities for staff such as hospital cooks, orderlies, cleaners—

Mr D O’BRIEN: Yes, I have got all of that, Minister. I just want to know how many of them are—

Ms MIKAKOS: And security officers and administrative staff who may not otherwise be able to improve their qualifications to do so. The scholarships will be along with a capped fund to supplement employee wages and ensure—

Mr D O’BRIEN: Yes, Minister, I understand all that. I just want to know if you have got a breakdown: how many will be security officer scholarships?

Ms MIKAKOS: It is a grant application, so—

Mr D O'BRIEN: Okay, so it is not allocated as such?

Ms MIKAKOS: People have to apply for these scholarships, so of course there is no predetermined number.

Mr D O'BRIEN: It will be demand driven then?

Ms MIKAKOS: It will be based on the merits of the application.

Mr D O'BRIEN: Okay, that is fine. That is all I need to know.

Ms MIKAKOS: But we want to give people the opportunities to train up and take on new opportunities in our health services, and it is really a fantastic opportunity to improve worker satisfaction and retain staff in our health services with new opportunities.

Mr D O'BRIEN: Okay, thank you, Minister. I now go to BP3, page 50, where there is money allocated for responding to people's end-of-life care choices. Of the \$72 million allocated in the budget, how much of that will go to rural and regional Victoria?

Ms MIKAKOS: Okay, so thank you for that question. Firstly, I think I need to give a bit of an explanation of what the initiative is. The Victorian—

Mr D O'BRIEN: Again, Minister, I do not need big, longwinded explanations. I just want to know if you can give me what the breakdown of—

Ms MIKAKOS: Well, thanks, Mr O'Brien. I think it is important to be able to provide an explanation as to what the funding is—

Mr D O'BRIEN: No. It is important that the committee has the opportunity to ask questions that it wants answers to, not what the government wants to propose. Of 3 hours, you have got probably 2 hours of opportunity to do that. And I am not trying to be rude; I am just saying I have got limited time. I just want an answer to the question: how much of the \$72 million is allocated to country Victoria?

Ms MIKAKOS: Yes, Mr O'Brien, I am wanting to come to your question. The Victorian government is investing an additional \$71.9 million in palliative care over the next four years. This will commence in 2019–20 with \$17.3 million to enable metropolitan community home-based palliative care services to respond to demand and improve access to palliative care, to support 12 additional palliative care beds introduced in the 2018–19 year and to provide ongoing support to 11 metropolitan hospitals that are expanding their hospital-based palliative care consultancy teams so that patients can be fast-tracked home with acute support and better communication and coordination with community and primary care with community providers.

Mr D O'BRIEN: I ask again: can you just tell me how much of the \$72 million is allocated to rural and regional services?

Ms MIKAKOS: Yes, I am trying to give you that explanation, Mr O'Brien, if you give me a moment.

Mr D O'BRIEN: No, you are giving me all about metropolitan. I just want to know the rural and regional.

Ms MIKAKOS: Yes, I am explaining to you that the budget focus this year has a particular skew to metropolitan areas because it is building on funding announced in October 2018 of \$23.4 million that had a particular skew to rural and regional palliative care services—

Mr D O'BRIEN: Okay, can you tell me then what the skew is for this year?

Ms MIKAKOS: So that is why I am wanting to make the point to you that this cannot be seen in isolation because we are building on very significant funding we have already made in palliative care services and providing further support—

Mr D O'BRIEN: Okay, that is good context, Minister. Can I just now get an answer to the question: how much is the skew to metro and how much is it to rural and regional?

Ms MIKAKOS: I have been trying to give you the explanation and you have cut me off at every point.

Mr D O'BRIEN: And you have given that, Minister.

Ms MIKAKOS: Yes.

Mr D O'BRIEN: Again, it is not a controversial question. I am just wanting to know the answer to this.

Ms MIKAKOS: Mr O'Brien, I can give you the breakdowns—

Mr D O'BRIEN: Yes.

Ms MIKAKOS: but you are constantly interrupting me.

Mr D O'BRIEN: Because I want you to get to the breakdown, Minister.

Ms MIKAKOS: So if you enable me to actually complete the answer, in terms of the metropolitan community home-based palliative care services that I referred to, that is \$10.8 million. The 12 additional palliative care beds introduced last year is \$3.5 million. The ongoing support to the 11 metropolitan hospitals, expanding their hospital-based palliative care, is \$3 million. So that is just for the 2019–20 financial year alone.

Mr D O'BRIEN: Okay, so of that \$17.3 million, that is basically all for metro services, is it? If I do quick calculations—yes.

Ms MIKAKOS: So as I have explained to you—

Mr D O'BRIEN: Okay, thank you. You have answered the question.

Ms MIKAKOS: this is building on investment from October 2018. We can certainly take on notice and provide you some further detail about the October 2018 funding and how that was apportioned across regional services.

Mr D O'BRIEN: Yes. Happy for you to do that.

Ms MIKAKOS: I will just see if I am able to do that for you now. Yes, okay. I am also being reminded that in November 2017 the government invested \$55.7 million over five years to expand rural and regional palliative care, establish a statewide expert advice service and deliver grants for end-of-life ancillary support services. I can give you that breakdown that I offered to give to you. Of that, \$3.86 million—that is \$19 million over five years—

Mr D O'BRIEN: Sorry, this is of the \$23.4 million from last year?

Ms MIKAKOS: So this is from November 2017. This was a total of \$55.7 million over five years. I am going to give you the breakdown now as it relates to regional Victoria. This included \$3.86 million—that is \$19 million over five years—to support home-based palliative care across regional and rural Victoria. We also provided \$1.25 million—that is \$6.25 million over five years—to establish a 24-hour advice line. There is \$3.9 million—that is \$19.5 million over five years—to improve capacity of regional palliative care consultancy teams. And there is \$10 million in total for one-off grants for end-of-life ancillary support services.

Mr D O'BRIEN: Okay, thank you, Minister. That is good. You have gone way beyond—

Ms MIKAKOS: So the investment this year builds on two lots of previous investments.

Mr D O'BRIEN: I understand. Can I move on now? It was reported recently that with the introduction of VAD on 19 June three pharmacists at the Alfred will have the responsibility for mixing a cocktail of drugs. Can you tell me what the cocktail of drugs is that will be used?

Ms MIKAKOS: Okay, thank you very much for giving me an opportunity to talk about what will be a really significant change for providing end-of-life choices for Victorians. The provisions of the Voluntary Assisted Dying Act will commence on 19 June, and it may mean that some people at the end of life choose to seek access to voluntary assisted dying. Our priority has been to ensure voluntary assisted dying is implemented in a safe and compassionate way in Victoria and that people who need it have the best possible end-of-life care. We have spent 18 months preparing for this really important change and making sure that we can get every aspect of the implementation right. This also has been—

Mr D O'BRIEN: Can you go to my question, Minister—what is the cocktail of drugs?

Ms MIKAKOS: Yes, I am coming to that. I am coming to that, Mr O'Brien. Hold your horses. As part of the implementation we made an announcement at the start of the year that Alfred Health will be involved in running a statewide pharmacy service that will dispense the medication and ensure the safe delivery of medication to patients and will also educate and support patients and medical professionals. In terms of the specifics that you have asked for, as was also made apparent during the course of what was a very, very lengthy debate, particularly in the Legislative Council—

Mr D O'BRIEN: Yes, I remember it.

Ms MIKAKOS: I am sure members who were there remember well.

Mr D O'BRIEN: Minister, please, can we just get an answer to the question?

Ms MIKAKOS: We made the point that the medications that will be administered will not be publicly detailed because we want to minimise any risk of abuse or misuse, so it is not appropriate to publicly detail the composition of the medications used. Other jurisdictions like Canada and the Netherlands do not release information about the medications. There will be different medications that will be used depending on whether the medication is being administered orally or intravenously. I know there have been some media reports that have given the suggestion that somehow the pharmacists themselves will be mixing the medications at the time of providing them to the patient. That is not quite what is going to happen. They will prepare the medication. It will be delivered to the patient. The patients themselves will mix it before taking it orally.

Mr D O'BRIEN: Will it all be orally, Minister?

Ms MIKAKOS: But it is important that we not publicly detail the composition of the medications used, for very good reason, as I have explained, based on the international experience. That will be our approach.

Mr D O'BRIEN: What is the reason for that? I mean, I understand you do not want to give people a recipe for a cocktail of lethal drugs, but there are a thousand things out there that you can go out and take that we know would kill you.

Ms MIKAKOS: Well, Mr O'Brien, you have just answered your own question.

Mr D O'BRIEN: That is all freely available information.

Ms MIKAKOS: You have just answered your own question.

Mr RIORDAN: So you are sending out blank packaging? When the medication comes it will be just a blank box?

Mr D O'BRIEN: I suppose that is probably the question: will the patient know what is in this?

Mr RIORDAN: Is it not a safety issue?

Ms MIKAKOS: Mr Riordan, we are talking about people making decisions at the end of their life, a request that they would have needed to have made on three occasions.

Mr D O'BRIEN: Yes, I understand that.

Ms MIKAKOS: There are 68 safeguards in this legislation that were made by an expert panel, all of which are included in the legislation. This is a choice that a patient makes for themselves.

Mr D O'BRIEN: Yes, so will the patient know what is in the cocktail?

Ms MIKAKOS: I do not imagine a patient will, at that point, be wanting to know a chemical composition.

Mr D O'BRIEN: That is a matter for the patient.

Ms MIKAKOS: They have made a particular choice in terms of wanting to exercise voluntary assisted dying. They will have asked for medical practitioners to assist them in that. That is why they will be provided with that medication. No-one will have to take this medication. It will come in a locked box, and it will be up to the patient themselves if they wish to proceed.

Mr D O'BRIEN: Can I move on, Minister? The same article in the *Age* a few weeks ago referenced 89 doctors undertaking mandatory training with respect to VAD. Can you tell us: have all those doctors completed that training, and if not, how many have completed it?

Ms MIKAKOS: Thank you for that question as well. As I was explaining at the outset, it is really important that you do enable me to give a bit of context because we have had a lead-up time—

Mr D O'BRIEN: As you said, Minister, we have had countless hours of debate in the community and in this Parliament about it. I do not need countless hours more of context. A straightforward question: how many doctors in Victoria have received the mandatory training? That is all I need to know. If you cannot tell me, just say so.

Ms MIKAKOS: Mr O'Brien, I do think you need to respect this process and enable me to give explanations about matters that have profound interest to the broader Victorian community—

Mr D O'BRIEN: And the profound interest of this committee is how many have had the training. It is a straightforward question.

Ms MIKAKOS: It is you in fact who is wasting time, if I may suggest, because I am wanting to answer your questions and I am just getting interrupted constantly. To date we have had, as I said, an implementation process. We have had training opportunities provided for medical practitioners to participate, and to date—

Mr RIORDAN: And the number is—

The CHAIR: Deputy Chair, just relax. We are now in government time, and I am still allowing the minister to answer, so just calm down.

Ms MIKAKOS: Thank you, Chair. I think if people are a bit respectful about this process, we can get to the answers that people want.

Mr D O'BRIEN: Please do not lecture us about the process. Can you just provide an answer?

The CHAIR: I will move to government business if you keep interrupting.

Ms MIKAKOS: As of today the advice that I have is that 100 medical practitioners—we have actually increased the numbers from 89 that we had in the media story. We actually have more than 100 who have either commenced or completed their training, and there are more who no doubt will take up training opportunities as well.

Mr RICHARDSON: Thank you, Minister and departmental representatives, for joining us today. Minister, I want to take you back to the schools dental policy. Obviously this is a key part that complements the Education State target of happy, healthy and resilient kids, but really importantly it is about preventative health. Minister, are you able to outline how preventative health is being considered and incorporated as part of this important rollout?

Ms MIKAKOS: Thank you, Mr Richardson, for following up the questions that we had earlier because I am very keen to talk about what I think is a very exciting initiative for Victoria's children. I think it will probably surprise many members of the community to know that in Victoria dental conditions are the highest single cause of preventable hospitalisations for children under 10. It is the highest single cause of preventable hospitalisations for children under 10. Oral disease: we have about a quarter of Australian children who have untreated tooth decay, so it is a big problem in the community. Oral disease is expensive to treat but it is extremely common. But it is also avoidable, and it is much easier to deal with if you get onto it early. So we think that our free school dental vans make a lot of sense for all of those reasons. The fact that the care will be annual will mean that the oral health teams will identify developing oral health issues amongst our kids before they develop into serious health problems.

