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

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the Impact on Victorian Government Service Delivery of Changes to National Partnership Agreements

Melbourne — 19 November 2015

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Ms Kathy Parton, Manager, Community Wellbeing, and

Ms Michelle Hollingworth, Program Manager, Healthy Together Knox, Knox City Council.

The CHAIR — I declare open the public hearing of the Public Accounts and Estimates Committee inquiry into the impact on Victorian government service delivery of changes to national partnership agreements. All mobile telephones should now be turned to silent. I would like to welcome Ms Kathy Parton, manager, community wellbeing, Knox City Council, and Ms Michelle Hollingworth, program manager, Healthy Together Knox.

All evidence is taken by this committee under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Any comments made outside the hearing, including on social media, are not afforded such privilege. The committee does not require witnesses to be sworn, but questions must be answered fully, accurately and truthfully. Witnesses found to be giving false or misleading information may be in contempt of Parliament and subject to penalty. All evidence given today is being recorded by Hansard. You will be provided with proof versions of the transcript for verification as soon as available. Verified transcripts, any PowerPoint presentations and handouts will be placed on the committee's website as soon as possible.

Witness advisers may approach the table during the hearing to provide information to the witnesses if requested by leave of myself. However, written communications to witnesses can only be provided via officers of the PAEC secretariat. Members of the public gallery cannot participate in the committee's proceedings in any way.

I now give the witnesses the opportunity to make a very brief opening statement of no more than 10 minutes, and this will be followed by questions from the committee.

Ms PARTON — Thank you very much, Danny. Thanks for the opportunity to talk to you today about the impact of the ceasing of the national partnership agreement on preventative health. Council wrote a submission basically because of its disappointment in relation to the ceasing of that agreement on a number of levels — the impact of that agreement on the organisation but its community, and very much the disappointment of the loss of the three levels of governments' alignment to a common goal around preventative health.

Council was part of a Victorian consortium last year that presented to the Senate select committee on the impacts of the same agreement; we were not sure if you were aware of that. That consortium was 11 other Healthy Together sites across Victoria. Council has invested over three-and-a-half years, nearly four years — a significant amount — into the implementation of the Victorian complex systems-based approach to preventative health. The framework we have certainly implemented with gusto. We have seen significant positive change both within the local government area, within our local government organisation, within the community and with the partners that we have aligned with in this initiative, and there are a number of outcomes that are already quite evident. Existing partnerships have been strengthened, new partnerships have been created, policy and strategy both within our organisation and others has been influenced and changed. Workforce capacity really has enabled this and has enabled a greater response and impact in our community like never before.

Health promotion resources have been created, and programs and activities implemented right across the city. The reach that we have had to date is to 30 per cent of our municipality, which is no mean feat, of over 150 000 people. The community has been empowered and there is certainly indication of a significant community mobilisation and individual and community lifestyle change, both in individual's behaviour but also in the environments that make up our community. The ceasing of the funding has impacted people personally. It has impacted our organisation and its momentum as being a health-promoting organisation and the leadership role that we play in enabling other workforces across the city. It has impacted our community, it has impacted council — our elected members, and I can talk to that. It has certainly impacted, in our opinion, the health profession and the prevention health profession.

Without sustained funding, our fear is the momentum of this initiative and the change that has been occurring will not be able to continue and there will then be certainly a loss for our community and an impact financially both for individuals in the community as well as levels of government and therefore potentially the rise of chronic disease rates, which we have been so adamant to turn that curve on. We do have a 5-minute video that we thought is probably a good, short visual demonstration of some of what we want to talk about today. If you would like to look at that now or — —

The CHAIR — Yes. We are happy to look at that now. Bring it on.

Video shown.

The CHAIR — All right. Do you have anything more to add? Are you ready for questions?

Ms PARTON — No. We are happy to take questions.

The CHAIR — Fantastic. Thank you very much, and thank you very much for taking the time and effort to produce the video. In terms of the dollar sum invested, was it $3.9 million over three years? Is that what you were allocated or provided?

Ms HOLLINGWORTH — Yes.

Ms PARTON — Yes, that is right.

The CHAIR — When you are talking about preventative health, three years probably is not that much, but I am just wondering whether in that time you were able to get a dataset in terms of changes. Obviously you have the activities that you can recall, which you have demonstrated. But in terms of outcomes, were you able to map any outcomes over the course of those three years?

