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

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Budget Estimates 2017–18

Melbourne — 31 May 2017

Members

Mr Danny Pearson — Chair
Mr David Morris — Deputy Chair
Mr Steve Dimopoulos
Ms Fiona Patten
Ms Sue Pennicuik
Ms Harriet Shing
Mr Tim Smith
Ms Louise Staley
Ms Vicki Ward

Witnesses

Mr Martin Foley, Minister for Mental Health,

Ms Kym Peake, Secretary,

Mr Nick Foa, Deputy Secretary, Finance and Infrastructure, and Director of Housing,

Mr Terry Symonds, Deputy Secretary, Health, Service Policy and Commissioning, and

Ms Anne Congleton, Deputy Secretary, Community Participation, Sport and Recreation, Health and Wellbeing, Department of Health and Human Services.

The CHAIR — I declare open the public hearings for the Public Accounts and Estimates Committee inquiry into the 2017–18 budget estimates. All mobile telephones should now be turned to silent.

I would like to welcome the Minister for Mental Health, the Honourable Martin Foley, MP; Ms Kym Peake, Secretary of the Department of Health and Human Services; Mr Nick Foa, deputy secretary, finance and infrastructure and director of housing; Mr Terry Symonds, deputy secretary, health, service policy and commissioning; and Ms Anne Congleton, deputy secretary, community participation, sport and recreation, health and wellbeing.

All evidence is taken by the committee under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Comments made outside the hearing, including on social media, are not afforded such privilege.

Witnesses will not be sworn but are requested to answer all questions succinctly, accurately and truthfully. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty.

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

All written communication to witnesses must be provided via officers of the PAEC secretariat. Members of the public gallery cannot participate in the committee's proceedings in any way and cannot photograph, audio record or videorecord any part of these proceedings.

Members of the media must remain focused only on the persons speaking. Any filming and recording must cease immediately at the completion of the hearing.

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

Visual presentation.

Mr FOLEY — Thank you, Chair, and I thank the committee for this opportunity. Can I particularly thank in his absence Mr Dimopoulos, who chairs in this space the government's expert panel on the 10-year mental health plan and the funding programs that go with it, some of which we will touch on.

In terms of the next slide, just at the highest, helicopter view, this budget provides a significant boost to funding for both acute and community-based mental health services across the state. This is an increase in funding, particularly when it comes to areas such as treatment and rehabilitation services for alcohol and drugs and particularly the continuing scourge that we see of ice but of course its relation to other alcohol and drug users.

This budget continues our rollout, as I have indicated, of the 10-year mental health plan that sets the strategic framework for both program and policy reform. It also, through the whole-of-government initiatives, provides further support for stage 3 of the Ice Action Plan. In terms of what this budget represents at the highest level, it is an investment increase of some 14 per cent for mental health, alcohol and other drug services compared to the preceding year. In terms of over our last three budgets, this represents an increase of 166.7 per cent of outputs in programs and investments compared to the previous three years before that.

In terms of the next slide, the investment covers a range of different services that, for instance, meet the demands of our clinical mental health services because we know that through both increased drivers of not just population but indeed wider changes across age, demographics and needs, we are seeing a growing area of demand on our state systems. We are also seeing growth in particular areas, such as perhaps in the perinatal area and perinatal depression, insofar as the commonwealth having extracted itself from funding this area has seen the state have to pick up that slack.

It also strengthens the mental health system in such areas as the rights that go with that, that we have seen through the Mental Health Tribunal, which the former government implemented as an initial legislative frame but fell to this government in terms of its rolling out, and that continues to grow. We are also seeing improvement in treatment facilities right across the state, and that is nuanced in areas such as Indigenous

Victorians needing particular culturally appropriate services for their disproportionate reflection in alcohol and drug services.