The school dental vans will also deliver an important educational message relating to the importance of looking after your teeth to prevent oral disease and tooth decay. Each year students will be provided with a free dental pack consisting of a toothbrush, toothpaste and brochure to promote ongoing oral health as well. The oral health teams will educate our kids about how to brush properly, what to eat and what not to eat. In this way the program will make a significant contribution to public health and preventative health in Victoria. In fact this is really important to stress: this is a really important initiative in terms of savings to families and addressing cost-of-living pressures by saving parents an average of \$400 a year in dental costs. The convenience factor should not be underestimated in terms of making it much easier to access, with the vans going to the schools rather than parents having to take children to appointments elsewhere. But really importantly this is a really important preventative health measure, one that is going to enable children to really develop very valuable lifelong skills to look after their teeth, to brush their teeth every day and to look after their teeth by thinking about what they are eating. We think that that preventative health aspect—the oral education, the focus on good oral health—is going to be absolutely a game changer in terms of lifting children's dental outcomes as they grow up and as they become adults, really reducing the dental burden of disease into the long term.

Mr RICHARDSON: Minister, this obviously interacts then with the wonderful professionals in our public dental health service. What impact is the program likely to have on our public dental services in Victoria?

Ms MIKAKOS: This investment will relieve pressure on our public dental services throughout Victoria. We anticipate that the program will free up around 100 000 places in the public dental system every year when we have the full rollout by 2022. So this is actually a win for children but it is also a win for adults as well because by freeing up the appointments that children are currently using in the public dental system we are going to create more appointments for adults being able to access the public dental system.

Currently it is important to stress—and I acknowledge that we are experiencing a lot of pressure in our adult public dental services—we have had a 30 per cent cut to commonwealth funding for public dental, and that is no doubt putting a lot of pressure on the system and on public waiting lists. We obviously will continue to advocate to the commonwealth government around the need to address this and the issues with the lack of ongoing funding commitment to public dental. But we are certainly getting on with providing more support to Victorians through what I explained right at the outset as the biggest investment in public dental services in Victoria's history.

I think it is also important to make the point to you in terms of the convenience factor what it means as well. As explained, the service is going to be delivered directly and conveniently on school campuses. Currently we have public dental care available for Victorian schoolchildren but less than 20 per cent of eligible children take it up. We know that it is actually the most disadvantaged children that are missing out because parents just cannot get to the public dental services. They do not have time, they just have not been able to get their children to make the appointments and follow up on the appointments, so by taking the vans to the school those hard-to-reach children that are missing out at the moment are going to get access as well. I think this is a really important aspect of it. There are no vouchers, there is no need for a parent to book appointments, there is no need to battle traffic to get your child to an appointment. The van is coming to you, effectively, by delivering those services through the schoolyard. The impact will be really significant for those parents who are most time poor and as I explained, disadvantaged parents in particular.

There are some other jurisdictions that have more limited public school dental van programs, but I am very proud that there is no other Australian jurisdiction that is offering such an expansive or comprehensive program

as what we will offer here in Victoria, and one that we will start to roll out from term 3 of this year. We have actually brought forward the program from what we had announced. We had envisaged originally that we would start next year, but we are bringing it forward to term 3 of this year.

Mr RICHARDSON: Minister, if I take you back to budget paper 3, page 51, I note in the forward estimates that the program scales up over four years. Can you describe for the committee the project's implementation?

Ms MIKAKOS: Thank you. As explained, we are going earlier than what we had originally scheduled. We want to test the model and make sure we can work through all the logistical issues with schools, so we have decided to roll out this new fleet of dental vans in certain communities from term 3 this year. The first schools that will get these vans will be in Box Hill, in South Barwon, in Cranbourne and in Wodonga from term 3 this year. I know that Ms Richards is very excited about the fact that Cranbourne is included in that first part of the rollout and was very excited when the Premier and I went out to make the announcement together with our colleague Ms Crugnale as well.

These will be beautiful, vibrant, bright orange-coloured Smile Squad vans. They will be hard to miss, and we certainly saw that at Clyde Primary School recently when we made that announcement. It will be a small start to the program in term 3. As I said, this is a testing phase. We want to make sure that we get every aspect of the model right and then we will be progressively scaling it up every year so that we get more schools getting these visits until we have the full rollout by 2022. As I mentioned, all schoolchildren, both primary school and secondary school, will receive the free dental treatment and health information every year. The Smile Squad team when it is fully rolled out will be a team of about 500 oral health therapists dental assistants and dentists employed by Dental Health Services Victoria. When we are fully rolled out we will have about 250 dental vans.

So just to explain the logistics of how this works, we first have a screening van, which is a smaller vehicle which looks in size similar to a Kombi van, going out to visit the schools. They will provide each child with a check-up as well as a preventative health pack, and then for those children identified as requiring treatment—and I gave some examples much earlier about the types of treatments that that could entail—there will be a separate, larger treatment van the size of a truck that will return shortly after, and that will include dental chairs and specialist dental equipment within that truck. For a very small number of procedures that cannot be done in the truck, some children might be referred to our public dental services. That is where there is major dental surgery required or a child might need to go under anaesthetic, for example, and it needs to be more specialised care.

We are working closely now with the Department of Education and Training and of course DHHS around the logistics to ensure our schools throughout the state are ready and able to welcome and receive these Smile Squad vans from term 3. We are having those discussions and finalising which schools in those areas are able to receive those vans from term 3, and we will have some further announcements to make once those details have been confirmed. We are starting small and we are going to eventually roll out by 2022 to the entire state. As the budget papers explain, it is a demand-driven program and it is designed to ensure that all children have access. We think it will make a huge difference when it is eventually rolled out.

I will just mention quickly in terms of the trucks that I am really pleased that we are also creating job opportunities for a local business in Ballarat. The first of those trucks have been assembled. They have been imported; as we know, we do not have a motor vehicle industry in Australia anymore. We have imported vehicles from Europe. The chassis have been fitted out by a company in Ballarat that has expertise in fitting out other such vehicles, and that is also creating jobs for Ballarat as well. So it is a huge win for our communities in the job sense—and obviously we are going to employ more specialists who have got the dental expertise of course as part of this program as well—so more job opportunities for those assembling vehicles and for those who will be providing the dental services, but of course the biggest winners will be children and their families.

Mr RICHARDSON: Thank you, Minister, and I am sure it will feature in budget estimate discussions into the future. Minister, I want to take you to a topic dear to my heart at budget paper 3, page 51, and that is 'More help for new Victorian mums and dads'. Minister, we know that for more than 35 000 mums and dads across Victoria who become parents for the first time that transition to parenthood is very exciting. As the father of a nearly three-year-old, young Paisley, I can attest to that being quite daunting and at times challenging, especially for my wonderful wife, Lauren, but I want to know, Minister, particularly around maternal and child

health—they are wonderful people who support our communities, who answer the call on a range of issues from sick bobbies all the way through to getting those little ones down to sleep—can you outline for the committee each of the initiatives in this package and outline how these initiatives will provide this extra support to parents?

Ms MIKAKOS: Thank you very much, Mr Richardson, for that question, and I am very excited by this particular package as well. I was very grateful to the Premier when he offered me this opportunity to take on this really important and exciting portfolio—to, as part of the machinery-of-government changes, continue to have responsibility for our parenting services, including our maternal and child health services. I am very pleased that those services have now come across into the health portfolio and I can continue to offer my support to our fantastic maternal and child health services in Victoria.

We know that bringing a newborn home for the first time is one of the most precious moments for any parent, but for many families it can also be extremely stressful. Sleep and settling is one of the biggest challenges facing new parents, with around one in two parents reporting problems with their child's sleep. This can be associated with postnatal depression, isolation and stress for parents but can also affect a child's behavioural, mental and physical development. This is why our government has invested more than \$213 million to deliver on our election commitment to provide more support to new Victorian mums and dads in what is the largest ever parenting package in Victoria's history.

This investment includes \$135.1 million towards the construction of seven brand-new early parenting centres across the state, tripling the number of early parenting centres in Victoria. It includes a range of other supports as well. For the early parenting centres we have got new centres that will be built in our growing suburbs of Casey, Frankston, Wyndham and Chelsea to help relieve demand on existing services and to give families the support that they need at those critical early stages for issues around sleeping, feeding and extra care for babies with additional needs. This is also providing funding for two of our existing metropolitan services, Tweddle Child and Family Health Service in Footscray and the Queen Elizabeth Centre in Noble Park. They will each receive \$9 million to complete refurbishments, providing fit-for-purpose facilities that support the needs of modern families. I note that Tweddle is celebrating its 100 years next year. I know Ms Stitt knows them well, being out in the west, representing the west. They have got a great and long history of supporting families in that community, but they have also got very old buildings, so they are in much need of expansion and refurbishment and that is what that funding will provide.

The other aspect of this that I am very excited about is, in terms of our existing services, they are all in Melbourne. We have only got three early parenting centres in Victoria for the whole state and they are only in Melbourne, so we are going to build three early parenting centres in regional Victoria—in Geelong, Ballarat and Bendigo—and give rural and regional families access to these services for the very first time. Families from regional Victoria, from far away as Mildura, have to come into Melbourne for these residential stays. It is not the only thing that the centres do, but they do provide overnight stays and residential stays, so that is quite a long trek for our regional families. So having those regionally based centres is really, really important.

We are also providing a lot of other aspects of support for families in this package. I will just quickly go through some of them.

The CHAIR: I might use that as the right tone to pause as we move on to Mr Hibbins, Minister.

Ms MIKAKOS: Sure. Happy to come back to that, hopefully.

Mr HIBBINS: Thank you, Minister, Secretary and deputy secretaries for appearing today. I would like to go to budget paper 3, page 195, the objectives in the departmental performance statement and 'reduce obesity and increase physical activity across Victoria'. Obviously this is an important issue. Increased obesity and the subsequent preventative health issues are an ongoing pressure on the health budget. Can you indicate any specific initiatives within this year's budget to address that particular objective?

Ms MIKAKOS: Thank you, Mr Hibbins, for your question around obesity. As a government we have got a vision that all Victorians enjoy the highest attainable standards of health, wellbeing and participation, and we know that obesity in Victoria, as in the rest of Australia, is high across all age groups, but we also know that a

quarter of our children are overweight or obese, and this is particularly worrying. The government currently invests over \$8.1 million every year—this is recurrent funding—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. I will just quickly take you through some of these initiatives and the funding, if you are interested.

Mr HIBBINS: Sure.

Ms MIKAKOS: The key initiatives include the healthy schools, healthy early years and healthy workplaces achievement program, which makes it easier for Victorians to be healthy every day by creating healthy environments in over 1000 early childhood services, 570 schools and 920 Victorian workplaces. There is a reference to this in the department's 2017–18 annual report on page 30, if you want to seek more information. There is also the Healthy Eating Advisory Service, which supports 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, and again I refer you to the department's annual report of 2017–18 on page 30.

And finally, there is the Life! program, which is 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, and I refer you to last year's state budget, budget paper 3, page 246, for details of that particular program.

We also have significant investment to VicHealth, as you would be aware. We provide recurrent investment of approximately \$70 million per year for the delivery of a broad range of health promotion and prevention initiatives through VicHealth and community health services. I refer you to budget papers in relation to that part of the budget. But that is—

Mr HIBBINS: Maybe I will take the rest on notice just because of time constraints, thank you.

Ms MIKAKOS: Sorry?

Mr HIBBINS: I will just take the rest on notice just due to time constraints, thank you.

Ms MIKAKOS: Sure. I am just happy to make the point to you that we do provide a range of programs also in regional Victoria. The Loddon Campaspe Healthy Heart initiative had received funding as well.

Mr HIBBINS: Can I ask how you measure success?

Ms MIKAKOS: For obesity?

Mr HIBBINS: Yes, for those programs.

Ms MIKAKOS: Yes, look, I am happy to take specific details on those specific programs, as I have outlined a number of them and run out of time to give you details of other ones in regional Victoria as well, but of course we do look at a range of health indicators. So, for example, where we are talking about the Life! program, which is reducing the risk of type 2 diabetes and cardiovascular disease, obviously these are specific health conditions that can be measured in terms of working out their long-term effectiveness. Obviously we continuously look at the effectiveness of all of our programs in making decisions about which programs we continue to fund.

