

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE COUNCIL

FIFTY-SEVENTH PARLIAMENT

FIRST SESSION

Wednesday, 7 May 2014

(Extract from book 6)

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By authority of the Victorian Government Printer

The Governor

The Honourable ALEX CHERNOV, AC, QC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC

The ministry

(from 17 March 2014)

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Deputy Premier, Minister for State Development, and Minister for Regional and Rural Development	The Hon. P. J. Ryan, MP
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Minister for Agriculture and Food Security, and Minister for Water.	The Hon. P. L. Walsh, MP
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Minister for Mental Health, Minister for Community Services, and Minister for Disability Services and Reform	The Hon. M. L. N. Wooldridge, MP
Cabinet Secretary	Mrs I. Peulich, MLC

Legislative Council committees

Privileges Committee — Ms Darveniza, Mr D. Davis, Mr Drum, Ms Lovell, Ms Pennicuik, Mrs Peulich and Mr Scheffer.

Procedure Committee — The President, Mr Dalla-Riva, Mr D. Davis, Mr Drum, Mr Lenders, Ms Pennicuik and Mr Viney

Legislative Council standing committees

Economy and Infrastructure Legislation Committee — Mr Barber, Mrs Coote, #Ms Crozier, Mr Finn, #Ms Hartland, #Mr Leane, Mr Lenders, Mr Melhem, Mr D. D O'Brien, #Mr Ondarchie, Ms Pulford, Mr Ramsay and #Mr Scheffer.

Economy and Infrastructure References Committee — Mr Barber, Mrs Coote, #Ms Crozier, Mr Finn, #Mr Leane, Mr Lenders, Mr Melhem, Mr D. D O'Brien, #Mr Ondarchie, Ms Pulford and Mr Ramsay.

Environment and Planning Legislation Committee — Mr Dalla-Riva, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Peulich, Mr Ronalds, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

Environment and Planning References Committee — Mr Dalla-Riva, #Mr Finn, #Ms Hartland, Mrs Kronberg, #Mr Leane, Mr Ondarchie, Ms Pennicuik, #Mrs Peulich, Mr Ronalds, Mr Scheffer, #Mr Tarlamis, Mr Tee and Ms Tierney.

Legal and Social Issues Legislation Committee — Ms Crozier, Mr Elasmr, Mr Elsbury, Ms Hartland, #Mr Leane, Ms Mikakos, Mrs Millar, Mr D. R. J. O'Brien, #Mrs Peulich, #Mr Ramsay and Mr Viney.

Legal and Social Issues References Committee — Ms Crozier, Mr Elasmr, Mr Elsbury, Ms Hartland, #Mr Leane, Ms Mikakos, Mrs Millar, Mr D. R. J. O'Brien, #Mrs Peulich, #Mr Ramsay and Mr Viney.

Participating member

Joint committees

Accountability and Oversight Committee — (*Council*): Mr D. R. J. O'Brien and Mr Ronalds. (*Assembly*): Ms Kanis, Mr McIntosh and Ms Neville.

Dispute Resolution Committee — (*Council*): Mr D. Davis, Mr Drum, Mr Lenders, Ms Lovell and Ms Pennicuik. (*Assembly*): Ms Allan, Ms Asher, Mr Clark, Ms Hennessy, Mr Merlino, Mr O'Brien and Mr Walsh.

Economic Development, Infrastructure and Outer Suburban/Interface Services Committee — (*Council*): Mr Eideh, Mrs Millar and Mr Ronalds. (*Assembly*): Mr Burgess and Mr McGuire.

Education and Training Committee — (*Council*): Mr Elasmr, Mrs Kronberg and Mrs Millar. (*Assembly*): Mr Brooks and Mr Crisp.

Electoral Matters Committee — (*Council*): Mr Finn, Mrs Peulich, Mr Somyurek and Mr Tarlamis. (*Assembly*): Mr Delahunty.

Environment and Natural Resources Committee — (*Council*): Mr Koch and Mr D. D O'Brien. (*Assembly*): Ms Duncan, Mr Pandazopoulos and Ms Wreford.

Family and Community Development Committee — (*Council*): Mrs Coote. (*Assembly*): Ms Halfpenny, Mr Madden, Mrs Powell and Ms Ryall.

House Committee — (*Council*): The President (*ex officio*) Mr Eideh, Mr Finn, Ms Hartland, Mr D. R. J. O'Brien and Mrs Peulich. (*Assembly*): The Speaker (*ex officio*), Ms Beattie, Mr Blackwood, Ms Campbell, Ms Thomson, Mr Wakeling and Mr Weller.

Independent Broad-based Anti-corruption Commission Committee — (*Council*): Mr Viney. (*Assembly*): Ms Kanis, Mr Kotsiras, Mr McIntosh and Mr Weller.

Law Reform, Drugs and Crime Prevention Committee — (*Council*): Mr Ramsay and Mr Scheffer. (*Assembly*): Mr Carroll, Mr McCurdy and Mr Southwick.

Public Accounts and Estimates Committee — (*Council*): Mr D. R. J. O'Brien and Mr Ondarchie. (*Assembly*): Mr Angus, Ms Garrett, Mr Morris, Mr Pakula and Mr Scott.

Road Safety Committee — (*Council*): Mr Elsbury. (*Assembly*): Mr Languiller, Mr Perera, Mr Tilley and Mr Thompson.

Rural and Regional Committee — (*Council*): Mr D. R. J. O'Brien. (*Assembly*): Mr Howard, Mr Katos, Mr Trezise and Mr Weller.

Scrutiny of Acts and Regulations Committee — (*Council*): Mr Dalla-Riva. (*Assembly*): Ms Barker, Ms Campbell, Mr Gidley, Mr Nardella, Dr Sykes and Mr Watt.

Heads of parliamentary departments

Assembly — Clerk of the Parliaments and Clerk of the Legislative Assembly: Mr R. W. Purdey

Council — Clerk of the Legislative Council: Mr W. R. Tunnecliffe

Parliamentary Services — Secretary: Mr P. Lochert

MEMBERS OF THE LEGISLATIVE COUNCIL
FIFTY-SEVENTH PARLIAMENT — FIRST SESSION

President: The Hon. B. N. ATKINSON

Deputy President: Mr M. VINEY

Acting Presidents: Ms Crozier, Mr Eideh, Mr Elasmr, Mr Finn, Mr Melhem, Mr D. R. J. O'Brien, Mr Ondarchie, Ms Pennicuik,
Mr Ramsay, Mr Tarlamis

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The Hon. D. M. DAVIS

Deputy Leader of the Government:

The Hon. W. A. LOVELL

Leader of the Opposition:

Mr J. LENDERS

Deputy Leader of the Opposition:

Mr G. JENNINGS

Leader of The Nationals:

The Hon. D. K. DRUM (from 17 March 2013)

The Hon. P. R. HALL (to 17 March 2013)

Deputy Leader of The Nationals:

Mr D. R. J. O'BRIEN (from 17 March 2013)

Mr D. K. DRUM (to 17 March 2013)

Member	Region	Party	Member	Region	Party
Atkinson, Hon. Bruce Norman	Eastern Metropolitan	LP	Lovell, Hon. Wendy Ann	Northern Victoria	LP
Barber, Mr Gregory John	Northern Metropolitan	Greens	Melhem, Mr Cesar ²	Western Metropolitan	LP
Broad, Ms Candy Celeste	Northern Victoria	ALP	Mikakos, Ms Jenny	Northern Metropolitan	ALP
Coote, Mrs Andrea	Southern Metropolitan	LP	Millar, Mrs Amanda Louise ⁴	Northern Victoria	LP
Crozier, Ms Georgina Mary	Southern Metropolitan	LP	O'Brien, Mr Daniel David ⁸	Eastern Victoria	Nats
Dalla-Riva, Hon. Richard Alex Gordon	Eastern Metropolitan	LP	O'Brien, Mr David Roland Joseph	Western Victoria	Nats
Darveniza, Ms Kaye Mary	Northern Victoria	ALP	O'Donohue, Mr Edward John	Eastern Victoria	LP
Davis, Hon. David McLean	Southern Metropolitan	LP	Ondarchie, Mr Craig Philip	Northern Metropolitan	LP
Davis, Mr Philip Rivers ⁵	Eastern Victoria	LP	Pakula, Hon. Martin Philip ¹	Western Metropolitan	ALP
Drum, Mr Damian Kevin	Northern Victoria	Nats	Pennicuik, Ms Susan Margaret	Southern Metropolitan	Greens
Eideh, Mr Khalil M.	Western Metropolitan	ALP	Petrovich, Mrs Donna-Lee ³	Northern Victoria	LP
Elasmr, Mr Nazih	Northern Metropolitan	ALP	Peulich, Mrs Inga	South Eastern Metropolitan	LP
Elsbury, Mr Andrew Warren	Western Metropolitan	LP	Pulford, Ms Jaala Lee	Western Victoria	ALP
Finn, Mr Bernard Thomas C.	Western Metropolitan	LP	Ramsay, Mr Simon	Western Victoria	LP
Guy, Hon. Matthew Jason	Northern Metropolitan	LP	Rich-Phillips, Hon. Gordon Kenneth	South Eastern Metropolitan	LP
Hall, Hon. Peter Ronald ⁷	Eastern Victoria	Nats	Ronalds, Mr Andrew Mark ⁶	Eastern Victoria	LP
Hartland, Ms Colleen Mildred	Western Metropolitan	Greens	Scheffer, Mr Johan Emiel	Eastern Victoria	ALP
Jennings, Mr Gavin Wayne	South Eastern Metropolitan	ALP	Somyurek, Mr Adem	South Eastern Metropolitan	ALP
Koch, Mr David Frank	Western Victoria	LP	Tarlamis, Mr Lee Reginald	South Eastern Metropolitan	ALP
Kronberg, Mrs Janice Susan	Eastern Metropolitan	LP	Tee, Mr Brian Lennox	Eastern Metropolitan	ALP
Leane, Mr Shaun Leo	Eastern Metropolitan	ALP	Tierney, Ms Gayle Anne	Western Victoria	ALP
Leanders, Mr John	Southern Metropolitan	ALP	Viney, Mr Matthew Shaw	Eastern Victoria	ALP

¹ Resigned 26 March 2013

² Appointed 8 May 2013

³ Resigned 1 July 2013

⁴ Appointed 21 August 2013

⁵ Resigned 3 February 2014

⁶ Appointed 5 February 2014

⁷ Resigned 17 March 2014

⁸ Appointed 26 March 2014

CONTENTS

WEDNESDAY, 7 MAY 2014

PETITIONS

Emergency services funding 1394

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Financial and performance outcomes 2012–13 1394

PAPERS 1395

MEMBERS STATEMENTS

South West TAFE 1395

Alzheimer's Australia 1396

Palace Theatre development 1396

Mental health emergency response 1396

Southland railway station 1397

Anzac Day 1397, 1400

Regional and rural funding 1397

Western Victoria Region funding 1398

Budget 1398

Kyneton Secondary College and Kyneton

Primary School 1398

Reservoir community and learning centre 1399

Southern Cross Children's Charity 1399

South Eastern Metropolitan Region funding 1399

Ray Yates 1399

Western Metropolitan Region funding 1400

City of Maroondah youth awards 1400

HOSPITAL BED NUMBERS 1400, 1424

QUESTIONS WITHOUT NOTICE

City of Warrnambool planning zones 1416

Geelong health services 1416

Early childhood funding 1417, 1419, 1420, 1421

Fishermans Bend urban renewal project 1418

Homelessness funding 1420

Crime prevention strategies 1421

Gambling Research Australia 1422

Bendigo aquatic centre 1423

QUESTIONS ON NOTICE

Answers 1423

NATIONAL CENTRE FOR FARMER HEALTH

FUNDING 1433

PRODUCTION OF DOCUMENTS 1446

HEATWAVES 1447

STATEMENTS ON REPORTS AND PAPERS

Auditor-General: Access to Education for Rural

Students 1455, 1460

Latrobe Regional Hospital: report 2013 1455

Victoria University: report 2013 1456, 1461

Cancer Council Victoria: annual review 2013 1457

Gordon Institute of TAFE: report 2013 1458

Outer Suburban/Interface Services and

Development Committee: growing the

suburbs 1459

Rural Finance: report 2013 1459

Legal and Social Issues Legislation Committee:

Australian Health Practitioner Regulation

Agency performance 1461, 1462

LOCAL GOVERNMENT (BRIMBANK CITY

COUNCIL) AMENDMENT BILL 2014

Introduction and first reading 1463

Statement of compatibility 1463

Second reading 1464

ADJOURNMENT

Northern Victoria Region schools 1465

Woodend Library 1466

National disability insurance scheme 1466

Turkish RSL sub-branch 1467

M80 Ring Road funding 1467

Warrnambool rail line 1467

Responses 1468

Wednesday, 7 May 2014

The PRESIDENT (Hon. B. N. Atkinson) took the chair at 9.33 a.m. and read the prayer.

The PRESIDENT — Order! I advise the house that the Legal and Social Issues Legislation Committee will be meeting this day following the conclusion of the sitting of the Council.

Ms Mikakos — On a point of order, President, I raise with you an issue about the Legal and Social Issues Legislation Committee. As I understand it, the Leader of the Government has put on notice potential new terms of reference for this committee. At this point in time as the committee does not have any business to transact and the house has not had the benefit of being able to debate the potential new terms of reference, I submit that convening a meeting for this purpose is pre-empting the will of the house. I draw your attention to that matter.

Hon. D. M. Davis — On the point of order, President, committees are able to hold meetings on a range of matters. It is a matter for the chair and for the committee itself to make their own decisions on these matters. The committee would be very much entitled to convene a meeting on any matter that it felt was relevant. It may wish to look at a whole range of different things — for example, legislation committees can from time to time look at reports.

Mr Lenders — On the point of order, President, when this committee previously sought to do exactly what the Leader of the Government has said, the Leader of the Government moved a motion in this house shutting it down and making it absolutely explicit that the committees could not self-reference and could only operate under the exact terms that this house set for them. Further to the point of order, President, the precedent from this house by resolution is that a committee cannot meet unless it has absolute reference from the house and it cannot self-reference. I put to you that this meeting is *ultra vires*.

Hon. D. M. Davis — Further on the point of order, President, the motion Mr Lenders raises referred to the references committee of the legal and social issues committee, not the legislation committee, and there is quite a distinction. Legislation committees can convene meetings, can look at reports — they can do a whole range of things. They are able to undertake all those matters.

Mr D. R. J. O'Brien — On the point of order, President, committees can meet to transact business,

including the election of committee members to the chair, and discuss other matters. They cannot self-reference, but they can have a meeting.

Ms Hartland — On the point of order, President, I need some clarification on this as well. This meeting, as I understand, is not being called to elect members or elect chairs; it is to discuss this reference. I am unclear as to how we can discuss a reference that has not come through the house. I would also like that to be clarified.

Hon. D. M. Davis — Further on the point of order, President, the committee can call a meeting at a time of its choosing to discuss correspondence, to discuss reports in this case — a whole series of different matters — and it is entitled to do so.

The PRESIDENT — Order! I thank Ms Mikakos for the point of order. It is a point of order that perhaps did warrant some explanation. I indicate at the outset that my role is simply to advise the house of the decisions of the chairs of committees in convening meetings. In other words, I do not determine whether or not a committee should or should not meet, nor do I determine the matters upon which a committee may be going to deliberate. The fact is that I am advised, as the President of the house, that a committee intends to meet. That intention is usually conveyed to me, essentially, by the chair of that committee, and I simply communicate it to the house because it is relevant to our business proceedings of the day.

I reiterate that I have no ability to determine what the committees ought to be discussing or indeed whether they should or should not meet. The committees are formed by this house, and if there is any concern about their operations, then it is a matter for the house, not for me, to determine. In this respect I have been advised that this committee intends to meet tonight. I am not advised of what the agenda is and, as I said, it is not really relevant to my notification to the house this day. No doubt, given that the committee chair — Ms Crozier, in this case — has determined that there ought to be a meeting tonight, I assume that there are some matters that the committee may wish to discuss.

It is not without precedent for committees to consider forthcoming references, even where they have not perhaps been formally gifted by the house, and there may well be some other matters from previous inquiries that are to be discussed. But, as I said, that is not relevant to me, and certainly in terms of the standing order that covers the committees, which is 23.02(4)(a), there are a range of matters that the committees are entitled to consider, and any one of those matters or

indeed other matters may well be on that agenda for tonight.

I am pleased to have had that point of order raised, but I must clarify that it is not for me to determine the circumstances of committee meetings.

PETITIONS

Following petition presented to house:

Emergency services funding

To the Legislative Council of Victoria:

The petition of certain citizens of the state of Victoria draws the attention of the Legislative Council to the underfunding of our state's emergency services, including a \$41 million cut in funding to the CFA.

The petitioners therefore request that the Legislative Council take urgent steps to improve funding of our emergency services and to provide better pay and conditions to emergency services personnel.

By Ms TIERNEY (Western Victoria)
(388 signatures).

Laid on table.

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Financial and performance outcomes 2012–13

Mr ONDARCHIE (Northern Metropolitan)
presented report, including appendices.

Laid on table.

Ordered that report be printed.

Mr ONDARCHIE (Northern Metropolitan) — I move:

That the Council take note of the report.

In doing so, I am pleased to present this report on the 2012–13 financial and performance outcomes. This is the second and final report produced by the Public Accounts and Estimates Committee as part of the inquiry into the 2012–13 financial and performance outcomes. The first report, *Review of the Performance Measurement and Reporting System*, was tabled in March this year, and it examined the government's performance measurement system.

This report examines the achievements of the Victorian public sector in 2012–13 and its financial performance during the year compared to the expectations at the time

of the 2012–13 budget. The committee has assessed the state's performance in a number of areas, including the overall financial outcomes for all three sectors of government that make up the Victorian public sector — that is, the general government sector, the public non-financial corporations sector and the public financial corporations sector.

The report includes two chapters on asset investment: the first examines the provision of assets by the government to the general government sector and its progress compared to time lines and cost targets; the second component looks at reporting practices for asset projects in Victoria. Despite the current economic challenges, the Victorian economy showed positive results in 2012–13. Gross state product and employment performed better than expected, while inflation was lower compared to budget estimates. The government also introduced a number of initiatives with a budgetary impact, including the provision of additional protective services officers and measures to protect Victoria's vulnerable children. All these factors and their influence on the state's financial outcomes were discussed in the report.

The general government sector delivered a net operating balance of \$316.4 million in 2012–13, which is \$161.5 million higher than originally expected. The government invested \$5.9 billion on a range of infrastructure projects and assets during 2012–13, and this figure represents an increase over the previous financial year. Since coming to office the government has initiated a range of improvements to the precision and presentation of financial disclosure documents. This report makes a number of recommendations which, if implemented, would build on those reforms.

I would like to express my thanks on behalf of the committee to the many people involved in bringing this report together — a substantial report — and I include my thanks to my fellow committee members: from the other chamber, chair David Morris, the member for Mornington; deputy chair Martin Pakula, the member for Lyndhurst; Neil Angus, the member for Forest Hill; my friend Jane Garrett, the member for Brunswick; and Robin Scott, the member for Preston; and from this chamber, David O'Brien, a member for Western Victoria Region, who has made a significant contribution to the content of this report, and who is also my friend.

I also want to take the opportunity to acknowledge those who supported us so well — that is, the secretariat of the committee. I take note of the executive officer, Valerie Cheong; senior research officer Christopher Gribbin; research officers Alejandro

Navarrete, Bill Stent and Rowan Jennion, who was on secondment from the Victorian Auditor-General's Office for this report; specialist adviser Joe Manders; business support officer Melanie Hondros, who helped me out so much on this committee; and our desktop publisher, Justin Ong. I also thank Simon Kennedy, who is a research officer with the IBAC Committee, for his assistance in bringing together this report. It is a substantial report that shows both the accuracy and integrity of our reporting system financially across the three sectors of government. I commend the report to the house.

Mr D. R. J. O'BRIEN (Western Victoria) — I too rise to make a contribution on the Public Accounts and Estimates Committee *Report on the 2012–13 Financial and Performance Outcomes*. I thank my friend and colleague Mr Ondarchie; that is a phrase which I think he has brought into the chamber and applied liberally to both sides of the chamber. I endorse his words, and I endorse the words of the committee's chair in relation to the report. It is an important report that shows the importance of placing financial management as a cornerstone of one's government policy settings. The chair's foreword states it well, and I commend the member for Mornington in the other place, Mr Morris, for his chairmanship. He says:

Despite the current economic challenges, the Victorian economy showed positive results in 2012–13. Gross state product and employment performed better than expected, while inflation was lower compared to budget estimates. The government also introduced a number of initiatives with a budgetary impact, including the provision of protective services officers, and measures to protect Victoria's vulnerable children. All of these factors and their influence on the state's financial outcomes ...

This is the key bit:

The general government sector delivered a net operating balance of \$316.4 million in 2012–13, which was \$161.5 million higher than originally expected.

That is something Labor was never able to bring in. It is that strong performance, including the references to Victoria's credit rating, which has allowed this government at the present time to hand down a budget with a \$27 billion infrastructure spend that will deliver lasting benefits for generations, as outlined by the Treasurer yesterday.

This report is an important work. I also commend the secretariat, including Christopher Gribbin, whom I have been working with recently, as well as a former chair of the Public Accounts and Estimates Committee, Philip Davis, who had some involvement in this financial year. Improving performance is something that is also

occurring for his beloved Melbourne Football Club, and I wish the club well in the coming weeks.

Motion agreed to.

PAPERS

Laid on table by Clerk:

Planning and Environment Act 1987 — Notices of Approval of the following amendments to planning schemes:

Glenelg Planning Scheme — Amendment C73.

Golden Plains Planning Scheme — Amendment C66.

Kingston Planning Scheme — Amendment C142.

Latrobe Planning Scheme — Amendment C66.

Melbourne Planning Scheme — Amendment C231.

South Gippsland Planning Scheme — Amendment C71.

Surf Coast Planning Scheme — Amendment C90.

MEMBERS STATEMENTS

South West TAFE

Ms TIERNEY (Western Victoria) — Victoria is currently facing a youth unemployment crisis, with many of the worst-affected areas being in regional Victoria. On a number of occasions in this place I have spoken about areas in my electorate, which includes the Premier's Assembly electorate of South-West Coast, that are experiencing significant youth unemployment rates. One does not need a degree in rocket science to understand that the way to give young people the best chance to get a job is to provide them with opportunities to skill up and be educated.

Just a few weeks ago, however, South West TAFE released its annual report for 2013–14, which explained that the Napthine government's \$300 million cut to TAFE was making it even more difficult for young people to access education. Whilst the Napthine government will try to make excuses and stick its head in the sand, the facts are clear for all to see. At South West TAFE the participation rates of 15 to 24-year-old students reduced by a whopping 657 from 2012 to 2013. As a result of the Napthine government's cuts to TAFE, 657 of those aged 15 to 24 years in the south-west are no longer at TAFE skilling up for employment. There are also now 427 fewer 25 to 64-year-old students studying at South West TAFE because of those cuts. Along with this, 49 full-time-equivalent jobs have been lost across TAFE campuses. South West TAFE is a great contributor to the fabric of the south-west. It has great

staff, management and students and deserves better. It deserves much more support from the Napthine government.

Alzheimer's Australia

Mr RONALDS (Eastern Victoria) — Drouin recently welcomed a new Alzheimer's Australia office to the community. Together with existing offices in Cowes and Lakes Entrance, the Drouin centre will help support the 5000 people in Gippsland who suffer dementia along with their families and support networks. Unfortunately, owing to people living longer, the instance of dementia in Gippsland and in our state is on the rise. Alzheimer's Australia estimates that there will be more than 15 000 dementia sufferers in Gippsland by 2050. In our state the number of dementia diagnoses over the past decade has increased by 30 500, with more than 78 000 people having now been diagnosed with the disorder.

Through the journey of close friends I have come to understand that the diagnosis of dementia in a loved one brings with it many concerns and emotions, including an overwhelming sense of responsibility, concern about whether one has the skills to adequately care for them, concern for their quality of life and doubt about the future. The Drouin office will help alleviate those concerns by providing the best advice, support and information to local people. This will include counselling, education, information about memory loss and practical help on what services and types of assistance are available locally. It will be an important hub at which people in similar situations might meet and support one another. It is another example of this government building a better Victoria.

Palace Theatre development

Ms PENNICUIK (Southern Metropolitan) — On 12 December last year I raised a matter during an adjournment debate with the Minister for Planning, Mr Guy, with regard to the Palace Theatre. I asked that in addition to the idea of mandatory height controls he consider putting a moratorium on any major development in Bourke Street until the heritage study has been completed. Yesterday I received his answer in which he said that the government is committed to protecting unique city precincts and is currently considering options for how to best implement these controls.

Meanwhile we have learned that the Palace Theatre is to close its doors as a music venue this month, which is a great blow to Victoria's live music fans. The Palace Theatre's general manager, Greg Young, said efforts to

keep the venue open in any form had been exhausted and last-minute pleas to extend the lease had fallen on deaf ears. He said that the only thing that can save this venue now is a mandatory acquisition by the state government. I know a lot of people have been calling for that. What happened with the Regent Theatre is a model for that. There is currently an application to the Heritage Council of Victoria for the listing of the Palace Theatre. The minister has powers under the act to ensure that the Palace Theatre is preserved not only as a live music venue but also as a precious part of Melbourne's built and cultural heritage. The minister, the government and everyone involved needs to act now to preserve this precious part of Melbourne's cultural and live music history.

Mental health emergency response

Ms CROZIER (Southern Metropolitan) — On Sunday I was at Prahran police station with my parliamentary colleagues the Minister for Community Services, Mary Wooldridge, and Clem Newton-Brown, the member for Prahran in the other place, to hear the minister announce new funding of \$15.1 million for statewide mental health and police crisis response. The mental health and police (MHAP) response will now reach 21 area mental health services across the state. There have been a number of trials and projects in the past; however, the MHAP response is a new and innovative approach to how police, our emergency services and mental health workers will work to respond to mental health crises in the community. The new funding outlined in yesterday's budget allows for mental health, police and emergency services teams to work in collaboration and be able to develop their own unique and local mental health crisis response.

In attendance at the announcement was Lucinda Nolan, deputy commissioner, strategy, Victoria Police; Dr Simon Stafrace, director, Alfred Psychiatric Services; a representative from Ambulance Victoria; and Doug Bowles, acting senior sergeant for the southern metro region of Victoria Police. Doug Bowles spoke of the practical difference a tailored crisis response makes in the field, enabling timely and effective intervention.

Mental health is complex, and at times acute episodes can resolve quickly. However, in the past police and emergency services have often needed to take someone experiencing a crisis to an emergency department, where after an hour or so the crisis may have passed and the patient is discharged. The MHAP response has better outcomes for the patient and their families, including less police time and less time spent in our emergency departments. This very good initiative was

outlined in yesterday's budget and is just one of the many investments within the health system that are improving outcomes and services for Victorians.

Southland railway station

Mr TARLAMIS (South Eastern Metropolitan) — The announcement that Southland station will rise again as a recycled 2010 election promise came as no surprise. That the government reneged on its 2010 election commitment that the station's construction this term would cost only \$13 million and would include a two-bay bus interchange, an enclosed waiting room, closed-circuit TV, a secure bicycle cage, tactile paving and a designated drop-off and pick-up area came as no surprise either. We on this side of the house knew that \$13 million would never be enough to build a station to those specifications. Now we have a recycled promise, with a delayed completion date, for a no-frills station already 60 per cent over budget, which has no toilets for the public, little shelter, no car park for commuters and no upgraded bus transit centre. This is all for a total cost of \$21 million.

For years those opposite have tied themselves in knots over Southland station rather than acknowledge their costings were woefully inadequate, and every inquiry I have made about the status of this project has been the subject of obfuscation by the government. Questions about the delays and costs went unanswered because they were apparently the subject of a commercial-in-confidence agreement with Westfield and would compromise financial negotiations.

Imagine my surprise when a Premier's media release of 23 April revealed that Westfield is contributing nothing to the station's construction. I remind members of the statement made by the member for Bentleigh in a media release of 29 April 2011, in which she said about Southland station:

This was a key election promise made by the coalition during the election campaign, and I intend to honour it.

But 2016 is certainly not in this term, and while the media release has long since disappeared from the member for Bentleigh's website, the government's chaotic handling of the station cannot be so easily wiped from history.

Anzac Day

Mr ONDARCHIE (Northern Metropolitan) — On Anzac Day this year I attended the Epping RSL sub-branch dawn service, which is my local RSL where I am an affiliate member. Over 3000 people attended, including lots of local families and kids. It was a

fantastic memorial and a respectful commencement to Anzac Day. I was joined by the Liberal candidate for Yan Yean, Sam Ozturk, who laid a wreath with me as we gave thanks and remembered those who made the ultimate sacrifice for us.

I take this opportunity to congratulate the Epping RSL sub-branch president, Herb Mason, and his committee. In particular I thank Ken Jeffrey, who is a well-known local Whittlesea person and a passionate advocate of things done at the RSL. He has also volunteered over the past 30 years to MC and organise the Epping RSL dawn service which, as I said, attracted over 3000 people this year.

Last year I was unable to attend the dawn service, so a wreath that was already there to be laid by me was instead laid on my behalf by Cr Nicola Davis from the Whittlesea City Council, who is a great local advocate and community worker. Sadly Nicola recently passed away, having succumbed to cancer at the age of 35. She has gone far too soon. My thoughts and prayers go to her husband, Paul, and her small children, Sienna and Tabitha. I will miss Cr Nicola Davis. Lest we forget.

Regional and rural funding

Ms DARVENIZA (Northern Victoria) — Families in northern Victoria who were hoping for the Napthine government to deliver a budget that would create jobs and provide much-needed support with education and health services have been bitterly let down. Sadly once again the coalition government has failed to adequately invest in regional Victoria. Our hospitals are in crisis, jobs are disappearing, the TAFE system has been gutted and our schools are falling apart.

This budget is a slap in the face to rural and regional communities, who also took a significant hit in the 2013 budget. The Napthine government promised to reduce outpatient waiting lists and to provide 800 new hospital beds. None of these promises are in this budget. In fact the Premier, Dr Napthine, is spending more than twice as much on prison beds as he is on hospital beds. This budget does nothing to promote or support the many benefits of living in rural and regional communities. This budget is cold comfort to northern Victorians on hospital waiting lists, to those who have lost their jobs since the Liberal-Nationals came to power, to the students who cannot get into TAFE, to the schools that require major maintenance works and upgrades and to the councils that have advocated for significant projects such as bridges, bypass routes and rail upgrades.

Western Victoria Region funding

Mr RAMSAY (Western Victoria) — I would like to highlight some wonderful funding news for western Victoria announced by the Treasurer in yesterday's budget. Millions of dollars are flowing into Western Victoria Region, with \$220 million for the rail standardisation of the Mildura to Geelong rail line as well as an increase in axle loadings, which will create much more efficiency for the rail track. Every year the region exports \$3 billion worth of food and mineral resources, and now they will be taken off the road and put back onto rail, which is fantastic news. It is something I fought for during my time as president of the Victorian Farmers Federation and equally as a member for Western Victoria Region.

I was pleased to see that \$14.3 million has been allocated for a rail passing loop at Rowsley, just outside Ballan, which will provide greater efficiency for train travellers commuting from Ballarat to Melbourne, and \$4 million has been allocated for a study into the Western Highway bypass options for Ararat and Beaufort. This is wonderful news for the Pyrenees shire. There is funding of \$362 million to enable duplication of the highway between Winchelsea and Colac, which is also wonderful news.

There is \$30 million for the Ballarat West employment zone, \$8 million for the police emergency hub in Lucas and \$7.5 million for Ballarat High School. So why on earth would Sharon Knight, the member for Ballarat West in the Assembly, who had nothing positive to say about the millions of dollars floating into Ballarat, sink to gutter politics and become the talking head of Cr Des Hudson from the City of Ballarat? Des Hudson is a Labor hack who had a dummy spit about not being the mayor, and with the assistance of the Ballarat *Courier* has spread aspersions and innuendos in the true Labor way.

Budget

Ms MIKAKOS (Northern Metropolitan) — Yesterday we saw a desperate government hand down a panicked budget that ultimately fixes nothing. The government is trying to convince Victorians that things are happening, but as we heard from the Treasurer himself, the projects he announced will not start for years and will not be finished for decades. What was supposed to be the crown jewel in Dr Naphthine's budget is anything but. Instead of doubling the size of the city loop, the Melbourne Metro rail project will be disconnected from the south-eastern suburbs. Four new stations have already been scrapped, including ones at Melbourne University and the Royal Children's

Hospital, with the government favouring one instead at Crown Casino.

There is no plan in this budget to create jobs. It is a clear admission of failure that this budget revises upwards the unemployment projections for this year to 6.5 per cent in 2013–14. When Labor left office the unemployment rate was 4.7 per cent. There is no plan in this budget to fix our health system, our hospitals and our ambulance service, which are all in crisis, with the government spending more than twice as much on prison beds than on hospital beds. It has also officially broken its promise to deliver 800 hospital beds in its first term.

Yet despite our ageing population, the government has made further cuts to the ageing, aged and home care budget over the next four years, and this comes on top of the government's privatisation agenda of public aged care, which is already well under way. There is no surprise then that the Minister for Ageing did not even bother to put out an ageing media release yesterday, because he has no good news for seniors.

The PRESIDENT — Order! Time, thank you, Ms Mikakos.

Kyneton Secondary College and Kyneton Primary School

Mrs MILLAR (Northern Victoria) — On 24 April I had the pleasure of joining the Premier, Dr Denis Naphthine, the Minister for Education, the Honourable Martin Dixon, and my predecessor Mrs Donna Petrovich at two very significant and excellent schools in Kyneton which will receive funding as part of yesterday's state budget. Kyneton Secondary College is in need of a major upgrade after many years of neglect and will receive \$5.3 million in the budget. This school has a bright future, not just because of the much-needed funds announced yesterday but because of the school's focus on offering a caring and a quality education, its strong focus on science disciplines in which some real excellence is now emerging and because of the strong commitment which the Kyneton community has to the school.

Kyneton Primary School will receive \$3.5 million in the budget and after community consultation will decide whether to base its future at the historic 1857 bluestone school building or to relocate to a new site adjoining the secondary college. Importantly this will be the school's decision. Both schools will be given the opportunity to decide how the funds will be spent to best meet the needs of the communities they are so very much a part of. Kyneton Primary School is a great

school with great teachers. Even with holes in the floor and chipped paintwork it is a special place with a strong focus on art, and I note here the work of one teacher, Mr Danny Butterworth. The students' own artwork is creative and vibrant.