Ms PARTON — We have data around our reach. We have data around a number of areas. We are actually pulling together at the moment a comprehensive narrative on the whole initiative, which will be completed by the end of December. Having said that, there is quite a bit of data that we do have. As we said, we have the reach across each of the settings, and some of that was really up there. We have key stakeholder interviews and outcomes from that. We have individual program evaluations as well, and the staff event logs, which is the narrative of the journey across the period of time. We do have data, yes.

The CHAIR — It was probably just more of a question. I know there are limitations when you are looking at 3 years of data as opposed to 10 or 20 years. It might not necessarily be relevant to this inquiry, but I think in terms of arguing for these sorts of programs to occur in the future, I think if you are able to talk not so much about your outputs, so not so much about how many community events you ran or how many activities were run, but the outcomes in terms of demonstrating whether there was a reduction in smoking rates or obesity rates or active participation.

Ms PARTON — You may be aware, 2016, which was always the plan, the Victorian government will be implementing its Victorian population health survey. It is going to be the indicator of that change.

The CHAIR — Right, okay.

Ms PARTON — It is unfortunate that it has not been done yet; it is not until next year. But I suppose it was never the expectation that in the three-and-a-half years we would be able to demonstrate that population health level impact. That survey will be a key contributor to that. As we have said, anecdotally we certainly have good information and we are planning to look at a survey of our own as well to help complement that.

Ms HOLLINGWORTH — Can I just add to that. I have been in health promotion a long time and this systems-based approach is a population level change. We easily could have used the funding to work with maybe 50 or 100 people but actually we are trying to target 150 000. With that you cannot take BMIs of 150 000 kids or take weight measures or those sorts of things. The way we gather our data is to say we work with the workplaces, the schools and early years services and look at the systems that they are creating to help promote the environment and we know that access to healthy food, more exercise, those things lead to those population level changes. What we are talking about here is that we are collecting early indicators. If you recall with smoking, we did not see rates of smoking drop off in three to five years. We are now seeing them 15 to 20 years later.

I guess with the initial NPA agreement it was going for nine years so they knew they had a window. The first lot of indicators only had a levelling of baseline and then each five years under that was taking that further. I understand what you are saying, but the issue for us, I suppose, is we are actually trialling a world-first kind of approach. As you know, New Zealand is now taking this up, Wales is looking at it, we have international recognition, so we are not able to produce that without compromising I guess the framework that we are working under. That is the difficulty.

The CHAIR — Sure. That is a fair point made.

Mr MORRIS — I am trying to find the most recent iteration of the agreement, because essentially what we are interested in is the system and how it is working rather than the particular merits of individual partnerships.

Ms PARTON — Yes.

Mr MORRIS — While the information you have given us there is useful, it is probably — whatever you think of the merits of the program, and I am not disputing the merits of the program — a little bit outside of what we need to be looking at.

Ms PARTON — Can I just clarify, when you are talking about the system and how it is working, are you talking about the preventative health system or the Victorian Healthy Together systems approach?

Mr MORRIS — No, I am talking about the national partnerships system, so the framework of the agreements rather than the particulars of any particular agreement.

Ms PARTON — Of the total agreement.

Ms HOLLINGWORTH — I have a bit of background with that. I used to work for state government before I moved to local government. The way that the NPA was set up was, as you know, through COAG, and then there was an amount of money given to each of the states to determine the way that they would enable those indicators, and the indicators were around fruit and vegetable consumption, physical activity and weight. Each of the states and territories got to decide how they would implement that. In Victoria we took the funding and instead of doing what probably has been done in the past in having small little programs all over the place decided then to say, 'What we'll trial is this new approach, which is this systems-based approach, and then fund those 12 communities'.

I understand what you are saying. In Victoria they set up the statewide architecture, funded each of those 12 to tell us, 'What do we need to invest in this to make those population level changes over time with a nine-year window?'. If you read the agreement, what was going to happen is if Victoria met those benchmarks, they would get facilitation payments to continue on. Now of course it was chopped before any of those things could happen, and the Victorian population health survey was the benchmark that was going to be used too for those facilitated payments. When it was chopped in 2014, prior to that it was going to go to 2018, because they realised they would not actually be able to meet those population level changes in the shorter time, which was only 2009 to 2015 — six years — as well.

Mr MORRIS — Michelle, can you just run us through the time frame, because the bits I have found so far talk about 12–13 and 12–15?

Ms HOLLINGWORTH — Yes.