But we also know that across the whole spectrum of needs in the mental health area we have to invest more and better services in our forensic mental health to support those people with mental health challenges both in or at risk of coming in contact with the justice system, and again particularly young people. We also deliver the continued expansion of service responses around the issues of early intervention in dealing with drug use, specifically for those at risk of overdose. We are seeking as a key part of this to meet critical demand settings. It is probably the biggest demand in the system at the moment, and we want to ensure that staff are available when the need is there, so there is increased funding for appropriately trained expert staff on weekends, and we want to make sure again that there is treatment and mental health services for our Indigenous community that are appropriate. And indeed also from the community outreach side of things I am particularly proud of the provision of traineeship positions for Victorian Aboriginal community members in the mental health community services that those communities deliver.

We are also picking up on the safeguarding reforms that I outlined in the Mental Health Act 2014 as we expand the Mental Health Tribunal. There is also support for facility renewals in improving and upgrading facilities right across the state. That is particularly in the case of our acute alcohol and drug services as we see the nature of clients showing up in those services increasingly fraught and placing not just their safety but the safety of professionals at risk. I am also pleased that there is the rollout of community-based step-up, step-down facilities in the mental health space across the state as well.

I am flying through this in terms of the other arrangements around this package, Chair, but whether it is in the forensic mental health space, whether it is the support for mental health advice and response services, whether when it comes to the forensic area it is support for mental health treatments and clinical advice in partnership with the justice system so as to ensure the quicker handling of mental health issues at the courts level, whether it is the in-reach services for young offenders in the justice system, whether it is the forensic mental health service being expanded for an early intervention program or whether indeed it is the increased number of reviews for people through the Crimes (Mental Impairment and Unfitness to be Tried) Act, there is a range of programs that are aligning with our justice system to make sure that those programs are dealt with their.

In terms of some of the programs we are partnering with the Attorney-General, we are making sure that there are mental health services available for the bail hearing systems, particularly the after-hours court, and that those areas of high-risk individuals that magistrates have to deal with are also funded in this program. Lastly in that forensic area is for the first time in its history the expansion of the services that are provided at Thomas Embling Hospital as part of the state's adult forensic mental health capacity.

Moving on perhaps just to the next and hopefully other slides, which go to drug use, we are seeking and funding through this an expansion of treatment capacity with existing services, particularly for parents, to help them meet the requirements that are being led for them by the courts when it comes to areas of family reunification legislation and the mandatory treatment orders that come with much of those community correction orders. Whether it is the 17 care and recovery positions, the eight peer support roles or the establishment of those in assisted transition, we want to make sure that the treatments are there to support the positive improvements that can go with such programs that can again assist people as they deal with the scourge of drug addiction or drug dependency. There is also again in this space, given the disproportionately high number of Victorian Aboriginal community members caught up in this space, funding for Aboriginal health workers to address the impacts on that community.

As we find in all of these areas as we integrate services, our data collection and support systems need to be better utilised, sustained and deployed, and there is also funding for the processes of data support, data capture and data sharing around providers as is needs appropriate. Whether it is better support through the phone or online services for clients who cannot access support services or who face barriers, we know that there is funding in those systems for us.

I will finally finish by saying in terms of a high level that there is funding for the acquisition of land for residential rehabilitation facilities for Gippsland, Hume and Barwon regions as well as funding for the expansion of existing facilities in a number of existing service providers both in metropolitan and in regional Victoria. We look forward to not just this program of funding rolling out, but having been engaged with the commonwealth in terms of their mental health program, which has a drug and alcohol component as well, we

look forward to the fifth national mental health program aligning as closely as possible with the direction of Victorian investments over the forward projection periods.

The CHAIR — Thank you, Minister, for that comprehensive presentation. I am conscious of time, so we have got government questions until 11.56 a.m. I am going to be very brief, Minister. I refer to budget paper 3, pages 93 and also 87. The output measure is 'Forensic mental health bed-based services expansion'. Can you talk to the committee, very briefly, just about what this asset funding is for, and can you also just talk briefly about the way in which mental health intersects with Victoria Police and how this additional funding will benefit that engagement?

Mr FOLEY — Indeed. This particular budget initiative is about, as you have indicated, expanding the long overdue services and capacity of Thomas Embling Hospital in particular and the range of services that go with that. The budget has delivered an initial funding of $40 million to commence the expansion of those services that Thomas Embling provide. At the moment that is our state's only secure forensic mental health facility, and since its launch 17 years ago, other than last year's contribution to a series of arrangements that have been expanded by some 18 beds at the moment, it has had no investment at all in the expansion.