Mr HIBBINS: I guess I am trying to draw a link between the long-term trend, which from my understanding is trending in the negative, versus the current government investment.

Ms MIKAKOS: So just in terms of that Life! program, this is a program that is run by expert health professionals. It is delivered as a group course or by telephone through a telephone health coaching service. It reaches 5600 Victorians every year. We are able to obviously measure their particular health initiatives in terms of those particular individuals. But I accept the point that you are making. It is an issue that I am very interested in, looking at what more we can do in terms of the broader community. We have VicHealth, for example, who

came into Parliament just recently at my invitation to talk to all members about the This Girl Can program to encourage girls and women to undertake more recreational activity. This has to be a multifaceted approach. It is never going to be one thing that is going to fix the obesity epidemic that we have got in our society, and it is—

Mr HIBBINS: No. Are you developing an overall strategy?

Ms MIKAKOS: Yes, we absolutely are. I am particularly interested in developing a childhood obesity strategy. I think it is important that we look at the—

Mr HIBBINS: Just childhood, not overarch all the population?

Ms MIKAKOS: Look, the focus has to be really on the next generation and making sure that we can get children to develop better lifelong habits, but that does not mean we do not continue to do work with the broader population. Of course we do, and many of the examples of the programs I just gave you are really adult in focus. But we need to have a multifaceted approach. It has got to be one that has got to look at ones around diet and the foods that people are eating. We had an election commitment to look at the food that we are offering in our health services, for example, and we are doing some work around that—and I will have more to say about that very soon—but also recreational programs and giving people opportunities to exercise and get that message out as well. It has got to be a range of strategies.

Mr HIBBINS: Yes, can I just pick up on that point. There is an active transport unit within the Department of Transport. Do you provide advice or is there a relationship between that unit and the department of health?

Ms MIKAKOS: Sorry, is there a relationship between which unit?

Mr HIBBINS: The active transport unit within the Department of Transport.

Ms MIKAKOS: Look, of course there is always collaboration across government where we have whole-of-government strategies. We have a part of the Department of Health and Human Services that deals with health promotion activities. They have a raft of data available to them in relation to these issues. Of course we would work together with other departments on these types of strategies. Of course there is a separate minister and a separate portfolio around sport and recreation, which I am sure you will have an opportunity to put questions to around those particular programs, but we do have a particular focus and VicHealth does have a particular focus to promote more physical activity amongst, as I particularly mentioned, disadvantaged people, women, girls and those within the community who are not taking up those opportunities as much as they should be.

Mr HIBBINS: Great. In terms of the strategy, do you have a time line on that and when that would be developed, your childhood obesity strategy?

Ms MIKAKOS: Look, we have got some work that is underway at the moment. I look forward to being able to talk about it in more detail before this committee in future years.

Mr HIBBINS: Terrific, thank you. I might move on to HIV prevention. I think it is in budget paper 3, page 51. In terms of the community-based rapid testing, will that be available to people who are not covered by Medicare or health insurance?

Ms MIKAKOS: Look, thank you for that question. So if I could just quickly explain what the initiative is that is funded, we have got \$2.8 million over four years for our Pronto! rapid HIV testing included in the budget this year. Our government, in partnership with the HIV sector, remains committed to preventing and reducing the impact of HIV on Victorians and meeting the care needs of people living with HIV. We are investing in the expansion and redesign of HIV prevention and testing services so that more people know their HIV status and remain HIV free. This means improving access to pre-exposure prophylaxis—known as PrEP medications— together with best practice testing, treatment and support services. Our commitment to HIV prevention is demonstrated by our funding for Pronto!, which is a free community-based, peer-led, rapid point-of-care HIV testing for gay and other men who have sex with men who are at higher risk of acquiring HIV, and in addition to the—

Mr HIBBINS: And is that available to people not covered by Medicare or health insurance?

Ms MIKAKOS: I believe it would be, but I will just get confirmation for that, Mr Hibbins, if I can, and we will see if we can come back to that during the course of the hearing. If not, we will take it on notice.

Mr HIBBINS: I just raised the point because obviously the efficacy of the program of prevention and reducing transmission is about making sure that people, if they are here from overseas or what have you and here for an amount of time—

Ms MIKAKOS: Absolutely. I certainly agree with you. I agree with the point that you are making, and we will seek confirmation of that if we can come back to you shortly. But certainly the intention here is to eliminate stigma and discrimination and to make this service freely available. As I said, it is a free service. And as you would be well aware, we have a bill in the Parliament as we speak to further remove stigma, and the Public Health and Wellbeing Act amendments will remove further barriers to HIV testing for Victorians. So we have—I am sure you would be interested to know—a very bold ambition through our HIV strategy to meet the United Nations Fast-Track Cities 2050 target of 90-90-90, which is 90 per cent of people living with HIV knowing their status; and of those, 90 per cent being on treatment; and then 90 per cent of those on treatment having an undetectable viral load. Under our *Victorian HIV Strategy* we have also committed to 95-95-95 targets for testing, treatment and undetectable viral load by 2030, and I am pleased to tell you that our current progress in Victoria is encouraging. We have 89 per cent of people living with HIV diagnosed. Of these, 95 per cent are on treatment and 94 per cent of those on treatment have an undetectable viral load. So of course there is more work to be done, but we have been getting success, and I am just being told that—

Mr SYMONDS: The answer is yes.

Ms MIKAKOS: Yes. So in answer to your question before, the answer is yes, in terms of the provision of free services for those who do not have a Medicare card and are not able to otherwise access traditional health services, they are able to access the service through the Pronto! service.

Mr SYMONDS: Anybody who attends the Melbourne Sexual Health Centre can have access to the program.

Ms MIKAKOS: Thank you, Mr Symonds.

Mr HIBBINS: Okay, great. I just wanted to move on to medicinal cannabis. Could I just ask initially how much is going to be spent on producing the Victorian government's medicinal cannabis product in this budget?

Ms MIKAKOS: Sorry, the specific question was about how much the—

Mr HIBBINS: Yes, how much is going to be spent on—

Ms MIKAKOS: So how much we are spending on—

Mr HIBBINS: producing medicinal cannabis.

Ms MIKAKOS: Okay. All right, thank you. As you would be aware, in 2016 Victoria became the first Australian jurisdiction to create a legal access pathway for medicinal cannabis. It was really the catalyst for the commonwealth to make some policy changes as well and create a national regulatory framework for medicinal cannabis. Any doctor in Victoria now can prescribe medicinal cannabis to any patient with any condition if they believe it is clinically appropriate and they have obtained the required commonwealth and/or state approvals. Whilst the commonwealth regulatory system is in place the Victorian Access to Medicinal Cannabis Act is no longer required. We announced back in January 2018 that we would not implement the Victorian act, to avoid duplication and unnecessary regulatory burden. We did make a commitment, as you would be aware, to provide access to a medicinal cannabis product for children with intractable epilepsy, and we have provided that compassionate access scheme since March 2017.

Mr HIBBINS: Just some clarity around—

Ms MIKAKOS: I am just coming to the funding, if I can.

Mr HIBBINS: Sure. I just want clarity around access, about who is actually eligible and who could access it now.

Ms MIKAKOS: Around the children?

Mr HIBBINS: No, just in general—the eligibility in general.

Ms MIKAKOS: So just to clarify, under the commonwealth policy changes that were made, we led the way and then the commonwealth stepped in. Currently any doctor in Victoria can prescribe medicinal cannabis to any patient with any condition if they believe it is clinically appropriate and they have obtained the required commonwealth and/or state approvals. The Victorian government funds a compassionate access scheme for children with intractable epilepsy, and we have been providing an imported medicinal cannabis product for those children whilst we have been developing our own product, which is not yet complete.

In terms of the funding that you asked about earlier, there was funding back in the 2016–17 budget—it was BP3, page 79 of that budget—where we had allocated a total of \$21.3 million. The funding for the 2019–20 year through that allocation is \$5.6 million.

Mr HIBBINS: When will the Victorian product be available?

Ms MIKAKOS: Thank you for that question. We have established an Office of Medicinal Cannabis that does some work in terms of issuing the schedule 8 treatment permits for Victorian doctors to prescribe medicinal cannabis. There has also been work underway to develop Australia's first cannabidiol product. This is a high-quality pharmaceutical product that recently underwent a pharmacokinetic safety study on healthy adult volunteers, the first Australian-made cannabis product to undergo this stage of testing. We provided initial supplies of cannabis resin to the Department of Economic Development, Jobs, Transport and Resources, and there is a purification process that is underway. So I cannot give you an exact time frame, but I just make the point to you that there is ongoing work around the purification process to be able to develop that product. But in the meantime we continue to fund the compassionate access scheme, which I referred to earlier, which is for the children with intractable epilepsy. We announced on 17 January 2018 that the scheme would be expanded and that funding would be extended for a further two years until mid-2020. The scheme is currently capped at 60 children on active treatment, and I am giving some consideration at the moment around the timing of expanding that further. We have committed to adding a further 30 children to this scheme and bringing the total number of children on the scheme to 90.

Mr HIBBINS: With it capped at 60, does that mean it is currently being used by 60?

Ms MIKAKOS: I will just ask Ms Peake to respond.

Ms PEAKE: Certainly. Mr Hibbins, it is about a third of children who use the product that it ends up not being efficacious for. So at any given time there will be people coming onto the program and coming off the program. I think over the period, we have had, from memory, something like 90 to 100 children who have participated in the scheme. But at any given time we are at the 60 and expanding that to at any given time having 90.

Ms STITT: Good morning, Minister and officials. Thank you for appearing before the committee today. Minister, I wanted to take you back to page 51 of budget paper 3, and I think you were in the process of explaining to Mr Richardson some of the important initiatives outlined in the budget table around 'More help for new Victorian mums and dads'. So I just wanted to give you the opportunity to finish explaining to the committee what important initiatives are included in that package.

Ms MIKAKOS: Great. Thank you, Ms Stitt. Earlier I was talking about the early parenting centres and making the point that this is going to provide more locations. We are tripling the number of locations, going from three centres to nine. That is a fantastic addition to the early parenting services available to the community at the moment and particularly to provide that greater access for our regional families. It is estimated that that investment will help more than 4500 additional Victorian families every year.

I know from my previous portfolio in child protection that we have some very vulnerable families that utilise these services, but we are also keen to ensure that these services are able to be made available to a broader range of families as well, as was originally the case with Tweddle, for example, and the fact that it was a very well utilised service across families in the western suburbs. So we will have more to say about the model as we develop that and progress the construction of these brand-new centres. But we know that sleeping and settling issues are certainly coming through clearly in the phone calls that our maternal and child health phone line receives every year, accounting for a very significant proportion. Particularly in the first few weeks of a child's life, a very significant proportion of those calls relate to those sleep and settling issues. So we want people to really reach out and get that help when they need it, rather than getting to crisis point, which can also present a serious risk to parents but to children as well. We have seen absolute tragedies as a result, as I am sure members would be well aware. We have got intentions to complete the refurbishments at Tweddle and QEC in the 2021–22 financial year. We will have more to say about the exact service mix and the governance structures of the new centres that will be built to make sure that they meet the needs of the local communities in those areas.

In terms of other aspects of the perinatal package, we have got \$21.9 million for the baby bundle for newborns. This will be a bundle of goods—essentially a starter kit, you might call it—for first-time parents in Victoria. We anticipate that there will be about 35 000 first-time parents that will benefit from the baby bundle. It will contain a range of goods within that bundle: both books—four children's books—as well as other essential goods will be in there. We also have \$27 million over four years for additional first-time parent groups, focusing on sleep and settling. This is a program that is designed to give greater access to parents, particularly to first-time parents, and to provide greater access also to dads to be able to attend these sessions—giving advice to parents about sleep settling and other issues that they will encounter and being able to do so with people who have got expertise in that field.

We are also providing \$17 million over four years to provide 7000 vulnerable families with home-based sleep support as well. This will be maternal and child health nurses actually going into people's homes and doing additional home visits to give people support with those sleeping issues as well as \$7.2 million over four years to provide additional speciality capacity on the maternal and child health line to provide parents with more support and follow-up for parents with sleep and settling problems. Just on the phone line, just in case people are not aware, it is a free telephone service staffed by trained maternal child health nurses. They have fantastic expertise in so many issues. They get so many calls every year. They are available 24/7 every day of the year for families to call up, and I certainly encourage people to take up those opportunities if they need them. But we are going to put more staff on the phone line to be able to take even more calls—about another 20 000 to 25 000 calls a year.