Congratulations both to Kyneton Secondary College and its principal Mark Ridgeway, deputy principal Pam McDonald and school council president Alan Todd, and to beautiful Kyneton Primary School and its principal Wendy Pearce, deputy Sue White and school council president Fiona Copeland. These announcements in Kyneton are about attending to more than a decade of neglect of school maintenance, but they are also about schools that achieve true excellence and are integrated into their community.

Reservoir community and learning centre

Mr ELASMAR (Northern Metropolitan) — On 4 April I attended a building commencement ceremony which marked the beginning of the new Reservoir community and learning centre development in Darebin. The centre will include a facility for the Darebin community health centre, which will allow pensioners better access to affordable health care.

Southern Cross Children's Charity

Mr ELASMAR — On another matter, on Saturday, 5 April, I had the pleasure and honour to meet with Mr Steve Fortan, the chief executive officer of Southern Cross Children's Charity. It was just prior to them heading off for their inaugural Cannonball Run, a charity race down the Great Ocean Road to Warrnambool. They left Northcote to race through Geelong to Warrnambool. The aim of the charity is to provide practical support and assistance to underprivileged, disabled and sick or abused children. The proceeds of the run were donated to an extremely worthy cause, the Kids with Cancer charity.

South Eastern Metropolitan Region funding

Mrs PEULICH (South Eastern Metropolitan) — I welcome the budget announcements for Victoria, particularly for Melbourne's south-east. For the south-east I think it is the best budget in 50 years. It delivers on key issues, with investment in infrastructure, investment in services, support of economic growth, and jobs. The Victorian government's investment in infrastructure that has been announced for south-eastern families and businesses will deliver services to build a better and more connected Victoria.

Some of the highlights include the \$2 billion to \$2.5 billion investment in the Cranbourne-Pakenham rail improvement project, which includes the removal of the terrible Centre Road and Clayton Road, Clayton, level crossings. The Clayton Road crossing is very close to the Monash Medical Centre, where ambulances with critically ill patients in the back are often caught for inordinate lengths of time. The extension of zone 1, so that those who travel across zones 1 and 2 will travel for the price of a zone 1 fare, will save south-east families more than \$1200 a year. A brand-new railway station is to be built at Clayton. There will be 12 new schools, including Casey central east primary school, Cranbourne south-west primary school, and Heather Grove primary school. There is \$797 000 to upgrade Brandon Park Primary School and funding to continue the work of the Good Money hub in Dandenong.

All of these are magnificent achievements. The people in the south-east have been waiting for a long time for these announcements to build on the strength of the announcements over the past three years.

Ray Yates

Hon. E. J. O'DONOHUE (Minister for Liquor and Gaming Regulation) — Today I pay tribute to Ray Yates, a universally respected local legend in his community of Monbulk. Mr Yates has retired as principal of Monbulk Primary School after almost three decades in the role and 54 years in the field of education. Mr Yates has impacted upon the lives of thousands of students. He has transformed what was once a neglected school into a thriving community and a leading provider of music education in the Dandenongs.

It is not only Mr Yates's students who have benefitted greatly from his enthusiasm, compassion and breadth of knowledge that he is so willing to share. Within the wider community, Mr Yates served as a Lilydale shire councillor for 21 years. During his time as a councillor, he was selected to represent Victoria at the Australian Local Government Association. He holds positions on the committees of the community bank and the Sylvan Glades retirement village, is a trustee at the Yarra Ranges Regional Museum and was also involved in the Upper Yarra Valley and Dandenong Ranges regional planning authority. It is not surprising that in 2007 he was recognised as the Shire of Yarra Ranges Citizen of the Year.

He is also the chair of the Dandenong Ranges Music Council, which provides local musicians of all ages and abilities with opportunities to learn and perform. Mr Yates has a great love for music and a passion for

ensuring that the joys and benefits of music are made accessible to everyone. A true testament to this and an example of his biggest material legacy was his ability to negotiate, where so many tried and failed, changes to the school's Building the Education Revolution-funded building, which is now a school and community hub for the arts. It is an achievement, amongst many others, that he can be very proud of.

I wish Mr Yates all the very best as he enters his retirement, which may afford him more time to pursue his passions of bushwalking and, of course, music. It has been a great privilege and pleasure to work with Mr Yates; he is a true gentleman.

Western Metropolitan Region funding

Mr FINN (Western Metropolitan) — The past week and a half has been the proudest time of my almost 15 years in this Parliament. It began last Sunday week when I was joined by the Premier, the Minister for Public Transport and Mr Elsbury at St Albans railway station to announce that work on the removal of the most dangerous level crossing in this state would begin this year. Thirty-two years after Labor first promised it and 15 years after Labor promised it again, the Napthine government is delivering for the people of St Albans. The following day I was joined by the Premier, the Treasurer, the Minister for Roads, Mr Elsbury and the incoming members for the Assembly seats of Essendon, Niddrie and Sunbury, Fred Ackerman, Rebecca Gauci Maurici and Jo Hagan, to announce the \$850 million widening of the Tullamarine Freeway.

The day after that the Prime Minister and the Premier announced that the western link, stage 2 of east-west link, is going ahead, which is a great win for Melbourne's west. On Thursday the Minister for Education visited Sunshine and announced that the government would redevelop Sunshine College, a school neglected by Labor for decades. Friday came with the announcement that the Caroline Springs railway station would go ahead, in the face of apparent opposition from the Greens. That is just weird. On Saturday we welcomed Mr Guy, the Minister for Planning, to the west; he was the eighth minister to visit the western suburbs last week. Yesterday's budget confirmed all announcements of last week. It is the best budget for Melbourne's west in the history of Victoria. Labor's neglect is over. This coalition government is winning for the west.

City of Maroondah youth awards

Mrs KRONBERG (Eastern Metropolitan) — On Thursday, 10 April, I was delighted to represent the Minister for Crime Prevention, the Honourable Ed O'Donohue, at the launch of Maroondah City Council's youth awards at the Karralyka Centre in Ringwood. The awards were the council's response to National Youth Week. It was a very special occasion for me as the local member. It was also a memorable occasion as I shared the stage during the formalities of the launch with a longstanding friend of mine, Maroondah's very accomplished Cr Nora Lamont. My heartiest congratulations go to the recipients of the arts, personal journey, innovation, young leader and super citizen awards.

Anzac Day

Mrs KRONBERG — On another matter, once again this Anzac Day the fine organising committee of the Montmorency-Eltham RSL, led by Bill McKenna, ran a magnificent and profoundly moving dawn service at the cenotaph on Main Road, Eltham. The RSL had to face many totally unnecessary difficulties in its odyssey to see the cenotaph relocated to its present site, with the force of a heritage listing needing to be put into place to ensure its future at that location. This was largely due to the ambivalence of the local authorities and individuals who unbelievably do not support RSLs. In spite of this, each year the crowd continues to grow, with estimates exceeding 5000 attendees this year. The RSL has accomplished much with its dawn service, admittedly a trial run for the Anzac centenary commemoration next year. The community has responded, as one would expect, with the utmost respect, and many families are ready to pay their respects and give thanks for the sacrifice of so many with the greatest degree of solemnity.

HOSPITAL BED NUMBERS

Mr JENNINGS (South Eastern Metropolitan) — I move:

That this house —

(1) notes —

- (a) the Australian Institute of Health and Welfare's data made public on 30 April 2014 showing that only 43 new hospital beds have been added to Victorian hospitals since the government was elected;
- (b) that the Minister for Health has been unwilling and/or unable to identify a single new hospital bed created this term;

- (c) the Minister for Health's failure to acknowledge the impacts of the federal government's 2013 midyear economic and fiscal outlook hospital funding cuts in Legislative Council question time; and
- (2) requires the Legal and Social Issues References Committee to inquire into, consider and report, no later than 30 June 2014, on the progress of the coalition government's 2010 election commitment to deliver 800 new hospital beds by the end of November 2014 and requires the committee to call as witnesses —
 - (a) the Secretary of the Department of Health;
 - (b) the CEOs of Bendigo Health, Eastern Health, the Royal Children's Hospital, Peninsula Health, Melbourne Health and Monash Health; and
 - (c) any other CEOs of health networks the committee thinks appropriate.

As members would appreciate, this motion has arisen from some of the lengthy debates we have had during the term of this government, some of which have occurred during question time. During question time neither questioners nor ministers answering should debate a question, but nonetheless this has been a hotly contested issue on virtually every sitting day of the Parliament during the term of this government. The reason why it is a burning issue for the Parliament and a burning issue for the community is that this government came to office promising much in relation to improving health care in this state. In coming to office coalition members pointed to what they described as Labor's failures in the administration of health care, and they pointed to occasions on which Victorian patients had suffered, indicating that that suffering had occurred as a consequence of what they perceived to be Labor's failure.

The coalition promised much: it promised to turn around the performance of the health system, to improve it by every measure and to provide an additional 800 beds to Victorian hospitals during its first term in government. On every single measure the coalition's performance in relation to health has deteriorated during its first term in government, and in fact all of the data that has been generated within the state of Victoria in relation to health and all of the data that has been outlined in the national reporting of the Australian Institute of Health and Welfare has indicated that the increase that was promised in relation to hospital beds has not occurred.

The budget papers for each of the budgets delivered by this government have clearly indicated savings being made in the health portfolio. In each of those budgets the government has taken away funds that could have been made available to the hospital system to improve

services and to add to the capacity of our system. There have been savings measures in relation to health in all of the budgets this government has delivered, and that includes the budget announced by Treasurer O'Brien yesterday. It is true to say that the savings in relation to health in the latest budget are not of the same order of magnitude as the first three budgets, but the government's first three budgets identified \$826 million worth of savings that have already been inflicted on the hospital system in Victoria.

The data that was released by the Australian Institute of Health and Welfare a little over a week ago indicated that the number of beds in Victoria that are available for patients to receive acute hospital care has actually grown very modestly. Indeed today there are only 43 more beds than there were when the coalition came to office. That is after three and a half years of the coalition's administration, and on coming to government the coalition promised to deliver 800 beds over its first term.

Why has this monumental miscarriage of truth and justice transpired? The Minister for Health was the opposition spokesperson for health when the coalition was in opposition. You would think he would have known better about the capacity of a government to improve on hospital bed numbers when the coalition made that promise in the lead-up to the 2010 election. Not only were 800 beds promised but the costings that were delivered by the coalition identified funding that would be available in each and every budget year of its first term in government to be able to acquit that promise. This was not a flight of fantasy of the coalition. There was a perceived need, and the Australian Medical Association had been calling for these beds. The incoming coalition government responded by identifying a target of 800 beds and a costing to deliver those 800 beds. However, the sorry truth for Victorians has been that during the life of the coalition government that funding has not been made available and those beds have not been made available.

Why would an opposition spokesperson promise 800 beds and believe that they could be delivered but then identify budget savings and fall sorely short of that original commitment? I have gone back and looked at the relevant data that was made available by the Australian Institute of Health and Welfare over the course of the last term of the Labor government and into the term of this government, and I have a sneaking suspicion that the opposition spokesman at that time, now the Minister for Health, made the mistake of assuming there was natural growth in the hospital budget that would deliver somewhere in the order of 200 beds each and every year to the hospital system.

Why would the then opposition spokesman for health, David Davis, have believed that? Because in the last term of the Labor government the outcome was that on average more than 200 beds were added to the system each and every year. If you go back and look at the performance of the Labor government in its last term of office and look at the data provided by the Australia Institute of Health and Welfare, using the benchmark of the number of beds in Victoria in 2006–07, which was the last financial year prior to the re-election of the Labor government in 2006, you will see that there were 12 300 beds available in the Victorian public acute hospital sector. That is the benchmark — 12 300 beds.

By 2007–08 the Labor government had funded and provided for 12 528 beds, which was an increase of 228 beds during the course of that financial year. In 2008–09 there were 12 715 beds, which was an increase of 187 beds during the course of the financial year. In 2009–10 there were 13 032 beds in Victoria, an increase of 317 beds during the course of that year, and in the 2010–11 financial year — the final year of the Labor government — there were 13 254 beds funded, which was an increase of 222 beds. That is an increase of 954 beds funded over the last four budgets delivered by the Labor government in Victoria. The additional beds delivered to the Victorian public hospital system added 238 beds on average each and every year over the last term of the Labor government in Victoria.

What have we seen during the life of this government? If we take the benchmark established by Labor in 2010–11 of 13 254 beds, we see that the number of beds operating in Victoria was 13 218, which was a net reduction of 36 beds. In 2012–13, according to data published on 30 April this year, the number of beds was 13 297, an increase of 79 beds over that financial year. In the budget cycles of the coalition government that have been recorded by the Australian Institute of Health and Welfare, there has been one year where the number of beds went down by 36 and one year where the number of beds went up by 79 — that is, a net increase of 43 beds. During the life of this government there have been, on average, 21.5 beds added to the hospital system during the course of the budget cycles that it has funded and that have been reported on, compared to the last four budgets of the Labor government when the increase in beds per year was 238.5 beds.

Mr Lenders — If the minister was here, he might learn something.

Mr JENNINGS — It is not surprising. My leader has interrupted me to say that, if the Minister for Health were here, he may learn something. I think it is very unlikely, in terms of his ministerial responsibilities, that

the minister will learn these facts, be able to talk on these facts or be able to reflect on his monumental failure during the course of this term in government, because in fact it is clearly a broken promise.

The independent reporting provided by the Australian Institute of Health and Welfare is the authority on hospital performance data across the country and was the authority the minister relied upon from day one when he was called on to identify where his new beds were. He consistently relied upon that data in the first year or two of his ministerial responsibilities as the authority for the number of beds available in Victoria. The Minister for Health no longer refers to this dataset as the authority. In fact he does not rely on any dataset as his authority for indicating where hospital beds may be located in Victoria because there have been ongoing debates not only in this chamber of Parliament but in the other chamber about where the reporting would occur.

During 2011 the previous Premier, Ted Baillieu, indicated that his belief was that the number of hospital beds in Victoria would be reported within the budget and within hospital annual reports that are published and tabled in the Parliament. Unfortunately Premier Baillieu had either been misinformed or his undertaking and belief that this would be the reporting mechanism in Victoria has not been met.

On a number of occasions the Minister for Health has been asked to account for that commitment and to refer to any evidence that appears in the budget papers or in any hospital and health service annual report that has been tabled in Parliament. On no occasion within the past three and a half years has he drawn on any documentary evidence or any dataset showing that he knows where additional bed capacity has been identified, that a hospital has been able to identify additional bed capacity or his department has been able to identify this on his behalf and provide a report to the Parliament.

The Department of Health's annual report does not include this dataset. It does not comment on the number of hospital beds that are available in Victoria. The minister has not been able to draw the attention of the Parliament or people of Victoria to any evidence of his assertion that there is additional bed capacity in Victoria. He has not been able to identify any budget allocation specifically provided to add to the number of hospital beds in Victoria. His failure to allay the concerns of the Victorian population that he is satisfying or will satisfy his commitment is a monumental measure of his failure as minister. He is now guaranteed only a further seven months of public

administration before he and his government are accountable to the people in terms of satisfying their promise. Where will they be able to identify 757 additional beds to meet their 800-bed commitment?

Within three and a half years they are sitting at 43 beds, and within the next seven months they want to get to 800 beds. Where are the 757 beds going to come from to make up that difference?

Mr Leane — They will just make up numbers. They will just make it up.

Mr JENNINGS — Unfortunately that is the sorry history, and they will desperately try to make up those numbers. But in an extraordinary disclosure the Victorian Treasurer, Michael O'Brien, indicated last weekend, in anticipation of the Victorian budget and the Abbott federal government's budget that is to be brought down next week, that the number of beds may be reduced during the course of this financial year. Treasurer O'Brien has identified 222 beds that were funded during the last year of the Labor government in Victoria by agreement with the then federal Labor government to increase the number of subacute beds in Victoria. Those 222 beds were funded in the last full budget cycle of the former Labor government in Victoria, and those beds may be lost to Victoria if the Abbott government refuses to provide ongoing funding for them.

We may have the extraordinary circumstance where instead of growing the system by approximately 238 beds each and every year as occurred under Labor, 222 beds may be taken out in the next financial year as a result of the coincidence of there being coalition governments across state and federal jurisdictions. The Victorian budget papers yesterday indicated those 222 beds are at risk because there was no ongoing funding provided for them within the Victorian budget. Within the next week we will know whether the Abbott government is going to make up the shortfall of those 222 beds, or whether it is quite happy to see 222 beds taken away from the Victorian hospital system at the expense of quality of care in Victoria and presumably at the expense of the languishing coalition government in Victoria and its ability to maintain the proper good working order of the Victorian hospital system.

I have moved the motion today to provide the Parliament, representatives of the health sector, including the health department, CEOs who work within the hospital sector and public servants who provide worthwhile services and commitment to the Victorian community with a voice of authority beyond what I have argued to the Parliament — that is, the

ability to verify either the datasets and information I rely on and put on the public record each and every parliamentary sitting week, or they can verify the assertions that are not supported by any dataset or evidence by the Minister for Health.

Let us get to the heart of the matter. Let us get some assessment from people at the coalface, either at a bureaucratic level from the Department of Health or from the CEOs at the coalface who are responsible for health care every day in hospital settings across the width and breadth of Victoria. What is the truth from their vantage point? Where do they see the situation in relation to bed numbers? Can they identify beds that have either not been reported by the Australian Institute of Health and Welfare or have not been identified within their annual reports or within the annual report of the Department of Health? Is there any dataset that they rely on or we can rely on to indicate that there has been growth in the public hospital system in Victoria, or is all the evidence clearly running one way — that at the moment we have a health minister who runs away from the facts because he cannot bear to deal with the truth, because the truth not only hurts his political standing and credibility but hurts patients each and every day across Victoria?

That is not a glib, idle statement, because the real victims of this failed public administration in health and the failure of this minister to deliver on his promise are the people who are waiting for care. They may be waiting on elective surgery waiting lists for their procedures, they may be waiting for an ambulance to arrive, they may be waiting in an emergency department to receive care or they may be waiting for subacute care. They may be waiting for a range of services to meet sometimes their urgent need and sometimes their chronic need to have their pain and suffering addressed. Patients right across Victoria are the ones who have been suffering because of the lack of investment and support provided by the Victorian government.

How do we measure that? We can measure it in a variety of ways. We can measure it by the indisputable fact that when this government came to office there were 38 000 people on the elective surgery waiting lists and, by the last measure, there are now more than 48 000 people on the waiting lists. During the course of its three and a half years in office this government has added over 10 000 people to the waiting lists, and at one stage during the course of this government that number was even higher. In the last full reporting cycle, for 2012–13, which was the last full year that was reported on for the number of elective surgeries that have taken place in Victoria, there were 4157 fewer

surgeries performed under this government during that financial year than in the last financial year of the Labor government.

Every single citizen who is capable of any analytical reflection on health-care needs — and we know that health-care needs grow each and every year as demand grows with the ageing of the population and population growth — and who has analysed that across the nation understands that health-care needs continue to grow. However, what we have seen in the life of this government is that it has funded fewer surgeries in its budgets. There is a direct connection with the fact that not enough money has been put in and there is not enough investment by this government. It is falling behind on growth, it is funding fewer activities across the system and of course, because of that, the number of people who are waiting for service continues to grow. That is for elective surgery.

The same analysis applies for emergency departments. There are a range of commitments for treatment times within emergency departments that have been established and reported on in the budgets in Victoria for many years, and they have also been subject to performance targets as part of the national health-care agreement. As recently as yesterday in the Parliament I asked the minister whether he could identify one hospital in Victoria that met performance targets for emergency department treatment times — just one — and he did not do so. The Minister for Health, who was charged by the people of Victoria with having responsibility for the system and to meet performance targets and acquit his responsibility to provide quality care, was asked to identify, of all the hospitals in Victoria, where there is a hospital that meets its performance targets for emergency department care. He could not identify one. He could not give any confidence to the Victorian community that there was even one location across Victoria where that performance target was being met.

Unfortunately that is not the end of this story in relation to the failures and inability of the minister to deliver on the promises and the performance targets. I asked him a question about ambulance performance as well. I asked him about transfer times from ambulances into emergency departments and where in Victoria it is achieved that ambulances, when they arrive at hospitals, transfer 90 per cent of their patients within 40 minutes. That is what the target is.

Ambulance patients do not have instant access into emergency departments. It should not be onerous or difficult to achieve that. This is a measure to say that nine-tenths of the time you can get the patient from the

ambulance into a hospital emergency department within 40 minutes. Forty minutes is the target. I asked the minister to identify where it occurred in Victoria, and he did identify one location. He identified Dandenong Hospital and said that in the last quarter that target had been achieved on 91 per cent of occasions. That was the only hospital in Victoria he was able to volunteer where that had occurred. For every other hospital in Victoria the target is not met, that performance is not delivered and patients suffer because they are sitting outside hospitals in what is known as ramping. The ambulances ramp up outside hospitals. They queue up to get their patients seen, so that performance target is not being met.

The direct consequence of that is pain, suffering and anxiety for Victorian patients. There is another measure relating to when ambulances turn up once they have received the 000 message to say that there is a code 1 emergency and that it is a life or death situation. The expectation is that on 85 per cent of occasions those ambulances will arrive within 15 minutes. That is the target but it is not being met across the state. In fact if you look at each and every successive budget from 2009–10 to 2014–15 — the budget that was released yesterday — the trend reveals an alarming deterioration during that period. If you look at the outcomes that have been reported in successive budgets from 2009–10 up to the present budget, what we see is that in 2009–10, 81 per cent was the achieved target for ambulances arriving within a 15 minute horizon for code 1 emergencies; in 2010–11 that number had been reduced to 77 per cent; in 2011–12 it was down to 74 per cent; in 2012–13 it was down to 73 per cent; and in 2013–14 it stayed at 73 per cent. In less than three-quarters of occasions, ambulances turn up for code 1 emergencies within 15 minutes, and in fact the trend over the last five budget cycles has been continual free fall in that performance target being met.

The Minister for Health tries to run away from this. The minister tries to talk about other measures. On some occasions when the system that he administers does not deliver on those performance targets in the budget, he will say, 'We are doing our best', or he will talk about another performance measure — cardiac survival rates. He does that because there was one Productivity Commission report during the course of this government that indicated that cardiac survival rates had actually increased during the first year of his administration. Unfortunately for Victorian patients he does not rely on that measure anymore because the next report indicated that that same performance measure had gone down; cardiac survival rates had gone down

in the second year. The Minister for Health does not refer to that data anymore. He only did it very briefly for one encouraging dataset.

What you will find with this minister is that time and time again, when he is asked to identify information that supports his interpretation of the delivery of the system, he will call on any data that he may desperately scramble to identify. Unfortunately there have been far too few cases he has been able to grasp hold of, and when he has grasped hold of them they have evaporated. They have evaporated because there are not enough beds in the system, despite his promise to deliver more beds. There is not enough funding in the system to deliver on the outcomes and to keep up with patient demand growth. It is Victorian patients who are suffering as a consequence. The minister is floundering in terms of his undertakings to the Victorian public.

Yesterday's budget was a clear indication that the government has not remedied this problem. I refer the house to two major stakeholders. The minister often discounts arguments mounted by either paramedics or nurses and midwives because, according to the minister, they have militant unions. Although those stakeholders have a view about the deterioration of health care and the pressures relating to hospitals and ambulance services across the state, they are not entitled to express that view. Apparently the minister discounts their views because they are organised workforces. Those employees have the audacity to try to organise themselves and to protect working conditions and the welfare of patients.

I will refer to another part of the workforce in the health-care sector. How did members of the Australian Medical Association (AMA) respond to yesterday's budget? What did they say? The AMA is not recognised by the government as being a militant union. Its members are not recognised as being in the pockets of the Labor Party, or vice versa. What did the AMA in Victoria say about yesterday's budget? The president of the Victorian branch of the AMA, Dr Stephen Parnis, issued a press release on 6 May. It says:

Since the coalition was elected in 2010, elective surgery waiting lists have increased by 10 000, or approximately 20 per cent. The budget allocation of \$190 million for elective surgery is not nearly enough.

The media release also says:

'Surgery waiting lists continue to grow, ambulances are ramped, hospitals are on bypass, there are not enough hospital beds and today's budget fails to adequately consider the increasing growth in demand', AMA Victoria president Dr Stephen Parnis said today.

About 12 months ago authorities the minister relied on included the Victorian Healthcare Association and hospitals that operate across Victoria, and he asked them to join him in a chorus of discontent about the midyear economic and financial statement of the then Gillard federal government and the reductions in funding that had been impacted on by that government. Hospitals right across Victoria complained about that fact and supported the minister's view about any restrictions in funding coming to Victoria. He congratulated them, and I congratulated them on standing up for Victorian hospitals, and I will do it again today, because the Victorian Healthcare Association yesterday clearly criticised the Treasurer's budget and the failure of the Minister for Health in a media release. It stated as follows:

VHA chief executive Trevor Carr said this was a disappointing result, given the budget's \$1.3 billion surplus, which will increase to a \$3 billion surplus in 2015–16.

'Taking inflation and population growth into account, this budget continues the flat-line trend we saw last year. There is little respite for health services that are dealing with rapidly increasing demand, particularly in the state's growth areas'.

...

Mr Carr said the end of commonwealth government funding for subacute care would amount to a \$150 million cut to Victoria, or the equivalent of losing 85 000 subacute bed days compared to 2013–14.

...

Mr Carr said that while funding to acute care increased by 4.5 per cent, output targets also increased by more than 6 per cent, which meant health services were being expected to 'do more with less'.

The sorry truth is that he knows, I know, patients know and people working in hospitals know that it is impossible to keep up with 6 per cent growth rates within hospital care and think you can get away with it by putting in only 4.5 per cent growth in your budget. This minister has failed to appreciate that it is inadequate growth money and commitments within the budget allocation that have led to a continual slide in the performance of hospital care and that the appropriate level of infrastructure growth or recurrent funding has not been appropriate during the course of the last four years.

Another way of measuring that beyond what I have already indicated is that in each of the last four budgets brought down by Labor in Victoria an additional 238 beds were funded. Now we have a situation where on average 21 beds have been added to the system per year, so there has been an achievement of less than 10 per cent of Labor's performance under this

government. Another way of measuring the less than 10 per cent achievement is to have a look at how much capital was allocated in the last budget of the Labor government in 2010–11, when there was \$2.3 billion worth of capital investment in infrastructure — in rebuilding hospitals.

Let us have a look at how much was announced yesterday: \$228 million, of which \$35 million was allocated to medical equipment. It has not been allocated to rebuilding hospitals, because in fact it is the number that appears in the budget each and every year — \$35 million for medical equipment — which comprises about \$1 in \$6 allocated for capital investment in yesterday's budget for health. This is another occasion when the government's contribution to bed numbers runs at less than 10 per cent of the performance of the outgoing Labor government, and the infrastructure spend in health in this last budget is also less than 10 per cent of what it was under Labor in 2011. That is the fundamental reason why this government has failed and continues to fail in health. All indications are that it has given up on Victorian patients and that patients are on their own. All indications are that the government has decided that health is electorally expendable.

The government made a commitment in 2010 of 800 beds that are not going to be delivered. There is no pretence anymore that they are going to be delivered. There is no measure to demonstrate they are going to be delivered, and there is a monumental sense of denial by the Minister for Health and the Premier in relation to their responsibility in health.

The motion I have moved today provides an opportunity to test every accusation and every piece of information I have put on the record in terms of the datasets, the reports and the budget analysis. I am thoroughly prepared to have them tested by a bipartisan committee of the Parliament to assess the veracity of what I have said and to find some independent authorities within the health bureaucracy to ascertain the truth about whether the datasets, the reports and the budget analysis that I rely on should be accepted or whether we should rely on the assertions of the Minister for Health with no data, no budget analysis and no independent reports from the Australian Institute of Health and Welfare. What is the minister relying on in his assertion that the system is working well, that there is enough funding in the system and that he will deliver on his 800 beds? How does he pretend that those outcomes are going to occur?

That is the opportunity that this motion provides for. I am certain that, given the confidence they will have in

their minister, government members will get up and say, 'Of course our minister has delivered. Of course he's prepared to be tested. Of course he will submit to the independent and thorough scrutiny of a parliamentary committee, backed up by his health bureaucracy and his department, which will validate every single one of his assertions'. Of course they will say that. That is exactly what they are going to say. When I sit down, having spoken in support of my motion, they will rise to support this motion because they know that this will validate their minister.

Unfortunately *Hansard* has a great deal of difficulty reflecting irony. What I have just said will not occur. Government members will not support this motion. They will not want independent scrutiny. They will not have the confidence to say that their health bureaucrats will back their minister. In fact what they will do is delay this motion so that it does not come to a vote, or they will vote it down. There is no way they will allow for their minister's assertions to be tested in any public forum. If they can do better than that, I challenge them to do so.

Ms HARTLAND (Western Metropolitan) — As Mr Jennings has given comprehensive reasons why we should have this referral, I am not going to go back over them. I will, however, take up his last comments because I too would like to think the government has enough confidence in the minister and the health bureaucracy to allow transparency and to allow these assertions to be questioned, possibly resulting in a finding that the Minister for Health is right or that the Shadow Minister for Health is right. Let us have the opportunity to examine these assertions.

The way we refer matters to committees concerns me. These are genuine issues that need to be resolved, and they include this motion and several motions that I have put forward. I am hoping to finish drafting a motion today on heatwave planning. These motions are never allowed to proceed to committee. They are never allowed to be investigated. Tomorrow, however, the Minister for Health will move the following:

That, noting the Australian Health Practitioner Regulation Agency 2012–13 annual report, particularly as it relates to the registration of pharmacists in Victoria, this house requires the Legal and Social Issues Legislation Committee to inquire into and report by 14 October 2014 on the role and opportunities for community pharmacy in primary and preventative care in Victoria.

I have only had a quick look at the annual report, but I have read the section on pharmacy, and it does not actually mention community pharmacy, so I am not sure what we are going to be looking at.

The government rejects a referral on heatwave planning because it somehow believes it has everything under control. It rejects Mr Jennings's motion despite it being a valid motion. This is clearly because the government does not want transparency. It does not want to be questioned about how it is managing health. I find it quite surprising that the Minister for Health is not in the chamber when we have these kinds of motions. Ms Crozier will do an incredibly capable job, I am sure of that, but the health minister, if he is so convinced of all of this, should be in the chamber. He should be the one talking about this. His absence says to me that he is not convinced of the job he is doing. If he were convinced, he would be in this chamber talking about this motion.

Ms CROZIER (Southern Metropolitan) — I am pleased to rise this morning to speak on Mr Jennings's motion. I thank Ms Hartland for her comments about my capacity to debate this issue. I reassure her that the government does have confidence in both the minister and the bureaucracy that she doubts. I reassure her that the departments and those who work in our health services and public health sector right across the spectrum do a terrific job in providing services to Victorians and sometimes interstate patients. We should never forget the work they do. We should also acknowledge that we have a very good health service and health system here in Victoria. I think that is something other parts of the country, and indeed the world, are very envious of.

Let us get back to the main thrust of what we are doing here today, which is debating Mr Jennings's motion. I will make a few points in relation to his motion. In the first instance I will talk about the issue he raised when he noted that the Minister for Health had at times noted the failures of the Labor administration in health. I have to say that the minister is quite correct in noting those failures. I agree that there were a number of failures in that administration, and I will come to those. There were failures in the previous Labor government in a whole range of areas. I am not going to go through them, but I note that when we came to government in December 2010 we were confronted with a litany of unfunded projects and project blow-outs.

We were elected in December 2010 to fix that mess, and that is exactly what we have been doing. Yesterday's budget was testament to the hard work that we have done to cap that out-of-control spending of 8 per cent and draw it back in line so that it is something more manageable. As a result we have a robust and sound bottom line, and we are able to fund the infrastructure projects that were announced yesterday that all Victorians will benefit from. It is

going to be absolutely critical not only for areas of commerce but also in the area of health.

People drive to work in the health sector, and they go from area to area. Things like the east-west link will make a great difference for a number of people who work in the health sector. I applaud the Treasurer for the budget he brought down yesterday and the government for reining in the spending of the Labor government and ending its maladministration in the many areas I have mentioned.

One area I will particularly mention is the benchmark. Let us not forget that when we came to government in November 2010 we had seven months to go in the budget cycle for that financial year. It is very important to put that on the record. There were some elements of the budget cycle we needed to address. One instance of Labor maladministration we found when we came to government was the shortfall of \$55.2 million to pay for wages for health workers in the 2010 Christmas-New Year period. That is an extraordinary oversight by the Labor administration. Did it forget to factor it into its budget? I am not quite sure. Nevertheless that was money we had to find immediately when we came to government. That is just one area of Labor maladministration we had to deal with.

Mr Jennings talks about the benchmark established by Labor in 2010–11. I refer to that point because it is an important baseline to take note of and the key point of the debate. We came in with seven months to run in that financial year. The Australian Institute of Health and Welfare data comes out each April, which is why we are debating this issue now. If you look at the baseline from 2009–10 — that is, when Labor was in government — you see that the average available number of beds baseline at that time was 13 198. I will come back to that figure later in my contribution, but it is important to mention that that was when we came into government and so we needed to look at what had been going on.

It is also important to note that clinical treatment can be done in the community or in the home. We have a contemporary health-care service, and we see that time and again. Under the Labor government and the national partnership agreement on improving hospital services, it was also recognised that funding was required for bed equivalents for community-based and non-admitted services. That was undertaken by then Premier Brumby and the then Minister for Health Daniel Andrews. I think we are all in agreement about our contemporary health-care setting and what we need

to do in terms of clinical treatment and how it can be achieved looking at those bed equivalents.

During the last Parliament the then Treasurer Mr Lenders was asked a question by the then member for Templestowe Mr Bill Forwood in relation to output groups. Mr Lenders referred Mr Forwood's letter to the then Minister for Health Bronwyn Pike. I bring this up because it is relevant to the issue we are talking about — the average number of available beds and how beds are categorised. In a letter responding to Mr Lenders, Bronwyn Pike said:

The core of Mr Forwood's question was, '... with respect to the following output groups:

acute health services (budget paper 3, page 70)

subacute care services (budget paper 3, page 71)

mental health (budget paper 3, page 75)

small rural services (budget paper 3, page 82)

and

aged and home care (budget paper 3, page 77)

How many beds will be available in each of the categories funded through these output groups in each of the following health services, facilities and centres?