Mr MORRIS — They do not seem to go beyond 15, whereas you are suggesting it was presumably revisited at some point.

Ms HOLLINGWORTH — Yes, you have to find it, but there is actually a decision where it was put out to 2018. But, yes, I could send that to you afterwards if you needed to.

Mr MORRIS — I am sure we will find it.

Ms HOLLINGWORTH — It was 2008 when it was signed. The funds started rolling out in 2009 through each of the states, and then of course the local governments were brought on board in 2011–12. Then it had those two lots of three-year windows for those facilitation payments. That is what was probably the most shocking. People say, 'You must have known the end was coming'. No, because we thought it was 2018, so we were doing all this work to enable our community for these population level changes. Then suddenly 2015 — the exact questions you are asking here — they are saying, 'What have you already achieved?'. We are trying to affect a whole population to 2018 and over a long time to create those initiatives, so chopping early has really, I think, put a real spanner in the works of this particular initiative — and we know obesity costs $5 billion a year that we cannot actually make a dint into.

Mr T. SMITH — I note your passion and I suppose your concern about this federal program or partnership agreement being wound up, but the state is still contributing. Is that correct?

Ms PARTON — Only up until December this year to us, but it is not uniform. The state, following the ceasing of the agreement, contributed funding to enable the continued rollout across all 12 sites.

Mr T. SMITH — Of the 12 sites, yes.

Ms PARTON — It was just up until June 2015. Our council, using carry forward funds, was able to continue to December, as were a number of other councils, but there has not been the ability for the state government to fund beyond that uniformly across Victoria. We have a number of staff who are finishing on 31 December this year.

Mr T. SMITH — The point of this inquiry is around the structure of the national partnership agreements, but given your evidence is primarily related to one program in one council, I will ask you some questions about that. It goes to a broader understanding of what a national partnership agreement is there for. I think if a local council wants to have a walking program, that is a matter for it and the ratepayers and its elected councillors. Is that really what the federal government ought to be doing though?

Ms PARTON — I think, as Michelle pointed out, what that video was showing you was that just at a grassroots level the individual impact. But really the federal government's funding, combined with the state, for us was about funding a new framework and system and the architecture that goes with that and the workforce that goes with that, to support and enable these outcomes that we want to achieve. I do not think I would expect the federal government to fund our walking program, but certainly to fund prevention health effort generally across Victoria, and to increase that contribution of percentage of the federal budget to health from 1 per cent. That is really what we are looking for.

Ms HOLLINGWORTH — I would say that I think it is a responsibility of all levels of government to stem the rise of obesity and chronic disease. I think all of us wins, at a federal level; with taxpayers being more effective in the workplace, so actually producing more outcomes in terms of wages; to the hospital system, which is under the direct guise of state governments; and for local government, for us specific participation. That is what I think is the real shame of the ceasing of the NPA agreement: three levels of government all in complete agreement that this was an issue and we all have a role to play. I think personally local governments and the state seeing that alignment were more readily able to say, 'We want to be involved in this'. We see that policy framework as being very clear. I do not think it is just a federal government, but I think all of us have a role here.

Mr T. SMITH — So in terms of this funding that is now not available, this was largely to fund how many staff?

Ms PARTON — The workforce — eight EFT was certainly the injection of resources.

Mr D. O'BRIEN — How many? Eight EFT?

Ms PARTON — Eight EFT, yes.

Ms HOLLINGWORTH — That is in Knox, but across Victoria it funded 110 health promotion professionals in those 12 sites.

Ms PARTON — This evaluation that we do not have all the detail around is we believe going to demonstrate is that it is only through a workforce like that that you are going to get the outcomes that we all want. You may or may not be aware that there are another 12 sites that really is the control group that has been monitored over this time by the state government. That has not had any injection of resources. That information is not available yet either around what is actually the comparison between this effort and this effort. That is going to be really interesting to see — good evidence, I think.

Mr DIMOPOULOS — Just clarifying some of the conversations you were having before about the evidence. I know it is hard to measure. On the second page of your submission you talk about some of the measures, including increasing the proportion of children participating in exercise and reducing the proportion

of adult smoking by 3.5 per cent. When you say there will be something at the end of the year, is that what we will have at the end of the year?