Over that period of time the demands on it have increased enormously. Whether it is beds from the prison system or the increasing number of people who have been found unfit to be tried because of mental impairment, the demands on the system have grown hugely. As I say, in addition to the two lots of funding provided by this government that will expand that by 18 beds, there is a further $40 million for a large-scale expansion of the forensic beds in Victoria. Forensicare, as the expert agency in this space, are leading that as a health service that run not just Thomas Embling Hospital but the range of community services that go with that, and we want to make sure that that is delivered.

In terms of the second part of your question, Chair, regarding our engagement with Victoria Police — —

The CHAIR — Order, Minister. I think Ms Shing just had a quick question, sorry.

Ms SHING — Sorry, just with the time that we have and before we get to the next round, I would like to leap in on ice use in regional areas. You referred to the $9.7 million to acquire land across three locations, and I would also like to talk about the process whereby those additional beds will be delivered and how it is that they will interface with the *Ice Action Plan* and how we actually tackle the way in which ice use is so prevalent across regional and rural areas in Victoria.

Mr FOLEY — The basis of the response is that whilst ice is a growing problem in nearly all Victorian communities it is disproportionately an issue in our regional communities.

Ms SHING — And we will come back to that in the next round of questions.

Mr T. SMITH — Budget paper 3, page 243, drug rehab. Minister, since 2014–15 the number of drug rehabilitation residential bed days has significantly decreased from 127 686 down to just 107 310 this year, representing a 15.6 per cent reduction in residential rehabilitation services since you were elected. Minister, with more and more people having been turned away from drug rehabilitation services, do you accept any responsibility for the escalating rate of drug crime in Victoria?

Mr FOLEY — Could you repeat that last bit. I did not quite catch it.

Mr T. SMITH — Do you take any responsibility for the escalating rate of drug crime in Victoria?

Mr FOLEY — What I take responsibility for is the delivery of the first growth in residential rehabilitation support services right across the state that this state has seen in a very long time. In regard to the drivers of wider disadvantage and wider policing responses, I am even more proud of the packages that we have been engaging in with our service providers when it comes to how we engage with Victoria Police to both deal with consequences of mental health and alcohol and drug issues as they reflect in antisocial or criminal behaviour, such as our investment in Thomas Embling, but more importantly how we engage for the first time in not just our community provision of rehabilitation support services but now for the first time a substantial increase in residential rehabilitation services.

Mr T. SMITH — Minister, the bed numbers are reduced by 15 per cent.

Mr FOLEY — No.

Mr T. SMITH — They have.

Mr FOLEY — Indeed, the lower 16–17 outcome that is reflected reflects the closure of one particular — —

Mr T. SMITH — 14–15, Minister, starting at 14–15 to — —

Mr FOLEY — The lower 16–17 expectation, lower than the 17–18 target, which I think is the basis of your question — —

Mr T. SMITH — No, the basis of my question is the 14–15 outcome compared with the 16–17 outcome.

Mr FOLEY — Yes. In terms of residential rehabilitation bed numbers that are set out there, those outcomes that are set out in BP3 reflect the decline of particular outcomes that we have seen for Westside Lodge. Westside Lodge was a facility in suburban Melbourne that was frankly not fit for purpose. It was well beyond its use-by date. In terms of the mental health components of the particular geriatric aged-care components that were part of its facility, we will make sure — the same number of beds that we are keeping both in our residential rehabilitation alcohol and drug services but, even more importantly, in the earlier portfolio's report about public sector provision of aged-care support — that those combinations of services will see the state continuing to grow its investment and participation in those areas. Westside Lodge's beds, because that facility has been withdrawn from service because it simply was not fit for purpose and faced accreditation issues, will now be subsumed within the expanded service, which as the member for Kew you will be aware is being built as we speak by St Vincent's in Kew.