There is also \$4 million over four years to fund organisations to provide free professional fittings of child restraints and safety checks. I saw a horrendous photograph on Twitter just a few days ago of a parent who had strapped their baby into a baby capsule that had an adult seatbelt across the baby, sitting just under the baby's neck. The capsule was not attached to the car in any way. I was absolutely horrified by that picture. We want to ensure that cost is not a barrier. This was in New South Wales I should point out, but it certainly attracted my attention. We want to ensure that cost is not a barrier to parents being able to fit their baby capsules and their car seats properly and securely in their cars. It worries me that people might cut corners because of costs and the fact that obviously as children age, get older and change from a capsule to a seat and change seats perhaps multiple times that these things might be installed unprofessionally and in unsafe manners. So we are going to provide support to families through that funding as well.

We also have \$1.4 million over four years to provide basic newborn first-aid training for an estimated 26 250 first-time parents whose children are born in public hospitals each year. We see, sadly, so many children arrive at the Monash Children's and Royal Children's hospitals every year with burns, with other preventable conditions and injuries that have occurred. It is important that parents are equipped with basic first-aid and of course that they have access to world-class ambulance services in our state, but giving people that piece of mind, that reassurance that they know what to do in an emergency is really important. So I am very proud that we will be having more to say about that particular initiative in time as well. Then finally, in the Treasurer's portfolio there is \$7 million over four years to provide payroll tax exemptions for paternity leave, giving dads the same opportunities as mums in terms of accessing parental leave as well.

So there is a very comprehensive package there. As I said, it is the biggest such package in its history. We have already made very significant investments to expanding our maternal and child health services in our previous term that I had responsibility for. I am very proud of that, that we have been rolling out an expansion of the enhanced maternal and child health service, which is the targeted support that provides additional home visits and supports to our most vulnerable families, including families that might be experiencing family violence, or families who might have a child with disability and need additional support. We used to have that program until the baby turned one, and through the investments we made in our first term that is now being rolled out progressively to when the child turns three, so to replicate the same as the universal service that is available to everybody. So we have got big expansions happening already, and this year's budget is just going to build on that in terms of providing even more support to families through our maternal and child health service.

Ms STITT: Thanks, Minister. You have talked about building the seven new early parenting centres. Can you give us a little bit of detail about where they are going to be located and what the basis was for you choosing those locations, and if you are able to, the timing of these centres opening?

Ms MIKAKOS: As I mentioned earlier, we have got the very significant expansion of our early parenting centres. It was disappointing to me in my previous portfolio to see that there had not been any expansion in our early parenting centres for decades, that there had not been any significant investment, that we had the same three services running for the whole state for such a long period of time. So we certainly looked at where the need was in terms of communities with very large numbers of babies being born. Obviously the growth suburbs of the outer suburbs of Melbourne were an obvious location for that reason, and that is why we are going to be building new centres in the growing suburbs of Casey, Frankston, Wyndham and Whittlesea to help relieve demand on the existing services that we have got.

As I said, we have got QEC that is based in Noble Park, we have got Tweddle that is based in Footscray and then there is a third service as well run by Mercy Health. So there is certainly a need in terms of metropolitan Melbourne to provide more support and take the pressure off the very stretched existing services and then provide support for our regional communities. I mean, it is just unacceptable that we have got not a single residential-based early parenting centre at the moment in regional Victoria, and this is going to address that by building centres in Geelong, Ballarat and Bendigo. Those three new centres are going to make a significant difference for families in those communities but also in the surrounding communities in terms of providing a location that is much closer for all parts of our state.

So in terms of the timing of those, we are starting the work now for planning for those service models that I mentioned earlier and making sure that we get the model right in terms of governance and other issues. We have got detailed planning underway for the expansion, including the development of a common model of care that can be applied across all sites. We have got master-planning for the refurbishments of Tweddle and QEC that will commence in July, with a view to works being substantially advanced over the coming year, and I did refer earlier to looking at completing the building works in 2021–22 for those two existing services. In terms of the capital build for the seven new centres, we are aiming to have the first three of those new centres completed and commence operation in 2022–23.

So there is obviously quite a bit of work to go in terms of identifying site locations and governance, and there are a range of issues to do with the model of care for these new early parenting centres. But in terms of the existing locations, obviously because they are existing services we are getting those refurbishments underway very soon.

Ms STITT: Just turning now to the maternal and child health supports that you have outlined in the budget. I do not think there would be a parent in the room that has not had challenges with sleep and settling little ones. Can you talk us through what the additional investment is in this area and what that will mean for Victorian parents?

Ms MIKAKOS: Thank you, Ms Stitt. So the existing Maternal and Child Health Line responded to 108 491 calls for 2017–18, and I know more recently it was even more. There were a lot more; they keep growing every year. In that year, in 2017–18, one in three calls related to sleep and settling, and that has been pretty common across the long-term trends. Such a significant proportion of those calls relates to sleep and settling, and that is why we have invested 7.2 million in the budget this year to expanding the Maternal and

Child Health Line to provide dedicated sleep and settling professionals. These are specially trained maternal and child health nurses to staff the line to provide that 24-hour, seven-days-a-week sleep and settling support over the phone. This will ensure Victorian parents can access specialist advice in their own home when they need it most, even in the middle of the night, and that is typically when a lot of people do need that additional support, when they are pulling their hair out and they are really needing some advice.

They do not need to be first-time parents to seek this advice, I should stress. The Maternal and Child Health Line is available for anyone who needs it. It is completely free. It can be used as often as required and is confidential, so people can call a very trusted, reliable source of advice to get that additional support. Did you want me to talk about the home visits as well, or—

Ms STITT: Well, I was just actually going to sneak in a quick little question about the baby bundle.

Ms MIKAKOS: Sure, of course. You know I love talking about the baby bundle.

Ms STITT: Because I know that this is something that you have been—

The CHAIR: We are going to have to hold that because we have, sadly, moved into Ms Vallence's time.

Ms VALLENCE: My question straight up is to you, Secretary. We had extensive context from the minister around the dental vans program. Budget paper 3, page 51, the \$321.9 million for free dental care for the government schools.

Ms MIKAKOS: Sorry, can you repeat the page number?

Ms VALLENCE: Of the initial rollout across the four areas that have been identified to start up—

Ms MIKAKOS: Sorry, could you just repeat the page number for the secretary? Because I think we both missed it.

Ms VALLENCE: Well, it was in your presentation as well. It is page 51.

Ms MIKAKOS: Thank you.

Ms VALLENCE: Of the initial rollout across the four areas, we heard that it was demand driven. However, there must be an expected number of children who will be participating in the scheme for the four initial rollout areas.

Ms PEAKE: Yes, so we are doing the planning at the moment with the schools, and we will have a better idea about the actual numbers once we have worked that through later this year.

Ms VALLENCE: You do not know the numbers. What sort of time frame would you expect to have those numbers?

Ms PEAKE: As the minister mentioned, we are commencing the rollout in those schools in the third term of this year, so at that point. That is really a pilot, and through that pilot we will really understand the numbers, so by the time we are talking to you next year I would expect that we would have a much clearer view.

Ms VALLENCE: So talks are still ongoing with the Department of Education and Training?

Ms PEAKE: We are working constantly with Education and Training in preparation for the trial that will start in the third term of this year. They are working very closely with us and with the schools around how the schools will be ready, and obviously we are also working really closely with Dental Health Services Victoria, who are a critical partner in this as well.

Ms VALLENCE: Okay. Secretary, of the 250 dental vans that have been described, how many will be screening vans and how many will be treatment vans?

Ms PEAKE: I might ask Mr Symonds if he can provide you with that detail. Otherwise we are very comfortable to take that offline and provide you with whatever information we can. Yes, happy to take that on notice.

Ms VALLENCE: Okay. Well, if you do not have those numbers, the minister mentioned earlier that you have already engaged—

Ms MIKAKOS: Can I just clarify—sorry, Ms Vallenge. When you are asking about the total number of students, are you asking about term 3 or for the full rollout? Because by the full rollout we are expecting 650 000 students.

Ms VALLENCE: Yes, we are asking for the initial rollout across the four areas. So the four areas, four regions you have got the initial rollout, 25—

Ms MIKAKOS: Yes. I did explain earlier that that is a testing phase where the department of education is talking to the schools in the four locations that I mentioned: Box Hill, Cranbourne, South Barwon and Wodonga.

Ms VALLENCE: Yes, we know the areas, thank you.

Ms MIKAKOS: And so we will have some more to say about the schools that will be participating in that shortly.

Ms VALLENCE: Right. But do not know the numbers yet, which was what the question was.

Ms MIKAKOS: Yes.

Ms VALLENCE: So the 250 dental vans. We know there are 250. You do not know yet how many will be screening or treatment vans. Yet I think the minister mentioned that you are already looking at—

Ms MIKAKOS: Can I again clarify? We do have some estimates in terms of full rollout.

Ms VALLENCE: So what is the estimate?

Ms MIKAKOS: I said earlier that by the full rollout we anticipate that we will have about 250 vans in total. Of those we expect roughly—

Ms VALLENCE: Right. I would have thought that with the 250 vans, if you have got an estimate for your budget amount—

Ms MIKAKOS: Let me finish, Ms Vallenge. So we expect that roughly of the 250, around 150 will be screening vehicles and 100 will be treatment vehicles. But it will depend on—

Ms VALLENCE: Sorry, could you just say that again?

Ms MIKAKOS: See, this is the point that I am making. I am actually trying to give you information, and you—

Ms VALLENCE: Yes, I understand that. So just repeat that, please.

Ms MIKAKOS: So of the 250 vehicles that we will have by the full rollout by 2022, we anticipate there will be roughly about 150 screening and about 100 treatment vans.

Ms VALLENCE: Okay, thank you.

Ms MIKAKOS: Of course we are going through a testing phase in term 3 to determine the exact configuration of what we need, and of course we will learn from the testing.

Ms VALLENCE: Thank you, Minister; that was all I was after on that particular one. So, Secretary, I think it was mentioned already in a prior answer that you are looking at chassis from Europe and bodies being built in Ballarat. Was there a tender?

Ms MIKAKOS: We have a—

Ms VALLENCE: No, the question is to the secretary. Sorry, Minister.

Ms PEAKE: My understanding is that there is a company that we are working with who has the specific expertise. I am happy to—

Ms VALLENCE: So body building?

Ms PEAKE: Pardon?

Ms VALLENCE: For building the bodies? Because there are a lot of body builders right across the state.

Ms MIKAKOS: I might be able to assist the secretary. There is a company called Varley. I refer you to my media release. That will be—

Ms VALLENCE: The question is to the secretary: was there a tender?

Ms MIKAKOS: I am just trying to explain to you that there is—

Ms VALLENCE: Was there a tender for the chassis, was there a tender for the bodies, was there a tender for the medical equipment that is going on board, and so forth?

Ms MIKAKOS: If I can just explain to you—

Ms VALLENCE: Sorry, Minister, the question is to the secretary.

Ms MIKAKOS: There is a company called Varley in Ballarat, which is a vehicle manufacturer. It is doing this work, as it has a proven track record of fitting out specialised vehicles, such as fire trucks and ambulances.

Ms VALLENCE: Secretary, it is a simple question: was there a tender? Has there been a tender process for all of these elements?

Ms PEAKE: Dental Health Services Victoria is working through the procurement. I am happy to get more detail from them on the procurement, but this is actually a program that the management of it is happening through Dental Health Services Victoria.

Ms VALLENCE: Okay. So the procurement process, normally the supplier is identified at the end of that process. You have identified the suppliers already, so it sounds like maybe a tender process is not occurring. But particularly on the equipment that is going on board—

Ms PEAKE: I might be able to—

Ms MIKAKOS: Can I just say—I think it is important to clarify this, Ms Vallence—

Ms VALLENCE: Thank you, Minister, the questions are to the secretary.

Ms MIKAKOS: This is a company—

Ms VALLENCE: Minister, with greatest of respect—

Ms MIKAKOS: I am just trying to clarify, because you are making statements that are not factual—

The CHAIR: Just a minute, Minister. Ms Vallence, as you know, as I have allowed you to be able to put questions on notice, I have changed a number of rules around PAEC this time, which also allow a minister to take a question directed to the secretary if they believe they can answer it.