Ms HOLLINGWORTH — Yes. So that was in the original agreement. Victoria was actually the only one at that stage that had a population health survey that could measure that. All the other states do not routinely gather data on that. Victoria again was leading the way. The other states were going to use that dataset. But those were the measures that were going to come out. The issue with that is that it gets done in, say, 2016. It takes nearly a year, as you can imagine, to clean the data to get that done, so we always seem to be a bit behind with the data.

Mr DIMOPOULOS — Because measuring the reduction in the number of adults smoking is pretty significant. If you can measure that — —

Ms HOLLINGWORTH — The Victorian population health survey takes a proportion, so it is statistically significant. I think they do 30 000 people, and they are all randomised and cohorted and all that sort of stuff so it can be held up to say, 'Whatever happens to that group has happened in the whole of Victoria'.

Mr DIMOPOULOS — Just one more on that. Local government has been involved for a long time in preventative health in a small way; even getting senior citizens together for a meal, preventing loneliness and isolation and that kind of stuff — a whole range of things. I wonder if you can distil what the difference is — yes, money of course and eight staff. But what made this different? Was it just the extra resources? Was it the fact there was a partnership? If you could distil why this NPA was important as opposed to the normal recurrent revenue you get for preventative health?

Ms PARTON — I think it is all of those things. The workforce primarily. But it is what the workforce has enabled. It has enabled, as we have said earlier, policy and strategy change within our local government and, from we have heard, across Victoria, which is influencing the environments that make up this city and the decisions that are made as far as planning decisions — where resources are going into changing environments to enable the prevention effort.

Mr DIMOPOULOS — Do you reckon that shift in policy and strategy at the council level was because of the money but also, I suppose, because the federal government was on board?

Ms PARTON — Yes.

Mr DIMOPOULOS — The council is a bit of an influential pacesetter?

Ms PARTON — Our elected councillors and the fact that the federal government and the state government were on board with this absolutely had an influence, just like it had an influence when they dropped off. Our council said, 'Why should we be the only ones in this game?'. It certainly had an influence on what we have been able to do within the community that changed that. We have been able to make the partnerships. I think us having these resources to demonstrate our leadership and grow ourselves as a health-promoting organisation and local government, we have influenced others across the city that we would never have done before. It has enabled, I suppose, greater education and learning for our whole organisation and those partners. That would not have happened either. But it really has been, I think, the framework that has come with this funding that has had the biggest impact. As Michelle said, previously funding has come and it has gone into small programs like what you may have seen. This is completely different. This is about a systems approach that has changed the mindset of people and how they even think about planning our city.

Ms HOLLINGWORTH — Because with that framework was, 'Is thinking population level?', and that is not easy to think about when you are in a local government environment. We often deal with different groups within this, but it is about saying that we are going to reach 95 per cent of our community in a lower level. We need to lift our gaze and we need to look at who is connecting in with who. What are all the networks? How do we create a healthy environment where no matter where you are, if you are in low income to high income or in-between, you can get access to a healthy environment? And that is what we are looking at. For local government I think that was something to say, 'How do we do that? How do we enable that across all parts of our community?', and that is what this funding has done.

Mr DIMOPOULOS — And I think that is great, because usually what happens in a lot of those situations is that you talk to the people who are always engaged with council anyway.

Ms HOLLINGWORTH — That's right.

Mr DIMOPOULOS — So planned activity groups will be the same seniors you already know.

Ms PARTON — Yes.

Mr DIMOPOULOS — Obviously there is something about the framework, the tripartite partnership or the publicity around it. It got a lot of other people on board, and by the sound of it — —

Ms PARTON — Particularly for us. I do not think we had had as much, certainly in the health space, partnership or engagement with the private sector previously, and we have now, both in early years, in schools and in workplaces. That has been a whole new experience. There has been incredible growth and learning and great partnerships.

Mr DIMOPOULOS — I suppose the question remains whether — —

Ms PARTON — Because we have got in the workplace space from Siemens to Sigma to Sebastian Property Services, which is a cleaning business. That is who we have engaged with, so right across the spectrum. From private schools to community schools to private child care, to community-run child care, because it is based also on the World Health Organisation healthy schools and workplaces model, so it is evidence-based. People go through a continuous improvement cycle to create those healthy environments and that is also the validation of this — saying it is based on evidence.

Ms HOLLINGWORTH — We made the decision to only go with medium to large-size businesses. In Knox we have got plenty of small businesses, but that has been our focus.

Mr DIMOPOULOS — I suppose the question remains for this committee: would that have all happened outside an NPA? The fact that it has not happened is probably the answer; that it would not have. It took an NPA to get it there.