Mr T. SMITH — So notwithstanding what you are saying about the closure of Westside Lodge, how many new beds have you brought on over the last two years?

Mr FOLEY — In terms of residential rehabilitation?

Mr T. SMITH — Yes.

Mr FOLEY — In terms of what we have done in rehabilitation beds, I can take you through those figures. We know that residential rehabilitation beds are critical to what we deliver, and if you just bear with me, I will take you through what those numbers are. We are currently seeing 30 additional residential rehabilitation beds being funded in this budget through the outputs in existing beds, existing services — —

Mr T. SMITH — So no new beds over the last two years, and drug crime is up?

Mr FOLEY — No, indeed there have been new beds over the last two years, Mr Smith. They build on the 20 beds that we have seen — —

Mr T. SMITH — Where are the new beds, Minister?

Mr FOLEY — I am happy to take you through them, Mr Smith. We are seeing currently a combination of 32 existing beds spread across the facilities at Banyule, Cardinia, Knox, Greater Bendigo, Yarra Ranges and Darebin, and we are seeing, in terms of future investments, further new beds being, as I have indicated, in existing services that will go out for interested health services to provide for 30 — —

Mr T. SMITH — Minister, those beds you have just referred to — —

Mr FOLEY — If you bear with me, that will be in addition to those 32 beds. You then add these 30 beds for existing services and then an additional 20 beds in new residential rehabilitation in Ballarat that are on schedule now in addition to the capacity for going to these new facilities across the areas where we will acquire the land as the first stage to delivering those.

When you add all of those up you will see a substantial increase on both what we inherited and what we have delivered so far over the course of this term of government, and what will be in the system by the end of this term of government will be over a 60 per cent increase in both already delivered and coming on through the pipeline of investment that we have made than that which we inherited. There are more beds today — residential rehabilitation — in the Melbourne metropolitan region and the regions than we inherited in

November 2014, and by the time this Parliament ends the investment will see over a 60 per cent increase in the numbers of beds for residential rehabilitation than we inherited in 2014.

Mr T. SMITH — Minister, those 30 beds that you were referring to — —

Mr FOLEY — The existing ones or the ones from the expansion of existing services?

Mr T. SMITH — No, no. You said 30 new beds over the last two years, didn't you? Okay. They are 30 new residential rehab beds?

Mr FOLEY — Spread across the state.

Mr T. SMITH — Brand new; is that what you are telling me?

Mr FOLEY — Additional capacity spread across the state.

Mr T. SMITH — No, no. Let us just be very clear in the language here. Are they new?

Mr FOLEY — Brand new in terms of the increased number of beds from what we had.

Mr T. SMITH — Are they new?

Mr FOLEY — In terms of there being previously a lower number of beds and then there being a higher number of beds, they are new beds. In terms of whether that is a new service, not necessarily. Some, for instance, in Mildura that I am aware of that were delivered by the Aboriginal alcohol and drug services up there are new in all senses; they are both new physically and they are new services.

Ms STALEY — Minister, of those beds, how many of those would be rehab beds as opposed to forensic beds?

Mr FOLEY — Well, it is the one system, and how beds are delivered across that system, given the multiple demands on them, is a very important consideration as to how the vacancies of those are managed, so whether they are court-directed orders or whether they are Family Court-directed preconditions that families might need to meet or whether they are the general opportunities for the health services locally to get access to those beds, the demand continues to increase. That is why the investment continues to increase.

Ms STALEY — Sure, but are there any more of those public beds, those ordinary public beds?

Mr FOLEY — They are the one system, so all beds in that system are considered part of the one pool, and of course, as you expand those beds, you therefore — —

Ms STALEY — That is true, but somebody with a mental illness for rehab does not go to Thomas Embling.

Mr FOLEY — No, indeed not, but the Thomas Embling beds are a separate category of forensic care beds to the wider health system's residential rehabilitation beds.