...

The following points are provided in reply to Mr Forwood.

The Department of Human Services does not specify available beds as an output measure for any of these five output groups. The output measures are set out in the budget paper and include activity targets specified in terms of quantitative measures of activity such as separations, weighted inlier equivalent separations (WIES), bed days and aged-care units. The number and types of beds required to meet these targets is left to the discretion of each health service.

The letter goes on to say:

Hospitals provide an increasingly wide range of services requiring different types of beds or equivalent modes of delivering care. The number of beds required to meet each activity target will depend on a number of day-to-day factors including:

short-term fluctuations in the demand for the various specialised services;

the degree of interchangeability of the beds and wards used for each specialised service; and

within each specialty, the extent to which the demand requires the use of intensive care units, non-intensive care overnight wards of the 'traditional' type, same-day procedure beds, and off-campus arrangements such as 'medi-hotel' and 'hospital-in-the-home' services.

As the numbers and types of beds required to meet the output commitments must be managed to accommodate day-to-day demand, it is not possible to specify in advance the numbers and types of beds that will be provided in future periods.

The reason I have provided that information to the chamber is that it demonstrates that we are in a contemporary health-care setting in which various areas of service are provided and demand fluctuates. As we know, during the Christmas and Easter periods a number of beds close; Mr Jennings would understand that. At times we need to meet rising demand. In the winter months — peak flu season — demand rises. Hospitals and health services manage those peak times.

When I was working at the Royal Women's Hospital we would cater for a peak in births in August and September. Members can work that timing out for themselves; I note the Acting President is indicating that he was born at that time. That is what hospital and health services do; they manage the demand according to fluctuations in seasonal activities, such as those related to Christmas and other holiday periods and other things like that. That is nothing new; it is what an efficient health service should do.

I note that in April this year the Standing Council on Health met and that health ministers agreed to develop more accurate measures in the context of contemporary health care, including for the first time the ability to capture data nationally for the capacity of hospital-in-the-home care and services such as same-day dialysis and chemotherapy chairs and also the ability to capture data on the capacity contracted to the private sector as well as ambulatory care services. We need to ensure that we capture that data to see how management of care is undertaken.

I am aware of people who are very complimentary of hospital-in-the-home care. I refer to an instance of somebody who in the last couple of years has unfortunately been very ill after contracting a severe infection. We know that the rates of infection in our hospitals are a great challenge and that there are increasing levels of antibiotic resistance. We have a very good system in Victoria, and things like hand washing are part of the practical measures to help address infection rates. In other parts of the world antibiotic resistance and infection rates are very high. Nevertheless, this individual contracted a severe methicillin-resistant staphylococcus aureus infection and has been undertaking long-term intravenous antibiotic treatment in the home, which is a contemporary health-care measure that we use. It suits the individual and frees up an acute bed, whereas in years gone by they would have had to have been admitted to hospital and treated on a long-term basis

with intravenous care because we did not have the capacity to manage hospital-in-the-home care.

Some excellent work is being undertaken by our health professionals and allied health professionals to give individuals greater flexibility and choice in the delivery of their health-care service, and that is just one area. I applaud the work of the health ministers at the Standing Council on Health for looking at this issue in more detail, putting more measures in place and identifying how we can further improve things.

I will get back to the issue of baseline data in contemporary health care, and I say that because Australian Institute of Health and Welfare data not only looks at average available beds but also hospital-in-the-home care, prevention and care beds, subacute ambulatory care bed equivalents and the private contracted elective surgery bed equivalents. To go back to my point about the earlier baseline figure which I am discussing, when we came to power in December 2010, there had been seven months of Labor administration in that financial year. If we consider the baseline figure for beds in 2009–10, as I said, there were 13 198 average available beds. The government was clearly working towards improving and increasing bed capacity, and by the end of 2012–13 it was looking to put on an additional 300 beds, which is exactly what the government has done.

I want to go back to that point because when we are talking about beds, we are talking about a range of beds. In the Victorian budget submission of 2009–10 Mr Jennings referred to the Australian Medical Association (AMA). At the time AMA Victoria explicitly noted the need to change the way hospital capacity is recorded. In that submission AMA Victoria said:

... it is unlikely that ... standard acute beds will be the most appropriate mix of beds and services to provide the extra capacity needed in Victorian public hospitals ... AMA Victoria would also welcome this (additional) funding being used for programs such as hospital-in-the-home and the hospital admission risk program (HARP) which are designed to provide what has traditionally been hospital-based care in more appropriate setting.

As I said, in 2009–10 there were 13 198 average available beds, 491 hospital-in-the-home beds, 94 prevention and recovery care beds, 677 subacute ambulatory care services bed equivalents and no private contracted elective surgery bed equivalents, making a total of 14 460 beds. As we have put in additional funding we have progressed, and I will return to the claim made by Mr Jennings about a lack of infrastructure spending, which I find quite extraordinary in light of what we have done. In

2010–11 — clearly our first full year of government administration — average available beds totalled 13 474, and there were 481 hospital-in-the-home bed equivalents, 134 prevention and recovery care beds and 702 subacute ambulatory care equivalent beds, taking the total to 14 791 beds. In 2011–12 the average available bed figure was 13 495, 487 hospital-in-the-home bed equivalents, 154 prevention and recovery care beds, 740 subacute ambulatory care bed equivalents and no private contracted elective surgery bed equivalents.

In 2012–13 there has clearly been an increase in bed numbers. There is now an average 13 449 available beds, there are 539 hospital-in-the-home beds, 184 prevention and recovery care beds, 805 subacute ambulatory care bed equivalents and 3 private contracted elective surgery bed equivalents, and that is an area the government is working on. That takes the total to 520 new hospital beds, and that is absolutely the point. We are looking at the figures and the benchmark of our administration. As I said, the baseline under Labor's administration of 2009–10 —

Mr Jennings — That is incredible!

Ms CROZIER — They are the figures, Mr Jennings. I will go to the next point Mr Jennings made about the lack of infrastructure — and he said it, it is incredible. We have put in record funding and we have increased capacity in relation to infrastructure spend across the state. The government and the minister should be commended for the work they have done. This new investment builds on more than \$4.5 billion of existing health infrastructure projects.

Further funding announcements made in the budget speech yesterday were for areas that are expanding. In Geelong, Barwon Health North will be delivering further health services to the region. There has been significant population growth in this state not only over the past couple of years, when we have seen in excess of 100 000 people coming to the state, but also over the period of the Labor administration. Thousands and thousands of people came to Victoria, but there was very little planning to cater for that growing population and indeed an ageing population. I commend the government and the minister for the forward planning and what they have done in just three and a half years.

I remind the chamber of what the government has done in three and a half years. As I said, just yesterday it was announced that we have put additional money, \$73 million, into expanding the Latrobe Regional Hospital.

Mr D. D. O'Brien — Hear, hear!

Ms CROZIER — Yes, it is in the area that Mr O'Brien represents very well.

There is \$28 million to build Barwon Health North in Geelong's northern suburbs, money for a major redevelopment of the Boort hospital and some additional funding for Moyne Health Services in Port Fairy. That funding is for projects in addition to the works already being undertaken. We will have one of the biggest regional hospitals in Australia in the \$630 million Bendigo Hospital. The Victorian Comprehensive Cancer Centre project has \$1 billion worth of infrastructure. That will be a quite extraordinary facility for not only Victoria but also Australia, and I am sure that it will be groundbreaking in the work that will be undertaken and the care that will be delivered there. There are also the \$46.4 million expansion of the Ballarat hospital, the \$65.6 million Echuca hospital redevelopment and the \$10 million Castlemaine hospital upgrade. There has been in excess of \$165 million, from memory, for the redevelopment of the Royal Victorian Eye and Ear Hospital. There have been hospital redevelopments at Mildura, Swan Hill, Kerang, Charlton, Numurkah, Geelong and Kilmore, and there is \$40 million to expand and reconfigure the Frankston Hospital emergency department.

Let us not forget Monash Children's, a terrific second paediatric hospital that this state desperately needs. I remind the chamber also that back in 2002 Labor members talked about this and they did absolutely nothing. It took our government to make this a reality. I will be delighted to see that project up and running midway through this year when that work commences. It will be a huge benefit for the south-east parts of Melbourne and indeed Victoria, and it will cater for well over 1 million people. That is just an example of what our government has done. It has taken on the issues, understanding the need, planning for future growth and actually getting on and doing it. That is a very significant project to achieve in just three and half years. As I said, Labor members talked about it all those years ago but they ignored it and did nothing about it. Many other investments have been made along the way. They have been in capital improvements in the health sector and in putting in additional resources. The expenditure in the health budget is significant. It is at record levels and it is catering for growth and the requirements of Victoria.

Another point in Mr Jennings's motion refers to the minister's failure to acknowledge the impacts of the federal government's 2013 midyear economic and

fiscal outlook hospital funding cuts. He rightly points out that he has raised the matter in question time. On a number of occasions the minister has given a detailed explanation of the case. I know that the matter has been raised with the minister, that the current federal health minister understands the problem and that adjustments have been made to the midyear funding with a parallel payment, so there has been absolutely no cut in funding to hospitals. Minister Davis has explained that very eloquently to the house on a number of occasions.

While talking of cuts, I cannot let the opportunity go of reminding the chamber also of the \$107 million cut to funding for Victorian hospitals and health services by the then federal Minister for Health, Tanya Plibersek. That cut was made midway through a financial year and with no consultation. It required hospitals and health services across the state to make adjustments. Part of those adjustments was an adjustment to the services they delivered to patients. How anyone could think that a cut of such significance would not have an impact on the delivery of services is beyond belief. It demonstrates the lack of understanding that the then federal health minister, Tanya Plibersek, had of the delivery of health services, the impact of the cut and the difficulties and challenges that health services had to meet. It was an extraordinary undertaking by the former federal government.

We understand that members of that government had absolutely no idea of how to manage money. Their legacy has been quite extraordinary, and the current federal government has an enormous challenge in bringing down a budget next week, given the legacy that Labor has left. The dreadful waste of money under that Labor administration is just breathtaking. It really will be a challenge for the federal government to address that legacy, and I wish its members all the best in doing that. It is clearly in direct contrast to what we have here in Victoria with our Treasurer, Michael O'Brien, who has done a magnificent job. I pay tribute to him and to former Treasurer Kim Wells, now the Minister for Police and Emergency Services, in understanding that you cannot spend more than the revenue that comes in. That is why we are in such a strong position here. That has been recognised by a number of agencies, and it is why we are maintaining our AAA credit rating and attracting business to Victoria.

That \$107 million cut I mentioned, as I said, had an enormous impact, and I acknowledge the work of the health services and hospitals in managing that, because given the huge impact it had on their ability to deliver what was expected, they worked extremely hard. All the health services and hospitals across the state should

be commended for the efforts they undertook to identify savings and work through them.

Let us not forget what happened here. It was our Minister for Health, Mr Davis, who led the argument across the country on this issue. It was not only Victoria that was being affected; it was the whole of the country. Mr Davis led the charge on this and argued the case for having that money returned, and after exhaustive debate and acknowledgement, the federal Labor government caved in, as it should have. It took some time for it to do so, but that funding was reinstated. That shows our minister fighting on behalf of Victorian patients and health services and hospitals across the state to get that money back so the government could put it back into the services it needs to deliver.

He will do so again. We know there will be issues, and he will be again arguing authoritatively and strongly the case for Victorian patients.

Mr Jennings — That is a very nice turn of phrase.

Ms CROZIER — It has been demonstrated, Mr Jennings, and you have to say that he did extremely well in getting that money back.

Mr Jennings interjected.

Ms CROZIER — Absolutely. He led the charge on that, and he should be congratulated for it. Mr Jennings's federal colleagues caved in, as they should have, and returned the money, and that is a good thing for Victorian hospitals.

To get back to the number of hospitals mentioned, I am not quite sure why those particular health services, along with their CEOs, have been highlighted in the motion. I think they go to the point, however, that I have already reiterated. We are redeveloping and looking at the Bendigo Hospital, with a \$630 million development that will cater for the northern parts of Victoria and will cater for patients in a 21st century manner. It will provide contemporary health-care services to that region, and it is going to be a very exciting health facility when it is completed.

On numerous occasions, for instance in relation to yesterday's budget, I hear opposition members saying, 'You know, these projects are not going to be delivered for a period of time'. Well, these things take time. They require careful planning, and when the new Bendigo Hospital is delivered, it will be a very good service. Equally we have seen some good redevelopment at Eastern Health, with a \$447 million contribution to that and a good outcome in relation to the increased services that the health facility will provide. As we have

mentioned, Peninsula Health has a new emergency department, and that will be a good new facility for that part of Victoria. Melbourne Health is part of the extremely exciting Victorian Comprehensive Cancer Centre project, and that centre will be the envy of other states. In the area covered by Monash Health, the state's biggest health service, we have identified a need for a children's hospital, and that is exactly what we are delivering, unlike Labor, which thought about it and did nothing.

To go back to what we are debating here and the issues at hand, I note that our government has delivered on a number of areas in health. We have delivered new capacity, improved health services and more money for infrastructure to cater for a growing and ageing population, and we have increased those bed numbers, whether they be, as I said, acute health beds, hospital-in-the-home beds, prevention and recovery care beds, subacute ambulatory care bed equivalents or even private contractor beds. We have delivered the numbers we said we would.

Mr Jennings's motion will not be supported by the government. I have outlined clearly why that is the case, and I think Mr Jennings has made some extraordinary claims about the lack of infrastructure spending and other measures. Let us not forget that the baseline and the legacy of his administration are things our government has been working very hard to fix and address while catering for the growing health needs of all Victorians.

Mr SCHEFFER (Eastern Victoria) — This morning I will be speaking in support of Mr Jennings's motion. Only weeks away from election day, on 11 November 2010 the then opposition leader, Ted Baillieu, the member for Hawthorn in the Assembly, committed the coalition to bring online an extra 800 hospital beds under a coalition government. This was reported, and one instance of that report was at 5.15 p.m. that day. Reporting on 20 April last year, the *Australian* newspaper also conceded the fact that despite the coalition's promise to deliver 800 beds in its first term and 300 by the end of the 2012–13 year, by April 2013 there were in fact fewer beds. On 29 April this year the *Age* also reported that the coalition committed to delivering 300 beds in its first two budgets and that the number of beds that had been delivered by that time in public hospitals in Victoria was flatlining. This is not, therefore, the Labor Party making things up; these are widely known and undisputed facts that even the *Australian* and the *Herald Sun* have reported.

It is also a fact, as Mr Jennings stated in his motion, that on 30 April, nearly four years after the 800-bed commitment was made, the Australian Institute of Health and Welfare data showed that only 43 new hospital beds had been added to Victorian hospitals since the government was elected. This much is clear, but what is not clear is how this monumental failure has come about and why the Minister for Health has spent so much time ducking and weaving in the Parliament to avoid explaining to the people of Victoria how these policy and program failures were allowed to happen.

Despite Mr Jennings's albeit ironic encouragement of government members to endorse the referral of this important matter to the Legal and Social Issues References Committee, I do not fancy that the government will agree to it, and Ms Crozier's remarks in her contribution clearly indicated that the government has conformed to our expectation that it will not support any such reference. The reason for that is we are only a few months away from an extremely testing election and the government, notwithstanding the avalanche of commitments we have heard outlined in relation to its latest budget, is still struggling to earn back the goodwill it has squandered over its three and half years in office. The government is hoping for a boost out of yesterday's budget, and on day two this avalanche of infrastructure announcements is already beginning to buckle under scrutiny.

We have heard that health in general and hospital beds in particular will be faced with further cuts to public investment. It is clearly the right thing to do to provide the Legal and Social Issues References Committee with a reference to investigate the matters Mr Jennings has brought before the Parliament. Voters have a right, especially so close to an election, to see how and why it has come about that a key health commitment of the coalition has barely commenced to be delivered.

A more important reason why it is necessary for the Legal and Social Issues References Committee to investigate this matter is that the minister himself has now effectively said that the Australian Institute of Health and Welfare got it wrong — he said that it is not 43 beds that have been added since 2010 but 520. In his contribution Mr Jennings pointed out that this is not just another example of the minister's prevarication and his inclination to fudge reality. It is just not true — the figure of 520 extra beds cannot be corroborated in any of the data. Mr Jennings has caught out the minister by revealing that the 520 beds the minister referred to are a concoction of both the beds that Labor, not the coalition, delivered in the 2010–11 budget and the beds that had been allocated to the hospital-in-the-home program. As Mr Jennings

said, the institute clearly states that hospital-in-the-home beds are counted as treatment days, not as hospital beds.

If you think that the measures used by the Australian Institute of Health and Welfare are in dispute, the minister himself said in this Parliament that the institute reports in an authoritative way. This has been mentioned in the house a number of times, and Mr Jennings reiterated it in his contribution earlier today. Everyone agrees, even the minister, that the data has integrity, and it clearly shows that the coalition government has delivered not 520 extra hospital beds out of 800 — which by the way, would still be a failure — but a mere 43.

By contrast, in its last year in office Labor delivered 222 additional beds, making a total of 13 254 acute beds delivered over its period in office. According to the Australian Institute of Health and Welfare data, by the end of the 2012–13 financial year there were 13 297 acute beds in the system, which means that 43 beds had been added since Labor left office. As I have said, the minister has tried to fudge the figures with his conceit that the coalition delivered those 520 beds. It is astonishing that government members opposite are not cringing with embarrassment about this. However, it gets worse. We also know that 27 of those 43 beds were actually provided on the basis of the 2010 national health reform agreement, which was made when Labor was in government both nationally and in Victoria. This means that the Minister for Health has delivered only 16 beds out of the promised 800.

When the 800-bed election commitment was made, would any Victorian have thought that all the while the coalition did not really mean that the hospital beds would actually be delivered? Is it any wonder that the Minister for Health has no credibility and that consequentially the coalition members who defend him have no credibility? The minister and the government must account for misleading the Victorian public. It would be a good start to provide this reference to the Legal and Social Issues Reference Committee. Mr Jennings's motion refers to the minister's failure to acknowledge in question time, on a number of occasions, the impacts on Victoria of the federal government's December 2013 midyear economic and fiscal outlook statement. Let us remember that when the federal coalition government made its first budget statement in December 2013 it put forward the view that the economy was in a very bad shape because of the performance of the federal Labor government. At the time most people accepted that while the federal Labor government faced budget challenges, the coalition's December budget statement was used as a

political exercise to alarm the public and of course discredit Labor.

We are seeing a continuation of this setpiece conservative first budget strategy in last week's release of the report of the National Commission of Audit and the theatre surrounding the forthcoming release of the federal budget on 13 May. The 2013 midyear economic and fiscal outlook statement warned that wasteful spending would have to be rooted out and that pain was on its way — the hairshirts were being prepared to chastise an extravagant and profligate electorate. The federal Treasurer pointed out that, regrettably, much of the projected growth in spending is in — you guessed it — the social programs, including health.

A look at the Australian Institute of Health and Welfare website paints a much more realistic account of the situation. The institute says that health spending has increased from 7.9 per cent to 9.4 per cent over the last decade, but this is because the health system is busier owing to increased visits to the GP and increased demand for prescribed medicines, ambulance services and hospital admissions, including elective surgery, births, emergencies and alcohol and other drug-related treatments.

What is interesting is that health spending in Australia corresponds almost exactly to the rest of the countries in the Organisation for Economic Cooperation and Development (OECD). In 1999 the median rate of health spending in OECD countries was 7.8 per cent of gross domestic product and in 2009 it was 9.6 per cent, with Australia spending slightly less than the OECD average. By that measure, nothing extraordinary is going on in Australia. An interesting comparison is that the USA sits at 17.4 per cent of gross domestic product.

To return to the minister's failure to acknowledge the impacts of the midyear economic and fiscal outlook referred to in Mr Jennings's motion, we need to remember that the reason it was always going to be impossible for the Victorian coalition to deliver 800 extra beds is that it embarked on what can only be described as an ideologically driven and politically motivated austerity program. Of course the inescapable fact is that real hospital beds cost real money.

Over the four budgets delivered since the coalition government came to office, some \$831 million has been taken out of Victorian hospitals. The government was never going to be able to hold to its commitment, and it did not have the guts to come out and say that it would renege on that particular promise. The fundamental contradiction in all of this is that a government cannot promise to fix the problems if it

deprives itself of the resources it needs to get the work done. Problems are fixed through good investment, not through slashing and burning. It has been the same in education where the Victorian Schools Plan was trashed and \$1.2 billion was pulled out of the TAFE system. Similarly we have seen this in public transport and infrastructure, notwithstanding the previously noted avalanche of promises that we saw in yesterday's budget.

Of course it has got worse with the Abbott federal government's announcement in December that it would pull some \$277 million out of Victoria's hospitals over the next four years. This has well and truly left the Victorian coalition and the Minister for Health with nowhere to go as Victoria can no longer rely on the federal administration coming good with additional hospital funding. Now we are at the mercy of a federal government that shares the same conservative austerity obsession that the Victorian government has demonstrated in its first three years. It is a zero-sum game.

Mr D. R. J. O'BRIEN (Western Victoria) — It is with great pleasure that I rise to support Ms Crozier's excellent repudiation of Mr Jennings's motion and to confirm that the Victorian government has made, and continues to make, significant contributions, in terms of capital investment as well as hospital support and reform, to the provision of hospital beds in Victoria. It is a continual surprise that the Labor opposition continues to make these claims in relation to hospitals, given the failure of the previous federal government to support Victoria's hospitals. This is at the heart of motion. As has been put on the record numerous times by the Minister for Health, Mr David Davis, and indeed by Ms Crozier in her contribution to this debate, the Victorian government has grown hospital capacity by 520 beds since it was elected.

I thought Mr Scheffer might be prepared to speak a bit longer on this motion. As a consequence I had to race up the stairs to be in the chamber in time to take my spot to make my contribution to the debate. Mr Scheffer was rather short in his support for Mr Jennings's motion. His heart was not in it because he knew he could not support such a flimsy motion, particularly as it seeks a referral to the Legal and Social Issues References Committee, which is about to receive a more important reference into community pharmacies.

The key point I seek to place on the record is that again we can see a significant and clear distinction between our government's record in office and what Labor failed to deliver at both a state and federal level. The

handing down of the most recent Victorian budget for 2014–15 has confirmed a very simple distinction in the way state and federal coalition governments have conducted themselves in office in relation to financial management and their engagement in financial responsibility, prudence and the careful management of budgets to enable long-term infrastructure delivery — which is to the tune of \$27 billion in the budget. That is a very significant infrastructure contribution, and it is reflected across all sectors of the economy, including the health sector.

It is also important to remember that, regrettably, the Victorian coalition government was somewhat hampered by the activities of its counterpart in Canberra when it was under the Gillard administration and very briefly the final death throes of the second Rudd government. What happened in the Gillard administration in relation to health from a budgetary point of view was absolutely disgraceful, because that government made a post-budget cut that it had not budgeted for or said would happen; it made this cut post budget when the then Treasurer, Wayne Swan — and we all remember Wayne Swan — was scrambling for a surplus. He had promised and not delivered a surplus no less than five times. Labor's commonwealth financial position went from inheriting a net asset-rich budget, whereby it had something like \$70 billion in the game when it came to government in 2007, to leaving a legacy of debt that will have to be paid off for generations.

In relation to health this resulted in \$107 million in cuts being imposed on Victorian hospitals by the former Gillard Labor government in December 2012. We remember the motions that the Victorian health minister moved in this chamber on numerous occasions calling upon Labor Party members on the other side to support Victorian hospitals by voting against these commonwealth cuts. Those motions were opposed by the opposition, and those cuts remained in place. Nevertheless, the health minister eventually was able to persuade the then federal health minister, Tanya Plibersek, to reverse some of those cuts, albeit after they had been incurred. I recall there was a lot of concern over the impact of those cuts in relation to Colac hospital, particularly on emergency beds and other beds, while Mr Cheeseman, the then member for the federal seat of Corangamite, sought to blame the need for these cuts on the high Australian dollar.

Returning to what the Victorian government has had to do — notwithstanding the interference and irresponsible fiscal management of the Gillard federal government — it has provided more than 500-bed equivalents since the 2009–10 baseline. This has also

occurred in the context of the Gillard government breaking another promise. I am not sure if you are aware of this promise, Acting President, but it promised it would not bring in a carbon tax. I see the Acting President is reminded of that broken promise. That broken promise had another very significant impact on hospitals and health budgets, and the scary thing about this broken promise is that vis-a-vis the Labor Party it remains broken. It remains broken in that the Labor Party does not support the repeal of the carbon tax. Members opposite could be on their phones right now — and one would think by some of their absences from the chamber they are on their phones right now — seeking the repeal of that carbon tax they promised would not be introduced under a government that Ms Gillard led.

Mr Leane — That is what Mr Davis is doing.

Mr D. R. J. O'BRIEN — I hope Mr Davis is trying to do that, because he works very hard to deliver for Victorian hospitals. One can see this with the Victorian budget, and this builds on previous budgets that have delivered \$90 million of capital investments into Barwon Health and similar investments into Ballarat Health Services, including a helipad that I know Mr Koch lobbied for and worked with the community extensively in a committee to achieve. As anyone who has dealt with rural health and rural life-saving situations would know, the role of helipads and helicopter life-saving services is critical. I recall the campaign led by the member for South-West Coast, the now Premier, the Honourable Dr Denis Napthine, which for many years pursued and eventually obtained a south-western Victoria helicopter. However, with its next budget the commonwealth government has got to deal with the legacy of the previous federal government, and we are still dealing with our legacy from the previous state Labor government.

Nevertheless, we have invested in builds of more than \$4.5 billion in existing health projects that are under way in Victoria — for example, we will invest \$73 million in this budget in a new redevelopment of Latrobe Regional Hospital and \$28 million to build Barwon Health North in Geelong's northern suburbs. This is another fantastic initiative championed by Western Victoria Region MPs, including Mr Koch, Mr Ramsay and me, and by the member for South Barwon in the other place, Mr Katos. The coalition government is also investing in a major redevelopment of the Boort hospital and in major works at Moyne Health Services in Port Fairy. Further, the coalition government's capital funding for the expansion and redevelopment of hospitals will cater not only for

Victorians in this generation but for Victorians into the long term.

Some of these projects include the build of one of the biggest regional hospitals in Australia, the \$630 million Bendigo Hospital. Mr Drum is not in the chamber yet, but I believe it is the case that one of the members for the Bendigo region from the Labor Party is still calling for a smaller hospital for Bendigo. You would be surprised that someone would do that, but that is what they seek. There is also the \$1 billion Victorian Comprehensive Cancer Centre project; \$46.4 million for the expansion of the Ballarat hospital with the David Koch-led helipad; and \$65.6 million for the Echuca hospital redevelopment, championed for a long time by many members for Rodney, including the one with the loudest voice in the Parliament, Mr Paul Weller, who has championed that cause amongst others in the northern region for a long time.

Mr Ramsay interjected.

Mr D. R. J. O'BRIEN — He is still working on that bridge, and I can hear him from here calling for that, but that would probably not be relevant to this motion. What is relevant is there has been \$10 million delivered for the Castlemaine hospital and there is funding for the redevelopment of the Victorian Eye and Ear Hospital and hospital developments in Mildura, Swan Hill, Kerang, Charlton, Numurkah, Geelong and Kilmore. I commend members from all those areas for their advocacy and this government for responding and delivering. There is also \$40 million to expand and reconfigure the Frankston Hospital emergency department, and there is funding for the new paediatric facility at Monash Children's hospital and for investment in new world-class research at the Peter Doherty Institute. Also in relation to regional Victoria in particular there will be \$3 million for a major redevelopment of the community health facilities at Moyne Health Services, including a new community health building.

In relation to the south-west, I had the privilege and honour along with Mr Ramsay of witnessing the final community contribution to Peter's Project on Thursday of last week. The member for South-West Coast, the Premier, who had been on the advisory committee together with many other active community members, has delivered a significant project for that community. The project was completed as a result of the community raising in a very short time, and ahead of time, the \$5 million for its contribution, but also the significant contributions of the state government and federal government through the federal member for Wannon, Dan Tehan. It is a fantastic facility that will service

people not only in Warrnambool but many other people in western Victoria.

I am personally aware of the battle of one of the longstanding friends of our family, our shearer, who shore until he was nearly 68 but who unfortunately got cancer. He found that the treatments in Geelong were too far for him to travel to and effectively elected to see out his days in a lot of pain rather than receive the treatment that he could have received. His name was Paddy Trigger. I and many other people in the south-west are familiar with people who would have benefited from the radiotherapy services that have now been delivered by this government and by this member for South-West Coast, this Premier, with the support of this health minister, to ensure that Victorians get a better deal for health than they will ever get under the fiscal irresponsibility and hypocrisy of successive Labor governments.

What we see with this motion is another attempt by the shadow minister — —

Honourable members interjecting.

Mr D. R. J. O'BRIEN — Yes, they must try whatever they can to muddy the waters. It is a very difficult exercise, counting beds, as was recognised by the Australian Medical Association when it effectively noted the change in the way hospital beds have been counted. I think all members of this chamber will have witnessed the frequent exchanges on this issue that have occurred from time to time between the health minister and the shadow health minister. What is absolutely clear is this government's commitment to responsible financial economic management. There were the Cain-Kirner and the Bracks-Brumby governments, which never delivered the expenditure within what was budgeted for, and then there was the disgrace of the Rudd and Gillard governments.

There is one truth, which is that Labor cannot manage money, and if you cannot manage money, you cannot manage health. Labor members talk about health cuts and other things that are actually not occurring, but even if there is financial responsibility, it is always the case that coalition governments have to come in and clean up the mess that Labor has left this state in. That is something that the Victorian community ought to be reminded about when they contemplate what to do in November, because if this record \$27 billion commitment is to be carried out without mismanagement — —

The PRESIDENT — Order! It is time to interrupt business for questions without notice.

Business interrupted pursuant to standing orders.

QUESTIONS WITHOUT NOTICE

City of Warrnambool planning zones

Mr TEE (Eastern Metropolitan) — My question is to the Minister for Planning. Is the minister or his department in the process of rezoning land to benefit Midfield Meat International, Mr Colin McKenna or any companies associated with Mr McKenna?

Hon. M. J. GUY (Minister for Planning) — I have absolutely no idea, and I will have to take the question on notice.

Supplementary question

Mr TEE (Eastern Metropolitan) — The Warrnambool City Council has a proposal that the minister, via a planning scheme amendment, rezone land to industrial zone 1 to benefit Mr McKenna or companies associated with Mr McKenna. My question is: has the minister or his department been asked by the council or anyone else to rezone the land in this way to benefit Mr McKenna or companies associated with Mr McKenna?

The PRESIDENT — Order! I will allow the minister to answer, but it would seem to me that Mr Tee tracked over exactly the same territory in the supplementary question as he did in the first question, and the minister has already indicated he does not have that information.

Mr TEE — Sorry, President, my substantive question was, was he or his department in the process of rezoning the land? My supplementary is a more specific question, and it relates to a specific proposal by the council for the land to be rezoned. My question is: has the minister been asked to rezone the land in the way that the council has suggested?

The PRESIDENT — Order! The difference is the minister's knowledge of a formal application compared with discussions or information that might have been brought to the minister.

Hon. M. J. GUY (Minister for Planning) — Let us put a few things in Mr Tee's question into a level of common sense. My department does not rezone land. It will come to me as a request from a council under section 20(4) of the Planning and Environment Act 1987, and there is nothing that I am aware of that has ever come to me to do that. If there were a conversation with my department and the City of Warrnambool, then I am certainly unaware of it. As I said, there is nothing

that I am aware of that is even remotely similar to what Mr Tee asked about. If there were a conversation between a council and my department, it would have been initiated by the council, but I am unaware of that. As I said, I will have to get back to Mr Tee because I do not know the answer to that.

Geelong health services

Mr KOCH (Western Victoria) — My question is for my colleague the Honourable David Davis, the Minister for Health. Can the minister inform the house of recent budget announcements about the importance of improved health services in the Geelong region?

Hon. D. M. DAVIS (Minister for Health) — I thank the member for his question and for his strong support for expanded health services in Geelong and the surrounding region. I know he has been a very strong exponent of those health services, seeing the expansion at Geelong Hospital that Barwon Health is proceeding with at the moment. Anyone who wants to go to Geelong will see the cranes that are towering over the hospital and the work that is occurring there now.

Equally, the coalition is committed to the community facilities at Waurm Ponds and is proceeding with those apace. Equally, I was very proud to join the Premier on Monday to make a pre-budget announcement of the commitment of \$28.1 million to Barwon Health North, which will deliver health care closer to home for people in the north of Geelong.

This is a project that Labor could not, would not and never did deliver. Labor would not deliver it; Labor took the people from the north of Geelong for granted. It has always taken its own for granted, and it has always taken people in strong Labor seats for granted. Mr Finn understands that. In the west of the city he understands they will always take people for granted, and this is another occasion.

It is a coalition government that is actually going to deliver these services into the north of Geelong. The need for an urgent care centre for expanded ambulatory care services to cater for the expanded capacity in the north of Geelong was directly pointed to by the service planning process that occurred over the recent period.

I pay tribute to Barwon Health for the advocacy that has occurred. I pay tribute also to the *Geelong Advertiser* — known as the Addy — and its enthusiasm for supporting people in the north of Geelong. Understanding the need that was pointed to in the service plan, the government is very prepared, very

happy and very proud to have announced this increase in activity that will occur in the north of Geelong.

I have to tell members that we have committed the money this year, and we will be searching for land forthwith. There will be a process put in place to purchase land there and to make sure that this adds to the services in the north of Geelong as quickly as possible. The money has been allocated. More than \$3 million has been allocated next year, with the rest over the following years. The people of Geelong and the north of Geelong in particular can be very proud. Corio, Norlane and all through those areas are going to get a very good service, overseen by Barwon Health. Barwon Health has a great affinity for this area, and the need has been pointed to by the service plan.

What did Labor do? It did nothing. It delivered nothing in the north of Geelong; it delivered nothing in the west of Geelong. It did not deliver the upgrades at Geelong Hospital either. We are delivering \$4.5 billion worth of infrastructure around the state, with the addition of more infrastructure through this and other announcements in this budget.

Mr Leane interjected.