Mr D O'BRIEN: Since when, Chair?

The CHAIR: Since the beginning of PAEC.

Mr D O'BRIEN: Can you point to me where you actually made that ruling?

The CHAIR: Yes, absolutely.

Mr D O'BRIEN: You did not do that, Chair.

The CHAIR: You can ask the Deputy Chair. I have done that consistently, Mr O'Brien.

Ms VALLENCE: Secretary, this is taking up some of my time and I am really keen to find out because the dental vans, I know how important they are to the government, this program. I am the mother of kids in the system—

The CHAIR: If you are so precious about your time, I will no longer give you additional time when I have been doing so thus far. Is that how you would like me to chair it? I am asking you: is that how you would like me to chair it, stick strictly to the time, when I have been giving you additional time the whole way through?

Mr RIORDAN: We do not need to hear this, Chair, sorry.

The CHAIR: Deputy Chair, I am asking you a legitimate question. If you would like to stick strictly to the second, I will do that.

Mr RIORDAN: We can have this conversation after we have had—

The CHAIR: Please do not be disrespectful to the way that I have been chairing this committee. Your choice—your choice how I chair for the remainder of today and tomorrow.

Ms VALLENCE: I would like to continue asking questions, because we are keen to find out information on this important program.

Ms MIKAKOS: And we are happy to give you that information.

The CHAIR: The minister is entitled to answer and you should give the minister the opportunity to do so.

Ms MIKAKOS: We want to give you the information, but we want to make sure it is accurate and that you are not making false assertions.

Ms VALLENCE: Okay. So particularly for the treatment vehicles—which I would imagine have the medical equipment on board—has there been an identification of what medical equipment is needed on board? Is it one seat, two seats or other equipment that is required, and has a procurement process occurred for that?

Ms PEAKE: Thanks, Ms Vallence. I might just, if you do not mind, go back to your question about the vans themselves. Two parts to this: the first is that the first 10 vans have been supplied through a direct procurement approach. Under our procurement rules we are able to direct source particular equipment. So the first 10 vans have been procured through that direct sourcing with the supplier that the minister mentioned. That will enable the trial to get going in the third term of this year. To your question about a broader tender process, I have been advised by Dental Health Services Victoria that the remainder of the vans will be put out to the open market through an open tender process and that there will be tender processes for the fit-out of vans as well.

Ms VALLENCE: So those 10 vehicles, sounds like that is the design or pilot phase with those vehicles. We mentioned a truck. There are lots of types of trucks. What sort of truck, what capacity truck is it, what tonne?

Ms PEAKE: As I mentioned, this procurement process is being managed by Dental Health Services Victoria, so this is not a process that is being managed by the Department of Health and Human Services. So the detail about the procurement process, in accordance with the policies that we as a whole of government

apply, will be managed through Dental Health Services Victoria, including ensuring that it is fit for purpose—the vans and equipment within those vans.

Ms VALLENCE: I know it sounds like a funny question to ask about the tonne of a truck, but obviously the size of a truck will determine who is able to drive it and all other costs associated with licensing, will it fit in small streets and so forth. So that is why we are after that, so if we can take it on notice.

You mentioned before about parents that might be able to go onto dental vans, but there are going to be many cases where the parents cannot go onto dental vans during school hours because they will be at work. How will consent be obtained from parents for a child that has been screened and needing follow-up treatment?

Ms MIKAKOS: The consent forms will be sent out to the parents by the school and consent will have to be obtained for a child to be screened or to receive treatment. The parent does not need to be physically present in order to provide a verbal consent; it will be a written consent form. All of that is being developed by Dental Health Services Victoria that will run this program.

Ms VALLENCE: Thank you, Minister. So—

Ms MIKAKOS: We are working very closely with the department of education to make sure that we provide all of our schools and all the families with all the information that they will need as part of this. Consent is a very important part of this.

Ms VALLENCE: Yes, I agree.

Ms MIKAKOS: And I explained earlier that parents may choose, if they wish, to attend with their child. That is optional; that will be up to them.

Ms VALLENCE: Yes, I heard that already, so thank you, Minister. So on that then, if a parent does offer consent and treatment is needed, is there some form of service level agreement in place for the treatment van to return? What time frame? If the screening van is there and they assess that the child needs treatment and the parent gives consent, what is the time frame for the treatment van to return?

Ms MIKAKOS: I have just explained earlier that in term 3 we are doing the testing phase, so that will work through some of those logistics, but the intention is—

Ms VALLENCE: So we do not know yet?

Ms MIKAKOS: Well, the logistics are going to work through the demand. When you have got a brand-new program that has never been done on this scale we need to work out exactly what the demand will be in terms of treatment, because for some of these kids this will be their first ever visit to a dentist. They have never been to a dentist ever before, particularly disadvantaged children.

Ms VALLENCE: I understand. You have mentioned that it is demand driven, but I think that in terms of costing and the budget that you have provided, to not have some sort of modelling around that, because the transportation, the staffing—

Ms MIKAKOS: But of course there are clinical decisions as well around the urgency of these matters. But these are the issues that we will work out. We will obviously have more to share with our school communities for 2020 after we have done the first testing in term 3 of this year.

Ms VALLENCE: And to that—and back to the secretary, if you would not mind—you mentioned 10 pilots. How many schools are in that pilot program?

Ms MIKAKOS: I explained earlier that I will be making those announcements shortly because we are having those discussions with the department of education and the schools in those four communities at the moment.

Ms VALLENCE: So not yet determined, as you said.

Ms MIKAKOS: Watch this space.

Ms VALLENCE: Watch this space. How many paediatric dental specialists are actually in Victoria at the moment?

Ms MIKAKOS: How many paediatric specialists?

Ms VALLENCE: Yes, dental specialists. How many specialists do we have?

Ms MIKAKOS: I would suggest that these are questions that go to people who are registered with AHPRA, which is a federal agency. The Victorian government does not register dentists. We do not register oral hygienists. We do not register doctors. We do not register nurses. All those numbers are held by AHPRA as the national body that regulates and registers all of these professionals.

Ms VALLENCE: This is a cornerstone program that the government wants to deliver, and that is what you have told us.

Ms MIKAKOS: Absolutely, and more staff will be recruited to run this program.

Ms VALLENCE: Would you have some form of idea of how many dental technicians, specifically for children, are actually in Victoria at the moment?

Ms MIKAKOS: Ms Vallence, I explained earlier that there will be 500 staff that will be dedicated to this program and 250 vehicles, so we already have some indications of what the demand will be in terms of the additional staffing.

Ms VALLENCE: I am not asking about demand. I am asking about how many staff, and I guess we will go back, because it sounds like we are not quite sure how many staff—

Ms MIKAKOS: But you have asked how many people work in that particular profession in the whole state of Victoria, and I have just said to you that that is people who work in the private system and the public system, and they are all registered with AHPRA.

Ms VALLENCE: Thank you, Minister. My questions are to the secretary. I hope you have some confidence in your secretary to answer these questions. With those 10 vehicles—

Ms MIKAKOS: It is just a very strange line of questioning because they are regulated by a federal agency.

Ms VALLENCE: Secretary—with respect, to the secretary—with the 10 vehicles of the pilot, how much does each of those cost? How much do those vehicles cost?

Ms PEAKE: Of the 10 that have been directly sourced, again I would need to—

Ms VALLENCE: The full cost—from the chassis to the body to the equipment on board, what is the cost of that vehicle?

Ms PEAKE: Yes, look, I am very happy to take that notice and come back to you. And obviously beyond the 10 it will be subject to the tender process that will get us the price.

Ms VALLENCE: No, but for the 10, how much have those cost?

Ms PEAKE: I am happy to take that on notice for you and come back to you.

Ms VALLENCE: Were they quoted before going into build?

Ms PEAKE: I am happy to take that on notice for you and come back to you with the detail.

Ms MIKAKOS: Well, it is also potentially subject to commercial in confidence, but anyway.

Ms VALLENCE: Well, no. And with the 250 vehicles over time—and I understand that that is your objective to reach that amount, hoping the demand is there—where will all of these vehicles be garaged?

Ms MIKAKOS: Now we are getting to the big questions.

Ms VALLENCE: Well, it actually is, because with the amount of money, of taxpayer dollars, that is going into this program, into the capital asset of the medical equipment as well on board, I think that that is a very important question.

Ms MIKAKOS: Most of these vans will be probably sitting in a school car park or a sports field for a number of days, because to see hundreds of children in a primary school of the typical size of a primary school, that van will not be there for 1 hour; it will be there for a period of time.

Ms VALLENCE: Over the 12 to 14 weeks of school holidays?

Ms MIKAKOS: The vehicles will be in school communities for some time. As to these types of issues, we want to ensure that they are not providing any inconvenience to those schools whilst they are there, and this is why we are working through these logistic issues with the department of education and the schools that will be part of that testing phase in term 3.

Ms VALLENCE: So whilst, just to the point of—

Ms MIKAKOS: Certainly if you are that interested about the garaging of them, we will take that on notice and get back to you.

Ms VALLENCE: I know that for many businesses who have big fleets that is actually a very big problem, particularly as you are saying you do not know the size of the vehicle, so that could pose a really large problem.

Ms MIKAKOS: It is being scaled up over a number of years with the full rollout by 2022, so we will not have the 250 vehicles until the final year.

Ms VALLENCE: Yes, thank you. Secretary, we have obviously got the vehicles that we are purchasing, and that is a capital asset. In terms of the maintenance over the program, is that included within the budget—the maintenance of these vehicles?

Ms PEAKE: Yes, so Dental Health Services Victoria, as I have mentioned, will be managing the whole program. They will be managing the procurement process, which will look at both the procurement of the vans and the management and maintenance of the vans. Ms Vallence, to your question about the housing of those vans, that obviously forms part of the planning of the rollout of the program.

I did not quite get an opportunity also to answer your question about the workforce, but I think your question was going to our level of confidence in the availability of the workforce to be able to scale up. Just a couple of comments on that: we have done a lot of work with Dental Health Services Victoria to look at both the pipeline of students that are coming through universities and, as the minister mentioned, the number of the workforce that are currently in Victoria. I can give an assurance to the committee from Dental Health Services Victoria that they are confident in their ability to staff the program.

Ms VALLENCE: Secretary, particularly in the rural areas, how will vans be staffed? Will these dental technicians and indeed service technicians for medical equipment on board be from regional areas?

Ms PEAKE: So one of the things that we are working through closely through our workforce area—we are working closely with Dental Health Services Victoria and our regional tertiary education providers, so it is also a partnership with the Department of Education and Training that is again, as I have just mentioned, looking at that pipeline throughout the state. I can only reassure the committee, as I have mentioned, that DHSV have reassured us—

The CHAIR: Secretary, sorry to interrupt. The time has now moved over to Ms Richards's time.

Ms RICHARDS: Thank you, Minister, Secretary and departmental officials for your time here this morning. It has been extraordinarily insightful. I have one last question on the baby bundles, because Ms Stitt did not quite squeeze that last drop out. I am interested in the baby bundle support for rural and regional families. I am taking you back to budget paper 3, page 51, and just wanting you to provide that last bit of detail.

Ms MIKAKOS: Thank you very much for giving me the opportunity to talk about one of my favourite topics, and that is our baby bundles. The intention here is, as I explained earlier, to really provide a starter kit for families with all those essentials that they might need, really, from day one when they take their precious baby home. We know that costs can be a barrier for many families to be able to access quality products for their child, and making sure that we have got those quality products is a key component in how the items are being selected for that baby bundle. We know that the single biggest influence on a child's wellbeing and development during the early years is parenting.

Many parents can feel very anxious or feel underequipped with the challenges and transitions of parenthood, and we want to make sure that we can give them the proper support that they need. This is why an estimated 35 000 first-time parents each year in Victoria will receive the baby bundles. They will be able to get a range of resources through that. There will be a bundle of essential products, including a growsuit, safe sleeping bag, a muslin wrap, a nappy bag and vital information on child safety, feeding, sleeping and emergencies to help children in those first few months.

But one of the things that struck me when I had the early childhood portfolio in the previous term was talking to the Parenting Research Centre. They had undertaken a parenting survey of Victorian families that found that only 54 per cent of parents of children aged three to five years reported reading to their child every day. And that really just shocked me that there would be so few children being read to every day. The figure is even lower for children aged younger than three years. One thing that I have really striven to do at every opportunity when I talk about the importance of reading to children is to emphasise that it is never too early—never too early—to start reading to a child. Even in utero, I would say, because they are listening to their parents' sounds and voices and getting used to them. But even from day one, start reading to your baby because they absorb like little sponges and they hear the sounds and the words, and that is how they learn.