Ms PARTON — I am sure it would not have.

The CHAIR — Mr O'Brien?

Mr D. O'BRIEN — That was largely my sort of question, Chair, so I am happy to move on.

Dr CARLING-JENKINS — Thank you very much for putting the effort into putting a submission into the committee; we really appreciate it. The video was great as well. It gave us a really clear idea of exactly what on the ground these programs are affecting.

I would like to pick up on a comment you made around workforce capacity, which you basically described as an enabler to the success of the programs. Being very aware that you have eight full-time equivalents finishing in December, I guess I am concerned about the short and long-term impacts on council of attracting skilled practitioners in the future when you have these kind of unstable funding arrangements. I wonder if you could comment on that for me.

Ms HOLLINGWORTH — I think this funding has given us the opportunity for council, as we talked about, to chart some new areas. I think employing these health promotion practitioners has actually broadened — council is very good and we have got a great city plan, which is our council plan, and our public health and wellbeing plan, which is very good. So the implementation often relied on partners and internal people, but this funding has enabled us to use that workforce to enable those plans and policies and strategies to be delivered.

I guess that is the issue, particularly for health promotion practitioners. The 110 new positions that were created were certainly a whole new generation of workforce and particularly in a systems-based approach. We all made jokes that we would go and get a job in New Zealand because they are picking up and running with this approach and our own government is questioning its commitment to that.

This was the first time that this amount of health promotion practitioners had been employed in local government. Local government is the key. As I said, it is federal, state and local government is the key, because local government does have that capacity to create those health-promoting environments and have a range of stakeholders. Essentially it does mean that those local governments do not have the funding to be able to employ health promotion practitioners in this regard. We have 8 at the moment, but my team was up to 14 at one stage given we were delivering programs. That is quite a large number of staff in that capacity. Also we had students from universities on board delivering particular things. I think I worked out that we worked with 31 other teams in council, so we were partnering with them and enabling them to build their capacity. There was open space to understand, 'Let's not put a path in; let's look at where it goes. How can we track it? How can we monitor it? How can we best use our resources?'. So all of that is almost unquantifiable in terms of increasing the capacity of the workforce internally to be able to think health and wellbeing in everything they do. You cannot do that from the outside looking in; you have to do that from the inside.

Dr CARLING-JENKINS — Sure.

Mr D. O'BRIEN — Just a question on that. You mentioned you got up to 14 at one stage. What is the total FTE for Knox City Council, roughly speaking?

Ms PARTON — Now?

Mr D. O'BRIEN — Yes.

The CHAIR — Or probably at the end, wasn't it?

Mr D. O'BRIEN — Yes, as a comparator, how big you were compared to the rest of the councils.

Ms PARTON — The total number of staff is 1500, I think, so it made up — —

Mr D. O'BRIEN — Not much.

Ms PARTON — It is not much when you look at that, but certainly within my department it was one of my largest teams.

Mr DIMOPOULOS — Obviously for you it is a successful program. That is why you are here. For you, while the evidence is still waiting, your anecdotal experience is successful.

Ms PARTON — Absolutely. We try to not call it a program, just because of the nature of the framework being so systems based. What used to happen were programs. We call it an initiative as such.

Ms HOLLINGWORTH — It is not just about the money, I guess. That is what I feel. I feel that Victoria did a really smart thing and used this money in a way that was going to give us the key to how to combat these serious health issues in the future. Without finishing it we arrive back where we started from again, and it is a waste of public funding. It is a waste of, as I said, international recognition. We are going to look really silly. I think what is going to happen in 5 or 10 years time if I am still in this game is that someone will say to me, 'We should go and have a look at what New Zealand is doing', and I will just laugh my head off and say, 'No, actually use what we are doing here'. It is because of the NPA. That is the key enabler — the three levels of government — key role. We need to look at obesity. It is a huge chronic disease. It is going to cost us a lot of money. We need a new way of dealing with this, and Victoria said, 'We can produce that'.

Ms PARTON — I work in local government, but I have worked in all three levels of government, and I think it was a smart thing to have local government at the centre of this and having a leadership role, because funding could have all gone to the community health sector. We have worked very closely with them, and we put three staff in the community health centre, but what it has demonstrated is local government's capacity to lead something like this, and it has actually changed the way the local government practitioners are thinking and our elected members too. They actually understand the role. We have always had a municipal public health plan, a city plan, which talks about health and wellbeing, but now they get it, and they understand what our role is in this.