Hon. D. M. DAVIS — You did not actually finish the Children's hospital. It was built over three governments — the Brumby government and the Baillieu government as well. Ted Baillieu, the member for Hawthorn in the Assembly, can take huge credit for the Children's hospital and for many other projects. The Victorian Comprehensive Cancer Centre is also proceeding, as is Bendigo Hospital. We know the travesty of the last government and its failure to deliver on the Bendigo Hospital on a scale that was commensurate with what was needed. It is the same in Box Hill. There are more beds, more capacity and more ability to deliver services close to people's homes, including in the north of Geelong.

Early childhood funding

Ms MIKAKOS (Northern Metropolitan) — My question is for the Minister for Children and Early Childhood Development. I note that budget paper 3, page 87, shows that the output for early childhood development for 2014–15 will see a reduction in funding by 3.8 per cent. Budget paper 2, page 70, also states that 'the commonwealth government has not currently committed to the continued funding of these agreements', in reference to the national partnership on universal access to early childhood education, which will expire at the end of this year. What has the minister

personally done to ensure that Victorian children do not lose the benefit of 15 hours of kindergarten per week?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — I thank the member for her question. She will also note that the footnote says that the commonwealth has not committed yet. That does not mean that there will not be a commitment. The national partnership does not expire until the end of this year, and the commonwealth did commence a review. This was a review agreed to by the former commonwealth government, which, I might add, did not commit to a long-term funding agreement for this national partnership. That is one of the most disappointing things. This was a 2007 commitment by the former Labor government, and when it had the opportunity when the original national partnership expired last year to lock in a long-term agenda and a long-term funding agreement — to honour a commitment of the national partnership, which it signed, to put in place a long-term funding agreement — it reneged. It funded just an 18-month partnership, which has put us in this situation now, where we need to negotiate with the commonwealth again around continued funding.

Again, the Gillard government or Rudd government — whichever iteration it was at the time — put in place a review of the national partnership, which is due to report in June this year. It will not be until that review comes down that there is a decision on the commonwealth funding. That is why the footnote says that the reduction year on year is reflected — because the commonwealth funding component is not there.

Supplementary question

Ms MIKAKOS (Northern Metropolitan) — The minister is essentially sitting on her hands, relying on a footnote, rather than actually lobbying her federal colleagues to ensure that the 15 hours continues. She wrote to service providers on 2 April —

Hon. D. M. Davis — On a point of order, President, this is question time and an opportunity to ask questions, not to editorialise for a mile around. There is nothing wrong with a small contribution from the member, but she is going on a long diatribe and not actually asking a question.

Ms MIKAKOS — On the point of order, President, I was responding directly to the minister's answer. I asked her a question about what she has done personally to ensure that we do not lose the 15 hours, but she failed to indicate to the house that she has done anything at all. She has failed to indicate that she has

done anything at all to save 15 hours of funding for this state.

The PRESIDENT — Order! A point of order is not an opportunity to debate.

Ms MIKAKOS — My point is that I was responding to the minister's answer.

The PRESIDENT — Order! Let me go to points of order first of all. Points of order are not an opportunity to debate. Points of order are to discuss where members believe that process has not been properly followed and that perhaps someone's entitlement, speaking rights or suchlike have been transgressed. Points of order are to keep me on my toes and to make sure that I am ensuring that proceedings are going according to our standing orders. They are not an opportunity for somebody to stand up and debate a matter further. There are other mechanisms in the house for debate.

Coming back to the point of order that was made by the Leader of the Government, I have some agreement with the proposition that he has put to the house. I was going to let the member continue with her question, but then I considered intervening to suggest that she was being provocative and was debating in the supplementary question as distinct from, as she would suggest to me by her point of order, trying to leverage off the minister's answer. The member went a little further than that in the remarks she was making, so I have some sympathy with the point of order. The member to continue with that in mind.

Ms MIKAKOS — Thank you, President. In the letter that the minister sent to kindergarten service providers on 2 April regarding the national partnership agreement, she states:

The Victorian government remains committed to providing its funding contribution towards 10 hours of kindergarten per week.

In her letter the minister talks about the need for kinders to have certainty as they plan for next year, so can she tell them now whether in 2015 her government will fund them for 10 hours, as stated in her letter, or 10.75 hours as is their current state funding?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — As I said, the Victorian government is committed — —

The PRESIDENT — Order! I have noticed a camera flash twice in the upper gallery. I remind members of the gallery that photography is not allowed at all when the chamber is in session. It would be an

unusual phone if the flash were not the result of it taking a photograph.

Hon. W. A. LOVELL — As I said, I am committed to continuing Victoria's funding. There will be no cut to Victoria's funding for the 10 hours of kindergarten that is provided by the state. Unlike the former state Labor ministers who would not stand up to Labor ministers in Canberra, who were Labor first and Victorians second, I have stood up for Victorian preschools and for Victorian children and their families. I have highlighted the need for certainty and the need for commonwealth funding. I wrote to the federal Minister for Education, Mr Pyne, in September 2013. I have argued strongly at ministerial council's for the commonwealth investment. I have written to the federal Assistant Minister for Education, Sussan Ley. I have put in a submission to the Productivity Commission highlighting the importance of federal funding for universal access. I have met with Minister Ley a number of times, and I have also had discussions with other states about this issue.

A joint letter has been sent from a number of states that have gone to the commonwealth requesting this funding. We have advocated strongly for continued commonwealth investment.

The PRESIDENT — Order! Time, thank you, Minister.

Fishermans Bend urban renewal project

Mrs COOTE (Southern Metropolitan) — My question is for the very good Minister for Planning, Mr Guy. Can the minister inform the house how the construction of a new railway station at Fishermans Bend will help to grow Australia's largest urban renewal precinct?

Hon. M. J. GUY (Minister for Planning) — The largest urban renewal project in Australia must have a heavy rail station, and this government is going to deliver it. There are already 17 permits, 36 towers and 9000 apartments with 18 000 potential residents under consideration for the Fishermans Bend urban renewal precinct. An area like that, which has 18 000 residents under consideration right now — and that is the population of Morwell not including that of Churchill — needs a railway station, and it needs it soon. That is why the Napthine government has made the Melbourne rail link a priority by bringing forward the necessary infrastructure to build a city of the future, to build the urban renewal with the resources and the infrastructure that Melbourne needs.

We are talking about \$2.7 billion in private construction activity for the Fishermans Bend precinct already submitted. That is 18 000 construction jobs above ground without the tunnel being considered. I might add that \$140 million in development contributions will also come to the local economy and community as a result of what is being considered in the expanded CBD for Fishermans Bend. Imagine what this would be like in 10 years without a railway station. Imagine what it would be like if that was on the agenda now.

Mr Leane interjected.

Hon. M. J. GUY — Mr Leane raises an interesting point, and I will take it up. He talks about the casino. Some people do not realise that the casino is actually closer to Southern Cross station than to the new Montague station, which will be closer to South Melbourne and the Fishermans Bend precinct. Anyone on the Labor side who says that the casino would be closer to this station had better look at a *Melway*, because that is not the case.

I inform the house of some comments that I agree with. In answer to the question, what needs to be done right now for Fishermans Bend:

We need to focus on the basics — unclogging some of the arteries — our roads and public transport.

Also:

Yet on not one occasion has there been any commitment, either in this budget or elsewhere, to the sort of infrastructure that you need to deliver a well-planned and a well-thought-through community —

like rail. Who made those comments? It was Brian Tee. Who else? And I agree with Mr Tee; you need a railway station. You do not need to put a railway station next to 30 hectares of undeveloped and derelict railway goods sheds in Arden. You put it where you have 17 permit applications, 36 towers and 9000 apartments with 18 000 people. That is where you put a railway station. That is why the Napthine government is putting a railway station in the Montague precinct of the Fishermans Bend urban renewal area, which is Australia's largest urban renewal area. It is a railway station that is not close to the casino but in fact is close to where there are 17 active permits and 36 towers under consideration.

This government and this budget are building a better Victoria. We are building a more sustainable Melbourne. We are putting in the infrastructure in advance of growth, which is something that the people of Point Cook would be very pleased to hear after under the Labor government they had 20 000 people plopped

down with no infrastructure. This government is putting in place the infrastructure to manage population growth, and it is doing it now and building a better Victoria as a result.

Early childhood funding

Ms MIKAKOS (Northern Metropolitan) — My question is again to the Minister for Children and Early Childhood Development. In light of the comments made by the minister's federal colleague, Sussan Ley, to the early childhood sector that she does not believe that funding preschools is a commonwealth responsibility beyond the expiry of the current national partnership agreement, it is very clear that the writing is on the wall for this federal funding, and this of course is causing a great deal of concern to Victoria's kindergartens. Should a kindergarten wish to retain its 15-hour kindergarten program, what analysis has the minister's department done as to the expected fee increase parents will face?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — I think the member is getting ahead of the negotiations between the commonwealth and state. There is no reason to expect that the commonwealth will not continue its funding. The review is not due to come down until the end of June, and we will not know until beyond that time the result of the commonwealth funding. I suggest that before the member starts panicking parents, as she has been doing, we wait for a commonwealth decision.

Supplementary question

Ms MIKAKOS (Northern Metropolitan) — I would be extremely concerned if the minister genuinely believed that the review could come out with a different outcome. It is very clear that the writing is on the wall for this funding. The minister's department should be taking the necessary steps to prepare for this, so I ask: what analysis has the minister's department done as to how many staff will lose their jobs in Victoria's kindergartens?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — It is really enlightening that during question time the shadow minister keeps giving us an insight into Labor's policy — that Labor would not continue to provide kindergarten services in Victoria. We are committed to early childhood services. We are committed to ensuring that the state component of the funding is available for kindergartens to continue to operate in Victoria. We are committed to supporting families and to supporting the

community, and we are committed to early childhood development.

Homelessness funding

Ms CROZIER (Southern Metropolitan) — My question is to the Minister for Housing, Ms Lovell, and I ask: can the minister update the house on how the 2014–15 Victorian state budget assists the housing and homelessness sector to provide beneficial outcomes for vulnerable Victorians?

Hon. W. A. LOVELL (Minister for Housing) — I thank the member for her question and her ongoing interest in those vulnerable Victorians who are less fortunate than we are. I am pleased to say that in this year's budget we have committed \$201.9 million to support social housing and homelessness services. This comprises \$124.4 million over four years to provide certainty for the sector regarding initiatives that are state funded under the national partnership agreement on homelessness. These include targeted responses to people sleeping rough, specialist support to enable children to access education, improved family violence responses, improved support for young people through the employment of dual-diagnosis workers, improved support for young people leaving care, support for people exiting prison and support for people to maintain tenancies.

This year's budget also includes \$65 million to provide upgrades and maintenance to over 9500 public housing properties. These properties were ignored by the former government. It allowed them to decay to a point that the Auditor-General said they were about to reach the end of their usable life span. We will invest in these properties to keep them in the system to ensure that they can continue to house vulnerable Victorians.

There is also \$5 million for operational funding for the Shepparton Youth Foyer, and I am absolutely delighted to have been able to announce that funding. The Shepparton Youth Foyer will support 40 young people in Shepparton who are homeless or at risk of homelessness and who want to continue their studies. It will assist them to change the direction of their lives.

The budget also commits \$7.4 million to the state component of the social and community services workers agreement. Pages 88 and 89 of budget paper 4 outline our \$1.1 billion pipeline of acquisitions, including \$215 million in 2014–15. This is made up of \$50 million that is being spent on some of the existing projects we have under way and \$165 million for new acquisitions and projects.

Outputs in budget paper 3 outline our targets for assisting people. We aim to assist around 100 000 people who are at risk of or are experiencing homelessness. We will provide support to more than 160 000 tenants through the provision of 77 000 long-term household assistance packages. We will also provide around 12 000 bond loans to assist those who want to access the private rental market, and we will assist 9000 households with crisis housing. This is a good budget for housing and homelessness, and I am delighted to have been able to deliver it.

Early childhood funding

Ms MIKAKOS (Northern Metropolitan) — My question is again to the Minister for Children and Early Childhood Development. The national partnership agreement on Indigenous early childhood development is set to expire. It expires at the end of June. As a result, Bubup Wilam, an Aboriginal child and family centre which opened in June 2012, is set to close. Dala Yooro in Bairnsdale will also be affected. Given that the minister was happy to open Bubup Wilam last year, what action has she taken to lobby her federal coalition colleagues to retain this national partnership agreement?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — The Victorian government is committed to closing the gap between Aboriginal and non-Aboriginal children in Victoria and is investing in early childhood facilities to assist with that. The Council of Australian Governments signed up to the national partnership agreement on Indigenous early childhood development in 2008. The national partnership funding supported the two Aboriginal child and family centres in Bairnsdale and Whittlesea that the shadow minister mentioned. The federal government has not committed funding beyond 30 June, and I have urged the federal government to commit additional funding to ensure that the child and family centres can continue to provide high-quality services to Aboriginal families.

As far as actions are concerned, I have written about this national partnership to the federal Assistant Minister for Education, Ms Ley. With the Minister for Health, Mr Davis, I have written a joint letter to the federal Minister for Indigenous Affairs, Mr Scullion. I wrote again to Minister Scullion last week, and I also wrote — —

Honourable members interjecting.

Hon. W. A. LOVELL — Those opposite are obviously not interested in the answer, which is typical

of what happens when they ask me a question. They are more interested in debating across the chamber than listening to the answer.

Ms Mikakos — On a point of order, President, I refer to your earlier comments about my alleged editorialising. I make the point that the minister is not addressing the question. I have asked her a specific question, and she should respond to the question without making gratuitous remarks that are completely irrelevant to the question that has been asked.

Hon. D. M. Davis — On the point of order, President, I think the member is trying to make a point that the minister might be debating in her response — I think that is what she is trying to say — and not responding directly. I put it to you very clearly that the interjections and responses from the other side were what the minister was directly responding to. It becomes difficult not to respond to some of those interjections and the carry-on from the other side. I think that is what the minister was responding to.

The PRESIDENT — Order! This line of questioning has generated some debate both in answers and in questions. I was a little concerned about the minister suggesting in a previous answer that the Labor Party policy was being demonstrated by the line of questions. That was a pretty long bow. I think there is some antagonism in this line of questioning. The minister is at times responding to fairly incessant interjections, and that tends to take answers off track. The minister's time has expired on the substantive question.

Supplementary question

Ms MIKAKOS (Northern Metropolitan) — I refer the minister to her media release of 9 November 2012 in which she said, 'I think the soul of a government can be seen in the areas it prioritises for funding', and I ask: what additional supports will she provide to assist Victoria's two Aboriginal child and family centres to continue to support Aboriginal children and families?

Hon. W. A. LOVELL (Minister for Children and Early Childhood Development) — As I was trying to say before I was howled down by the shadow minister's interjections, I have raised this issue a number of times with the federal government, including as late as last week when I wrote to the Prime Minister. I have also raised this issue with the federal Assistant Minister for Education, Sussan Ley, and the federal Minister for Indigenous Affairs, Senator Nigel Scullion. I am committed to advocating the federal government

to continue funding child and family centres, but this is a federal funding issue.

Crime prevention strategies

Mr RAMSAY (Western Victoria) — My question without notice is to the Minister for Corrections, the Honourable Edward O'Donohue, who I might say is doing a wonderful job in a difficult portfolio. Can the minister inform the house as to how the coalition government is building a safer Victoria?

Hon. E. J. O'DONOHUE (Minister for Corrections) — I thank Mr Ramsay for his question and acknowledge his advocacy for the corrections system in western Victoria. He understands the jobs and economic activity that are being generated for the communities in his electorate by facilities such as Hopkins, Langi Kal Kal, Marngoneet and Barwon.

I am very pleased to inform the house that the 2014–15 state budget will provide \$447.4 million to expand Victoria's prison system, with the delivery of 871 additional beds. With this announcement Victorians now have a clearer choice between the coalition government, which is doing what is required to keep our community safe, and an opposition whose record on neglect is enormous and well documented.

We need to remember the context as to why this is necessary. It is a horrifying fact that people in this state were dying at the hands of parolees. Every single member of this house and every member of the Victorian community is well aware of the heinous crimes to which I am referring. The parole system had failed, and this government is fixing it. The broken system we inherited from Labor is being overhauled.

In addition to the legislative change that has been through this Parliament to implement the recommendations made by former High Court judge Mr Callinan, this budget delivers \$84 million to support the comprehensive overhaul of our parole system, including increased resourcing for the Adult Parole Board of Victoria, increased resourcing in prisons and increased resourcing for community corrections. The consequence of this is that there are fewer parolees and more people in jail. This means we need increased prison capacity, and we are delivering on that.

While people like Mr Tee may criticise this investment and reform of the parole system —

Mr Tee — The lack of hospital beds.

Hon. E. J. O'DONOHUE — There he goes again, criticising the reforms of the parole system being

undertaken by this government. Mr Tee and his colleagues — his fellow travellers on the left — indulge in navel gazing on these matters. We are getting on with the job of building a safer Victoria.

This investment is required in addition to the reform of the parole system because we know Labor neglected the prison system. The Auditor-General found —

Mr Lenders interjected.

Hon. E. J. O'DONOHUE — The \$3 billion man interjects; the \$3 billion man who let \$3 billion slip through his fingers. Mr Lenders must wish he could have delivered a budget like the Treasurer. Instead of a north-south pipeline, he wishes he could have delivered more trains and a better public transport system. Mr Lenders's silence on the budget says so much. But I digress. Out of the total funding, around \$360 million —

Mr Lenders interjected.

Hon. E. J. O'DONOHUE — The \$3 billion man let \$3 billion slip through his fingers. I will get back to the topic — \$360 million will pay for an additional 523 beds and infrastructure upgrades of existing male prisons, including the relocatable accommodation now in place at Dhurringile, which was criticised by the shadow minister, who has not even bothered to go and look at the accommodation now in situ at Dhurringile and at other prison locations around Victoria. We have provided 145 additional beds and facilities to upgrade the women's system at the Dame Phyllis Frost Centre. This government is committed to building a safer Victoria.

Gambling Research Australia

Ms HARTLAND (Western Metropolitan) — My question is to the Minister for Liquor and Gaming Regulation. Gambling Research Australia provides high-quality research and an avenue for the Victorian government to shape the direction of gambling research to establish evidence-based regulation to reduce the harms of gambling. The establishment of the Australian Gambling Research Centre does not replace the need for Gambling Research Australia as it will not provide the same abilities for the Victorian government to shape the gambling research agenda. I understand that the current memorandum of understanding between the commonwealth and state governments in relation to Gambling Research Australia comes to an end in June this year. My question to the minister is: will the Victorian government be actively advocating for a continuation of Gambling Research Australia, and will

it provide its fair share of funding for the work of this organisation to continue?

Hon. E. J. O'DONOHUE (Minister for Liquor and Gaming Regulation) — I thank Ms Hartland for her question and her interest in the work of Gambling Research Australia. While the formal memorandum of understanding for Gambling Research Australia expires on 30 June this year, its work will continue beyond that date because many of the programs and much of the research it is undertaking extend beyond 30 June. The work of Gambling Research Australia will continue beyond the end of this financial year while that additional work continues to be undertaken.

As Ms Hartland mentioned in her question, this body represents a coming together of all jurisdictions. Since it was created the federal government has funded and created the Australian Institute of Family Studies. Ultimately this is a matter for all jurisdictions to consider and determine. Along with my colleagues from the various jurisdictions around Australia, I am interested in exploring an appropriate forum for this sort of work to continue. I have raised this matter with the federal Minister for Social Services, Kevin Andrews, and I look forward to having a dialogue with him and the other ministers from around Australia to explore different avenues so that this work may continue.

Supplementary question

Ms HARTLAND (Western Metropolitan) — Unfortunately the minister did not answer my question. I understand that some projects will extend beyond the memorandum of understanding. I am asking the minister: will the government actively advocate for this centre and contribute to make sure it continues?

Hon. E. J. O'DONOHUE (Minister for Liquor and Gaming Regulation) — I did answer the question. The Office of Liquor, Gaming and Racing, which is a fantastic part of the Department of Justice, does a terrific job. It has provided the secretariat work for Gambling Research Australia for many years. As I said, its work will be ongoing beyond 30 June. I look forward to discussing with my colleagues from around the country ways in which appropriate research can continue to be undertaken on a national level. As I also said in my substantive answer, I will raise this matter with the federal Minister for Social Services, Kevin Andrews.

Bendigo aquatic centre

Mrs MILLAR (Northern Victoria) — My question is to the Minister for Sport and Recreation, the Honourable Damian Drum. Can the minister inform the house as to how Bendigo, and more broadly central Victoria, will benefit from yesterday’s great announcement of the Bendigo aquatic centre?

Hon. D. K. DRUM (Minister for Sport and Recreation) — I thank Mrs Millar for her question and also her interest in all things central Victorian and Bendigo. What a great day it was yesterday in Bendigo when the budget was handed down and the Treasurer nominated \$15 million for the Kangaroo Flat aquatic centre project. This project has been on the public radar since early 2010, and the community has driven this project from the ground up.

Mr Jennings interjected.

Hon. D. K. DRUM — Good work; I like that. Initially the community was having difficulties convincing the council that what they required was a full indoor 50-metre Olympic-size swimming pool with all the necessary add-ons. This issue has now been with council as its no. 1 priority for approximately 18 months. The council has been advocating that of all the projects required for the city of Bendigo and its surrounding region, the aquatic centre, complete with the wellness centre, is its no. 1 priority and has been for many, many months. We have been in conversation with the council over the last eight months since the federal election, and we have realised that Labor has turned its back on this project federally. Labor had a chance in 2010 to look at this project at a state level, and that opportunity was also pushed into the backblocks. Labor has certainly turned its back on this project.

With yesterday’s \$15 million announcement we have effectively made sure this project will go ahead. This is not an election promise or commitment; this project is going to get built. It will build upon a fantastic record that the City of Greater Bendigo, in conjunction with this government, has been able to showcase. One of the first projects we signed off on — the extension to the Bendigo Art Gallery — just recently opened; it is an amazing project. The Bendigo Library was built in partnership with a large amount of state government funding; again the council has come up with a first-class project. The Old Bendigo Gaol Bendigo theatre project will be built, again with federal government assistance and state government moneys from the education and regional development portfolios. The theatre in the old jail is looming as one

of the great theatres in regional Victoria, and I am yet to mention the Bendigo Hospital. There are amazing projects going on in Bendigo, and the first three of those four projects I mentioned have been partnerships between the state government and the City of Greater Bendigo.

There will be a new aquatic and wellness centre at Kangaroo Flat following an amazingly strong community push from the people of Kangaroo Flat, and they are going to find another great project added to that list I mentioned. Yesterday was a great day for Bendigo. The council and the people from within the Kangaroo Flat community who had been advocating for this project for many years were absolutely delighted when we made that announcement yesterday. It is a project that will help not just the people of Kangaroo Flat but all the people in that region of Bendigo and southern Bendigo, right down to Castlemaine. They will look at this project as a major project. It will assist the livability and amenity of that great city. It is a project beyond doubt; there will be no waiting around. The drawings, the details — —

Mr Jennings interjected.

Hon. D. K. DRUM — I invite Mr Jennings to come to Bendigo to have a look at the hospital, and he will see it jumping out of the ground at a pace that he would not fathom. It is a great project — —

Mr Jennings interjected.

Hon. D. K. DRUM — Mr Jennings should not talk to me about the hospital, because what Labor tried to put into Bendigo for the hospital was a joke.

The PRESIDENT — Time!

QUESTIONS ON NOTICE

Answers

Ms MIKAKOS (Northern Metropolitan) — In accordance with standing order 8.12(8) I wrote to the Minister for Children and Early Childhood Development on 23 April and asked for an explanation about outstanding answers to questions on notice 9285 and 9286, 9525 and 9551 to 9558 inclusive. I ask the minister for an explanation as to why I am yet to receive these answers to questions on notice. I point out, as I referred to in the letter to the minister, that I had previously written to the minister about these same questions on notice on 18 December last year.

I also raise with the Leader of the Government outstanding answers to questions on notice that I am

awaiting from the Minister for Community Services relating to questions on notice 10 065 to 10 113 inclusive and 10 121 to 10 134 inclusive. The letter to Minister Wooldridge was also dated 23 April 2014.

Hon. D. M. DAVIS (Minister for Health) — I will follow up questions on notice 10 065 to 10 113 inclusive and 10 121 to 10 134 inclusive.

Hon. W. A. LOVELL (Minister for Housing) — I received the letter from the shadow Minister for Community Services, and we are following up on those answers.

Ms HARTLAND (Western Metropolitan) — I also have a number of outstanding answers to questions on notice. Question on notice 8510 was for the Minister for Planning in his capacity of representing the Minister for Public Transport. That request was made on 27 March 2012, so a response is considerably overdue. I have contacted the minister's office twice regarding that matter.

I also have question on notice 9250 for the Minister for Higher Education and Skills from 5 February 2013. Question on notice 9288 was put to the Minister for Planning in his capacity of representing the Minister for Roads on 21 February 2013 — a year ago — and I have contacted the minister's office twice regarding that matter. Question on notice 10 039 to the Minister for Planning in his capacity of representing the Minister for Police and Emergency Services is from 10 December 2013, and we contacted the office on 6 March. I also have a number of other answers to questions on notice outstanding.

Hon. D. M. DAVIS (Minister for Health) — I will follow those matters up.

Ms HARTLAND (Western Metropolitan) — I have raised that group of questions on four or five occasions — I will go back and check. Every time I raise them Mr Davis says he will follow them up, yet I have still not received those answers. I am particularly concerned about question on notice 8510 from 27 March 2012. Does it take two years to answer a question?

Hon. D. M. DAVIS (Minister for Health) — I will follow it up.

HOSPITAL BED NUMBERS

Debate resumed.

Mr D. R. J. O'BRIEN (Western Victoria) — I enjoy returning to debating this motion because it

clearly contrasts the fiscal irresponsibility of the federal Labor government we have just experienced, particularly in relation to its post-budget health cuts, and the record \$27 billion infrastructure commitment delivered by Treasurer Michael O'Brien and the coalition government, of which I am very proud to be part. That includes an additional spend of \$1.4 billion over four years for hospitals, which is part of an existing health infrastructure program of more than \$4.5 billion.

Lest it be said that somehow the regions are missing out, I refer briefly to some of the significant regional and rural capital projects, some of which I have touched on, to demonstrate that this government is supporting our growing regional communities and building quality services to meet the demands of a growing regional population. In 2013–14 the small rural health services, which include public hospitals and multipurpose services, received \$278.3 million, an increase of 2.5 per cent from 2012–13, giving them 8.6 per cent growth in funding from 2010–11.

Referring to bush nursing hospitals, I take this opportunity to commend the many bush nurses and those who have worked in hospitals as nurses, including the previous speaker on this motion, Ms Crozier, who is now the Parliamentary Secretary for Health and well qualified for that. She has also chaired a recent inquiry into the health regulator of which I was part as a member of the Standing Committee on Legal and Social Issues, the very committee that this motion refers to. The Legal and Social Issues Legislation Committee delivered a very important report on the performance or failures of the health regulator, the Australian Health Practitioner Regulation Authority. We eagerly await the response of the government to that report.

Bush nursing hospitals provide an excellent service. In 2013–14 they and bush nursing centres received \$5.7 million, an increase of 2 per cent from 2012–13, giving a 10.3 per cent growth in funding since 2011–12. That is a significant amount of funding in anyone's language.

I refer to some of the specific capital initiatives in regional Victoria, particularly in my part of western Victoria and in north-western Victoria. They include the Ballarat hospital, which I have touched on, with additional beds, ambulatory care and a helipad. In the 2012–13 budget it received a total of \$46 363 000. On Barwon Health North, in question time we heard a very comprehensive answer to the question well posed by Mr Koch. John Eren, the member for Lara in the

Assembly, failed to support or failed to deliver for that health service, which received \$28 million.

Mr Jennings interjected.

Mr D. R. J. O'BRIEN — Words are cheap, Mr Jennings. John Eren could not deliver for that health service during 11 years of a state Labor government, and Mr Cheeseman could not deliver it from the federal Labor government perspective. This Victorian coalition government is very proud to deliver for that health service.

The Boort hospital redevelopment has received \$14 million, a significant contribution to the very important community in the north-west. The Castlemaine hospital upgrade received \$10 million in the 2012–13 budget. The planning for the Charlton hospital received \$1 million in the 2011–12 budget. Members will recall the impacts of the flooding on that community. It resulted in \$22.7 million for the Charlton hospital reconstruction being delivered in the 2012–13 budget. I commend Damian Drum in his capacity as an advocate for that area as well as the Minister for Agriculture and Food Security, Mr Walsh, in his capacity as the local member for Swan Hill in the Assembly.

I have mentioned the Echuca hospital. I have also mentioned the \$93.27 million for the Geelong Hospital. I will touch further on some aspects of that, including aspects of the debate between Mr Jennings and Ms Crozier, which I witnessed as the Acting President in the chair. That included questions about the importance of sanitary services or services for disease control in hospitals. This is something in which I have had some personal involvement in that my daughter, Lily, spent a month in an intensive care unit after her birth. I am eternally grateful for the care that was provided by the Mercy Hospital, as it then was. I became familiar with the importance of sanitary procedures. Many people do not consider washing their hands to be important, but around hospitals proper sanitation is essential. People must wash their hands on the way in and on the way out, washing all parts of their hands. It is some time since I have refreshed myself on the procedures, but anyone who has experienced an intensive care ward up close knows that such care can make a difference. Certainly removal of infectious diseases from wards is a matter of great importance.

These are the sorts of initiatives that should not be scoffed at by members of the Labor Party. It should be quite the opposite. Washing hands stops the spread of internal diseases, regulates staphylococcus, or staph, and addresses the dangers of infection within a hospital.

It therefore saves lives and reduces in a very direct manner the call on hospital beds.

Another matter I have been happy to witness in the Geelong region is the effective delivery, confirmed by the coalition government with the support of Barwon Health, of Australia's new Geelong Centre for Emerging Infectious Diseases. It has been contributed to by Barwon Health, Deakin University, CSIRO and the City of Greater Geelong. This is a proposal for which my advocacy has in fact been limited in a public and private manner for the very good reason that my brother is one of the doctors at Barwon Health. He is an infectious diseases doctor, and recently he received an award and public recognition for not only his work in infectious diseases control but also his work with *Médicins Sans Frontières* on infectious diseases in Third World countries. I speak of Dr Daniel O'Brien.

Mr D. D. O'Brien interjected.

Mr D. R. J. O'BRIEN — I agree with Danny O'Brien that he has a very good name. He is also very knowledgeable about emerging infectious diseases. From information on infectious diseases that I have gleaned from him and others, I understand that the importance of supporting centres and innovations such as the one in Geelong is the correlation between animal diseases, bird flu and agricultural diseases, and human diseases and pandemics. For example, disease can migrate from one species of bird interrelating with swine flu or human flus, as has been the case with an influenza pandemic. It is a critical area that can affect the population of Australia and the world in a very significant and adverse way, as we have seen in the role of pandemics throughout history. It is perhaps surprising that there had not been such a centre in the past, given the need to correlate agricultural diseases and human diseases in a cohesive study centre.

Geelong is not the only centre but it is a significant centre for western Victorian port delivery and services to the agricultural sector. As the heart of eastern western Victoria, so to speak, in an infrastructure sense, it is the perfect place for the establishment of this centre. I commend Dr Eugene Athan, my brother and all those members of Parliament who took on the advocacy role, given that I chose, for the reasons I have disclosed, to not advocate for it, notwithstanding my strong support for it. I am very glad to see the centre has now been funded, because it will be a significant centre. Those members include my colleagues Mr Koch and Mr Ramsay and Labor members of Parliament, both present and former, including Elaine Carbines, a former member for the then Geelong Province who is now the CEO of the G21 Geelong Region Alliance and,

I believe, the previous and present members of the Labor Party who represented or who represent the area at the federal level, as well as the very active and significant advocate for Corangamite, federal Liberal MP Ms Sarah Henderson.

These are the sorts of initiatives that have been and should be supported by this government. Rather than allowing them to be scoffed at, we take pride in initiatives such as better sanitation in hospitals. Other significant rural and regional capital projects include the Geelong Hospital upgrade, receiving \$93.3 million; Geelong residential aged care, receiving \$2 million; improvements to ambulance delivery, including in Beaufort and other regional areas, receiving \$3.9 million; \$600 000 for the Maryborough District Health Service imaging machine; the Mildura Base Hospital expansion, receiving \$5 million; and the mobile intensive care ambulance single responder units — and how well have they been received — receiving \$1 million. All of these were delivered in the 2012–13 budget.

We also have radiotherapy services. I have touched on the importance of Peter's Project in relation to South West Healthcare; for stages 1 and 2 there is \$15 million over 2012 and 2013 respectively. For Waurn Ponds community hospital there is \$50 million in the 2013–14 budget. As I have been informed, the total figure for rural and regional capital projects, across all those budgets and including other areas I did not mention, is around \$678 million.

This is the sort of infrastructure we are delivering, and there is also support in terms of efficiencies between state and federal governments such as those recommended in the Legal and Social Issues Legislation Committee report that has been handed down in relation to the regulatory role of the Australian Health Practitioner Regulation Agency versus that of existing and state medical boards. These ought to be encouraged by the Labor Party and ought to be supported. We look forward to Mr Jennings issuing a note of congratulations on the budget deliveries of this government. I do not think we will see one. This is the sort of area about which Labor makes a lot of noise, yet its failure of delivery is on the record. I am very proud to be part of a government that has delivered so significantly and managed the budget responsibly so that it is in a position to deliver. This motion should be opposed because it is ill advised and ill considered.

Sitting suspended 1.00 p.m. until 2.02 p.m.

Mr LEANE (Eastern Metropolitan) — I will be the last opposition speaker on this motion, and I tend to

keep my contributions brief. Government members have said they do not have the ticker to test the Minister for Health's claim that he has delivered X amount of beds — no-one really knows how many beds he has actually delivered. You would think the Australian Medical Association would have a good idea of the number of beds delivered by this government. It has said that the coalition has delivered only 5 per cent of what it promised in 2010 at the time of the last election, when every government member would have handed out the how-to-vote cards that indicated the coalition, if elected, would deliver 800 new hospital beds.

The onus is on the government to put the claims of its members to the test by referring this matter to the Legal and Social Issues References Committee. If government members are right and they have delivered the number of beds they said they have, the Legal and Social Issues References Committee will be able to prove it. If government members are confident about what they have claimed, they would not have an issue with this motion, but they have flagged that they will vote against it.