So we have made a very deliberate decision to include four picture books for children aged zero to two years in the baby bundle. I had the great pleasure of meeting one of the authors. We will be having more to say about the selected authors and the selected books very soon, but one of the authors I am happy to disclose today is Nicola Philp. She is a secondary school teacher based in Apollo Bay, and this is going to be her first published book. She did a print run of 400 books and went around to all her local bookshops trying to get them to take up her book. So this is huge—life-changing, probably—for her to have her book selected to be part of the baby bundle. We will have a combination of award-winning authors as well as new authors—all Victorian authors—having their books included in the baby bundle. Life-changing for those people who get selected.

There was a community process, I should stress. I opened invitations for families, for parents—for anyone really for that matter—to nominate their favourite Victorian author through a process. We had, I think, more than 1200 people participate. More than 330 books got nominated and then there was an expert panel. They have narrowed it down to four books. So it is very significant for those authors who have been selected from that massive process. To get selected to be part of the baby bundle is a huge opportunity for Nicola but also the other authors as well who will be selected to be part of the baby bundle. So opportunities there for people to get their books selected but also, most importantly, opportunities for first-time parents.

The bundle will also include a booklet of vital information. We want to make sure that parents have also got reliable, trusted advice that they can follow. We know people look up Doctor Google and get unreliable information about all sorts of things. We want to make sure that people can find trusted information on sleeping, feeding, child safety, injury prevention—all of those types of issues will be covered in the information that will be in the baby bundle as well. We will have some more to say soon about when this is all going to start, but it will be starting soon and we will be providing these baby bundles to all first-time parents in Victoria.

Ms RICHARDS: Thank you, Minister. I am going to take you down a different path. The member for Broadmeadows is your Parliamentary Secretary for Medical Research, and very enthusiastic at that. Budget

paper 3, page 51 and then some more detail on page 62—can you outline the initiatives under the line item ‘Protecting Victoria’s leadership in health and medical research’ and how that aligns with the government’s broader medical research strategy and how it will help Victorians, please, Minister?

Ms MIKAKOS: Thank you very much for the opportunity to talk about, really, Victoria’s leadership in the health and medical research space in this nation. I do want to thank Frank McGuire, my Parliamentary Secretary for Medical Research, for his passion in this space, and I also thank my other parliamentary secretary, Anthony Carbines, who is also doing great work for me as well as supporting me in my work. He was doing some work talking about men’s health just last night.

Ms RICHARDS: Yes.

Ms MIKAKOS: An important issue to talk about. But coming to medical research, we know that we are seen as the leading jurisdiction in this nation. We have had over \$3.5 billion invested by the Victorian government since 1999. Many world-leading projects have started here in our own state and have led to great health outcomes and medical discoveries. One recent example is the Walter and Eliza Hall Institute’s success in commercialising the anti-cancer drug venetoclax to treat chronic lymphocytic leukaemia. The venetoclax discovery and development was made possible by brilliant researchers at the Walter and Eliza Hall Institute and was largely the result of earlier funding provided by Victorian governments together with philanthropic donations. Of course many of those go hand-in-hand. There was just a report that I released recently that talked about when philanthropists see government putting money on the table, they have the confidence to do likewise. From little things big things grow, so the contributions that we make, the investments that we make, help to grow that dollar further. It is great that we have got so much philanthropic support for our medical researchers as well.

Victoria’s health and medical research sector has always been a world leader. The immunologist responsible for the vaccine that protects against human papilloma virus and therefore cervical cancer, Professor Ian Frazer, said he was simply in the right place at the right time, and that place was here in Melbourne. He worked together with Chinese virologist Dr Jian Zhou. Professor Frazer and his team developed Gardasil, which protects against 70 per cent of the HPV infections that cause cervical cancer. The vaccine helps prevent Victorians, in fact people right across the globe, from contracting cervical cancer.

They are just a couple of quick examples for you about how Melbourne has been a world leader, and it is a history that we are not letting go to waste. Just recently I was at Monash Medical Centre, looking at how new groundbreaking work that they are doing through stem cell technology is helping stroke victims to make a recovery. That is a world-first trial that they are undertaking there on humans now. They have proceeded from the clinical laboratory stage now to doing testing on humans, and they had a gentleman there that I met who made a huge recovery through this world-leading research.

But coming to the budget, the budget invests \$116.5 million in our health and medical research sector so that we can remain Australia’s leader but also be a player on the world stage as well. It aligns with our *Healthier Lives, Stronger Economy: Victoria’s Health and Medical Research Strategy 2016–2020*, which is designed to accelerate the translation of health and medical research into clinical practice. We have got a number of initiatives that we have funded in the budget that I will just talk about very briefly. Firstly, we had an election commitment for the GenV project, and the GenV project will receive \$14 million over two years. This is being developed by the Murdoch Children’s Research Institute. It aims to improve community health by tracking and analysing the health outcomes of a cohort of Victorian children over time. This will be really transformative work because they will be really looking at children’s health outcomes over quite a long period of time and tracking the rates of adult diseases which have their origins in childhood. So the potential for this, as you can imagine, could be enormous for how we deal with health issues into the future. It is essentially looking to solve four key issues, which can be summarised as turning around the unprecedented rates of adult diseases such as heart disease, diabetes, kidney failure and osteoporosis. Without action we know that our health spend will just keep going up unless we tackle these issues, and really looking at how these things start from childhood is really groundbreaking. It is also looking to reduce the burden of modern epidemics for children such as depression, asthma and other diseases. It is looking to change the landscape of how large-scale research happens and to reap the full benefit of Victoria’s investment in its outstanding health and educational services.

The other initiative that is funded in this budget is the Aikenhead Centre for Medical Discovery, receiving \$60 million over two years. The Aikenhead Centre for Medical Discovery is an ambitious initiative to create the first hospital-based world-class health tech innovation hub in Australia. The lead partner there is St Vincent's Hospital, but it also involves the University of Melbourne, St Vincent's Institute of Medical Research, the Bionics Institute, the O'Brien Institute, Australian Catholic University, University of Wollongong, Swinburne uni, Centre for Eye Research Australia, RMIT University and the Royal Victorian Eye and Ear Hospital. So there are many partners to this particular initiative, and it will be a significant creator of new jobs. It is estimated that it will create over 1000 new jobs in the development and construction phase and potentially over a 15-year period of operation an estimated 10 000 jobs in our medical technology and pharmaceutical industry in Victoria.

This has some history. I am sure the member would be well aware of this one in terms of our previous commitment that we made in 2014, an election commitment to support this project. We were ready and willing for four whole years and were waiting on the commonwealth to put money on the table. That has finally happened now, so I am pleased that that may enable this to proceed. Of course there is some funding that needs to be firmed up from the philanthropy sector as well to enable this to proceed, but certainly we have put the \$60 million that we had first offered into the budget to enable this to proceed at St Vincent's Hospital. It offers some really exciting potential there for how our clinicians will work together with our scientists to develop solutions to chronic conditions such as arthritis, cancer, diabetes, cardiovascular disease and cutting edge treatments and technologies, including robotic hands, heart tissue engineering and spinal cord repair.

There is also \$4.5 million for Victoria's first gamma knife service at the Peter MacCallum Cancer Centre. Peter MacCallum of course do amazing work, and I acknowledge the huge contribution that they are making to people experiencing cancer right across our state. We know that we have got about 35 000 Victorians diagnosed with cancer every year, but our cancer survival rates are amongst the best in the world. Due to advances in prevention, screening and treatment, the five-year survival rate has increased from 46 per cent in 1982 to 68 per cent in 2016, and hopefully we can keep that trending up more. But for some cancers, such as pancreatic, liver, lung and brain cancer, the survival rate, however, is quite low—less than 30 per cent. So whilst low survival cancers make up nearly 20 per cent of all cancer diagnoses, they represent more than 40 per cent of cancer deaths each year sadly.

The \$4.5 million will provide this gamma knife service at the Peter Mac to extend the range of treatment options for brain cancer and support clinical trials and research into this new technology. Essentially what it does is it provides multiple very small, precise beams that are specifically designed to treat delicate brain tissue. Evidence demonstrates that due to its submillimetre accuracy, treatment with the gamma knife delivers a 2 to 3 times lower radiation dose to normal brain tissue and a many times lower dose to the body compared with other radiosurgery devices. The majority of treatments are completed in a single outpatient session, reducing patient travel and the need for an inpatient hospital stay. So this is going to be absolutely transformative in terms of how patients with brain cancer are treated in this state but probably across Australia, because this type of technology, I believe, is going to be unique to Australia. Certainly we do see that we have patients travelling from other states to Victorian hospitals quite regularly.

Mr RIORDAN: Thank you, Minister and staff. A quick question straight off to the secretary. We have heard quite a bit about the baby bundle, which is great, and of course Nicola Philp is from my electorate, so it is good news for all around there. Can you confirm that that baby bundle is being supplied and distributed by a Victorian company?

Ms MIKAKOS: I can speak to that. We have had a process where we have tried to find local suppliers for all of the products.

Mr RIORDAN: No, just specifically the bundle—is the bundle itself being put together and supplied by a Victorian company? I am sure there are many Victorian companies that could do that.

Ms MIKAKOS: Yes, there are many Victorian companies involved in all the various items that are going into the bundle.

Mr RIORDAN: But the bundle, Minister?

Ms MIKAKOS: The bundle itself—I will get a confirmation on this for you if I can.

Mr RIORDAN: The secretary seems to know. Perhaps, Secretary Peake, could you confirm that it is Victorian?

Ms PEAKE: I was just reinforcing that if you think about the bundle, it is really all the components within the bundle.

Mr RIORDAN: Yes, that is right; it is all the things. So who is putting that bundle together and distributing it? Is that a Victorian company?

Ms PEAKE: All the components within it are being supplied by Victorian companies and my understanding is the distribution of the bundle is also being managed by a Victorian company, but we can check that for you and come back to you.

Ms MIKAKOS: We can take that on notice because we have striven to look at products that are Victorian based where they are available.

Mr RIORDAN: I probably can save you a little bit of time, because your tender document online says that it is a New South Wales company. I was just wondering why that would be. Was there no-one in Victoria that could do it?

Ms MIKAKOS: I guess similar to the issues—

Mr RIORDAN: Was putting the package together too complicated for a Victorian company?

Ms MIKAKOS: No, no, it is not that at all. We are talking about a bag as opposed to all the products in it. Every single item is being provided by a different supplier.

Mr RIORDAN: No, we appreciate that. It is the bundle. The question is: you put a contract out for the baby bundle—

Mr D O'BRIEN: \$2.9 million.

Mr RIORDAN: \$2.9 million, that is not an inconsiderable budget item, but you have decided to give it to a New South Wales company.

Ms MIKAKOS: We are seeking to source—

Mr RIORDAN: I am sure there are plenty of distributors around Victoria that might be turning their head at that one.

Ms MIKAKOS: We are certainly seeking to source Victorian companies as much as is possible.

Mr RIORDAN: But not in this case, Minister. Not in this case. Look, we will move along.

Ms MIKAKOS: We want to get the products out to our families.

Mr RIORDAN: I just wanted to clarify that because misleadingly your tender documents say Victoria but the company is in fact a New South Wales company based in New South Wales.

Ms PEAKE: I am happy to confirm that for you.

Mr D O'BRIEN: You had better check the tender website.

Ms MIKAKOS: We will have to provide confirmation to you on that.

Mr RIORDAN: Clearly we have discovered over the course of this hearing the government has had issues with keeping local content, so perhaps this is just another example where there is not a focus on supporting Victorian businesses. That is disappointing, Minister.

Ms MIKAKOS: There is absolutely a focus on supporting Victorian businesses, Mr Riordan.

Mr RIORDAN: I just find it difficult when transport, distribution and logistics is one of the largest industries in the state but we are unable to find someone to put a baby bundle together—but we will leave that with the minister.

Moving on to maternal and child health issues in the budget, Secretary, I refer you to budget paper 3, page 210, and the number of service delivery hours in community health, and note the transfer of service delivery hours from small rural services—and that is referred to also on page 215. How many service delivery hours have been transferred from small rural services into maternal and child health programs? As a member with nearly eight small rural health services, this is quite an important issue.