Ms PATTEN — Turning to budget paper 3, page 25, looking at the $10 million spent on mental health and drug facility renewal, I am just noting that we have seen some recent studies from the coroner about the link between overdoses and mental health, and certainly in 2015, of 172 people who died of overdoses, 116 had a diagnosed mental illness. Looking at the other announcements you have made, I am wondering if you could indicate what proportion of those funds will be allocated to dual-diagnostic facilities. I know you have spoken about this in the media. I think there is 78 million for drug substance abuse and 406 million for mental health.

Mr FOLEY — You have touched on a variety of different outputs there, but in terms of the one that you drew attention to — assets initiatives; that 10 million — that is almost exclusively, but not exclusively, investment in emergency or mental health, acute ends of services, particularly around the safety of both patients and staff and visitors. In terms of the wider package of — —

Ms PATTEN — More importantly, any dual services.

Mr FOLEY — Some of that investment has also gone into, for instance at Eastern Health, safety devices for the outreach workers as they do their community engagement work. In terms of the dual-diagnosis areas, it is actually very uncommon for someone to present with just one aspect of their morbidity — —

Ms PATTEN — But as we know quite often to get into some services you cannot get in because you have got a mental health issue or you cannot get in because you have got a drug issue.

Mr FOLEY — You have hit a substantial dilemma right on the head in terms of access to services and the sometimes siloed nature of those approaches. This is a consistent theme that we have seen across health and human services, and community services. How do we construct services that are built around the needs, and generally multiple needs, of at-risk people? When it comes to alcohol and drugs and mental health there is a massive overlay, and with that goes comorbidity on the physical health of things. That is where the community health model in particular, through the work that the Minister for Health is leading, seeks to particularly engage in the all-round health needs of someone, and as that overlays with the issues of mental health, which are very real, we need again to provide those levels of packages.

Ms PATTEN — Are there any numbers in there that would tell me about how much is being allocated to those dual systems, dual diagnosis facilities, particularly in the big spend of $406 million for urgent mental health and $78 million for urgent substance abuse?

Mr FOLEY — Intuitively I would think it to be a substantial amount. In terms of the break-up that is available in the budget papers, I do not have that at hand, but what I could certainly undertake, with the Chair's indulgence, is to ask my department to interrogate those figures around the dual diagnosis and comorbidity elements so as to answer your question perhaps offline in more detail.

Ms PATTEN — Thank you, Minister. Just over a week ago we saw a report from the *Economist* about the scourge of fentanyl and the skyrocketing deaths in the US in particular, Canada now — —

Mr FOLEY — Ohio.

Ms PATTEN — And, yes, Ohio. I think the only two fentanyl deaths reported by the coroner in Australia have been in Victoria. I am just wondering if there is anything in the budget that is specifically looking at the inevitable spread of fentanyl into our marketplace.

Mr FOLEY — We saw those reports as well to the point where, as I understand it — —

The CHAIR — Order! We might come back to that.

Ms SHING — Minister, with the remaining time that we have I would like to very quickly finish off the issue that we were talking about before in relation to regional facilities and residential beds, noting that, in response to the question from Mr Smith, in November 2014 we had inherited 208 residential rehab beds when New South Wales has got around 800. What will the initiatives in regional Victoria do to provide better access to assistance and wraparound services for ice and other drug users?

Mr FOLEY — The link between ice — and it is other drug users. It is very rare for people to present with just one drug use. It is a very poly drug use. We are confident that in particular the regional residential rehab investments will see located in services the kind of support that communities need. We want to make sure that the investment that is already flowing in the Grampians area for the 18 to 20-bed facility there lands and that that is rolled out in a progressive way so as to make sure that the services can hit that community as soon as possible and that that builds over time. We also want to make sure that whether it is investment in Hume, Barwon or the Gippsland area, each of those facilities will cater for up to 20 residential rehabilitation beds as well. And then there is the expansion of the existing services, all of which will be available to communities more broadly.

So in terms of that group, if you like, at the residential rehabilitation side, it is also a spectrum of other uses, whether it is the community ice action grants, whether it is the outreach workers or whether it is the range of other agencies that we partner with that deliver in the regions those therapeutic day rehabilitation services or community services, and those include Ballarat Community Health, Grampians Community Health, Odyssey House, Sunraysia Community Health, the Goulburn Valley Alcohol and Drug Service and a consortium of groups including Barwon Health and other community groups in Geelong called Stepping Up Consortium.