The next test for the government is whether it is prepared to let this particular motion go to a vote. Perhaps government members will simply queue up, one after the other, and talk absolute gobbledegook, as did the previous government speaker, David O'Brien. I am not sure whether he was for or against the motion, and I am not sure what he was actually talking about. Usually Mr O'Brien's contributions are of a high standard — I appreciate that — but I think he may have been here to filibuster.

I call on government members to vote for this motion. If they wish to vote against it, they should, but unfortunately that would indicate they do not have the ticker to put the claims they have made to the test. Let us see if government members will let this motion go through to a vote. They will be judged accordingly.

Mrs PEULICH (South Eastern Metropolitan) — It is my pleasure to speak against the motion, which basically seeks to undermine the government's achievements in the area of health. Health is the most challenging portfolio for any government. Due to population growth there will always be stress on services, and because we have an ageing population there is always increasing pressure on the system. As people age and live longer, the more complex and compounded their problems and illnesses become, and that can be an additional stress on the system. With technological advancements in medicine there are rising costs for treatments, and no matter what disease or condition a person has, they expect to have access to

the latest available medicines. Furthermore, the technology used for diagnosis is now far more sophisticated than it has ever been. That will continue to improve, and that will continue to place additional pressure on our health system.

It does not matter how you look at it, every government in Victoria will need to deal with increased pressure on the health system given the number of compounding factors, such as the ageing and growth of the population and the increase in scientific and medical discoveries both in terms of diagnosis and treatment. It is very easy to take pot shots at a government that is doing its best to address some of the challenges of the system, a government that is trying to address the areas of neglect that Labor left behind after 11 years in office.

Since its election to government the Victorian coalition has grown public hospital capacity by 520 beds. That number would be even greater if it were not for the \$100 million in cuts imposed on Victoria hospitals by the former Gillard Labor government in December 2012, cuts that every single member of the Labor Party was deathly quiet and silent about. Labor members are happy to jump up and down about anything except when their political masters happen to be responsible for it. There are a number of parts of the anatomy that disappear at such times when it comes to Labor MPs in Victoria — the voice being one. We have seen that, and that is because Labor has an integrated factional system. It is integrated across the three levels of government, and when the big boss at the top says 'jump', Labor members jump promptly. That goes for the Socialist Left, that goes for Labor Unity and that goes for other various fragmentations of the Labor Party.

Mr D. D. O'Brien interjected.

Mrs PEULICH — Exactly. The Liberal Party does not have organised factions. We may have allies and friends. Often political relationships in the Liberal Party are facilitated more by friendships and personality than anything else, and we are not vertically integrated. In recent times the Premier and a number of ministers have taken a very strong stance on positions that have been advocated by our federal coalition government. The Premier has been uncompromised in the manner in which he has represented this state. We are not compromised by the internal power arrangements that are obviously a key characteristic of the Labor Party's factions. That is why we can actually take a stance. Labor does not have the gumption to do that.

Even during the time of the savage cuts made by the Gillard government, the coalition provided an

additional 251 available beds. I remember when we introduced the health networks system, whereby a number of hospitals would be put together into a network in order to create greater flexibility to move patients around into beds, emergency departments and so forth. That happened under Jeff Kennett, and at the time it was criticised vociferously by every man and his dog on the Labor side of politics, but Labor members have kept it, because it was the sensible thing to do. They were absolutely off their tree when Marie Tehan, a former Minister for Health, introduced casemix funding. It is still here today. Good ideas do survive government and political parties.

Of course in order to stay ahead of the game in health you need good ideas and you need improvements to the administration of the health system. Some time ago I had thought that the rationale for moving to a network model rather than having stand-alone hospitals was that a hospital bed count was not the most effective way of assessing the effectiveness or efficiency of a hospital and that it is the number of people who are treated that matters, and I still think that there is a lot to be said for that rather than simply counting beds. Nonetheless the Labor Party has brought this motion forward — as loaded as it is — so we will have a look at it.

The coalition government has added more hospital capacity, with 48 hospital-in-the-home bed equivalents. There are many people who would prefer to be treated at home, so we have added 48 of those beds. We have also added 90 mental health prevention and recovery care bed equivalents. Of course there is often a mix of conditions which affect mental health and physical health, and these are very draining on the hospital system. Dandenong Hospital has certainly risen to many of those challenges, but it is still a challenge every day. We have also added 128 subacute ambulatory care beds and 3 private contracted elective surgery bed equivalents. More than 500 bed equivalents have been added since the 2009–10 baseline inventory.

There is more capacity for treating patients in Victoria's record hospital and capital building program, and that is something that this government can be very proud of, as it enables patients who previously would have been treated in hospitals to be treated in more clinically appropriate community settings or in their own homes.

This morning I sat at the same table as representatives of the Australian Medical Association (AMA) Victoria while we were given a budget briefing. Prior to the 2010 election AMA Victoria explicitly noted the need to change the way hospital capacity was recorded, and I quote from its submission to the state budget for 2009–10, which states:

... it is unlikely that ... standard acute care beds will be the most appropriate mix of beds and services to provide the extra capacity needed in Victorian public hospitals ... AMA Victoria would also welcome this funding being utilised for programs such as hospital-in-the-home and HARP —

the hospital admission risk program —

which are designed to provide what has traditionally been hospital-based care in more appropriate settings.

There is innovation in treatment, there is innovation in care, there is innovation in medication and there is innovation in diagnosis — that will always be so. The object is to address the health-care needs of the greatest number of people in the most efficient and effective way possible. The coalition government made a pre-election commitment to increase the number of beds by 800 in its first term.

Yesterday was budget day. In my 18 years of parliamentary service I have never been associated with as good a budget as the one that was read yesterday. It is not just great for Melbourne and Victoria but fantastic for South Eastern Metropolitan Region, which I represent. Every region benefits from this budget, but we will hear more about that in the debate on the appropriation bill.

Here is a government that is delivering the infrastructure that is needed, whether it is roads, transport, new schools or new or expanded hospitals. We are increasing capacity, improving services and delivering infrastructure. The benefit is that this budget combines economic growth and job growth. It ticks all the boxes, and that is why it has been so favourably received by everyone. I am delighted to be associated with that.

Of course part of the budget's success is in reaching the balance between providing the services and investing in the future. The commitment we made to increase beds by 800 in our first term was detailed in the policy that we released in November 2010. The baseline figure against which the 800-bed commitment was made was 13 198, and the Victorian government met its commitment to deliver 100 beds across the Victorian public hospital system by the end of its first full financial year in government of 2011–12.

The Australian Institute of Health and Welfare report of 2012–13 showed that the total number of hospital beds fell between 2011–12 and 2012–13. This reflects of course the impact of that commonwealth funding clawback, which meant that the average available beds in the affected months dragged the annual average available bed count down. The best comparison of bed numbers is the number recorded in 2009–10, which was

13 198, compared to 2012–13, which was 13 449 — a growth of 251 beds. The opposition is only counting the acute beds which were shown in a separate table to that showing total beds in the Australian Institute of Health and Welfare report. This ignores beds in public psychiatric hospitals.

Bed numbers are the result of a number of factors, including physical bed capacity, available staff and funding. The other factor that has been difficult to contend with is the national partnership agreement with the commonwealth government on improving public hospital services, which also recognised and provided funding for bed equivalents for community-based, non-admitted services. Subacute services funded under the agreement and signed off by the former Labor government have been established to provide 326 bed-equivalent services in Victoria, so the hospital capacity includes publicly funded elective surgery contracted to private hospitals under the competitive elective surgery initiative. Hospital-initiated contracts for other services to public patients in private hospitals are not included in this stage, so there is a lot of very convenient manipulation of the figures.

The coalition government has more than \$4.5 billion worth of health infrastructure under way that is absolutely crucial to delivering a 21st century health service, and an additional \$222.8 million of capital projects was announced in the 2014–15 budget. The total program is adding capacity of over 1000 additional beds to the system, so understanding health capacity is beyond the parameters of the motion that has been put forward by a very wily and experienced former Minister for Health who knows where the vulnerabilities often are. It is disappointing that he does not fully appraise the improvements to the system that were made over the last three years and those in yesterday's budget to support a growing population and an increased demand for services.

In summary, the budget delivers an additional \$1.4 billion over four years to support hospitals. Total health funding will be a record \$14.9 billion in 2014–15. This investment includes an additional \$156 million over four years to better support Victorians with mental illness or drug and alcohol addiction. I am sure many members have mentioned these already, but key hospital funding initiatives include \$73 million for the Latrobe Regional Hospital redevelopment, \$23 million to develop the new Barwon Health North facility and \$14 million for the Boort hospital redevelopment, which will include a new 32-bed facility. The Napthine government will also provide \$190 million to boost elective surgery over four years.

In my area in the past four years the coalition government has invested billions of dollars in health infrastructure programs, including the \$1 billion Victorian Comprehensive Cancer Centre, \$630 million for Bendigo Hospital, \$448 million for the Box Hill Hospital redevelopment, which was brought in before time and under budget, and \$250 million for the Monash Children's hospital. That is in my electorate. I am excited about that project, which will serve a broader region.

In addition to that — and this is to improve health, although it is not in the health budget — is the commitment to subject the Clayton Road rail crossing to grade separation. This is absolutely crucial to improving the health outcomes of people in the south-east. I have seen many ambulances stuck behind boom gates waiting for excessive periods of time for them to lift so they could travel 250 metres up the road to Monash Medical Centre. That grade separation should have been undertaken when Labor first built the Clayton campus of Monash Medical Centre, but it was not. Labor never plans forward and never plans adequately. The health of people who are taken by ambulance to Monash Medical Centre has been compromised for much too long by that grade separation not having been done when the hospital was first built. Therefore I was delighted to hear that this is one of the planned grade separations, along with the one at Centre Road — because they are related — that will improve the quality of health care that is provided by the Monash Medical Centre.

In addition to Monash Children's hospital there is \$55 million for the Peter Doherty Institute, \$165 million for the redevelopment of the Royal Victorian Eye and Ear Hospital and \$81 million for the Frankston Hospital inpatient expansion, emergency department and subacute beds. That is also in my electorate, so I was delighted to see that funding for increased capacity. There is \$98 million for the Geelong Hospital major upgrade and \$9 million for the Austin Hospital short-stay unit expansion. Health is a very complicated and complex system that is about providing the best possible care to people who need it in some order of priority while also managing demand, because there are enormous pressures.

For example, an additional pressure comes from people not understanding what emergency departments are about. Anyone who comes from a nationalised health system, such as people who grew up in the former Yugoslavia, the former USSR or any of the other communist regimes, knows that the culture there is to present to your emergency department no matter how minor your condition is. If you simply need to go to the

doctor, you go to the emergency department. There is a culture we must change to make sure that people who have low-level health-care needs are diverted from emergency departments to adjacent 24-hour bulk-billing facilities or similar health-care providers so that those who are genuine emergency patients can get the treatment they need when they need it.

It is a very complex system. It is going to continue to feel the pressures of an ageing population, of a growing population and of improved technology, innovation and discovery in treatment and medication. The use and abuse of substances, whether they be drugs or alcohol, often contribute to fairly substantial mental health issues. Plus, having an immigration program that brings people from all sorts of war-torn places means many people also come with substantial trauma and mental health problems. There are many issues.

This motion is a cheap shot by a former minister who should know better and who first of all should know that it is not just about bed capacity. Even if the count is done in the manner he suggests, we compare well when you look at the huge investments we have made not just in improving services in the area of health but in the areas of alternative settings and infrastructure, both over the last three years and into the future.

With those few words, I commend the minister for doing a job with substantial complications — never assisted, of course, by Labor governments or acquiescent Labor oppositions. Even when those opposite were in government, when their senior partners at the federal level made the decisions they, like little pussy cats, jumped into their laps and rolled over. It was obviously Labor first, Victorians last. This is in stark contrast to how the coalition has worked and how this Premier and this minister have been administering the state since the coalition was fortunate to be given the honour of forming government back in 2010.

Mr D. D. O'BRIEN (Eastern Victoria) — I would have great pleasure in rising to support this motion if it had any merit whatsoever, but, as it does not, I will be joining my coalition colleagues in opposing it. As Mrs Peulich has just indicated, there are significant flaws with the motion before us today. Notwithstanding that the coalition government has delivered 520 beds in the hospital system since it was elected, it would have done considerably better had it not been for the \$107 million in cuts imposed by the Gillard Labor government in December 2012.

Let me go through some of the numbers. There have been an additional 251 average available beds under the

Australian Institute of Health and Welfare measure, but unfortunately today the shadow minister is focusing only on the acute beds. Let me go through some of the beds that provide a service to Victorians. It is not just about acute beds, as Mrs Peulich has indicated. Since the coalition government came to power we have seen a growth in the number of average available beds, under the institute's measure, of 251 — that is, from 13 198 up to 13 449. Hospital-in-the-home beds are an alternative to inpatient hospital care, but nonetheless they deliver hospital care. Patients are cared for by their hospital doctor and are regarded as hospital inpatients. There have been a further 48 beds provided by that measure.

In addition to that, in prevention and recovery care, or PARC, there have been an additional 90 mental health beds. In fact, that has more than doubled since the coalition came to power. These are important beds because they are providing short-term treatment services in the community for people who are becoming unwell or are in the early stages of recovery from psychiatric episodes. There are an additional 90 beds in that category. There are another 128 bed equivalents in subacute ambulatory care services, or SACS, and 3 beds added as privately contracted elective surgery bed equivalents. All up, that is 520 beds that have been provided on average for the health service in Victoria. As I said earlier, that would have been significantly more had the Gillard Labor government not imposed the \$107 million cut on Victorian hospitals back in 2012. That had a significant impact on our ability to provide services and has certainly had an impact on the government's attempts to significantly improve those services.

I will go to that issue for a moment, particularly in relation to my region of Gippsland in eastern Victoria. At the time it was estimated that if that \$107 million cut was applied on a pro rata basis to Gippsland's hospitals, we would have seen — and we did see, in fact — a \$645 000 cut to Central Gippsland Health Service in my home town of Sale, a \$185 000 cut to Gippsland Southern Health Service, a \$65 000 cut to the Yarram and District Health Service, a \$65 000 cut to the South Gippsland Hospital, a \$685 000 cut to the West Gippsland Healthcare Group, a \$640 000 cut to the Bairnsdale Regional Health Service and a whopping \$2.2 million cut to the Latrobe Regional Hospital.

I want to focus a little on the Latrobe Regional Hospital because this is where we have a very good news story for our community in the Latrobe Valley and the wider Gippsland area, but it has not come without a fight. As has been mentioned by previous speakers, the government allocated \$73 million in the budget

yesterday for stage 2a of the Latrobe Regional Hospital — a very important development. I will go into some of the detail of it in a moment. This is a hospital development that has been chasing federal funds for some time under the previous federal Labor government's Health and Hospitals Fund regional priority round. Twice the local community was knocked back on this round, in 2010 and again in 2011. Each time we got the hospital up towards the top of the priority list, it appeared that Labor came in and denied the opportunity for this important development at the Latrobe Regional Hospital.

This development is now going ahead thanks to the strong economic management of the coalition government here in Victoria. I note that not only did the former Labor government not fund the hospital, as it could have done under its Health and Hospitals Fund regional priority round, but the federal health minister at the time, Ms Plibersek, did not even respond to requests to meet with the board and the community to discuss that project, which they were happy to do at a time of her convenience and her choosing. She did not even see fit to respond to their requests to meet. That just highlights what Labor thinks of regional areas in terms of providing important health services.

The coalition government is very different. It is putting more money into regional health services, and most particularly into the Latrobe Regional Hospital. As I said, it is providing an additional \$73 million, a very important investment. This will provide significantly increased services for the people of Gippsland and the Latrobe Valley. In particular the stage 2a redevelopment will increase capacity, with a new emergency department of more than double the capacity of the existing facility and a new 30-bed ward. I was there at the announcement with the minister, the Deputy Premier and my good friend and colleague Russell Northe, the member for Morwell in the Assembly. Mr Northe noticed that some of the staff actually shed a tear when the announcement was made because of the benefits it will bring for them, particularly with the emergency ward. That is really good news for the staff and patients at the Latrobe Regional Hospital. In addition, there will be a 12-bed short-stay unit, two day rooms for endoscopy procedures, a new entrance and admissions area and a new public car park.

One of the things that is good not just for Latrobe Valley residents but for all of Gippsland is the addition under this program of a cardiac catheterisation laboratory. That is a major boon for heart patients in Gippsland because it is the first of its kinds in the region. It will mean that Gippsland patients will no

longer have to travel to Melbourne for such treatments. That is a really good outcome for Gippsland. I heartily congratulate the minister, the Deputy Premier, the Treasurer, Russell North and everyone else who has been involved in securing this funding for the Latrobe Regional Hospital. That comes on top of the significant investment right across the state, as \$4.5 billion of works are under way in health infrastructure across Victoria. The coalition government is not only investing but managing it well.

Mrs Peulich mentioned the Box Hill Hospital. The ability of the coalition government to manage that project has delivered an additional floor on the Box Hill Hospital, and we could get it in under budget. It is delivering great results for the people of Melbourne. It highlights how important strong economic management is. It is critical that we are delivering that strong economic management, delivering better health services and ensuring that the people of Victoria, and in my case particularly the people of regional Victoria in Gippsland, are able to get the health services they need.

Outlined in the budget yesterday, in addition to the \$73 million for the Latrobe Regional Hospital — what a great outcome that is — is an investment of an additional \$1.4 billion in the health of Victorians. We are continuing to add capacity and continuing to add those services that Victorians need. There will be an additional \$190 million over four years for elective surgery, on top of the base level, and another \$60 million this year to meet the demand for health services during winter, when obviously colds and flus cause a surge in admissions. We have an additional \$8 million over four years, including \$1.8 million for bariatric treatments, such as lap band surgery. We see \$35 million this year allocated for ambulance services, an increase in ambulance services compared to the previous year. That is a record of \$697 million on ambulance services, which is critical new funding. In regional areas, in addition to the Latrobe Regional Hospital, we see the project at Barwon Health North, which will cost \$28 million, and \$3 million has been allocated for a major redevelopment of community health facilities at Moyne.

There is one other thing I want to mention. It is quite interesting when you do a bit of research for these things. Around budget time you often find oppositions with not much to say. I have been there before and know how it is when you are in opposition, and sometimes it is difficult to find something to say about the budget, particularly a very good budget like yesterday's — and yesterday's was a very good budget. I had a look around to see a bit about what the opposition was saying. Opposition members were

saying some strange things. I have something here that I do not think has been picked up, and the house probably should be aware of it because I think we have a big news story here.

I found Mr Jennings's media release yesterday on the health budget. There are about 15 paragraphs, but one paragraph in particular caught my eye. It says:

The budget's only major capital investments in hospitals are restricted to Latrobe Valley regional hospital, Barwon Health North and Boort district hospital.

It then says:

Napthine government minister Peter Walsh was born in Boort.

I am not quite sure what the allegation here is. Are we suggesting that Minister Walsh has a conflict of interest and that the Boort hospital has only been funded because Minister Walsh was born there? What an extraordinary statement to put in a press release — 'Boort District Hospital' followed by 'Napthine government minister Peter Walsh was born in Boort'. If the implication from Mr Jennings is that Boort should not have got the funding and that it is only being done because Mr Walsh was born there, that is an extraordinary thing to say, and it just highlights that the opposition was really struggling for something to say about this budget. The opposition is trying to highlight that Minister Walsh was born in Boort.

I took this up with Minister Walsh. Interestingly enough, he was not born at the same hospital. We will not go into how old Minister Walsh is of course — we would not do that — but he was born at a hospital that was developed before that. This statement clearly indicates that we should stop the presses because there is some sort of dodgy dealing going on. The Napthine coalition government is funding hospitals where some of its members were born. This is extraordinary! It led me to wonder whether I should even be talking about Latrobe Regional Hospital. Luckily enough, this is a new hospital as well, relatively speaking. I was born at the Traralgon hospital, so I was thinking that I would probably be all right talking about this and that there would be no conflict of interest. I am sure Minister Walsh welcomes the investment in Boort. If it is that the opposition is suggesting that hospitals should not be funded when they have a connection to their local member, we can see where that is coming from. We might have to ask Minister Walsh whether he has any other investments in Boort, because as the local member that would be a terrible shock, would it not?

The opposition has very much struggled to punch any holes in this budget, as it is struggling with this motion

it has before the house today. The coalition government is getting on with the job of delivering health services. Our strong economic management over the first three years of this government has enabled us to deliver those results in both infrastructure and services that people need. This motion is not worth supporting, and I will not be supporting it.

Mr RONALDS (Eastern Victoria) — It gives me a great deal of pleasure to speak on and oppose this motion, because it gives me an opportunity to talk about another way this government is delivering for all Victorians. We have the privilege of course of having the Minister for Health in this very house, and what a privilege that is, when we look at the fact that since the coalition has come into government we have 520 new beds. That would be even greater if it was not for the \$107 million in cuts brought about by the Gillard Labor government and supported wholeheartedly by the people sitting opposite.

Despite these savage midyear cuts, there have been an additional 251 beds available based on the Australian Institute of Health and Welfare measures. There are an additional 48 hospital-in-the-home bed equivalents, 90 mental health prevention recovery care bed equivalents, 128 subacute ambulatory care beds and 3 private contracted elective surgery bed equivalents. This is a very significant investment in the health of Victorians.

It is interesting to look not just at the number of beds but at the real dollars that are being spent on infrastructure. I note that this has been said by some of our colleagues here this afternoon, but it is important that we reiterate just how much this government is committed to health. If we look at rural and regional capital projects since 2011–12 alone, we see that \$46 million has been given to the Ballarat Base Hospital; \$28 million has been allocated to Barwon Health North; \$14 million has been allocated to the Boort hospital redevelopment — and I am interested in what my colleague said about the birth of one of his colleagues in Boort; Castlemaine hospital has received \$10 million; and \$1 million was spent on Charlton Hospital planning. The reconstruction of Charlton Hospital cost \$22 million.

Echuca Hospital was allocated \$40 million, and Geelong Hospital received a major upgrade of \$93.2 million. The Geelong Hospital upgrade enabling and decanting works received another \$8 million, and another \$2 million went to the residential care facility there. Nearly \$4 million was spent on improving ambulance service delivery in regional and rural areas; \$17.8 million went to

Kerang District Health, and \$20 million was spent at Kilmore District Hospital. We have just seen the announcement of \$73 million for Latrobe Regional Hospital, which I will talk about a little more shortly. The Maryborough District Health Service received \$600 000, and the Mildura Base Hospital expansion received \$5 million. The mobile intensive care ambulance responder units received \$1 million. There is \$2 million for the Moyne Community Health Service; \$102 million for the new Bendigo Hospital; and \$18.3 million for Numurkah hospital. There is \$8.6 million for prevention and recovery care services in Mildura and Warrnambool —

Mr D. D. O'Brien — It just keeps going on.

Mr RONALDS — It is an amazing list. There is \$5 million for radiotherapy services in south-western Victoria and \$10 million for stage 2 of the same project. There is \$56 million for rural capital support; \$2 million for Seymour hospital; \$80 million for Swan Hill hospital aged-care redevelopment; \$60 million to build more ambulance stations; and another \$2 million to upgrade the emergency department at Warragul hospital, which is a place that unfortunately I have had to use a few times. I can say on a personal level that it is a fantastic facility.

Mr D. D. O'Brien — I hope you weren't born there.

Mr RONALDS — I must say to my colleague that I was born there, but I hope that does not mean I have a conflict of interest.

One of the important things here is the Latrobe Regional Hospital. When I look at what we have been able to achieve there, I can see it makes a real difference. Stage 2a of the master plan, with \$73 million announced last week, means we will have a new emergency department, a cardiac catheterisation laboratory, a 12-bed short-stay unit, an additional acute ward with 20 beds, satellite imaging services, a new entrance to the admissions area and a public car park. This will mean that patients presenting at emergency will be seen sooner, the existing emergency department will double in size and the doctors, nurses and support staff who work there, who do an amazing job, will now have better facilities in which to undertake their important work.

This is a fantastic example of this government delivering for all Victorians. It is the result of good economic management. The only way we can afford to do things like this to help all Victorians is by continuing to manage our economy well. I congratulate the government again on the fantastic budget it delivered

yesterday. I know there will be more things in store to build a better Victoria.

House divided on motion:

Ayes, 18

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

Noes, 20

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

Pairs

Viney, Mr	Coote, Mrs
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Motion negatived.

NATIONAL CENTRE FOR FARMER HEALTH FUNDING

Ms PULFORD (Western Victoria) — I move:

That this house calls on the Victorian government to support the National Centre for Farmer Health noting that —

- (1) the Victorian coalition government ceased funding the centre in July 2012;
- (2) the centre will close as a direct result of this cessation of funding unless an urgent lifeline is provided;
- (3) 60 000 to 70 000 Victorians derive their primary source of income from a farm and that there are approximately 35 000 farms in Victoria;
- (4) Victorian farmers contribute over \$6.8 billion in gross value agricultural production to the economy;
- (5) the health of any workforce contributes to its productivity; and
- (6) that Victoria's acclaimed, award-winning National Centre for Farmer Health can be saved with funding of \$1 million a year if the Liberal-Nationals government was willing to do so.

The National Centre for Farmer Health is an award-winning institution based in Hamilton in my

electorate of Western Victoria Region. It is an organisation that has hosted an award-winning program called the Sustainable Farm Families program. It is an innovative, on-farm approach to identifying health problems in farmers and in their families that has been celebrated and copied in other jurisdictions. It is incredibly successful. The Canadian government has adopted it; it says there is nothing else like it in the world, and it reckons it has had a good look.

The National Centre for Farmer Health also plays a research and advocacy role for agricultural health. It has a partnership with Deakin University via which it delivers a postgraduate qualification in the area of agricultural health which is taken up by health professionals, doctors, nurses, agronomists and health science specialists. This is a celebrated area of expertise.

Those who work at and run the centre are passionate advocates for rural health. The work they have done has, among other things, led to the awarding of a contract to undertake research for the National Health and Medical Research Council. This is a prestigious grant for research that looks at the impact of hearing loss on farmers. This work has included a great many tests of hearing levels and has led to some inspiring instances of real and meaningful change in people's lives.

Members will know that hearing loss has a profound impact on the lives of those affected and also on the people who work and live with them. The experience of hearing loss is incredibly isolating, and it is all too prevalent in our farming community. Some great stories are coming out of this research, which has nearly concluded. This valuable contribution to preventive health — the on-site farming checks, the advocacy, the research and the development of a greater body of knowledge in a variety of different professions through the postgraduate courses offered in partnership with Deakin University — is at serious risk of being lost.

The centre was established under the auspices of the Western District Health Service. In 2008 the former Labor government, as part of its Future Farming strategy, which was a significant and far-reaching set of strategies to support agriculture, included, if my memory serves me correctly, a \$208 million package. That package included funding to help establish the National Centre for Farmer Health as a centre of excellence for the benefit of Victorian farmers. That funding was to the tune of \$1 million a year.

Given that we heard from government members yesterday and today that there is \$27 billion lying

around for transport infrastructure and other projects and a very large surplus — one that Treasurer Michael O'Brien has been crowing about — one would think that if the Victorian government cared about the health of farmers, finding \$4 million over four years so that this important work could continue would not be too hard.

On numerous occasions in this place Ms Tierney and I have raised this issue and sought some redress. The Victorian Minister for Health, David Davis, who is not shy when it comes to employing a parlour trick or a bit of rhetorical smoke and mirrors, has jumped on the fact that this organisation has the word 'national' in its title and has said, 'No, no — this is one for the feds'. The federal government is currently in the process of getting out of the business of funding anything. I do not know why we would live in hope that the federal government would come to the party on this.

I note that Mr Ramsay, who I hope is planning to join this debate, put out a press release a handful of days before the budget — Wednesday of last week, I believe. Mr Ramsay thinks funding the National Centre for Farmer Health is the responsibility of the federal government. Mr Davis thinks it is the responsibility of the federal government. The National Centre for Farmer Health is on its knees plainly and simply because of budget cuts inflicted on it by the Baillieu and Napthine governments since 2012. The funding has just about run out. The last state government funding it received came in July 2012. The centre had 12 staff members then. As we stand here in early May of 2014 it has 6. At the end of this financial year — in some six or seven weeks from now — it will have scarcely more than 2 staff members because the last of its research grants are running out and the last of its research work is wrapping up.

There is not much left to save, but I think the National Centre for Farmer Health is still incredibly important and worth our effort. A sector of the Victorian community that makes such an exceptional and powerful contribution to our economy as the agriculture sector does deserves some support from this government towards the wellbeing of its workforce.

My motion talks about a contribution of \$6.8 billion in gross value agricultural production to the Victorian economy, 60 000 to 70 000 Victorians deriving their primary source of income from a farm and there being around 35 000 farms in Victoria. In the scheme of things \$1 million a year is a sound investment.

In respect of the hearing loss work that has been done, when I last visited the National Centre for Farmer

Health I was told about farmers who have experienced hearing loss and how they do so from a much younger age than people who experience hearing loss as a result of, for example, working in a loud workplace. On average the exposure occurs at higher levels and at a younger age. Farmers are now going to buy machinery equipped with decibel-reading devices and have started pushing back on salespeople, saying, 'No, this is too loud; this is not good for me; this is not safe for me'. This has been incredibly empowering. But as many farming businesses transition from one generation to another, those farmers who have experienced hearing loss can put strategies in place in their workplaces to ensure that the same problem is not experienced by the next generation. This is significant.

Under every health measure farmers are poorly represented in statistics, suffering higher rates of numerous chronic illnesses, mental illnesses such as depression and anxiety and illnesses such as type 2 diabetes. People with chronic illnesses require frequent interventions and visits to their doctor. Many farmers must travel a greater distance to the doctor than someone who has a clinic at the end of their suburban street. It is a greater imposition to leave the workplace when it is harvest time and you just cannot get a break. It is not like farmers can take a sickie in the way other people might to get access to the medical professionals for the advice and support they need to manage their illnesses. Then there is the shocking and unacceptable overrepresentation of farmers in workplace fatality statistics.

This wonderful institute operating out of Hamilton, Victoria, has performed thousands of health checks for Victorian farmers. Eighty-five per cent of the work it has done has been for the benefit of Victorian farmers. The funding crisis it faces is a consequence of cuts by the Victorian government. Yes, it has 'National' in its title; yes, it could be a spectacular national body. The things the Canadians have said are good enough for them could be as enthusiastically embraced from Darwin through to Hobart and from the east coast to the west coast in this country as well.

Victoria should be very proud of the National Centre for Farmer Health. It is something the Victorian government should nurture, support and grow rather than strangle until it is on its knees. Time is nearly up for the National Centre for Farmer Health. I have searched through the budget papers looking for any evidence that the government is providing the support the centre so desperately needs, but I have not been able to find it.

However, I read a media report from Peter Ryan, the Minister for Regional and Rural Development, in which he said something along the lines of, 'But wait, regional Victoria, there's more', so I live in hope. That is why I have brought this motion forward today. For a government that claims to be awash with cash, it should not be too hard to find \$4 million over four years for the National Centre for Farmer Health, which works to reduce the incidence of chronic illness, disease, injury and death in workplaces that make such a significant contribution to the Victorian economy. Victorian farmers are so much more than the work they do. They also support families and all manner of community activities. They support the volunteer organisations that are the lifeblood of rural Victoria. The Victorian government really needs to find the cash to fix this before it is too late.

Time is running out. I urge the government to put its skates on and find some compassion and support for Victorian farmers. Stop hiding behind the word 'National' in the National Centre for Farmer Health's title and get on with it. Stand up for Victorian farmers and make this very important sector and workforce a little safer and healthier.

Mr RAMSAY (Western Victoria) — I am pleased to contribute to the debate on Ms Pulford's motion. I do not disagree with much of the substance of her contribution. It is unfortunate that she has seen fit to bring the motion to this house calling on the Victorian government to support the National Centre for Farmer Health because the government has already put \$250 000 on the table. This will be contiguous and not just one-off funding, and it will form part of a two-for-one contribution with the federal government. The motion therefore makes no sense; the Victorian government has already indicated it is willing to support the centre.

I refer to a little of the history of the centre. Ms Pulford is quite selective in her memory. She failed to acknowledge the Handbury family, who contributed a significant part of the seed funding — over \$1 million initially — for the National Centre for Farmer Health. The Handbury family has made many philanthropic donations in grants to agriculture, regional Victoria and the Hamilton area, in which the Handburys have lived for decades.

However, Ms Pulford was right when she cited the birthplace of the funding. It still amazes me to this day — I was president of the Victorian Farmers Federation at the time — that Joe Helper, the then Minister for Agriculture, somehow convinced the then Premier to include a health program in a Department of

Primary Industries budget. That made no sense to me at all. It probably doomed the program to failure. No minister for agriculture today would be allowed to have a contiguously funded health program in agriculture when it actually belongs to another department. The program was never destined for longevity in relation to ongoing funding, and that ended up being the case.

Ms Pulford went on to talk about the work of the National Centre for Farmer Health, and I agree with her on this. Its website says:

The centre provides national leadership to improve the health, safety and wellbeing of farm men and women, farm workers, their families and communities across Australia.

The centre is a partnership between Western District Health Service and Deakin University and is based in Hamilton, Victoria.

The centre's website goes on to talk about its future plans, which include professional training and education, applied research and development, web-based information and services, agrisafe clinics and the Sustainable Farm Families program, which Ms Pulford talked about and with which I am also very familiar. As we speak, the first four of these services is being delivered by other partnerships. It is not as if the National Centre for Farmer Health is the sole agency in Australia to provide many of these services.

During my time as president of the Victorian Farmers Federation the Labor government implemented the Future Farming strategy as part of its agricultural vision in the middle of a 10-year drought. The work of the Sustainable Farm Families program in relation to mental health, farmer health and community health and welfare was very important to agricultural farming families.

From memory, I opened the centre when I was the president of the Victorian Farmers Federation, and I fully supported the work and programs that Sue Brumby, director of the National Centre for Farmer Health, was doing at that time. I also participated in a number of the centre's workshops, during which I saw the significant benefit it was providing to participants.

Ms Pulford was right again when she said the farming demographic seems to be more susceptible to many hazards and diseases, particularly obesity, diabetes and hearing loss. In fact statistics show they are more prone to heart attacks and cardiovascular disease. Ms Pulford also said that given both the family home and the workplace are usually in the one place, farmers are more susceptible to injuries in the workplace. There are more dangers associated with being a farmer and a farming family, so it is proper that we have research

work and programs designed specifically to try to improve the health and welfare of farming families.