Ms PEAKE: Certainly, just give me one moment. The measures here that you are specifically referring to, just so that I can clarify the question, are the shifting of hours from small rural to community health, yes?

Mr RIORDAN: Yes, so we have seen a significant reduction in hours for small rural health services.

Ms PEAKE: If you do not mind, I would not mind just taking that part of the question first because in terms of the numbers of hours that are reported as an estimate in the budget papers, the numbers of service delivery hours for community health are estimated at a point in time. What we tend to see year-on-year is that when we actually get the returns at the end of the year from community health services, those numbers, as you can see from the actual results this year, do go up. So of course next year we will furnish you with that information about actual results.

Mr RIORDAN: Which community service programs are affected by this transfer of service?

Ms PEAKE: So to your point, the 19–20 target is lower than the 18–19 target due to additional service hours in maternal and child health programs and the transfer of service delivery hours from small rural services primary care to community health care. So they are two separate pieces in that footnote. Through the machinery of government changes we received the maternal and child health program from the Department of Education and Training, and so the performance that relates to that program is now reflected in our results, where previously it was reflected in Department of Education and Training performance measures. Separate to that, and I might ask Mr Symonds to give you a bit more detail, is the transfer of service delivery hours from the small rural services primary care output to the community health care output performance, which is in relation to community health care. Do you want to comment more on that, Terry?

Mr RIORDAN: So does this directly affect bush nursing services?

Mr SYMONDS: If I could just clarify the question, sorry, Mr Riordan—

Ms MIKAKOS: We are very confused by your question.

Mr SYMONDS: Is the question about the transfer of hours from one output group to another? I know you are asking whether that represents a service reduction.

Mr RIORDAN: Yes, we are clarifying as to what effect that is having on small rural health services.

Mr SYMONDS: As far as I know, none. It is a transfer of hours from one output group to another, so it is a government reporting change, not a change in service delivery.

Mr RIORDAN: So no small rural health services will—

Ms PEAKE: Have any reduced service—that is correct.

Mr RIORDAN: It will not affect any of their services. So in terms of doing that, no small rural health services will in any way be forced to let staff go or change the way they provide the service to that community?

Ms PEAKE: That is correct. As I indicated, there are two parts to this. The first, I explained, is the machinery of government change. The second is simply a movement of money between the outputs.

Mr RIORDAN: So there is definitely no transfer from small rural health services across to perhaps local government or other service providers?

Ms PEAKE: No. It is how we are reporting on it, not a change in service delivery.

Mr RIORDAN: Okay. Moving on to community health, Minister, I refer to budget paper 3, page 64, highlighting only \$2 million over the forward estimates to deliver 10 new community hospitals. I note your election commitment very proudly stated: \$675 million to build 10 new hospitals in Whittlesea, Eltham, Point Cook, Fishermans Bend, Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury and Torquay. Budget paper 3, page 66, says:

Priority will also be given to acquire land at Phillip Island.

So what is the estimated cost for the land purchase in Phillip Island?

Ms MIKAKOS: As you would imagine, these matters are commercially sensitive, so we would not be disclosing—

Ms VALLENCE: This is public accounts and estimates, Minister—public accounts.

Ms MIKAKOS: Ms Vallenge, I do not know if you think that it is a great idea for the government to be saying to a potential vendor how much we are prepared to offer them, but—

Mr RIORDAN: Minister, I would have thought it was blindingly obvious what the point of the question was.

Ms MIKAKOS: The point that I would like to make, if you would allow me to finish, is that we have already identified a parcel of land immediately adjacent to the current Phillip Island Health Hub in Cowes, which is an ideal location for what will become the Phillip Island community hospital.

Mr RIORDAN: So you have got the land?

Ms MIKAKOS: We have already expressed interest in purchasing the land from council, and we expect this deal to be finalised in the coming months. This funding will be in addition to the \$2 million of planning money that you have just referred to. So we are going above—

Mr RIORDAN: Okay. So you are going to provide extra funds.

Ms MIKAKOS: What I am saying to you is we are going above and beyond what is there for planning because—

Mr RIORDAN: Hang on. I will just pull you up on that. Above and beyond—

Ms MIKAKOS: Planning.

Mr RIORDAN: Providing \$2 million over four years—

Ms MIKAKOS: Yes, for planning.

Mr RIORDAN: for something that you told everyone at the election was \$675 million. That is not exactly above and beyond.

Ms MIKAKOS: Yes, and, Mr Riordan, we will deliver every single one of our election commitments.

Mr RIORDAN: You have got no money to deliver any of it. There is no money to deliver any of it.

Ms MIKAKOS: You clearly were not paying any attention to the graph that I indicated about our huge pipeline of infrastructure projects—

Mr RIORDAN: Minister, just to continue on that—

Ms MIKAKOS: So if I can just finish for you—

Mr RIORDAN: No, no. Well, I think you have finished. You have clarified. You are providing extra land for the land purchase.

Ms MIKAKOS: The \$2 million of funding is for planning so we can get on with planning for all 10 sites.

Mr RIORDAN: Yes, okay. Good. Right.

Ms MIKAKOS: We are doing a lot of work on that, but we are going to be purchasing—

Mr RIORDAN: Minister, the next question—

Ms MIKAKOS: the Phillip Island land beyond the \$2 million.

Mr RIORDAN: Minister, please control your verboseness. We are not here to listen to what could clearly be a press release.

Ms MIKAKOS: No, it is just I am making it very clear to you what we are doing.

Mr RIORDAN: We are just here for simple questions, and I ask you to respect the time the opposition has been allocated. Now, moving on, in your press release—

Ms MIKAKOS: I also want to clarify that there is a Victorian company—

Mr RIORDAN: No, I did not ask you the question yet.

Ms MIKAKOS: Sorry, I have been advised that there is a Victorian company, Smash Alobel, that is the supplier of the baby bundle, just to come back to your earlier point.

Mr RIORDAN: Right. Moving on, Minister, in your press release for this \$675 million that has not been allocated and for these health services, you said that ‘if a loved one needs dialysis or chemotherapy treatment’ that they could get those. Are you guaranteeing that at these 10 health services, when the funding is provided and when they are built, you will be providing chemotherapy and dialysis at each one of these facilities?

Ms MIKAKOS: If you had allowed me to finish earlier, \$2 million is enabling us to go through a planning process around the service configuration—

Mr RIORDAN: Minister, the question was about your commitment. You have made a commitment for 10; you have not funded. You have made a commitment for dialysis and chemotherapy. I am asking you: are you sticking to that commitment?

Ms MIKAKOS: Yes, so we are looking at the service configuration. Every commitment that we made will be fully delivered. We announced a—

Mr RIORDAN: Minister—

Ms MIKAKOS: Mr Riordan, we announced a range of services for each of the 10 community hospitals that was unique to the needs of each of those 10 community hospitals, so in terms of the commitments that we made—

Mr RIORDAN: Minister, your commitment was to provide—I want it on the record, and perhaps the secretary can answer because you seem unable to—

Ms MIKAKOS: Mr Riordan, we will deliver all of our election commitments.

Mr RIORDAN: So can you just confirm that there will be chemotherapy and dialysis at all 10 community health services?

Ms MIKAKOS: I just said we will deliver all of our election commitments. We announced a different service configuration for each of the 10 community hospitals.

Mr RIORDAN: Minister, no. That is nowhere in there. It does not say that you are going to pick and choose services. You have just made it really clear in the press release, 'Delivering for all Victorians', that chemotherapy and dialysis would be at these 10 services. Yes or no?

Ms MIKAKOS: Mr Riordan, in fact we actually announced details—

Mr RIORDAN: Minister, yes or no? These communities want to know. It is a big commitment.

Ms MIKAKOS: Mr Riordan, allow me to complete my answer.

Mr RIORDAN: No, no. I am just wanting a yes or no.

Ms MIKAKOS: We provided details for each of the 10 community hospitals that are unique to those specific communities, and it was based on what the service needs are for those communities. That is the piece of work that we are doing with the planning that has been funded in the budget this year so we can start to get that work undertaken.

Mr RIORDAN: Minister, when can these 10 communities that you are maybe promising chemo, maybe not promising chemo to—

Ms MIKAKOS: And by the way, that list of services is just a minimum of what we will offer. We may go beyond that and provide even more services than what was referred to in the media release.

Mr RIORDAN: Minister, please. Look, I am going to have to bring some chewy lollies to slow you down. I just need you to stick to the questions. Can you please tell those 10 communities and us and this committee: in the forward estimates for the foreseeable future, the \$673 million that you have not provided for to make these 10 community hospitals, when do you anticipate having that money available?

Ms MIKAKOS: I know the Liberal Party is not accustomed to building hospitals, but we cash flow these projects in this way in a regular manner. In fact if you look at what we did last year, we had—

Mr RIORDAN: I am not looking at last year. I am looking at the future. You have made some very significant commitments to these 10 communities.

Ms MIKAKOS: We had planning money for the Footscray Hospital in last year's budget, and then it got funded in the budget this year, and we will get on with starting construction very soon. In a similar way, we cash flow these projects with planning money initially, and then we will deliver all of these projects in full. We have put out public time lines. We have released public time lines about when these hospitals will be completed.

Mr RIORDAN: Okay, so what is the public time line?

Ms MIKAKOS: So if you enable me to complete my answer, the—

Mr RIORDAN: Minister, you could have written a great biblical tome by now, it is taking you so long to get an answer out, but go for it.

Ms MIKAKOS: Editorialising actually does not help you, because all you are doing is wasting your own time, Mr Riordan. We actually did a lot more with Mr Hibbins, you might find, earlier. So we had time lines contained in fact sheets that are publicly available with the time lines for each of these hospitals—

Mr RIORDAN: And do they have the budget? Do they have when you are going to provide the budget?

Ms MIKAKOS: and the service configuration for each one of these hospitals.

Mr RIORDAN: The \$673 million. It is the missing \$673 million, Minister. We will move on, because clearly you are not about to—

Ms MIKAKOS: Well, there is such a thing as contingency, Mr Riordan, but perhaps you do not understand that.

Mr RIORDAN: Minister, moving on. The Premier in the Labor statement said the new community hospitals will give patients the best of care. In order to help build that, how many consultation meetings have each of the responsible MPs in these communities had with their communities about their community hospitals?

Ms MIKAKOS: Okay, so we are in the process of finalising the membership of their consultation committees. There has been—

Mr RIORDAN: So you have not held any yet?

Ms MIKAKOS: There has been an extensive process—in fact I think Ms Spence received more than 100 people putting their hands up wanting to be on it.

Mr RIORDAN: So just to confirm there has been no community meetings yet?

Ms MIKAKOS: I am grateful to Ms Stitt offering to chair the one for Point Cook, and Ms Richards will be chairing the one in her community. So we are finalising the membership list of those community consultation committees and I will be making some announcements about that soon. Watch this space.

Mr RIORDAN: And will that be funded out of your \$2 million planning fund or are you going to put more money in?

Ms MIKAKOS: We will be resourcing that through the department to ensure that those local communities have an opportunity to have a say in the development of this process.

Mr RIORDAN: No, no—the question was: are they being funded? Are those extensive committee consultation meetings that have not yet begun, will they be funded out of the \$2 million?

Ms MIKAKOS: That will be funded by the department internally.

Mr RIORDAN: So that is a no.

Ms MIKAKOS: It is funded by the department.

Mr RIORDAN: So separately? So it is not coming out of the \$2 million?

Ms MIKAKOS: No.

Mr RIORDAN: So what is the \$2 million for, for specific planning for the 10?

Ms MIKAKOS: Well, I could have told you that if you had enabled me about 5 minutes ago.

Mr RIORDAN: I think the time will show you have had plenty of time.

Ms MIKAKOS: So the \$2 million will enable us to get on with planning activities to enable the development of principles around site locations. As I already explained, we are already well underway with identifying a suitable site for Phillip Island and we are going to be purchasing that land very soon.

Mr RIORDAN: Yes, you have already told us that.

Ms MIKAKOS: So there is a lot of work that needs to happen—

Mr RIORDAN: We realise you are going to be purchasing the land soon, you cannot tell us how much it is but you are funding it separate to the \$2 million.

Ms MIKAKOS: Yes, so we are doing a piece of work now to start to get this underway.