There is a consortium based on the Salvos and Mind Australia in the north of the state, based out of Bendigo. Whether it is Warrnambool, Moe or indeed ReGen in the inner Gippsland area, we have all corners of the state covered, but we need to make sure that the disproportionate impact that alcohol and drugs, through ice in particular, are having in the regions receives that corresponding disproportionate amount of support.

Mr DIMOPOULOS — Minister, thank you. I was just going to ask a quick question about suicide prevention in the less than 2 minutes we have left. I was out when you referred to my role in your portfolio. Thank you very much for your support. I just wanted to bring your attention to page 88, budget paper 3, the investment in clinical demand, which is a significant investment of over $200 million on top of last year's investment. So that investment, clinical services demand, how does that relate to our suicide prevention strategy, particularly given the urgent nature of that investment in terms of addressing the most urgent aspects of clinical demand?

Mr FOLEY — Thank you for that question. As you will be aware, Victoria loses more citizens to suicide than we do the road toll every year.

Mr DIMOPOULOS — Almost double.

Mr FOLEY — Our most recent figures show that 654 Victorians lost their lives to suicide — as you say, twice the road toll. We are building on our initial investment last year in a suicide prevention strategy, and in short whether it is through the new mental health beds or indeed the growing efforts that have been made in partnering, can I say, with public health networks and with local communities, we will be rolling out across 12 sites around the state — disproportionately in the regions but not exclusively — community-based sets of support for communities tackling the highest levels of suicide. We will also be supporting six health networks, again spread across the state, for the single largest easy-to-identify group of people who are prone to suicide — that is, those who have attempted suicide. So together, with those 18 projects, we hope to make a real impact.

Ms STALEY — BP3, page 244, the number of residential bed days in mental health has continued to decline under Labor from 185 732 in 2014–15 to just 153 574 expected in 2017–18. Minister, the AMA were scathing in their summary of your budget in their release dated Tuesday, 2 May. Dr Baker said:

> Too many Victorians are unable to access the health care that they need. AMA Victoria was hopeful that today's budget would address these widespread inadequacies: it does not.

That was specifically in relation to mental health. Minister, the AMA stated that they fully briefed you of their concerns regarding the impending mental health crisis. Why then did you completely disregard the advice of the AMA and cut acute mental health bed days rather than increase access?

Mr FOLEY — Thank you for that question, and I thank the AMA for their continued advocacy on behalf of doctors and the communities that those doctors are a part of. I indeed regularly meet with the AMA and both pre and post budget met with them on both their budget bids and the implications of what has been an increase but perhaps not to the extent that our friends from the AMA would have hoped for in terms of the targeting of their particular priorities. So I acknowledge the criticisms from the AMA, but I do not necessarily agree with all of the criticisms that they have made of this space. What I do engage with the AMA around is their very real commitment to making sure that the multiple causes of mental health challenges are dealt with first and foremost by their members in the primary health care networks.

Ms STALEY — Minister, I asked about residential bed days —

Mr FOLEY — You did.

Ms STALEY — and why you have chosen to cut them rather than respond in the way the AMA asked, and I would just like you to respond to that.

Mr FOLEY — Of course. I was in the process of explaining to you that the criticisms that the AMA may have made of the budget in terms of it not meeting their expectations of the level of increase was one thing, but I am fairly sure that that is not related to the particular issues of the causes of why in budget paper 3 residential bed days have gone backwards for a one-off particular reason of the figures that are set out in this year's budget papers.

Ms STALEY — Minister, the — —

Mr FOLEY — If you bear with me, Ms Staley, the lower than expected figure again reflects the fact that there are currently less beds in that system when it comes to the mental health side of things as a result of the closure of the geriatric aged-care facility at Westside Lodge, and those beds are currently in the process of popping up in Mr Smith's electorate through the facility that is being built — a public facility that the previous government was in the process of contracting out until it was stopped by this government.