Ms Pulford and I are actually in agreement, and I know Ms Tierney has often spoken in this house in support of the centre. It is disappointing that Ms Pulford did not acknowledge my press release of 30 April where I called for federal government support for the National Centre for Farmer Health and also my championing in this house over the last three years the ongoing support of funding for the centre. The Victorian Farmers Federation has also been a strong supporter of the centre's ongoing work.

Ms Pulford — It also called on the Victorian government to fund it as well.

Mr RAMSAY — Yes, it has, and that is why it is appropriate that we transferred funding for the national centre away from the Department of Environment and Primary Industries into the health portfolio. We have put on the table a firm offer of \$250 000. That is not just a one-off payment; it is a yearly payment to be matched by \$500 000 from the federal government, which will provide at least \$750 000 of continuous funding for the centre. That sum is in addition to many of the other new programs that displaced some of the work the National Centre for Farmer Health was previously doing because those programs were not in existence. I know a significant amount of work has been done on healthy living programs and certainly in men's health. I will refer to a couple of statewide programs focused on keeping people well that have a strong presence in rural and regional Victoria: Healthy Together Victoria and the Life! Diabetes and Cardiovascular Disease Prevention program.

The government also recognises the national role played by the National Centre for Farmer Health. The centre has delivered programs in several other states and has received some commonwealth support in the past. When the centre was funded under the former Victorian government's Future Farming strategy to deliver the Sustainable Farm Families program, no provision was made in forward estimates for its ongoing funding. Nevertheless, the government is committed to finding a sustainable funding base for the national centre, and given its national role, we have actively sought co-contributions for the work from the state and territory governments and the former and current commonwealth governments. The Minister for Health raised the matter with ministers for health through the Standing Committee on Health, seeking bilateral or multilateral cost-sharing arrangements. The minister has also written to other commonwealth ministers, but without success.

Other states and territories expressed support for the centre but advised that they are not able to contribute to its funding. Victoria offered the then federal Minister for Health, Tanya Plibersek, and the Gillard government a cost-sharing arrangement to fund the National Centre for Farmer Health on the basis of one for two, as I said, with Victoria contributing \$250 000 and the commonwealth contributing \$500 000 to provide a long-term sustainable base for the national centre. But the then federal Minister for Health and the Gillard government said they would not help fund the centre.

Most recently, in November 2013, the Victorian government proposed a one-for-two cost-shared arrangement between the Victorian and commonwealth governments. We are still awaiting the commonwealth's response. That is why I recently ramped up a call for the federal government to co-contribute under the terms that we put on the table. I acknowledge the considerable amount of work the federal member for Wannon, Dan Tehan, has done in this space. He has been actively canvassing his parliamentary colleagues to support the national centre, and I understand that as of today there has been comfort in the fact that it might well get some support in the coming federal budget, but that is certainly not confirmed at this point.

In essence, I agree with Ms Pulford's motion. The centre has done good work in the past. Its roots were certainly in an era when farming families faced significant challenges. I acknowledge that farming families are more sensitive to workplace injuries, disease and physical health problems, and they require specific projects and programs in response to what I believe is the significant move in the industry.

Other programs have been delivered to rural and regional Victoria. I note that more than \$2.9 million per annum is allocated to community mental health providers to deliver a range of supports to people living in south-western Victoria. This figure is in addition to the \$15.5 million provided each year to South West Healthcare to provide inpatient and community clinical mental health services in the south-western catchment. Community mental health services also provide a range of support from sites in Warrnambool, Portland, Hamilton and Camperdown. They work in partnership with other health and community service providers to meet community needs.

As we know, Aspire — A Pathway to Mental Health Inc. delivers a health promotion and education program in south-western Victoria which aims to increase community awareness and understanding of mental

illness, reduce the stigma associated with mental disorders and promote the importance of having and maintaining good mental health and wellbeing. For example, Aspire delivers a six-week Partners in Depression program for carers of people with depression, designed to assist carers in their ability to support their family member or friend with depression through increased knowledge of depression and how and where to find support in the community.

I also make mention of the good work done by beyondblue in relation to the 10-year drought, during which farming families were significantly challenged. Sadly, there was an increase in suicides and rates of depression. In partnership, the National Centre for Farmer Health and beyondblue held many workshops and forums and provided other opportunities for people to gather, engage, share stories and hopefully gain some hope for the future.

One thing which I thought Ms Pulford might mention but did not — I suppose she might have if she had had more practical experience in both being a farmer and working in that environment and representing that community and demographic — is the role of private partnerships. Many programs are now being provided by industry groups such as Australian Wool Innovation, Meat & Livestock Australia and Dairy Australia, to name a few. Many of them conduct and invest in a significant amount of research, and their state affiliates, the Victorian Farmers Federation and the United Dairyfarmers of Victoria, have a number of programs through which they encourage young people who are suffering in one way or another in relation to their work and environment to come together and talk about the problems and issues associated with their workplaces and their livability. They provide pathways to improve the health and welfare of the family, their work, livability and increased productivity, so there are also those programs going forward.

I see an opportunity for private industry also, if it does cost \$1 million to run the centre for a year. I doubt that is the case, given all the programs that the state, private industry and even the commonwealth are delivering in relation to some of the work that has been done by the centre in the past. As well as calling on the federal government to acknowledge the importance of the work and to contribute under the arrangements we have on offer at the moment as a state government, I call on the federal government to support the centre by encouraging private industry to invest where there is significant benefit from those benefactors and the funds that are being derived from them. I certainly would like to see a private-public partnership with the commonwealth government, the state government and

private industry supporting the ongoing work being done at the centre.

I want to acknowledge the Handbury family, whose members have been extremely passionate about the National Centre for Farmer Health. Geoff Handbury was a driver in establishing the centre and convincing the then Labor government to support the centre. He has been active in engaging in the programs as they have been rolled out and in the work that is being done there, particularly in research. I see other opportunities for the centre to be involved in the gaps that currently are not being filled by either private industry or federal or state government programs. There is work to be done, and I see a multilateral approach as being appropriate.

In calling for Dan Tehan to continue his good work in advocating for funding, I take the opportunity to mention also another concern of mine about farming families. I refer to something that I hope is only proposed — that is, the reduction in or termination of the diesel fuel rebate for farmers. I put the federal government on notice that I would be extremely disappointed if in the budgetary process that very important tool for farmers — the use of the diesel fuel off-road rebate — were yet another loss. It is extremely important that farmers, who do not and are not receiving subsidies as their competitors globally are, do not have removed some of the tools that are provided so that they are able to compete globally.

Diesel fuel is a significant cost to farmers in conducting their business. My message through our federal colleagues the member for Mallee, Andrew Broad, and the member for Wannon, Dan Tehan — —

Mr D. R. J. O'Brien interjected.

Mr RAMSAY — And their state colleagues, but this is a federal issue. My message to them is that as they are working through the budgetary process not only should they try to secure funding for the National Centre for Farmer Health to complement the money that is already on the table from the state government but also they should lobby against any potential losses through the budget related to farmers being able to compete globally. I make note of the diesel fuel rebate for farmers, which is particularly important for farmers to be able to compete globally.

Sadly, while I would support Ms Pulford's endeavour through a motion calling for ongoing funding for the National Centre for Farmer Health, I cannot support that part of the motion calling on the Victorian government to support the centre, because it is already

supporting the centre by the very fact that it has put money on the table. It is now time for the federal government and private industry to step up, and it is time for a review to be undertaken of the programs that have been provided historically to make sure that we are not duplicating those programs in other areas. I congratulate the state government on providing a lot of new programs that are now taking precedence over some of the programs that were delivered by the centre of old.

Mr BARBER (Northern Metropolitan) — Right until the last part of Mr Ramsay's contribution I thought we were going to achieve consensus. The motion calls on the Victorian government to provide support to the National Centre for Farmer Health. Mr Ramsay says that the government is doing it and on that logic he will not vote for the motion. That is possibly because he just does not like Ms Pulford telling him to do what he is already doing.

Honourable members interjecting.

Mr BARBER — That is farmers for you; they do have their ways. Most city people when they think of a rural lifestyle probably think of it as an inherently healthy one, with fresh air, good local food, early to bed and early to rise, physical activity and the rest of it. In many ways that is a true picture. I have worked as an agricultural labourer from one end of this country to the other. Certainly that is what attracted me to it.

As a young person working on a family member's farm it was certainly something different from living in the suburbs, but it was a good different. It meant getting up early. It also meant milking the cow, pouring the same milk straight onto my cereal, the cereal being followed by toast while we were waiting for the cooked breakfast of bacon, eggs and all the rest of it to come and then going off to work absolutely loaded up with food, not realising how hungry I would be by the time lunch came around. Then it was back to the farmhouse for lunch, back out for some more work and then, as the sun started to go down in that natural seasonal rhythm, coming home to another healthy, cooked meal.

Mr Ramsay interjected.

Mr BARBER — Chortle you may, Mr Ramsay — you are not the only one to do so — but in another life I could very well have been a farmer. If it were not for the fact that my family's farm was in the middle of an 11-year drought in northern New South Wales, maybe when Mum finished high school she would not have been in such a hurry to get out and get down to the city with its economic opportunities. Things were, however,

in dire straits for the dairy industry around that time, and that is the way of it. With a different seasonal and economic opportunity, Mum might have stayed on the farm and married a farmer, and I would be the son of a farmer.

That is not the way it turned out, but I will take any opportunity I can to get out into regional and farming areas. As I have done that in the last few years of this parliamentary term, visiting a number of farming establishments, I have picked up some very interesting observations about which way the economy is going, what the future of farming is and, for that matter, the issue of farmer health. Mr Ramsay suggested it was not appropriate that this centre be funded from the agriculture budget. That is why, apparently, the original funding has been shunted. Ms Pulford's motion, however, makes a very good point about the health of the workforce contributing to productivity, and productivity is what it is all about when you are trying to develop an industry.

Mr Ramsay's government has some kind of promise or target — I am not sure what you would call it — to double agricultural production from Victoria by 2030. Well, time is ticking. I have never really seen a plan on how those opposite are going to double production from Victoria's land area. Climate change is going to have a real impact on that, and there is absolutely no doubt that the wellbeing and welfare of the individual farmers running these enterprises are critical. This goes to more than simply advising or encouraging farmers to live a better lifestyle. The farm production system itself is in some cases what is damaging farmers' health, never mind the health of the animals and the health of the soil.

In my experience they are all completely linked, and that was pretty obvious during our short and sharp but quite severe drought in south-western Victoria a couple of summers ago. The soil was bare in many cases, and the animals were losing condition and being put down at a time when there was not going to be a good price for those animals and the farmers were under massive stress. At the same time, however, there were some dairy farms I visited elsewhere in the state that were working on a different production model — on a more organic model. They were producing a smaller quantity of milk but selling it for a higher price and adding to the carbon storage of their farm, rather than watching the soil blow away, first of all, as it did in other parts during the drought, and then get churned up into mud when the rains finally came.

It is not enough, then, simply to focus on the farmer and the changed behaviours they need to bring about. Our

system for producing food, where a large number of enterprises dependent on huge throughputs of resources, including of course fossil fuels, try to sell to a small oligopoly of retail outlets and to the multitude of consumers, puts farmers under a great deal of stress. I have talked about that on a number of occasions in this chamber, and I have talked about some of the solutions the Greens are putting forward for it.

It is hard to generalise about farmers of course. There are old farmers and young farmers, and there are those running large enterprises and those running quite boutique enterprises. Much of the research that is out there — and it is encouraging that research is being done including by the National Centre for Farmer Health — indicates there are health issues associated with farmers as a group. Researchers are starting to find out the inherent causes of those — what it is about farming or living in those regional communities that contributes to that ill health. Higher rates of on-farm injury and road traffic accidents amongst farmers are well known through research using the coronial information system and hospital data. Information on non-injury related health status and causes of death among Australian farmers as a subset of the rural population is less well known, however. Literature suggests that some health problems relating to cardiovascular disease, some cancers, mental stress and suicide — not necessarily mental illness itself — may be greater among farmers.

What are the contributors? Poorer access to and availability of primary health services — and that would be well understood by people in rural areas. You simply have to travel further to access those services, and that means more time, and time off is not always something you can allow yourself. Then there are the environmental factors. There is machinery, livestock, sun, noise, as was mentioned earlier; zoonoses — that is, diseases that transfer from animals to humans — and the distances travelled on unsealed roads.

There is the physical and social isolation, and there are lifestyle factors that apply to all rural Australians, including the familiar ones such as alcohol, smoking, obesity and, interestingly, lower levels of exercise. Farmers are no better off than your typical office worker. One of the indicators the Department of Health uses these days when it measures population health is the lack of exercise associated with office work. The number of hours people spend seated in chairs is much more than we think. Farmers may spend a large number of hours on the back of a tractor or a combine harvester, so it is not surprising to see lower levels of exercise as a factor there.

The ongoing droughts, the changing rural economy and the declining terms of trade have all added to the stress of running a small or medium size farming business. However, having said that, there are many people moving into farming who, firstly, have the mindset that they want to be in business, which itself is a decision that one has to make in life, and then secondly, want that business to be farming. There are people who have not fallen into farming through tradition or inheritance, and for them it is a positive business and lifestyle choice to move into farming. As a population overall, farmers are getting older. The percentage of farmers over 55 years rose from 38 per cent in 2001 to 43 per cent in 2006.

There is a specific list of health risks for farmers, and general practitioners can use it as a checklist for farmers who visit their clinics. Farmers face increased risks of life-threatening injuries on farms and roads. The rate of transport accident deaths among male farmers and farm managers is double the average for Australian males. There are very high rates of on-farm injuries and deaths among farmers as both farm managers and farm workers. There is an increased risk of suicide, which means farmers require early assessment of mental health symptoms, and that risk increases with age. For male farmers over 65 years the rate of suicide is double the average for Australian males.

There is the risk of early death from cardiovascular disease — the risk is 40 per cent higher amongst male farmers and farm managers. Obviously cardiovascular issues also require early health monitoring. There is the risk of skin cancer, with farmers frequently being out in the sun — there is a 60 per cent higher than average death rate among farmers due to melanoma. There are also issues related to organic dust — that is, exposure to grain and animal dusts can lead to asthma episodes and the risk of hearing loss, as mentioned by Ms Pulford.

All of that may suggest that farming is a bad or inherently unhealthy lifestyle. All occupations and all social standings have different fates when it comes to these types of matters. However, for my part I am very positive about the future of farming in Victoria. I am not as positive as the coalition, which recently put out a strange target, thinking it could double production simply by creating a production goal. It is just like Chairman Mao's Great Leap Forward — you simply say, 'This is how much production we want', without looking at questions of productivity or the environment. Farms are not factories. You cannot just turn the wheels twice as fast and get twice as much out of them. Farmers are human beings and the soil itself is a living organism — it is not a mechanical device.

With farming, rural exports and manufactured food products being so critical to the Victorian economy, it is appropriate that all government departments engage in this effort. There is absolutely no doubt that the health of farmers and the nature of the farming system should be very closely monitored. Considerable research dollars should be put into monitoring both of those things, and programs need to be rolled out to achieve outcomes. That would pay very high dividends and provide a high rate of return indeed. We need to urge the government to continue to support the National Centre for Farmer Health, and therefore we support this motion, which seeks exactly that.

Mr D. R. J. O'BRIEN (Western Victoria) — I rise to make a contribution and put on the record not only my support for the National Centre for Farmer Health in Hamilton but also my longstanding support, to the extent that anyone may have queried it in this forum or others, for the very hardworking member for Lowan in the Assembly, the Honourable Hugh Delahunty.

The Nationals have preselected Emma Kealy as their candidate for Lowan at the next election, and she could probably say more about the National Centre for Farmer Health than all of the members here combined, mainly because she worked as the CEO of the Edenhope and District Memorial Hospital for many years. She has also worked for the Western District Health Service — Mr Ramsay should be well aware of this — which has facilities located adjacent to the National Centre for Farmer Health. At the recent state conference of The Nationals held on the weekend just past Ms Kealy spoke quite eloquently about these matters, and she supported a motion calling for continued support for the centre. Again this demonstrates the support of The Nationals and members of The Nationals in this Parliament, particularly Hugh Delahunty, and me, for this important centre.

Returning to Ms Pulford's motion, I also lend my support to what it states in relation to the importance of agriculture. It states that 'Victorian farmers contribute over \$6.8 billion in gross value agricultural production to the economy' and that '60 000 to 70 000 Victorians derive their primary source of income from a farm and that there are approximately 35 000 farms in Victoria'. As Mr Barber has indicated, Peter Walsh, as the Minister for Agriculture and Food Security and Minister for Water, has put in place a suite of policies to support the growth of exports and the increased productivity of our farmers. This government aims to improve the return at the farm gate and increase the economic rewards for farmers for their hard work and productivity. Minister Walsh and this government

recognise the contribution of farmers to not only the Victorian economy but also the Australian economy. Farmers have been pulling their weight for a long time.

At the recent state conference of The Nationals the federal Minister for Agriculture, Barnaby Joyce, indicated that there has already been a significant turnaround in the federal economic balance of payments through the reversal of the poor policy initiatives the previous government put in place in relation to live meat exports. Those policies came about as a result of certain matters that arose and as a result of a knee-jerk reaction and poorly considered planning by the previous federal agriculture minister.

All of these economic matters are important to place on the record in a debate like this. This government is very proud of both Victoria's farming sector and its Minister for Agriculture and Food Security, Peter Walsh, who has been a tomato grower and may be again one day.

I will break down the figures that were provided to me by Minister Walsh. In 2012–13 Victoria's food and fibre exports across all commodities had a total value as follows: grains had a value of \$2.19 billion, or 17 per cent of Australian grain exports; dairy had a value of \$1.85 billion, or 86 per cent of Australian dairy exports, and of course a large amount of that was contributed by farmers from the south-west of Victoria; meat exports contributed \$1.78 billion, or 22 per cent of Australian meat exports; animal fibre contributed \$1.34 billion, or 54 per cent; prepared food was valued at \$878 million, or 46 per cent; horticulture had a value of \$563 million, or 46 per cent; skins and hides, an important sector that often does not receive recognition, contributed \$452 million, or 43 per cent of Australian skin and hide exports; wine contributed \$197 million, or 10 per cent of Australian wine exports; and seafood contributed \$141 million, or 14 per cent. The total value across those food and fibre sectors was \$9.4 billion.

Again this shows that agriculture is a broad sector. One cannot just look at farming. Indeed Minister Walsh is always at pains to protect food and fibre because wool and other fibres are so important. Farmgate returns can be increased by agribusiness and also by farm tourism, which is an increasing activity.

Mr Barber interjected.

Mr D. R. J. O'BRIEN — It is generally the case with wind farms, Mr Barber, that they can return a non-farm sector to agricultural enterprises, but they are a wind-generation activity and, whether they are permissible or not, can also have significant adverse effects on the visual amenities of some farming

communities. Unlike the Greens, who, like sheep, bleat, 'Wind farms good; coal seam gas bad', without realising the inconsistency of that position, we adopt a much more considered approach, which is to give our local farmers and local communities a say on this issue.

It is indeed the case that Mr Barber's policies — and the Greens would again advocate the reversal of some of these policies — have caused many farmers in the south-west a lot of stress and a lot of mental health issues. There are potentially other health impacts caused by the very turbines that Mr Barber thinks are fantastic and have no impacts. I have placed on the record my support for the consideration and the implementation of wind and other renewable energy sources. I have also had continual discussions about the need to look at forms of wind farming, such as small-scale wind farms, that have less impact on local amenities. All of these matters can affect a farmer's health, particularly mental health, and there are other potential health effects that the Greens do not think are even worth investigating, notwithstanding the fact that this is new and emerging technology.

Another thing I found interesting in Mr Barber's contribution was the reference to climate change and potential productivity. Minister Walsh has outlined the many ways in which he hopes that farmers will meet the target of doubling productivity, and many farms across many sectors, including red meat and dairy, are well on track to meet these productivity and production goals.

One of the things that has assisted no-one, particularly our health services, is the policy of the Greens and federal Labor involving the carbon tax. Whatever is happening with climate change — whether it is man induced or not — there is no doubt the carbon tax has had an adverse impact upon the competitive position of Victoria and Australia versus our trading partners. That was well documented in a recent speech in relation to health facilities alone, but it also very much relates to the heart of this matter.

It is important to put on the record that, for example, the Western District Health Service has paid an estimated \$145 000 in carbon tax, according to a cost breakdown provided by the office of the Minister for Health. Both the Labor Party and the Greens are still refusing to remove that carbon tax, notwithstanding the clear mandate provided by the Australian population to remove it. Other hospital networks in the area, including Portland, have paid a carbon tax of about \$50 000. Southwest Healthcare has paid \$214 000.

Ms Pulford — On a point of order, Acting President, regarding relevance, the member has been talking about the impact of the carbon tax on hospitals, which is something that has been debated on numerous occasions in this place over the months and years. It is not germane to this debate about the National Centre for Farmer Health.

The ACTING PRESIDENT (Mr Ramsay) — Order! I do not uphold the point of order.

Mr D. R. J. O'BRIEN — The fact that that point of order was raised shows again how the Labor Party and the Greens have their heads in the sand in thinking that the carbon tax is not relevant to every debate, including every debate about budgets and health — let alone the point that Mr Barber raised about climate change in his contribution.

This motion seeks to raise funding. We put \$250 000 on the table. The previous government failed to put money on the table, but it did put a carbon tax on health services. The federal Labor government, notwithstanding calls from 2012, did not put money on the table. I made a call on 25 October 2012 — it is noted in *Hansard* — which I am absolutely sure was during the Gillard government's reign. It did not fund this very important sector, and now this government is the one that is putting its money on the table. We are calling on the new federal government through the work of the federal member for Wannon, Mr Dan Tehan, to meet a commitment of \$500 000. After all, it is the National Centre for Farmer Health.

Perhaps another aspect of the debate that needs to be placed on the record is that other states are the beneficiaries of the programs that this important centre provides. It is something that Mr Delahunty, the member for Lowan in the Assembly, is well aware of and has placed on the record. Some of those states have been beneficiaries of programs run by the centres in Queensland and South Australia. People may not realise that Hamilton itself is a service centre to what is sometimes called the Greater Green Triangle area, and the south-eastern part of South Australia very much relates to the Hamilton and western Victoria area. It is true that this is an important national centre, and these are the reasons why this government is supporting this very important national farmers health centre. However, it is also a reason why not only other states but the federal government could also and should also put money on the table.

This is an important centre. It is also a centre that is supported by other programs and other capital initiatives that have been pursued by this government.

One I wish to place on the record and which I mentioned earlier, but it is very important in the context of this debate, is the \$15 million commitment that was provided by the government in relation to radiotherapy services for south-western Victoria. This has a great preventive role in relation to cancer and other treatments that farmers in the south-west sometimes avoid because of the terrible decision they have to make either to have daily treatments in an area close to their home where they would like to do it or to not have those treatments at all. It is with that in mind that this government has also rolled out other policy initiatives, including those rolled out by the Minister for Sport and Recreation in terms of trying to get more people more active in relation to preventive medicine.

It was a slogan of the previous Minister for Sport and Recreation, Mr Delahunty, to have more people more active more often; and I note that the present Minister for Sport and Recreation, Mr Drum, is in the chamber. Mr Delahunty delivered on that slogan, particularly with the community facility support funds. I have a farm in south-western Victoria, and I have also been involved with and participated in many sporting clubs. It is a great activity for preventive health, and it is certainly something we all could do a bit more of. Sometimes we are late for games and late for activities, and that may be the result of someone's reckless indifference or it may just be due to transport issues or other duties, but when you can participate in community activities not only do you help those communities but you also help yourself. We urge the members of all our farming communities to continue to get more active more often. We do support the National Centre for Farmer Health, and we call on the federal government to step up to the plate. We look forward to some hopefully positive news in next week's federal budget.

Ms TIERNEY (Western Victoria) — I rise to support the motion that has been put before us today by Ms Pulford. I say from the outset that I am absolutely appalled by the fact the Liberal Party has advised the house it will be voting against this motion. I can only conclude from the remarks of Mr David O'Brien that The Nationals will also be voting against this motion, which essentially is about the importance of the National Centre for Farmer Health and how there needs to be an immediate restoration of funds so that the centre does not close down, which seems to be imminent.

I have spoken about the National Centre for Farmer Health on many occasions in this place, and today will not be the last time I do so. That is because the Labor Party understands the importance of the National

Centre for Farmer Health. The Victorian Farmers Federation also understands the importance of the centre, as do farmers and their families. Health professionals understand the importance of the centre, and the local councils in the area certainly understand its importance. The local media and, very importantly, all local people understand the importance of the centre. We also have governments from around the world that understand the importance of the centre, and we have been told time and again that there have been a number of agricultural and health professionals and farmers who have come to Hamilton to look at the various works that are under way.

The centre has also won international awards. Canada is now implementing what the National Centre for Farmer Health has been doing in terms of its Sustainable Farm Families program. That is a significant feather in its cap because, as we know, the Canadians had been searching worldwide for a model to adopt, and they found it right here in western Victoria in Hamilton.

The only people who do not seem to understand the real value of the National Centre for Farmer Health are members of the Naphthine coalition state government. That is typified by the fact that they believe its value is only \$250 000 per annum, because that is what they have put on the table in terms of its negotiations with the federal government. They have ripped an enormous amount of money out of the National Centre for Farmer Health budget, to the point where the doors are about to close. Already a number of staff have had to be retrenched, and further retrenchments are imminent.

It is particularly sad to see because of a community discussion I recall being involved in prior to the 2006 election. I think it was even before I was elected to this place, and I think the member for Ripon in the Assembly, Joe Helper, was there, as well as a number of other local community members. It was held in Grey Street, Hamilton, and we were having a general community discussion about the state of the district. We got around to discussing the impact the drought was having on the general community and the farming community in particular, because we knew that at that time around two to three suicides were occurring each week in the local district alone. A lot of people were not talking about it because they did not want momentum to build around this devastating story of what was occurring, but there was clear evidence that people wanted to do something about it.

It was also becoming clear from the work being done by the health professionals in the Greater Green Triangle that diabetes was a major problem being seen in our farming communities, and heart disease was also

right up there in terms of major factors that were impacting on farming families and the agricultural sector. Farm injuries were still incredibly high, not just in terms of interactions with machinery but also the repetitive work that farmers undertake. We also heard from various speakers about hearing loss and the impact that has. We heard there was a need to try to connect what has been happening with the health of individual farmers and the family unit, to make sure that the family unit was sustainable and that farming could continue. The measures to be put in place will affect not just the individual farmer but all members of the family unit.

Those discussions took place and were embedded in the Hamilton community, to the extent that Geoffrey Handbury saw fit to make a very generous contribution of \$1 million to set up the centre. He went to the Labor government at the time and said, 'I'm prepared to stump up \$1 million, and I would really like you as the state government to match it'. There were a lot of conversations among members of the Labor caucus and particularly the regional members about what we needed to do. This seemed to be a wonderful opportunity to do something that was really hands-on with the local community and took a whole-of-government approach to families, farmers, agriculture and the local economy. That is why this centre is so important. It has traction in the community: it was born from the community and it has continued to work with the community. That has been demonstrated to me time and again.

When I go to Sheepvention, where I have a stall every year and have had for the last nine years, one of the main things that people come up and talk to me about is their direct experience with the National Centre for Farmer Health. They are the first ones to want to sign any petitions for the continuation of the centre. Because they are so involved in what the centre has been about and its continuing work, they know that politics is just being played out here. They know that \$250 000 is a really small amount of money for such a successful program. They cannot understand it. After looking at the budget released yesterday and at what is being spent in metropolitan Melbourne, I can assure members that when the coalition government values this centre at only \$250 000, those people will be suitably appalled. Members of the government using the fact that the centre has the word 'national' in its title as the vehicle to handball its funding to some other level of government reeks of political opportunism and puts a question mark against this government's credibility when it purports to support farmers and farming families in our local communities.

In their contributions Mr David O'Brien and Mr Ramsay said that funding for the centre should have been provided through the health portfolio. The Labor government made a deliberate decision to provide the funding through the agriculture portfolio, and it did so because it saw it as a whole package in terms of Future Farming strategies. After the coalition government was elected and moved the funding to the health portfolio, opposition members had a conversation amongst ourselves. We knew that something negative was going to happen. Because the health budget is so large, we thought that the amount of \$1 million per annum was just going to get lost or forgotten or withdrawn. Of course we have now seen the ultimate happen, which is the withdrawal of the funding. There was some logic behind keeping it in agriculture and leaving it as part of a package to make sure it was sustainable and that it continued to be a budgetary line item.

We are also concerned that members opposite have said they have been lobbying their federal counterparts very hard and that a wonderful job has been done by Dan Tehan, the federal member for Wannon, and by Hugh Delahunty, the member for Lowan in the other place, in lobbying the federal lower house members. However, I suggest to them that they would not need to spend all that time and energy lobbying their colleagues if they just paid up what is a really small amount of money to deliver an exponential improvement in the local economy.

Those who say that it is a national centre that works in other states forget that it is not Victorian money that is used when the National Centre for Farmer Health undertakes work in other states; it is those state governments, or those industry stakeholders in those states or regions, that actually put in the money. It is not the Victorian government. They should not try to say it is the Victorian government that is subsidising the work that is being undertaken in other parts of the country, because that is simply wrong. If they were really honest with themselves, they would say, 'We made the wrong decision. We should not have touched the funding. We should have kept it and, if anything, we should have increased it'.

Those of us who have been on parliamentary committees over the years know that when it comes to rural and regional issues, or any other issue associated with the economy or agriculture — whether it is about health provision, health professionals, a whole gamut of issues — a representative of the National Centre for Farmer Health has always given evidence at those inquiries and has informed this Parliament about what is going on at a grassroots level in a genuine way. Everyone has patted them on the back and praised

them, and we have truly appreciated the work they have done in terms of creating databases that were not previously there.

People can talk about other programs that might be around, but there is no other program like this and no other database exists. That database is the bread and butter on which all of us can base our decisions and our policy development. Shutting their doors or coming up with some piecemeal arrangement, which I am sure will be in next week's federal budget, will not address the real issues of how they need to maintain stability and continuity in the work they are doing in terms of data collection, hands on, one on one, from families and a whole range of other projects they are undertaking.

I have to say I have been somewhat bemused by the government's position on this matter. There is no argument that can in any way be taken seriously in terms of asserting that this government truly supports the National Centre for Farming Health, because it does not. The money does not stack up. I would say that there must be some other element to this, because no logical argument stacks up.

The community knows that. Geoff Handbury has quotes in the local paper saying that — and I will get the exact quote because I do not want to upset Mr Handbury — upon hearing of the government's decision to take the money away he was staggered to hear that the program he had seen develop into a model with international acclaim was not included in the budget.

We have also had Jim Fletcher, who was the chief executive officer of the Western District Health Service, say:

It makes us dismayed and frustrated that we can get international recognition, yet our politicians at this point haven't been able to provide funding.

La Trobe University Centre for Sustainable Regional Communities director John Martin said that the decision to slash the centre's funding was short-sighted and that the programs delivered by the centre have produced profound results and made the farming population a healthier group of people.

I believe this government has just done the wrong thing, plain and simple. It is a wrong decision to cut this money, and it is problematic that the minister himself has not really engaged in a serious way with the stakeholders and has continued to refuse to acknowledge the true significance of this centre in Hamilton.

Mr Ramsay — What a shame you could not get Gillard and the others to contribute!

Ms TIERNEY — Mr Ramsay should not try to blame anyone else. It was his government that took the money away from the centre. This government claims it represents the best interests of rural and regional Victorians, but it has cut funding to this centre.

Honourable members interjecting.

Ms TIERNEY — I believe it is an absolutely disgraceful act. Each and every member who claims to care even a little bit about our farmers in our regions should hang their head in shame.

Again I would urge all members of the government to support this motion. It supports an organisation that is hands-on and is working extremely well. It is acknowledged by every single person who is involved with the centre as being a groundbreaking organisation that has done a lot of work and continues to do a lot of work. It is this government and this government alone that is preventing it from providing the best possible outcomes in terms of health for farming families. It is this government that is abrogating its responsibility to continue the funding that Labor commenced and Labor maintained.

I will say it again: forget the time, money and everything else that government members purport to be spending in lobbying their colleagues and just pay up, do the right thing and support Ms Pulford's motion.

Mr RONALDS (Eastern Victoria) — First of all, I find myself in the interesting situation where I agree with a lot of what all of the speakers have said, because at the end of the day the National Centre for Farmer Health has done an absolutely fantastic job. What I do have a little bit of trouble with in this particular motion is the fact that it says that the government has ceased funding the centre, when in yesterday's budget it committed \$250 000 to it, so I cannot see how that is true.

In fact as I was doing a little bit of research on the centre I found that it is in fact an outstanding program. It was a partnership originally between Western District Health Services and Deakin University that provided health checks, education, advocacy and research, and it really does tackle the unique challenges that farming families face. This service has created innovative programs to improve farmers' physical and mental health, their quality of life and safety on the farm. It runs programs such as Sustainable Farm Families, which has provided workshops and regular health checks and monitoring to many farmers. This

program — operating across Australia; it is a national program — started a trend in changing habits once it started showing that healthy farmers who take some time to look after themselves are more productive farmers.

The National Centre for Farmer Health has also undertaken research programs, and I know through the work the centre has undertaken that farmers feel more informed, better educated and more aware of their own health and they respect their own and their family's need for health. They also know that their farms become more productive. For the National Centre for Farmer Health to continue this important work, yes, it does need funding. In yesterday's state budget the government committed \$250 000 to the National Centre for Farmer Health.

The centre requires some funding from the federal government to continue its operations, and I sincerely hope the federal government will recognise this important service. In fact there are many programs like this one based around Australia: there are programs in Queensland, in Kingaroy and Charleville.

The coalition government believes that the ongoing support for the National Centre for Farmer Health needs to be shared between state and federal governments. I am very surprised by Labor's criticism, both at the state and federal level, regarding funding for the centre, considering it was the federal Labor government that refused to even discuss shared funding because it said it was a state service. The National Centre for Farmer Health is a nation-leading agricultural health-care initiative that is based in Victoria, in Hamilton.