Mr RIORDAN: Okay, so my next question is to the secretary. I refer you to budget paper 3 of 2019, page 51, and the \$321.9 million allocated to free dental care for government school students. The minister calls the dental vans Dan's vans but they are called the Smile Squad. Who came up with the name 'Smile Squad'? With a smile on a face she says—

Ms PEAKE: So, look, obviously I would like to give a shout-out to the communications team within the department, whose creativity I think is well regarded.

Mr RIORDAN: There is a lot of naming going on in the government at the moment. We have got boring machines called Joan, Dan's vans called the Smile Squad—

The CHAIR: Actually the boring machine is called David Davis, let us get it right.

Mr RIORDAN: No, we have not named—

Ms PEAKE: I know my communications team is very proud of the name.

Mr RIORDAN: And while I have got you, Secretary—

Ms MIKAKOS: But Dan's vans is all mine. I will claim it now.

Mr D O'BRIEN: Get an invoice in, Minister, you might get some money as a consultant.

Mr RIORDAN: Be creative. So while we are talking about creative spend in the department, Secretary, can you tell us what was the contribution from the health department, health and community services, for the recent Fair Share campaign at the federal election?

Ms PEAKE: Certainly.

Mr RIORDAN: Because I understand you were representative of—

Ms PEAKE: Correct. So the department provided around \$585 000 for the campaign, which represents about 0.2 per cent of the value of the retrospective adjustments that you related to and about 0.03 per cent of the potential shortfall under the proposed 2020 agreement, and the—

Mr RIORDAN: And how did you measure the success of that campaign?

Ms PEAKE: I will just finish. The contribution comprised about 34 per cent of the government's spend on the campaign, which is reflective of the proportion of the government budget that health is, which was funded internally through budget sourced from our strategy and planning division. I think previous secretaries have reflected to you that the campaign is ongoing and—

Mr RIORDAN: So there will be more funds coming from health?

Ms PEAKE: No, sorry, that is the funding provided.

The CHAIR: Deputy Chair, I am happy for the secretary to answer this question, but let us not push the barrow too much. Secretary?

Ms VALLENCE: What proportion has been expensed?

The CHAIR: No, Ms Vallence. I will move straight to my questions. I have just said to the Deputy Chair that the secretary can finish his question but there will be no additional questions or I will move straight to my time. Secretary?

Ms PEAKE: That was the end of my answer.

The CHAIR: Thank you. We will move to my time now. Minister, obviously in the last term of Parliament I, along with a majority of people in the Assembly and the Council, voted to see voluntary assisted dying legislation introduced. I remember the Premier at the time and subsequently saying that it should not be considered an either/or option for palliative care and that our commitment to ensuring that people had the option was absolutely ironclad. Can you please—through budget paper 3, page 50, table 1.1, and page 53—explain what we are doing to increase palliative care for people that are suffering that wish to pursue that option for themselves?

Ms MIKAKOS: Yes, thank you very much, Chair. This is a really important issue and this is why I wanted to make it really clear with Mr O'Brien's question at the outset. The point I was trying to make is that the funding in the budget this year is not about voluntary assisted dying; it is about palliative care. There has been separate funding in previous budgets for the voluntary assisted dying scheme, so I am making that very clear. We respect people's choices to make end-of-life decisions for themselves. We know that for the vast majority of Victorians they will continue to choose palliative care. There will be a small number of people who will make a decision to pursue voluntary assisted dying. So palliative care remains a very important part of our end-of-life care, and I want to acknowledge the people that work in that area. It is very challenging work.

Just recently I actually received a really heartfelt piece of correspondence from a father. It was very moving because he wanted me to pass on his thanks to the palliative care team who had looked after his daughter, who had passed away, and he was just so complimentary in what he had to say about how supportive the palliative care team had been both to his daughter and also to himself and his wife. It just spoke to me about the significance of what these people do—really, really challenging work, as I said.

So the funding in the budget is \$71.9 million for the next four years for palliative care. What it will facilitate is early discharge from hospital of over 800 Victorians with short-term care arrangements in place until a designated community palliative care provider can take over their care requirements, and up to 3400 over four years. It will enable an additional 2000 Victorians to receive palliative care in their own homes and up to an additional 10 500 over the four years. It will support an additional 313 people living in residential aged care to access specialist palliative care services, and up to 1252 additional residents over four years. And it will support metropolitan hospitals to provide an additional 3744 palliative care consultations and up to 14 976 additional consultations over the four years, as well as maintain 12 additional hospital beds introduced last year that will support an additional 243 palliative care hospital admissions in this financial year and an additional 972 admissions over the four years.

The CHAIR: What was it—14 000 additional over the four-year estimates? The figure that you just—

Ms MIKAKOS: It was nearly 15 000 additional consultations over the four years for metropolitan hospitals to provide additional palliative care consultations. In summary, there is a combination of both home-based palliative care services, and more patients are choosing to die in-home. We also expect that people pursuing voluntary assisted dying will choose that course if that is possible for them as well, as well as people receiving palliative care in a hospital setting. So there is support for both community-based, in-home care as well as hospital-based palliative care.

I explained earlier to Mr O'Brien that the focus is deliberately on metropolitan areas, because we have continued investment funded in previous budgets that still continues to this day for our rural and regional services. This is really about providing equity and providing access to palliative care supports for people right across Victoria. This is going to continue to be so vitally important for people to access. If I can give you some impacts of the funding that Minister Hennessy announced in October last year. From July 2017 to March 2018, the \$23.4 million that was announced then has enabled the Victorian health services to admit an additional 250 palliative care patients. It has enabled a 2 per cent increase in the number of referrals for community home-based palliative care, and it has enabled an 8 per cent increase in occasions of service to people receiving community—that is, home-based palliative care. We are seeing as a result more people dying in community—or in home—rather than in institutional settings. That is what we think the community wants, and certainly the funding that we have provided to date is starting to see that shift occur.

The CHAIR: Can I ask you, Minister, how the government's improved investment in palliative care applies to community-based palliative care?

Ms MIKAKOS: Thank you for that. We have a number of metropolitan community palliative care services in Victoria that meet demand. I can advise you, Mr Dalidakis, that of the \$71.9 million in the forward estimates, for 2019–20 community-based palliative care services will receive \$10.8 million to respond to demand. Unfortunately I do not seem to have a list of those service providers, but if you are interested in that—

The CHAIR: You can take that on notice, if you like, Minister.

Ms MIKAKOS: We can certainly provide you with that, yes.

The CHAIR: You talked a little bit in your first answer about the integration of course between hospitals and community-based palliative care services. I was just wondering whether you could talk us through how the investment ensures a better integration between those two service provisions to ensure obviously that the client—the patient—is able to experience the best quality of life they can at the time that it is most challenging for them and their families.

Ms MIKAKOS: Thank you. I have just found a little bit of extra information, in coming back to your earlier question, if I can, just to make it clear before I come to your question now. We anticipate, with the funding that we have provided in the budget this year, that 10 500 additional Victorians over four years will get community-based palliative care and 15 000 patients will receive care over four years in a hospital environment—palliative care consultations—as well as 3000 Victorians over four years who will get a rapid response service for those who want to return home to die.

But coming to your question about integration, the funding provides for additional palliative care consultations for what we estimate to be almost 15 000 patients in hospital over four years. One of the things about this funding is that it is most important that it provides for a rapid response service for more than 3000 Victorians over four years who want to return home to die. We know it is so important that so many members of our community have that opportunity to do it in the comfort of their own home surrounded by their loved ones. This is part of our government's commitment to treating people with respect for their autonomy, and individual personal choices at the end of their lives is a hallmark of a compassionate society, in my view, and I am sure that that is something that I know you agree with.

People nearing the end of their life should, as far as possible, be able to choose to die at home, if they wish to do so, with dignity and as little suffering as possible. We passed legislation—you would recall—in the last Parliament in 2016—the Medical Treatment Planning and Decisions Act—to allow people to make binding advance care directives for how they wish to be treated if they lose decision-making capacity. This is about respecting people's autonomy to make their own decisions about their own medical treatment, and that legislation came into effect March 2018. That is obviously quite separate to voluntary assisted dying. It has no impact on the voluntary assisted dying scheme, but it is also about giving people more choices if they decide to go down the palliative care pathway as their choice.

The CHAIR: Minister, obviously a key component of a range of the issues that we have talked about today, included in both palliative care and assisted dying as well as of course the general medical services that are offered by our hospital networks, include nurse-to-patient ratios. I was wondering whether you could take us through the latest funding in the budget for the nurse-to-patient ratios that the government has pursued.

Ms MIKAKOS: Thank you, Chair. Look, I am very proud of the support that our government has given to our nurses and midwives whilst we have been in government. Of course we had groundbreaking legislation in the last term that I have had great pleasure to shepherd on behalf of the then minister, Jill Hennessy, and I acknowledge her work in this space to enshrine nurse-patient ratios into legislation for the very first time in Victoria—to protect them for patients into perpetuity, because we know the previous coalition government tried to dismantle nurse-to-patient ratios through the EBA process and we wanted to make sure that patient safety was prioritised by putting it into law.

I want to acknowledge our dedicated health professionals, who work every day to give people world-class health care. They do such an amazing job. Since coming to government we have created more than 4000 full-time equivalent nurse and midwifery positions. We have implemented these key health reforms to deliver more care and treatment to Victorians than ever before. The legislation essentially means that we have strengthened

ratios into law so nurses do not have to trade away their own pay and conditions to protect the quality of patient care. And we are going to go further; we are going to go beyond what we have already delivered. We have committed to a second tranche of ratio improvements from 21–22 that will see a further 500 additional nurses and midwives in our system, to strengthen our ratios even further. So we have commenced that scoping work and that planning work now, and that work is well underway.

What we have funded in the budget is twofold: one relates to the actual implementation of the next stage of the ratios, that I referred to, and then there is separate funding, which I will come to in a moment, which is professional development support to create a pipeline of more nurses and midwives coming into the system. We have had \$64.4 million over four years to support the staffing requirements associated with implementation of the phase 2 amendments, and that will take us to 1100 nurses and midwives. The new positions are funded both through the previous stage that we passed into law as well as the next stage that is yet to come. In addition to this, we have provided a \$50 million Nursing and Midwifery Workforce Development Fund in the budget this year that will provide the opportunity to train and retain more nurses and midwives across our state. So this will address current and future workforce demand pressures by improving the supply and capability of nurses and midwives, enabling us to attract, retain and retrain our nurses and midwives further.

The CHAIR: I only have a short period of time left to me and I did want to ask you some questions about SunSmart.

Ms MIKAKOS: Sure.

The CHAIR: We have had some people in our chamber lovingly refer to the old Slip! Slop! Slap! campaign. As a child of that campaign it has obviously left its mark with me as I have got considerably older. I am keen to understand what more we are doing for the current generation of children to understand both the challenges that overexposure provides but also the very real health issues that they will face.

Ms MIKAKOS: Well, Chair, I remember that campaign really well too, and I believe it was very effective. It has been updated since. It is now—I know it is a mouthful—Slip, Slop, Slap, Seek and Slide. Basically it is also encouraging people to seek shade and slide on sunglasses as well. We have provided \$15.1 million over four years for a really important health prevention program, delivering on an election commitment that we made for skin cancer prevention initiatives sadly. We are happy that we are blessed in this country with so much sunshine and beautiful beaches, but we sadly have too many people developing skin cancer, so we do need to be cautious. So the funding will go towards over 1000 more shade sails and grants to community groups and schools, being delivered through the successful sunshade grants program. There is a small grants program to purchase sunscreen and legionnaire hats for prep students and SunSmart education programs and skin checks for regional Victorians, with a particular focus of getting men over the age of 50 to get their skin tested. That is particularly important for people working on our farms, for example—that they are able to get that support. So we are going to continue the success of the school shade grant program that we have run for our schools in the past. We will have more to say about that soon, but—

The CHAIR: I know a couple of primary schools in my electorate that will be very keen for that program too.

Ms MIKAKOS: But it is not just schools, it is also kinders, early childhood centres, sport clubs and scouts/guides groups—those kinds of groups as well—and local councils.

The CHAIR: Minister, before I have you get underway with a more expansive answer, our time sadly is up, so I want to thank you and the officials very much for appearing before our committee today.

The committee will follow up on any questions taken on notice in writing and responses will be required within 10 working days of the committee's request.

I declare this hearing adjourned.

Witnesses withdrew.