Mr DIMOPOULOS — What is possible.

Ms HOLLINGWORTH — Sorry; we are just very passionate.

Mr MORRIS — Moving slightly away from the subject, I am not going to argue with you about the subject; I agree. I do not get enough walking myself, but I do try to do 8 kilometres a day.

The CHAIR — I hear you, brother.

Mr MORRIS — It does not always happen — not when I am coming in here at 7 o'clock in the morning.

Ms HOLLINGWORTH — From Mornington.

Mr MORRIS — You are preaching to the converted in that sense, but as I said earlier, we are really here focused on the system and how we can make it work. Just rereading the first couple of pages of your submission and then looking at the two agreements and how they were varied, it seems to me that particularly the 2012 variation where you are theoretically locking the feds in until 2018 — in some parts December 2017, but mostly 2018 — is the central issue.

Having worked outside local government or state government, you would both be aware of the issue of the forward estimates and what is outside the forward estimates. For us this is partly about the national partnerships, but I think it is also about the general principle of how you fund things beyond the forward estimates, which I guess at the extreme would mean something like this program, initiative or whatever. If we were to stick with the forward estimates templates, then you are looking at four years. If you worked on that basis and you had built into it at, say, year three — recognising that in this case you are not going to be able to do a full assessment of the success or otherwise — an agreed review and then a decision to go again, would that give you the certainty that you need?

Ms HOLLINGWORTH — I totally understand what you are saying in terms of, yes, you have got these forward estimates in the cycle and so then how do you fund something? I think that is a dilemma, particularly when you are looking at either Aboriginal health or what are those big long-term issues. How do you organise a funding round for something that takes so long?

Mr MORRIS — Everyone on this side of the table is aware that we were talking to Rob Spence and Clare Hargreaves earlier, and we were talking about where you have these programs that have proved their worth, how do you then slot them in? I guess that is a precursor. We are assuming that if a national partnership agreement proves worthwhile, then there is a mechanism built into the process to enable it to be funded on an ongoing basis if it is a trial-type thing rather than, 'We've got a specific problem to fix, so we're going to fix it'. A one-term agreement would probably do that, but where you are trialling something to go on — —

Ms HOLLINGWORTH — I agree with you.

Ms PARTON — Councils have 10-year long-term financial forecasts now. That is the way we work. But I agree; you would need to have a review period within that. But that certainly would be where we would want to go — that sort of 10-year or 8-year vision.

Mr MORRIS — I guess the dilemma even for local government is that you are only funding a year at a time, aren't you?

Ms PARTON — Yes, we are, given that the planning is done in that 10-year forecast.

Ms HOLLINGWORTH — These initiatives were 3.5 years, so I guess there was going to be a review after that because we did not have an agreement in from 15 to 18 anyway, even though the NPA went to 18. I guess that is what you are saying, having that review period to then say whether it is moving forward.

Mr MORRIS — I am just trying to think about structure, because in this case we have a new government, it has been elected, it has a different view of the world and it has exercised its right as a sovereign government to say, 'No, we're not going to fund that anymore'. I am just trying to see if we can think outside the square a bit and perhaps contribute to the COAG discussion on the basis of trying to get a structure so that these sorts of things can be handled. You are always going to have governments come in and say, 'No, we're going to do it our way now', and we have all just got to deal with that, but as a general rule there should be the opportunity to develop a structure about which everyone has more certainty.

Ms PARTON — That is exactly right.

Ms HOLLINGWORTH — The NPA is actually still there. It is only the money that was taken out of it.

Mr MORRIS — I think Tim had a document that he could not find suggesting that money may resume a bit further down the track.

Mr T. SMITH — Yes. I think it would be wrong to say that the federal government is not committed to preventative health, but the fact remains that it sees this as being a largely local and state-based initiative, hence my question to begin with.

Ms PARTON — That is certainly what Sussan Ley has said.

Ms HOLLINGWORTH — I think because it was done seven or eight different ways as well, there was not one framework that every state worked to either, so we were all doing it in different ways. That, I think, was the other issue with that. I agree; I think a process would be great.

The CHAIR — I would like to thank Ms Parton and Ms Hollingworth from the Knox City Council for their time today.

Ms PARTON — Thank you.

Ms HOLLINGWORTH — Thank you very much.

Witnesses withdrew.