Jim Fletcher, the chief executive of the Western District Health Service, said in the *Weekly Times* of 24 April that he had had discussions with the federal government, which the previous government had been unwilling to do because it said the National Centre for Farmer Health was a state issue. The previous government was unwilling to look at this. It is absolutely baseless and entirely false to suggest that this government is not committed to farmers. If the Napthine government was not committed to farmers, it would not have announced a massive \$41.2 million in new agricultural initiatives in yesterday's state budget, including \$35.4 million for the Food to Asia plan, a strategy to increase the value and the volume of food exported to Asia. This is going to further open Asia's doors to our agricultural exporters and reward farmers for producing world-class produce.

There will also be \$6 million each year to continue boosting production, with the aim of achieving the goal of doubling agriculture production in Victoria by 2030. Agricultural produce will be transported from growers to market through the \$220 million Murray Basin rail project, which was also announced yesterday. If the Napthine government was not committed to farmers, it would not be spending \$61.4 million on growing food and fibre this year and \$15.7 million in subsequent years to protect and boost our agricultural sector. This funding tackles the tough challenges faced by farmers, including the management of weeds, pests and wild dogs, improving water use efficiency and creating new and innovative technologies to boost productivity and profitability in the grains, red meat and horticulture industries.

The Napthine government, in addition to the new initiative, is funding \$72 million in agricultural research, development and extension, in partnership with industry investment. The government is absolutely committed to its farmers and to protecting Victoria's proud position as the largest food and fibre exporting state in Australia. A record \$9.4 million worth of food and fibre was exported from Victoria in the last financial year. Considering Victoria produces 29 per cent of Australia's farm exports from only 3 per cent of the country's arable land, the success of our farmers is a top priority for this government. We all agree that the National Centre for Farmer Health is an important initiative, and this government is committed to it and is funding it.

Ms PULFORD (Western Victoria) — I thank the members who have contributed to the debate — Mr Ramsay, Mr Barber, Mr David O'Brien, Ms Tierney and Mr Ronalds. I note everyone's enthusiastic support for the work of the National Centre for Farmer Health. What I cannot believe is that the Liberals and Nationals have declared that they will vote against the motion and, in doing so, abrogate their responsibility for the wellbeing of Victorian farmers. It genuinely beggars belief, when farmers are disproportionately represented in the statistics for chronic illness, hearing loss, disease and injury and fatality in the workplace, that it is not something the Victorian government, with its gazillion-dollar budget, could have found 1 million bucks for. The Liberals and The Nationals have failed to fund the National Centre for Farmer Health. They say it should be done by the federal government.

Hon. D. M. Davis interjected.

Ms PULFORD — I take up the interjection from Mr Davis. He is potentially the real culprit in this,

because as the Minister for Health he knows that the health checks have been done in Victoria and that the funds that were provided by the previous government were for Victorian farmers. To the extent that there has been national work done by the centre, the funds have come from grants from the Queensland government to do health checks for Queensland farmers and national grants for national research projects. The service delivery aspect of what the centre has been doing was funded by the Victorian government until that funding was not renewed by the Liberal-Nationals state government, and Mr Davis knows that.

Members of the government have the temerity to say that we should have funded it. We lost the election, and if we had not, we would probably not be having this debate today; in fact, we definitely would not be having this debate. The centre has been abandoned by the Liberal Party, which does not care about rural Victoria, and by The Nationals, which is completely incapable of standing up to the Liberal Party. Nationals members should be ashamed of themselves. I cannot believe they are going to vote against the motion.

In summing up, I assure the handful of staff who remain at the National Centre for Farmer Health, and all the supporters across Victoria who shake their heads in amazement at this government's stubborn refusal to fund this very modest and incredibly important grant that is required to keep the doors of the centre open, that we will continue the fight to save the centre. I note the comments made by members about the important contribution of Geoff Handbury, who is an incredibly strong supporter of the centre. He makes a remarkable contribution to many fine causes across Victoria and in particular across south-west Victoria. To Victorian farmers I say that we will continue this fight to save the National Centre for Farmer Health. The Liberal and Nationals members in Parliament who intend to vote against the motion today should hang their heads in shame.

House divided on motion:

Ayes, 18

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

Noes, 20

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

Pairs

Viney, Mr	Coote, Mrs
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Motion negatived.

PRODUCTION OF DOCUMENTS

Debate resumed from 2 April; motion of Ms HARTLAND (Western Metropolitan):

That this house notes —

- (1) the resolution of the Council of 30 October 2013 requiring the Leader of the Government to table in the Legislative Council by 26 November 2013 a copy of documents detailing the Country Fire Authority and the Victorian WorkCover Authority actuarial assessment and cost estimates to provide compensation for Victoria's firefighters injured or deceased as a result of exposure to carcinogens on the job;
- (2) the letter of the Assistant Treasurer, dated 22 November 2013, stating that the government is not able to respond within the time period requested by the Council and would endeavour to respond by 10 December 2013; and
- (3) that, as at 12 December 2013, the documents sought have not been provided;

and calls on the Leader of the Government or the Assistant Treasurer to explain why the documents have not been tabled and when they will be produced.

Ms HARTLAND (Western Metropolitan) — My summation will be brief as the government has indicated it intends to vote against this motion. This is just another barrier the government is putting in the way of the issue around presumptive legislation. Clearly what we need is to —

Hon. D. M. Davis interjected.

Ms HARTLAND — I request that I be permitted to finish; I have the right of reply. We have asked for documents to prove the government's argument that this will be a very expensive scheme. The government has refused to produce those documents. I am currently engaged in the FOI process. If the government believes its documents stand up and can prove that this scheme

is far too expensive, I would think the logical and simple thing to do would be to release them. It would not be difficult.

Clearly the government wants to put one barrier after another in front of presumptive legislation for firefighters. If the government cared about firefighters, it would engage in a process by which the costs and consequences of the program could be assessed. We already know what the consequences are for firefighters who get cancer as a result of their work. I would have thought that the government would be prepared to release these documents and get on with a reasonable debate instead of putting up a barrier and creating blockage after blockage against presumptive legislation.

House divided on motion:

Ayes, 18

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

Noes, 20

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

Pairs

Viney, Mr	Coote, Mrs
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Motion negatived.

HEATWAVES

Debate resumed from 5 February; motion of Ms HARTLAND (Western Metropolitan):

That this house —

- (1) notes that from 14 to 17 January 2014, Victoria experienced an unprecedented heatwave with the hottest four-day period on record for both maximum and daily mean temperatures;
- (2) acknowledges with great sadness the loss of life due to this heatwave that engulfed Victoria and offers our sincere condolences to those families;

- (3) highly commends the hard work and dedication of staff and volunteers of emergency services, community-based health services, local governments and community organisations who responded to the heatwave emergency in extremely difficult conditions;
- (4) recognises that 2013 was Australia's hottest year on record and that climate change is increasing and will continue to increase the frequency, duration and intensity of heatwaves in Victoria;
- (5) refers to the Legal and Social Issues References Committee for inquiry, consideration and report by 19 August 2014 the heatwave planning, response and recovery with reference to —
 - (a) the adequacy of the heatwave plan for Victoria to address the threat to health and life posed by the January 2014 heatwave;
 - (b) the adequacy of emergency services, local government and other key community agencies' heatwave action plans and how effectively they were able to be implemented;
 - (c) how effectively Victorians who are most vulnerable to heatwaves were protected and supported to manage the heat health threat; and
 - (d) opportunities for improvement, including considering a whole-of-government integrated approach, similar to that taken for bushfire emergencies.

Ms CROZIER (Southern Metropolitan) — I am pleased to rise this afternoon to contribute to debate on Ms Hartland's motion on the referral of heatwave planning, response and recovery to the Legal and Social Issues References Committee for consideration. I note that this motion has been on the notice paper for some months and that it has a number of elements to it. They include noting that Victoria experienced a heatwave in January, acknowledging the various individuals who sadly lost their lives during that time, commending the hard work and dedication of the staff and volunteers of emergency services who had to deal with various heatwave emergencies at that time, recognising climate change and the increasing frequency of heatwaves in Victoria, and various elements in relation to heatwave planning and response and recovery. I want to put these elements in context and take a look at what has actually been done to date.

Following the 2009 bushfires the Department of Health developed the Heatwave Plan for Victoria, which guides the statewide response to heatwaves. It was implemented by the coalition in January 2011, soon after it came to government. One of the components of the heatwave plan is the heat health alert system. This alert is based on a calculation of forecast temperatures supplied by the Bureau of Meteorology. The threshold for issuing the alert is a combination of the forecast

maximum for a day with an overnight forecast minimum, which is based on evidence of increased health effects and increased mortality.

Different thresholds are used for different areas of the state to take into account the acclimatisation of the community living in the northern parts of Victoria. Generally the southern parts of Victoria have a cooler climate than areas in the north. As the summer months pass, the northern and western parts of Victoria experience significant heat. I grew up in far western Victoria, where I experienced very hot days. This was not unusual in the summer months. We also experienced very cold periods in the winter months during which we would often see the puddles freeze over and various other indicators that told us we were in the heart of the winter season.

The Bureau of Meteorology uses different thresholds across Victoria because of the different localities and geographic regions. When you are in the high country there are also going to be different temperature thresholds.

A statewide alert of imminent heat conditions which will pose a danger to health is issued by the chief health officer. The state health emergency response plan, or SHERP as it is commonly known, was issued on 19 November 2013. The plan identifies hospitals and health services as playing a critical role in the Victorian health response in an emergency. It aims to reduce preventable death and disability or other adverse health outcomes that might be attributable to heat exposure.

The state health emergency response plan outlines the arrangements for coordinating the health response to emergency incidents that go beyond day-to-day business arrangements. It is a subplan of the state emergency response plan. It is an all-hazard, scalable plan and now includes detailed arrangements for regional and state health responses.

SHERP ensures a safe, effective and coordinated health and medical response to emergencies by clarifying who is accountable for command and coordination of the health response, outlining the arrangements for escalating the health response, describing how available clinical resources are organised and describing how the health emergency response connects with the broader state and national emergency management response and recovery arrangements.

For the first time SHERP also includes hospital code brown planning alongside the response of ambulance, first aid and medical responders. It has been upgraded

and reviewed and is widely known amongst health responders across the state.

SHERP is used by all people involved in our emergency services, incident control agencies, Ambulance Victoria, the Department of Health, first aid providers, medical providers, health services, both public and private hospitals, residential and aged-care services, relief agencies, local government authorities and organisers of major events. Obviously in the summer months when we experience heatwaves or sustained heat events a lot of activities and large events are going on. We need to be aware of those large events and crowd management, and that is why they are also included in the list.

I note a response from the CEO of Ambulance Victoria, Greg Sassella, who in a SHERP plan was quoted as saying:

Ambulance Victoria is pleased that SHERP now recognises the key role that members of the community play as first responders to health emergencies. The new edition also describes the role of AV in providing health commanders at incident, regional and state level. Anyone who is involved in emergency response should read SHERP.

Fire services commissioner Craig Lapsley was likewise quoted as saying:

Fire and emergency services personnel are the incident controllers on most occasions. This edition of SHERP more clearly states how to get health and medical specialists, such as paramedics, first aid and medical teams, on scene. All incident controllers need to be familiar with SHERP.

Chief Commissioner of Police Ken Lay was also quoted as saying:

Victoria Police has a range of roles in emergency management and the third edition of SHERP clearly sets out how we interact with the health sector in times of emergency. I would urge all members of Victoria Police to read the new edition and become familiar with its contents.

The three leaders of our state emergency services, who are very familiar with what SHERP provides, encouraged their members and their agencies to understand what SHERP is about. That is important to note as we debate this motion, because the motion talks about the preparedness of our emergency services in understanding how to deal with incidents such as heatwaves.

Paragraph 1 of Ms Hartland's motion states that this house:

- (1) notes that from 14 to 17 January 2014 Victoria experienced an unprecedented heatwave with the hottest four-day period on record for both maximum and daily mean temperatures ...

That was five months ago or thereabouts. The season has changed and I am certainly feeling the cold, but to refresh the memory of members about that four-day period, the Bureau of Meteorology reported that Victoria had its hottest four-day period on record between 13 and 18 January 2014, surpassing records for maximum daily average temperatures set in 2009. Although peak temperatures were below those recorded in 2009, the duration of the 2014 heatwave — the days I just described — was longer. In January the heatwave continued for six days, with the temperature above 45 degrees on three consecutive days. It is not unusual for temperatures to be sustained at above 45 degrees in other parts of the country, but certainly in relation to that six-day period it was very uncomfortable for Melburnians and Victorians.

The monitoring of Bureau of Meteorology forecast conditions led to the issuing of a series of heat health alerts for multiple districts within Victoria. Members might recall that at the time a number of alerts were issued. The first alert was issued on 9 January, and additional alerts were issued as forecasts became available. The heat health alerts were forwarded under SHERP as first-wave communications on 13 January and 16 January 2014. First-wave communications are issued as level 2 and 3 incidents.

I did some background reading on level 2 and 3 incidents from Ambulance Victoria. Its response level is escalated at a level 2 or 3 incident, and it has various actions to undertake during its operations. The first-wave communications, however, were distributed to all public health services, all private hospitals, all public sector residential aged-care services and the commonwealth Department of Social Services and Department of Veterans' Affairs. Significant information was given out in that communication distribution to agencies and organisations that needed to understand that communication from the heat health alert system.

Prior to that communication going out, it was known that we had had significant warnings from the Bureau of Meteorology. A range of proactive measures were taken in preparation for the predicted heatwave. This was perhaps a little different from previous occasions where we had not had that extensive warning, and I remind members just how significant that warning was. There were numerous communications from the Bureau of Meteorology talking about the heatwave, when it was coming and that it was predicted to be of some days duration. There was significant coverage on the news, and there was general discussion — everybody was talking about the heatwave — so it was not as if it came as a complete surprise.

On 14 January 2014 confirmation was sought and received from health services, hospitals and local governments that heatwave plans had been implemented. That forewarning gave the department and the agencies plenty of time to get their communiqués out to the various organisations and health services in preparation for what was to come. Health services and hospitals were also able to confirm their preparedness for a surge in emergency care and the possibility of interruptions to essential services. Of course we know that when there is a great demand for cooling and other energy requirements sometimes our electricity systems go down, causing disruptions to the electricity supply. Air conditioners are then disrupted. We knew there was the potential for that to occur with the surge of energy required to run air conditioners during that heatwave. Fortunately that did not arise, but nevertheless hospital services, other organisations and aged-care facilities were warning of those potential interruptions.

The state level health incident management team was activated under SHERP for the very first time, and the health and human services state emergency management centre was activated to support the health incident management team. The ambulance emergency operations centre is currently located with the state emergency management centre to facilitate the coordination of strategic operations of the departments of health and human services. Bringing the emergency services together to get a response and for the services to be able to act together on a broadscale incident, whether it be a heatwave, a bushfire, a flood or any other natural disaster, is a very sensible measure. Having people in those agencies able to discuss in a strategic fashion the potential of what could happen so that they can get their workforces prepared is also very important.

In January there were daily communications between the emergency services and the regions of the Department of Health and the Department of Human Services across the state. They also communicated with various health and community service providers and advised them of any issues that might have impacted on their ability to deliver services. There was extensive communication between the various agencies so that they could prepare for the heatwave that was coming in January and have the resources in place to deliver the services that would be required during that period.

As a result of the 2009 heatwave, Ambulance Victoria had already developed its heatwave plan, which, as I said, is a subplan of the Ambulance Victoria emergency response plan. The aim of the plan is to ensure the maintenance of the normal operational response and to

manage the increased demand or potential increased demand on Ambulance Victoria during a heatwave. Understandably in many instances Ambulance Victoria is the first emergency service to be called if an individual collapses at an event, in a nursing home or at home.

At the time, Ambulance Victoria escalated its emergency response plan, and during the period of intense heat it activated both its heatwave and bushfire subplans. As part of these arrangements, Ambulance Victoria increased the number of communications staff, referral service call takers, emergency ambulance crews and non-emergency patient transport crews, along with making alterations in the criteria for dispatch of non-emergency patients. Ambulance Victoria was supported by additional emergency medical response crews from the Metropolitan Fire Brigade.

It is true that Ambulance Victoria experienced two days of record-breaking emergency demand on Thursday, 16 January, and Friday, 17 January 2014, including a 700 per cent increase in cardiac arrest calls on 17 January. The most heavily affected area was metropolitan Melbourne, which makes sense. We have the greatest population, so we would have the highest incidence of callouts. A 700 per cent increase in cardiac arrest calls is obviously significant and creates quite a demand. We should commend Ambulance Victoria on its ability to manage such incidents and the crisis at the time, given that it was so well prepared that it was able to manage and cater for a demand of such significance.

The state control centre was activated to coordinate a whole-of-government response to the heatwave and to prepare for and respond to fires. Members will recall that at the time there was great concern about the potential for another catastrophic bushfire event across the state. Craig Lapsley, the fire services commissioner, did a magnificent job in coordinating the response by getting the various fire services — the Country Fire Authority and Metropolitan Fire Brigade — prepared for such an incident. What he did in his role as fire services commissioner and working with the Chief Commissioner of Police, Ken Lay, was truly commendable. Ambulance Victoria was part of that emergency response strategy team that had things in hand. All Victorians were relieved about and confident in the ability of those services to manage such a crisis. Thankfully we did not have another catastrophic bushfire event such as we experienced in 2009. Nevertheless, it was a very tense time for all Victorians, and we were all relieved after that intense heat period had passed.

As I said, the chief health officer, the state health coordinator and the state health commander actively participated in daily state emergency management team meetings with the heads of the agencies, Craig Lapsley, Ken Lay and Greg Sassella from Ambulance Victoria, and their respective agencies. They worked together to ensure that we had a very effective management plan in place.

What we needed to do was communicate to members of the public what they needed to do to stay healthy in such a heatwave. Heat messages were delivered in multiple ways, including through social media and the internet. Seniors Online put out a number of communiqués to various organisations and to individuals who could go online. There were advertisements in the print media, and media conferences were held. An enormous amount of communication was required throughout that period. Members of the general public were well informed of the potential of a heatwave, as was indicated by the Bureau of Meteorology. We had plenty of warning about the heatwave, and the communications strategy undertaken to get information out to as many people as possible about staying healthy in the heatwave was very well executed.

In the media conferences the working-as-one principle was used, with the chief health officer, the fire services commissioner and the state health commander speaking sequentially. Again the message was firm and was delivered seriously, as it needed to be for the public to understand the seriousness of what Victorians were to experience. The media conferences were supported also by the commissioner for senior Victorians, the Minister for Health and the Minister for Police and Emergency Services. We had a range of agencies and senior people supporting the very important message that was being delivered to as many people across the state as possible. Sadly not everybody could be reached. It is fair to say that not everybody had read the papers or been online to get the message, but an enormous amount of information went out through the print media, online, over the airways or on television. There was significant publication of the event that was to occur during that January period.

I refer to another point in Ms Hartland's motion in which she refers to the increase in the frequency, duration and intensity of heatwaves in Victoria. I put on the record that when looking at heatwave occurrences we know that the long-term trends are important. A short four-week period is not a long-term climate trend, but it is an excellent opportunity to create hype and scaremongering in the media. Unfortunately on a number of occasions that actually happened. A lot of

people said that the heatwave was part of climate change and that it was going to occur on a regular basis. Indeed there were media reports and people out there talking about this and saying this was going to happen frequently. There was scaremongering.

Heatwaves have been experienced in this state and in this country for a very long period. Natural climate cycles work on scales of 11 years, 60 years, 200 years, 1500 years and 100 000 years. We have had ice ages. We have had droughts in this country for as long as the country has been established. We know that from records, from our own history and from the history of Indigenous communities before white man settled in this country.

Decent temperature records for many locations only cover 50 years, which is a challenge in itself for some communities and for our record keeping. Even though there is data, it is pretty poor data — it includes thermometer records for 150 years. You cannot really talk about record-breaking heat in a 50-year cycle of recording; in any case, I do not think any credible scientist or commentator would want to undertake that. There is too much noise among members of the public, and there is too little data to support contentions about heatwaves being due to climate change. We need to be looking at this in the context of long-term trends. As I said, this is nothing new. We have had heatwaves in the past and we will have heatwaves into the future. There was significant scaremongering within the community at the time of that January heatwave, and I think that is seriously unfortunate.

Australians have recorded temperatures of over 50 degrees Celsius since 1828 right across the country. In certain parts of the country it is not unusual to have temperatures of 45-plus degrees and 46-plus degrees on subsequent days. I note that for weeks in 1896 the heat was so bad that people fled on emergency trains to escape it. In January of that year a savage blast described as being like a furnace stretched across Australia from east to west and lasted for weeks, and the death toll reached 437 people in the eastern states. We are talking about a little over 100 years ago. That just goes to the point that this weather is not unusual. Heatwaves have occurred right across our country in the past, and they will continue to do so. It is not a new phenomenon that has just appeared in the last 10, 15, 20 or 30 years. Our meteorological bureau records show that since 1890 there have been many clusters of five hot days in Sydney and Melbourne.

As I said, there has been a degree of scaremongering about this issue. At the time of the January heatwave emergency services and the department had a very

good plan in place to prepare members of the community as best they could. There was a significant communiqué that went across the Victorian community to alert community members to the fact that a heatwave was coming and to the need to prepare themselves. Information was disseminated to many agencies and to many people, and I congratulate all those agencies and individuals involved in enabling that communiqué to get out as effectively as it did.

In conclusion, I note that I have spoken at length about the plans — the SHERP plan and the updated plan — and how well prepared our emergency services are in relation to preparing our community for ongoing disasters or potential disasters that may affect our community. Sadly that is the nature of the environment we live in. As I said, bushfires have been happening for years, heatwaves have been happening for years and cold spells have been happening for years and they will continue to do so in the future. The government will therefore not be supporting Ms Hartland's motion of referral. I reiterate that emergency agencies handled these matters extremely well during the January 2014 heatwave.

Mr D. D. O'BRIEN (Eastern Victoria) — I am pleased to rise to speak on this important motion which raises serious concerns among the members of the community. The Greens are keen to have a discussion about this, and of course government members want to have their say about this motion. We look forward to a vote at some point on this motion. It is very important that we discuss the heatwave plan fully. It is important to note that it was the coalition government that implemented a Victorian heatwave plan, and it is pleasing to note that the Greens have noticed that and put this on the notice paper. There was no heatwave plan under the previous government. Climate change is a difficult topic and one the community is very concerned about, and the coalition government has acknowledged the impacts of climate change.

Ms Hartland — No, it hasn't. It denies it.

Mr D. D. O'BRIEN — The coalition government has in fact written the *Victorian Climate Change Adaptation Plan*. I do not think that is a denial of climate change.

I am pleased to stand here to speak a little about the heatwave plan. It was of course the grave day in 2009 that we all remember, Black Saturday, when we had a significant heatwave that took many lives. As the Minister for Health was just reminding me, significantly more lives were lost at that time due to heat than there were due to the bushfires. Both were

devastating for the community, and to recover from them will take many years for the communities most directly affected, including my home area of Gippsland and areas to the north-east of Melbourne around Kinglake and Marysville. These areas were significantly affected by Black Saturday; 11 lives were lost in the Churchill-Jeeralang fire. It was devastating for the people around there.

As I said, the heatwave itself killed 374 people — I think that is the correct number — but at that stage the Labor government did not have any sort of heatwave plan, and I am pleased this government has noticed that the community needs to be prepared for heatwaves and is making sure this issue is addressed.

In relation to the heatwaves we have had in recent years, the chief health officer has put out advisories across the state, and press conferences were held jointly with other agencies. The Minister for Health was involved in a number of those aged-care services and the seniors commissioner made a number of public comments and statements to communicate directly with seniors across the state. That was an important process. The community needed to see a response. People were able to help look after their neighbours, which, of course, is what all of these communities do.

As I mentioned, the *Victorian Climate Change Adaptation Plan* has a section on heatwaves. I draw the attention of members to this section. There is also a section on bushfires and one on floods and storms. This is an important document in terms of outlining the ways in which the coalition government is helping Victorians to adapt to climate change.

In its section on heatwaves, the *Victorian Climate Change Adaptation Plan* states:

CSIRO and Bureau of Meteorology projections for future climate indicate that the average number of days over 35 degrees in Melbourne may increase from 9 days in 1990, to 11–13 days per year by 2030, and to 15–26 days by 2070.

However, many of these statistics, figures and projections are difficult to get agreement on. The plan states that:

Increased incidence of heatwaves could impact on human health, essential infrastructure (such as energy infrastructure) and services (including public transport services).

I have seen those problems with energy infrastructure in my home area. When we get these heatwaves, we get much greater use of air conditioning, and that has an impact on the baseload power stations in the Latrobe Valley. Those stations are able to step up, but between the power stations and the distribution systems that run

right across Gippsland and around the rest of Victoria heatwaves place pressure on our infrastructure. We have seen that as air conditioning has been progressively installed by more and more Victorians. On those peak days when we experience heatwaves we have seen a big increase in energy demand. It does have an impact on essential infrastructure. Our public transport services and health services are also affected by heatwaves. Heatwaves cause problems particularly for the elderly and infirm.

The *Victorian Climate Change Adaptation Plan* states:

The 2009 heatwave had well documented health impacts, contributing to an estimated 374 excess deaths over the period —

which was around the time of the Black Saturday bushfires —

as well as disrupting critical infrastructure in metropolitan Melbourne.

Obviously those bushfires affected many parts of regional Victoria too.

The plan continues:

State government, local government and the community all have a role to play in protecting health and reducing harm from heatwaves.

In its *Victorian Climate Change Adaptation Plan* the Victorian government has proposed a specific heatwave plan for Victoria. While the Greens want us to look into the adequacy of the plan, the plan outlines some of the things we are already providing. The plan states:

Heatwave plan for Victoria: provides a coordinated and integrated response to heatwaves across state and local government, involving emergency management and the health and community service sectors. The plan aims to:

ensure heat health information and support is readily available to the community, at-risk groups and their carers;

develop partnerships and collaborative arrangements to better respond to heatwaves ...

We need to work through these things together. The plan also aims to:

increase understanding of the health impacts of heatwaves on communities and their capacity to respond during heatwaves ...

This is an important point. Earlier Ms Crozier made the point that we have always had heatwaves — we have had them since day one. The climate is always changing, but heatwaves are certainly not a new thing. It can annoy people that every time there is a heatwave,

a cyclone, a flood or an unusual weather event others will say it must be because of climate change. These things do happen. It is very difficult to attribute particular events to climate change. However, we need to be prepared for heatwaves. The plan also aims to:

manage public health emergencies during heatwaves more effectively; and

develop long-term and sustainable behavioural change to minimise the impacts of heatwaves on health and wellbeing.

It is critical to look at how the community will achieve that sustainable behavioural change. As I said, we have seen significant increases in the use of air conditioners. As I heard one of my colleagues say only yesterday, we have the ridiculous situation sometimes in households where it may be cold outside but people inside are walking around in shorts and T-shirts with their heaters turned up to 36 degrees. People need to learn to change their behaviour when it is hot and ensure they are doing things to cool themselves down that do not necessarily involve turning on the air conditioner. That may involve people doing simple things like closing the blinds and keeping themselves hydrated. Building houses with eaves would also help. We have certainly seen plenty of developments in recent years that do not do that. It is important that we continue to look at sustainable behavioural change so that people do not simply rely on technological activity to manage heatwaves.

In outlining the government's response to heatwaves the *Victorian Climate Change Adaptation Plan* refers to the heat health alert system, which:

... notifies of forecast heatwave conditions which are likely to impact on human health —

and —

allows state and local governments, hospitals and statewide or major metropolitan health and community service providers to better prepare for heatwave events.

We have a good understanding now of the impacts of heatwaves. This is certainly true compared to the time when I was growing up — which is not so long ago, I should add! At that time we did not know much about how to manage heatwaves. We looked at the forecast for a particular day, and if it was 40 degrees, we would talk about going to the pool or down to the creek or dam, and that was about it. We now have a better understanding of heatwaves. As mentioned in the heatwave plan, we are better able to notify members of the community and explain to them the things that need to be done to ensure that heatwaves are managed better

and that people take actions in their own households to ensure that they remain cool.

When we have heatwaves and the temperature reaches up to 44 degrees, as a former journalist I never cease to be amazed by the number of people who flock to the beach. The beach is one of the hottest places you could be on a hot day. On those days, the beaches at St Kilda, Port Melbourne and Williamstown become absolutely chockers with people in the middle of the day. The government is assisting people by providing them with information in relation to how to manage heatwaves, and that will ensure they keep themselves cool and look after themselves. The heat health alert system will assist the state and local governments, hospitals and our emergency services to manage what will be a greater workload when heatwaves occur.

The plan refers to research and capacity building, which is the responsibility of the Department of Health. The plan states that:

The heatwave planning guide assists local government with heatwave planning at the community level and draws on experiences of 13 pilot projects and the 2009 heatwave, as well as international knowledge.

This is an important thing for us to do. We know that we are a land of droughts and flooding rains and that we do have very hot summers, particularly here in the southern parts of the country, but we are not the only country in the world to experience hot summers. We can in fact learn from other developed countries that experience the sorts of conditions we have in Australia. Research projects allow us to develop a better understanding of heatwaves and other extreme events and show us how to mitigate the impact on the community. For example, we can look at how to reduce the harm caused to older persons by extreme heat because that is the section of the community that is most at risk. Along with the very young and the infirm, the elderly are most at risk when extreme heat occurs. It is important that we look after the community. The research and capacity building the government is doing will help the elderly to deal with levels of extreme heat.

We will continue to research temperature thresholds for Melbourne and for rural Victoria, noting of course that there are differences in temperature between the two, as anyone who has lived in both Melbourne and rural Victoria will tell you. A large major city can create a heat island effect because it has lots of people, lots of industrial activity, lots of cars and, more particularly, lots of asphalt and concrete. This can lead to temperatures rising to above the levels that would otherwise naturally occur. The rural areas can be cooler. I am proud to live in a rural area and sometimes cannot

understand why more people do not. Often the perception is that in the Mallee and Wimmera regions it is baking. Although the ambient temperatures may be higher, our rural green areas are often cooler than in the city, given that heat island effect.

Continuing on with the government response to heatwave, the urban hot spots project explores information that defines population vulnerability based on a number of health, demographic and environmental factors known to influence population health during periods of extreme heat. That is exactly what I was talking about — the geographic and other factors that can affect heat throughout the state.

The final government response in the *Victorian Climate Change Adaptation Plan* under the heading 'Strengthening policy frameworks to support climate resilience' states that:

Measures being implemented through the Office of Living Victoria contribute to supporting more liveable urban spaces (for example, greener spaces with improved urban amenity) through integrating water into the landscape.

That is exactly what I was talking about. It further states:

As Melbourne's growth areas are developed, the precinct structure planning process will consider how to account for temperature extremes, particularly through the design of open space and other public space opportunities including use of integrated urban water management.

These are some of the Victorian government's responses to heatwave planning. The *Victorian Climate Change Adaptation Plan* highlights the government's plans for managing heatwaves, which of course have such a significant effect. As I said, devastating as the Black Saturday bushfires were, there were another 374 people who died as a result of the heat, which is above and beyond what would normally be the case.

I understand the thinking behind the motion, but it needs to be understood that heatwaves have occurred for a long time and people have got better at managing them. We need to be careful about overstating the impact of climate change when it comes to our variable temperatures. I certainly understand where this motion is coming from, but the government will not be supporting it.

Ms HARTLAND (Western Metropolitan) — I will just make a few brief remarks. In response to Ms Crozier, yes, it has been on the notice paper for months, and that is because the government talked it out last time and refused to allow a vote to occur.

It is not the Greens talking about climate change and the effect of heatwaves; it is the CSIRO which projects that heatwave deaths across Australia will more than double by 2020. The number is presently around 1100 per year, it will increase to around 2500 by 2020 and will quadruple by 2050. That information is coming from scientists. It is the CSIRO talking about climate change and how it will affect heatwaves.

I believe the emergency services did an amazing job during the last heatwave, but by sending the plan to the committee for review I think we can do even better. I have no queries or concerns about the way various agencies dealt with the heatwave, but I believe we need a coordinated, across-government response to heatwaves, and one of the ways to see how that could work effectively is by using the upper house committee system. I know the government is not all that fond of the committee system and does not ever want to have to have its work scrutinised. It is extremely disappointing that yet again the government has refused this referral.

House divided on motion:

Ayes, 18

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

Noes, 20

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

Pairs

Viney, Mr	Coote, Mrs
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Motion negatived.

Business interrupted pursuant to sessional orders.

STATEMENTS ON REPORTS AND PAPERS**Auditor-General: *Access to Education for Rural Students***

Ms PULFORD (Western Victoria) — The report on which I would like to make some comments is the Auditor-General's report on access to education for rural students. It is important to note in this budget week that yet again the Napthine government has failed young people and students across Victoria, and of course the consequences of this are most acutely felt in rural communities. This government is failing to deliver to regional Victorians the educational opportunities they need, and this is most obviously highlighted by the savage \$1.2 billion cut that has had a catastrophic effect on the TAFE sector in Victoria.

Undertaking tertiary education such as that provided at a TAFE has positive impacts not only on a local economy but on the wellbeing of individuals within that economy. The Organisation for Economic Cooperation and Development has found that on average people with a tertiary education tend to live longer, report a higher sense of general satisfaction and engage in more civic activities. I cannot stress enough how important these things are. TAFE training centres provide learning environments that are flexible and hands-on and give invaluable opportunities to learn skills that are relevant to regional communities. Beyond this, innovation for regional areas is best achieved by people who live in and understand those areas and training and education delivered locally provides the best outcomes for local economies and the best outcomes for students.

The Napthine government could not be more short-sighted when it comes to education funding. These cuts to TAFE and other cuts have combined to put Victorian students at a great disadvantage. In the budget yesterday the government has again demonstrated that it has no concept of the value that TAFE training provides to local communities. In supporting these decisions and perpetrating the damage that has been done by earlier decisions of this government, the Premier is not governing for the 3184 people who are now not undertaking courses at South West Institute of TAFE and Federation University. These are young people in my electorate and many of them are in the Premier's own electorate. He is not governing for the 111 people who have lost jobs at these institutions and is not governing in the best interests of regional Victorian communities.

Mr Ramsay interjected.

Ms PULFORD — In my region — that is, Western Victoria Region — which is also Mr Ramsay's region, the South West Institute of TAFE has had a \$2.3 million reduction in government funding.