Ms STALEY — So you admit that you have cut residential bed days?

Mr FOLEY — No, not at all. Those bed licences — —

Members interjecting.

Mr FOLEY — The number of beds in the public sector are aged-care residential facilities, of which a number are geriatric mental health beds — probably the most needy group of that overall group who are eligible for the market failure of the private sector aged-care system and who look to the state for support.

Ms STALEY — And you have reduced their bed days.

Mr FOLEY — That support was not forthcoming in facilities such as Westside Lodge.

Ms SHING — But it had nothing to do with drug resi beds, and they did not criticise residential bed days.

Ms STALEY — But the residential bed days have fallen.

Ms SHING — The AMA did not criticise that.

Ms STALEY — They did.

Ms SHING — No, they did not. That is not what their actual statement says.

Mr FOLEY — So in terms of the AMA's criticisms, that is one thing. With the number of geriatric aged-care beds that were developed, you will see those established and rise in Mr Smith's electorate.

Ms PATTEN — Following on from the fentanyl, my query is: has there ever been any consideration to a performance measure being a reduction in overdoses in Victoria?

Mr FOLEY — In terms of a budget output measure?

Ms PATTEN — Yes, considering — —

Mr FOLEY — I am not aware of that consideration, but in terms of the multiplicity of budget output measures that go into consideration, I am sure that government would take that one on notice and on merit, because it certainly reflects a policy goal that I would have thought is at the heart of that series of investments.

Ms PATTEN — Just following on, in budget paper 3, page 242, we are looking at 8.8 million syringes being provided through the needle and syringe program. Obviously you are aware of the North Richmond situation, where there is considerable explicit drug use in the streets and considerable discarding of needles in the streets and the community obviously is up in arms. I am just wondering if there is anything in the budget or any specific areas where you could say to that community that you are addressing their concerns around needles found in their yards et cetera?

Mr FOLEY — That is a statewide budget measure, and the last time I saw figures — and I do not attest to this being totally up to date — as to where at least the single largest exchange was was actually the 24-hour facility that the Salvos run in St Kilda. Having said that, North Richmond is not far behind. So the government is very well aware of the concerns that have been brought to our attention by North Richmond Community Health, the tenants association of the nearby estate, the traders, local families, the City of Yarra and the representative groups such as the Yarra drugs forum as to a range of issues particularly in those areas around the North Richmond station — not exclusively but in that sort of Victoria Street precinct.

One of the multiple issues that was brought to our attention was literally the amount of syringes that circulate in that community. Over and above the support that we give to the community health centre, we have engaged directly agency cleaning support — agencies properly accredited — to undertake further work in collecting and dealing safely with those syringes. Having said that, there is still more work to be done.

Ms PATTEN — Going back to the fentanyl emerging issue and looking at, in the budget, the $2.4 million that has been advocated for drug treatment data collection systems to be upgraded — and I think that is great to give us a clearer picture — it is quite a reactionary approach. With things like fentanyl on the market, with things like the new psychoactive substances on the market, has any consideration been given to early public warning systems about emerging substances as the department or agencies become aware and/or some form of pill testing?

Mr FOLEY — The opioid-based drugs that we are seeing in Canada and North America — I fear you are right — we are on the cusp of further work, further arrangements, for those drugs in our own community. In terms of the early warning systems, we rely on advice from Victoria Police and frontline agencies, and that work is really ongoing, but your implied criticism that we could do more there is probably very accurate.

Ms PATTEN — I think it is about being proactive rather than reactive.

Mr FOLEY — At the moment it is highly reactive as we see trends internationally through illegal importation, the work with the commonwealth seeing where we think demand is going and what type of drugs.

The CHAIR — Order! I would like to thank the witnesses for their attendance: the Minister for Mental Health, the Honourable Martin Foley MP; Ms Peake; Mr Foa; Mr Symonds; and Ms Congleton. The committee will follow up on any questions taken on notice in writing. I think Ms Pennicuik may have some questions for the minister. The response answering the questions in full should be provided in writing within 10 working days of the committee's request.

Witnesses withdrew.