Mr Ramsay — Enrolments are up 20 per cent. There is an extra \$1 billion in the VET sector.

Ms PULFORD — Clearly Mr Ramsay thinks that is just tickety-boo. For the past two financial years South West Institute of TAFE has run an operating deficit, but as recently as 2010 it was running a net operating surplus of over \$5 million. This past financial year South West TAFE has reported a net operating deficit of \$4.36 million, which the organisation's annual report states is largely due to a 'decrease in government-funded contributions in 2013'. This is unacceptable, and the government should be ashamed.

Federation University Australia (FedUni), a fine educational institution also in Mr Ramsay's electorate, is feeling the pain from the Napthine government's TAFE cuts as well. FedUni is a dual-sector institution which suffered a \$7.23 million reduction in state government funding. That is a 22.83 per cent reduction, meaning almost a quarter of FedUni's state funding has been ripped out by this government.

What does this mean in real terms? South West TAFE has lost 49 full-time equivalent staff positions. That translates to 102 people who are now out of work. At FedUni nine dedicated vocational education and training teaching staff have also gone. Student enrolments are falling significantly at both institutions because, unsurprisingly, there is a connection between the amount of funding an institution has and the number of staff it can support and the number of students to whom it can deliver meaningful educational opportunities. In 2012–13 South West TAFE had a 9.7 per cent reduction in students. In this same period FedUni had an enormous 19.78 per cent reduction in students. These figures are not abstract percentages or balances on a budget sheet. These are young people who have lost opportunities for education in regional Victoria.

Latrobe Regional Hospital: report 2013

Mr RONALDS (Eastern Victoria) — I stand to speak today on the Latrobe Regional Hospital annual report for 2013. It gives me great pleasure to talk about this report. Latrobe Regional Hospital (LRH) is a regional referral hospital, which means it takes on the most complex medical and trauma patients. It therefore gives me great pleasure also that last week the Minister for Health, the Honourable David Davis, the Deputy

Premier, the Honourable Peter Ryan, and my colleague here, Danny O'Brien, were there to announce — —

Mr D. D. O'Brien — Don't forget Russell Northe!

Mr RONALDS — And of course Russell Northe, the local member, who is the Minister for Energy and Resources. I thank Mr O'Brien very much. They were there to announce funding of \$73 million for an expansion to LRH. That will allow for stage 2a of the master plan, which includes a new emergency department, a cardiac catheterisation laboratory, a 12-bed short-stay unit, an additional acute ward with 30 beds, a satellite imaging service and a new entrance, admissions area and public car park.

It all sounds impressive, but what does it mean? It means that patients presenting at emergency will be seen sooner. The existing emergency department will double in size. The doctors, nurses and support staff who work there do an amazing job and work hard to treat patients and meet targets for treatment times in an area that previously was, frankly, too small. The satellite imaging service will improve the flow of patients through the emergency department, and it will particularly benefit patients with limited mobility who require scans.

I appreciate that for a long time LRH has worked very hard to manage the balancing act between the emergency department and the operating theatres. Of course if the hospital is better equipped in the emergency department this will have a very important flow-on effect to the operating theatres and on the wards. The addition of two dedicated rooms for endoscopy procedures like colonoscopies will also reduce the pressure on the operating theatres. Currently there are four operating theatres, and one of them has been tied up with endoscopies.

Hospital management is saying that this will effectively give them back an extra operating theatre, which will mean more patients will get their elective surgeries done sooner. We will also build a 12-bed short-stay unit for people who need to be observed for only a short time. This will further free up the emergency department. The expansion will also include a cardiac catheterisation laboratory. For the first time, heart patients will not have to travel to Melbourne for procedures such as the insertion of stents. The saving on patient transport costs alone to Melbourne is \$29 million a year. A catheterisation laboratory is an examination room where diagnostic imaging equipment is used to visualise the arteries and the chambers of the heart.

The expansion will also include a new entrance, admissions area and car park at the hospital, at Traralgon West. For anyone who has ever attended, visited or worked at LRH, parking has been an issue, so this will provide some much-needed relief.

I am very proud to be a part of this coalition government which will deliver this \$73 million expansion for the Latrobe Valley and Gippsland. We have done what successive federal and state Labor governments have not done. The hospital twice applied to the federal Labor government's Health and Hospitals Fund for the expansion, without success. Just as the patients will benefit from this expansion, so will the staff — doctors, nurses, clinicians, support staff and volunteers who give so much. There is no denying that most have been working in challenging conditions — in some cases, very challenging conditions — and this announcement will ease that pressure and build morale. Most importantly, it will provide better services for the people of Gippsland. This is another example of this government building a better Victoria.

Victoria University: report 2013

Mr MELHEM (Western Metropolitan) — I rise to speak on the Victoria University annual report, which was tabled in this place earlier last month. The report adds weight to the growing consensus amongst industry stakeholders and commentators that Victoria's TAFE system is in crisis. The Napthine government's TAFE cuts — amounting to \$1.2 billion — have gutted our previously first-rate TAFE system.

The statistics provided in the report reveal a deep crisis at Victoria University. It was announced in the budget yesterday that this government will be spending \$124 million less on TAFE in comparison with the last financial year.

A number of statistical facts are provided in the report. For example, in relation to enrolments, courses ranging from advanced diplomas, diplomas, certificate I through to certificate IV have all shown a constant decrease in enrolment levels since 2011 across the board. Specifically, the number of enrolments in 2013 compared to the 2012 levels speaks volumes against the Napthine government's spin machine. Advanced diplomas at Victoria University have experienced a reduction of 524, or 25.6 per cent, in 2013 compared to 2012 enrolments. Diplomas are down 4214, or 49 per cent. Enrolments for certificate I are down 2885; for certificate II are down 62; for certificate III are down 1967, or 23 per cent; and for certificate IV are down 1928, or 35 per cent.

Mr Ramsay — For what? Hairdressing?

Mr MELHEM — That tells me one thing. People cannot enrol because there are no spots. Courses have been abolished and funding has been cut. That is why these numbers are down. It is not because of the people who are out there. This sharp plummet in TAFE enrolments is not limited to Victoria University. It is like a virus; it has spread across the state. The latest vocational education and training market report shows that vocational education training enrolments have dropped across the state by 4 per cent in 2013 when compared to the previous year.

The free fall in enrolments has seen a corresponding decrease in the workforce at Victoria University, which provides those TAFE courses. The number of professional teaching staff at the university has dropped dramatically over the last few years and continues to drop. Students are not coming through the door because of increases in TAFE fees, and basically a lot of courses have been cancelled. That is quite an alarming thing. Victoria University has announced that on 1 May it is set to axe another 300 jobs.

The Napthine government's sheer disregard for TAFE, health and jobs in this state can be likened to the *Wizard of Oz*. This current government is a twister — not in Kansas, but in Victoria — whose legacy will not be of jobs and infrastructure but only of destruction. Course fees are at unprecedented high levels, and skills training in Victoria needs to be addressed. Where are our kids going to go? They need to go to TAFE. There is a lot of dependence by this government on private providers and registered training organisations, but for those people out there their sole reason is not just to deliver training but to actually make money.

An honourable member interjected.

Mr MELHEM — They just go out to make money. They are going to pick up the courses and make money out of them. The courses for our kids for the high skills which are required for industry can only be supplied by TAFE, but if TAFE does not have the resources to provide these specialised courses, what is going to happen? These courses will not be there. Where are these kids going to go? The manufacturing sector is bleeding as if there is no tomorrow.

I understand there has been a major structural change in our economy — we get that — but we need to provide these kids with training and skills. The only sector that can provide these things is the TAFE system, so we need to go back and reinvest in the TAFE system. Victoria University is a case in point. We cannot allow

the bleeding to continue, because we will be bereft of TAFE institutions in this state. We will look back in 10 years and say, 'We do not have any institutions; they are all private providers'. I hope the government will pay attention to that, look at increasing funding to TAFE and stop the bleeding.

Cancer Council Victoria: annual review 2013

Mrs MILLAR (Northern Victoria) — I am pleased to make a statement on the Cancer Council Victoria annual review 2013, which I note is entitled *Cancer in Victoria — Tackling Challenges and Inspiring Change*. This is a great reflection on organisations like Cancer Council Victoria and the Breast Cancer Network Australia, which this Saturday night I hope 15 000 will together support at the Field of Women event at the MCG. But this statement, 'tackling challenges and inspiring change', also reflects the individual level of those who are or who have been touched by cancer.

I reflect here on my beautiful friend and neighbour Amanda Winter Ferguson, who lost her battle with cancer last June. Not a day goes by when I and all of Amanda's friends and family do not think of her, being at once challenged by her loss and inspired by who she was and how she changed each of us. With her warm Benalla charm and sense of fun, she had kindness in her heart for every person, and just being with her brought out the celebration in all of us. Amanda's birthday is next week, on 14 May, and her friends will come together in her honour. We will reflect on both the challenge and the inspiration given to us by our darling friend.

The impact of cancer on our society cannot be measured. When faced with the enormity of the challenge, it is organisations like Cancer Council Victoria that provide us with both hope and inspiration. Cancer Council Victoria is a not-for-profit organisation involved in cancer research, support, prevention and advocacy. Its focus is improved cancer outcomes. This single mission is delivered across a very extensive range of services, but I will touch upon just a couple. Fundraising is critical to the organisation's success in engaging with the community. Few would fail to be aware of Australia's Biggest Morning Tea, conducted each year in May or June. Last year 7600 hosts raised more than \$2.8 million for the 20th anniversary of this event. This year it is hoped that 35 000 people will participate in Australia's Biggest Morning Tea across this month and June. Other events include Girls Night In, Pink Ribbon Day, Relay for Life and Daffodil Day.

Cancer Council Victoria is also well known for its preventive role, and the success of campaigns such as

SunSmart and Quit are a testament to its success. The report highlights the Victorian government's welcome announcement in 2013 to make pools, skate parks and playgrounds smoke free and other legislative changes to continue the extension of smoking bans across Victoria.

I will touch briefly upon the research which is funded annually by Cancer Council Victoria, which I feel is the most inspirational part of the work it does. The review report details more than 170 current research projects, with new projects being funded each and every year. I will touch on and highlight just one of these, a collaboration to drive clinically meaningful research into mesothelioma. I pay tribute here to a friend, Louise Williams, a very special and inspiring person who has recently returned from Washington, where she received the Alan Reinstein Award for her efforts to create a worldwide ban on asbestos by making everyone aware of the deadly dangers of asbestos. Congratulations, Lou, and thank you for all that you do.

Congratulations to the board, the staff and importantly the thousands of supporters of the work of Cancer Council Victoria on its efforts in 2013 and into the current year. In every person touched by cancer, it is, as the report reflects, about the challenge and the inspiration.

Gordon Institute of TAFE: report 2013

Ms TIERNEY (Western Victoria) — I rise to make a contribution in relation to the Gordon annual report 2013. This TAFE organisation is well known to a number of people in this chamber, as it is one of the oldest TAFEs in this state. It is the largest regional stand-alone TAFE in Victoria and has been operating for 126 years. It delivers a wide range of courses across the greater Geelong region, including apprenticeships and traineeships.

The Geelong community benefits significantly from the Gordon, with over 600 staff and almost 70 per cent of students being from the local region. There were also 274 international students enrolled in 2013 from 20 different countries. I join CEO Lisa Line in conveying my thanks to the Gordon staff for their hard work and dedication, which once again has seen positive outcomes achieved. I also pay tribute to Grant Sutherland, who during the course of this reporting period resigned to take up another position. Grant served the Gordon as its CEO for seven years and played a very active role as a leader within the Geelong community and the education community as well.

What can be actively achieved by the Gordon is somewhat restricted by this government's allocation of

funding, and that has been pointed out by Mr Melhem and Ms Pulford this evening. Between 2012 and 2013 funding to the Gordon was cut by approximately \$23 million. Participation by students aged between 25 and 64 reduced between 2012 and 2013, with 1006 students being lost. Further, the participation of 24 and 25-year-olds reduced between 2012 and 2013 by 688 students. The equivalent of 103 full-time positions were lost at Gordon TAFE as a result of this government's funding cuts.

These are trained and experienced people who until this government stepped in were playing a very vital role in providing skills and education to our local community. When Geelong is experiencing unprecedented unemployment levels it is hard to imagine a worse time for a government to enforce more job cuts, but it has. To make it worse, the people who have lost their jobs are the very people Geelong needs to assist unemployed people to skill up so they can get another job in the near future.

As a community we have lost teachers, support staff and students, and now we will see a significant reduction in people obtaining the qualifications they need to become a part of the workforce. This comes at a time when youth unemployment sits at around 13 per cent in my electorate, and the unemployment figures are likely to increase with the job losses at Ford and Alcoa.

The *Geelong Advertiser* featured a front-page article on 9 April headed 'TAFE cuts revealed — \$23 million ripped out of Gordon'. Geelong is clear about the impact that the Napthine government is having on its community. The article quotes Gordon TAFE CEO Lisa Line as saying that 'decreased enrolment figures were in line with expectations given changes to the TAFE funding structure'.

Our attention is drawn to the key role that the Gordon plays in skilling and reskilling people. This importance cannot be underestimated, especially in Geelong, where industries are closing and people need training.

In conclusion, the people of Geelong and the whole state of Victoria are very upset and tired of seeing the negative impacts of the funding cuts to the TAFE system by the government. They want to see funding restored to TAFEs and training supported, which will benefit not only individuals but also the community as a whole through employment and the growth of industry. The Gordon's annual report conveys positive achievements over the course of 2013, and the staff are to be commended for their effort, given the current climate of funding cuts from government —

The ACTING PRESIDENT (Mr Ondarchie) — Time!

Outer Suburban/Interface Services and Development Committee: growing the suburbs

Mrs KRONBERG (Eastern Metropolitan) — I am pleased to make my contribution on the Outer Suburban/Interface Services and Development Committee report entitled *Inquiry on Growing the Suburbs — Infrastructure and Business Development in Outer Suburban Melbourne* dated June 2013. For the edification of the house I want to list the interface councils: Cardinia, Casey, Hume, Melton, Mitchell, Mornington Peninsula, Nillumbik, Whittlesea, Wyndham and Yarra Ranges. Before I get into the body of the report I want to set the scene with an important and timely quote from the Committee for Melbourne contained in the report, especially as we look to the delivery of the budget by the Treasurer just yesterday. It stated:

With Melbourne's population expected to exceed 5 million people in the coming 10–15 years and almost double within the next half century, the infrastructure task is significant. It will not only be imperative to address the productive capacity of Melbourne's infrastructure assets but also to ensure the timely investment in major infrastructure projects.

That is a really powerful, very relevant and succinct summary of what this government, of which I am immensely proud, delivered yesterday.

Let me get back to the report. It examines in great detail the provision and management of urban infrastructure and its role in promoting business development and economic growth in Melbourne's outer suburbs. Melbourne experienced the largest population growth of all Australian capital cities during the 11 years to June 2012. During this period Melbourne grew by more than three-quarters of a million people, or approximately 754 000 people, which represents an average of more than 1300 people per week or more than 185 per day. More than half of this growth has occurred in outer suburban Melbourne, which is forecast to accommodate a similar share of Melbourne's population growth in coming decades.

Business development and skills development, supported by high-quality infrastructure, represent the lifeblood of a prosperous city and are the foundations of the economic and cultural vitality of Melbourne's CBD and its inner suburbs. This vitality is also explained by the agglomeration of knowledge economy jobs in central Melbourne, an economic trend that in the information age increasingly defines the world's most influential and desirable cities. The challenge for those

cities that are currently reaping the benefits of agglomeration, however, is to ensure that their outer urban areas do not miss out on the enormous economic benefits generated by the knowledge economy.

How salient then is this government's response to those imperatives in terms of the \$24 billion commitment to infrastructure. We know the Melbourne rail link will transform our rail network. Just to assuage some of Ms Tierney's concerns, it will create 3700 new jobs at the peak of its construction. It will include a new rail tunnel from South Yarra to Southern Cross station, and it will significantly increase transport capacity and reliability for Melbourne's growth areas — those interface councils I mentioned earlier. Just think of the joy, the euphoria, in interface council areas such as Melton and Hume when the residents think of the airport rail link that will connect Melbourne Airport to Southern Cross station, delivering a reliable, convenient and efficient rail link, with services every 10 minutes in peak hours. The people in Casey and Cardinia must be overjoyed with the \$2.5 billion Cranbourne-Pakenham rail corridor project. We know that will significantly improve rail services for 1 in every 10 Melburnians.

Mr D. D. O'Brien — Including Gippslanders.

Mrs KRONBERG — Including Gippslanders. We will have the largest level crossing removal program on record. We have provided funding for the delivery of the planning for 40 level crossing removals and grade separations. Oh, joy!

Rural Finance: report 2013

Ms DARVENIZA (Northern Victoria) — I am very pleased to make some comments on Rural Finance's annual report 2013. I wish to acknowledge the contributions of the chair, Sonia Petering, and the CEO, Bob Goudswaard.

The corporation's vision is for a sustainable and productive rural and regional Victoria, and for 65 years it has achieved just that, with a strong client focus. Rural Finance administers a range of government initiatives in its promotion and support of rural communities and industries in Victoria. It has played a major role in the development of rural Victoria, and it is a significant lender to Victoria's primary producers and rural businesses. The corporation provides financial services but also other services such as succession planning and insurance. It has committed \$2.3 million towards its scholarship scheme, which has educated 127 outstanding students across a broad spectrum of industries.

The corporation celebrates a number of highlights in its 2013 report for which it should be congratulated, including the launch of the new Rural Finance website that is mobile device friendly. It has also developed the Great State of Ag initiative, which is a collaboration between Rural Finance and its partners, and aims to reward the success of those achieving extraordinary results within our agricultural industry. It has also launched the Ag Achievers graduate program and completed an organisation-wide review of workflow, which will allow staff to spend more time servicing clients, because 68 per cent of Rural Finance clients are in the family farm and family corporate sectors, demonstrating the corporation's strong commitment to family farms as the core of Victorian agriculture.

Rural Finance has received 637 applications for clean-up and restoration grants from flood-affected primary producers and small producers, and it approved 67 First Farm grants with funding to assist young first-time farmers to develop a business plan and invest in business and property development.

These are just some of the highlights that are outlined in the report. The loan portfolio of \$1.65 billion is an 8 per cent increase on the 2011–12 level, exceeding industry growth rates. It is easy to see why Rural Finance with its strong agricultural focus is held in such high regard in rural and regional Victoria.

Alarming this week we heard that Rural Finance will be bought by the Bendigo and Adelaide Bank for \$1.78 billion. The sale of the Rural Finance Corporation did not go to tender, because the state government said it received independent advice that no tender was required and that it should not go to tender. There are now legitimate concerns over whether taxpayers have received value for money.

Nathalia dairy farmer Chris Brooks contacted my office to outline his concerns. He said that privatising Rural Finance will change its culture of treating people like human beings. He said the corporation understands the ups and downs associated with farming and supports farmers 100 per cent. He said that when dealing with the corporation customers get a real person to talk to and that staff have a strong understanding of what farmers go through.

The sale, expected to net a return of \$400 million, will be earmarked for infrastructure spending in rural and regional areas, including the Murray Basin rail project, which will standardise the rail line from Mildura to Geelong. Treasurer Michael O'Brien said this was an excellent outcome for rural and regional Victoria, but

what it is really being used for is to make the budget look better.

It is once again evident that the Liberal-Nationals government does not understand rural and regional communities. It has once again let down those communities by doing away with Rural Finance and allowing it to be privatised within the banking sector. This is a real loss for our farming and agricultural production community. I think everybody should take the time to look at the Rural Finance annual report to understand the work it does.

Auditor-General: *Access to Education for Rural Students*

Mr ELASMAR (Northern Metropolitan) — I rise to speak to the Victorian Auditor-General's report of April 2014 entitled *Access to Education for Rural Students*. I knew the results of this audit before I read the report. Coalition and Labor governments have in the past promoted and encouraged decentralisation in Victoria. In order to stimulate rural economies and promote employment growth, they have given financial incentives to city-based families to establish businesses in country areas. No doubt this suited entrepreneurs who were sick of the rat race in the city and who wished to relocate to the country. While this increased the economic development of some country towns, according to this report such a move was to the detriment of their children's education.

Of Victoria's total student population, 30 per cent is classed as rural. Many students have to travel significant distances to attend their school, and the services provided for them to do so are insufficient. The result is underachieving kids with no future and country townships facing mediocrity for generations to come.

In failing to provide access to high-quality education, the Department of Education and Early Childhood Development is failing these children. Children deserve a good start in life with all the advantages a good education will bring, such as a decent career or a worthwhile trade, irrespective of where they reside. I often hear of children who grow up in rural areas yearning for the big smoke. The reality is, however, that even if they are successful in reaching the city, they are so disadvantaged by the standard of their education that they will be lucky to get a part-time job in a fast food outlet.

This is not fair. It is not fair on parents, and it is not fair on rural kids who are being denied a successful career path by virtue of where they grow up. I would like to see the Department of Education and Early Childhood

Development come up with strategies to improve these disappointing scholastic statistics. Rural students are disadvantaged by the tyranny of distance, but it is not enough to simply provide a bus service that will ferry these kids to school and home again. The standard of their education must be tackled in a proactive way in order to shrink the gap between them and their city counterparts.

Some of the report's recommendations are focused on developing a monitoring system that will highlight the effectiveness of a fully comprehensive evaluation of the rural school network with a view to establishing a pathway that can be utilised by rural students to enhance their chances of acquiring further education and their ability to make informed choices. More funding is necessary to ensure that school leavers in our regional centres are possessed of excellent skills. This will allow them to take their rightful place within their communities as educated men and women who are capable of determining the growth and future of their own townships. The way things stand now, such an outcome seems a distant possibility.

**Legal and Social Issues Legislation Committee:
Australian Health Practitioner Regulation
Agency performance**

Mr D. R. J. O'BRIEN (Western Victoria) — It is with great pleasure that I rise to make a contribution on the final report by the Legal and Social Issues Legislation Committee of the Victorian Legislative Council on its inquiry into the performance of the Australian Health Practitioner Regulation Agency (AHPRA). The committee was chaired amicably and expertly by, firstly, Edward O'Donohue until 8 May 2013, at which time he was elevated to the ministry, and then by Georgie Crozier, who I became the Parliamentary Secretary for Health at about the same time. She has done a sterling, commendable and inspirational job in both her chairing of this committee and the Family and Community Development Committee, on which I also sat, and also through her diligent work as a former nurse and now member of Parliament and Parliamentary Secretary for Health.

It is in fact in the chair's forward from which much of the importance of this inquiry can be gleaned. Ms Crozier says:

Ensuring that Victorians can receive high-quality health care from health practitioners is essential. This inquiry presented a timely opportunity to review the performance of AHPRA and the national registration and accreditation scheme since its implementation in July 2010, and to specifically assess the extent to which the scheme is protecting the Victorian public.

That is probably the first point to ponder. Other parties in this Parliament were initially sceptical about the importance of this inquiry, given that AHPRA is at the moment a federal body. It is a moot question as to who formally has regulatory power because the Victorian health system is still predominantly a service delivery sector of the Victorian Parliament.

That is why, notwithstanding there being a commonwealth Parliament, it is important as a matter of principle that on matters that pertain to Victorians — particularly on important matters of health — Victorians themselves have their elected legislators conduct inquiries such as this. Judging from the number and quality of submissions received and the real concerns of Victorian doctors, other health professionals and other members of the public as to what is required and what has been wrongly and poorly administered — as found in the report and as admitted in part by AHPRA in relation to the initial implementation of the national scheme — this is a matter of critical interest to Victorians.

It is not just a matter of federalism. In relation to health it is a very important protection device that Victoria's Parliament, government and Minister for Health retain the sovereignty of their jurisdiction over these important matters, notwithstanding the benefits of national uniform schemes and federal involvement in part. This is where the essential dispute formed between what became the minority and majority report. The majority of the committee formed the view outlined at recommendation 10:

That the Minister for Health advise the Australian Health Workforce Ministerial Council that there are numerous problems with the existing health complaints process in Victoria including:

confusion and inconsistencies with the mandatory notification process throughout Australia.

We heard multiple evidence of concerns around mandatory notifications. Mandatory notifications can mean that something in the health system needs to be fixed. Alternatively these notifications can have a material effect upon their recipients, who are mainly medical practitioners. In a sense it can be just as bad for the system to have a quagmire of complaints as it can to have a quagmire of good comments. That is why we have made these recommendations. We support them and look forward to the opposition taking a sensible position on this to protect the Victorian public.

Victoria University: report 2013

Mr EIDEH (Western Metropolitan) — I am pleased to rise to speak on Victoria University's 2013 annual

report. Victoria University is a fine education provider in my electorate. I offer my congratulations to the university's chancellor, Mr George Pappas, vice-chancellor and president Professor Peter Dawkins, and the senior leadership team, who have worked hard to continue to deliver exceptional education in the west. I also extend my congratulations to all the dedicated and hardworking staff who work tirelessly throughout the year.

There were many highlights during 2013 that the chancellor and vice-chancellor indicated in their addresses. These include, firstly, the signing of a memorandum of understanding with Maribyrnong City Council to progress the Footscray university town concept. This plan will develop Footscray into a university hub that will provide the full college town experience.

Secondly, as part of the university's commitment to the west and being the university of opportunity, the first community integrated learning centres, part of the Victoria University Learning Link program, opened in Hobsons Bay and Altona Meadows. Thirdly, Victoria University launched the Mitchell Institute for Health and Education Policy in May. Alongside this the university also developed the Centre for Chronic Disease Prevention and Management. Fourthly, Victoria University boldly positioned itself as Australia's sports university. Finally, the university and its staff were awarded one of two prestigious national teaching fellowships and the international building and construction fellowship.

In addition to these accomplishments, both the chancellor and vice-chancellor also noted the difficulties the university has faced, like many other educational providers, given the changes in funding available to them. I commend Victoria University for being a diverse educational provider, offering all levels of education from vocational education and training and TAFE to postgraduate research. However, I am afraid that if this government does not start supporting education, Victoria University may no longer be the university of opportunity.

It is obvious that the government has had a detrimental effect on TAFEs and higher educational providers across the state, which can be seen from their enrolments. Victoria University's annual report reports a decrease in enrolments across the board of 7.3 per cent in two years, which is very alarming although not surprising. When considering the vocational education and training sector enrolments the figures indicate a decrease of 8.6 per cent or over 3000 students.

I have raised my concerns about unemployment in my electorate and argued that the lack of funding for education is isolating young people's opportunities to access education. This annual report gives a clear example of this in black and white.

I hope the government reads the 2013 annual report and the reports of other TAFEs and higher education providers to truly understand how damaging its savage cuts have been and the detrimental effect they will have on the future of both the education provider and young people. I commend the report to the house.

Legal and Social Issues Legislation Committee: Australian Health Practitioner Regulation Agency performance

Ms CROZIER (Southern Metropolitan) — I rise to speak on the report of the inquiry into the performance of the Australian Health Practitioner Regulation Agency (AHPRA) that was conducted by the Legal and Social Issues Legislation Committee and tabled in this place in March this year. My colleague Mr O'Brien has just spoken on the report, and I commend him on the work he undertook during the course of the inquiry. He made a great contribution and provided valuable input throughout its course.

I have previously mentioned in this house the very important element of the Victorian doctors health program. Throughout the course of the inquiry we heard evidence highlighting the value of the doctors health program being in place. Indeed on the final day of hearing evidence at the inquiry the committee was very pleased to hear a commitment from the chair of the Medical Board of Australia that reaffirmed a future national health program specific to the needs of doctors. The chair of the medical board said the board had commissioned a piece to look at what that model should look like and what its governance model and accountability should be, and was setting aside funding for a national doctors health program in all states and territories. How that will work structurally with the current state programs is an issue on the table for us to work through in conjunction with the profession, but we have a strong commitment to an equitable offer for the delivery of doctors health programs around the country.

There was also evidence to the committee that suggested the nurses and midwives health program provided valuable services to nurses and midwives throughout Victoria. However, the long-term sustainability of this program is uncertain. Page 84 of the report highlights evidence to the committee that the

Nursing and Midwifery Health Program (NMHP), which started its operation in 2006, provides:

... screening, assessment, referrals, individual support sessions and groups to all nurses, midwives and students of nursing and midwifery in Victoria.

The program was previously funded by Victorian nurse registration through the former Nursing Board of Victoria, with funding equating to \$5.69 per registrant annually. Approximately 600 nurses had accessed the program in the first five years of its existence, and of those at least 63 per cent have either returned to work or been able to stay at work. There was important evidence in relation to the importance of this program.

The Australian Nursing Federation submission was clear about the importance of the service. It stated that:

... importantly this service helps to provide protection to the Victorian public. This provides the benefit/protection to the Victorian public in that practitioners are supported through these processes in a way that allows them to either continue to practise or facilitates the return to practice ...

The committee was asked to look at how the performance of AHPRA was affecting the Victorian public. The report states:

Consistent with concerns raised by medical practitioners, the NMHP asserts that numerous members are aggrieved that their registration fees have almost doubled since the move from state registration to national registration.

Indeed some medical practitioners asserted that they were receiving fewer services, including the prospect of no health programs. This is an important issue to highlight. The committee also received evidence that the national board had decided to extend funding of the Nursing and Midwifery Health Program to 30 June 2016 while it examines best practice in the role of national and international regulators in relation to referral treatment and rehabilitation programs for health practitioners. At the inquiry's public hearing on 11 December 2013, AHPRA said it could not give the same commitment to a similar professional specific health program to support nurses and midwives. There is some uncertainty that still remains about this important program, and that was of concern to many submitters to the inquiry. I urge the Minister for Health to take on board the recommendation provided in this report.

LOCAL GOVERNMENT (BRIMBANK CITY COUNCIL) AMENDMENT BILL 2014

Introduction and first reading

Hon. M. J. GUY (Minister for Planning) introduced a bill for an act to amend the Local Government (Brimbank City Council) Act 2009 in respect of the holding of the next general election of councillors for the Brimbank City Council and for other purposes.

Read first time; by leave, ordered to be read second time forthwith.

Statement of compatibility

Hon. M. J. GUY (Minister for Planning) tabled following statement in accordance with Charter of Human Rights and Responsibilities Act 2006:

In accordance with section 28 of the Charter of Human Rights and Responsibilities Act 2006, (the 'charter act'), I make this statement of compatibility with respect to the Local Government (Brimbank City Council) Amendment Bill 2014 (the bill).

In my opinion, the bill, as introduced to the Legislative Council, is compatible with human rights as set out in the charter act. I base my opinion on the reasons outlined in this statement.

Overview

The purpose of the bill is to amend the next election date for Brimbank City Council, extending the period of administration of the panel of administrators for Brimbank City Council (the panel) from the fourth Saturday in March 2015 to the general elections of councillors for all councils scheduled on the fourth Saturday in October 2016.

Human rights issues

Human rights protected by the charter act that are relevant to the bill

Section 18 of the charter act establishes a right for an individual to, without discrimination, participate in the conduct of public affairs, to vote and be elected at state and municipal elections, and to have access to the Victorian public service and public office.

This right is relevant to the bill as clause 5 of the bill has the effect of postponing the return of the elected representation for Brimbank City Council for a further 19 months.

Are the relevant charter act rights actually limited by the bill?

The right to participate in public life is limited by the bill as during the period of administration the right of voters to participate in the Brimbank City Council elections is suspended, as are the rights of candidates to stand for election and to occupy public office.

Is any limit on relevant rights by the bill reasonable and justified under section 7(2)?*(a) the nature of the right being limited*

The right to participate in public affairs is a broad concept, which embraces the exercise of governmental power by all arms of government at all levels. The right to be elected ensures that eligible voters have a free choice of candidates in an election, and as with the right to vote, the right to occupy public office is not conferred on all Victorians; it is limited to eligible persons where the criteria and processes for appointment, promotion, suspension and dismissal are objective, reasonable and non-discriminatory.

(b) the importance of the purpose of the limitation

The limitation was originally necessitated after the Brimbank City Council was dismissed in 2009, following findings of profound failures of governance. Removal of an elected council is a last resort, and only undertaken on exceptional circumstances where the government has a responsibility to protect a community from misgovernance by their local representatives.

Given the serious deficiencies in governance that led to the council's dismissal and the complexity and size of the municipality, an extended period of good government is required to fully restore community confidence and to end the links with inappropriate sectional interests and factional conflict.

The purpose of the bill is to enable the panel to complete the process of reviewing all aspects of council activity and programs, to ensure the adverse impacts of former poor policy and practices are fully addressed and appropriate safeguards are put in place, before returning to elected representation.

Extending the period of administration will also ensure the completion of a number of key strategic projects that will reach critical stages in 2015. The successful management of these projects and the development and maintenance of strong partnerships is central to the realisation of improved governance of Brimbank City Council and the reformation of the dysfunctional culture of local government in Brimbank. The bill will enable these projects to continue seamlessly and be brought to conclusion without the risk of short-term political interference caused by the transition to a new council serving a 19-month term.

(c) the nature and extent of the limitation

Clause 5 of the bill will have the effect of continuing to suspend the right to participate in public life until the fourth Saturday in October 2016, at which time a general election for Brimbank City Council will be held.

This clause will only limit the right to participate in public life for a confined period of time, after which the council will return to elected representation and the right to participate in public life will resume.

(d) the relationship between the limitation and its purpose

There is a direct relationship between the limitation and the purpose of ensuring that elected councillors properly undertake the duties of their office.

(e) any less restrictive means reasonably available to achieve its purpose

The bill may provide for a shorter extension of the period of administration for Brimbank City Council.

However, Brimbank City Council would still be required to participate in the general elections of councillors for all councils on the fourth Saturday in October 2016 and the potential risk of a short-term elected council destabilising the viability of the strategies and reforms implemented by the panel to address the serious deficiencies identified at Brimbank City Council would remain. Further, the financial impact of two elections within a short time frame will cause the community, in funding the two elections, and potential candidates, in funding two election campaigns, to incur considerable costs.

(f) any other relevant factors

There are no other relevant factors.

Conclusion

I consider that the bill is compatible with the charter act because, although it does limit one human right, the limitation is reasonable and proportionate. The limitation strikes the correct balance by providing for embedded good governance and restored community confidence, as a precondition for effective local democracy.

Hon. M. J. Guy, MLC
Minister for Planning

*Second reading***Ordered that second-reading speech be incorporated into *Hansard* on motion of Hon. M. J. GUY (Minister for Planning).**

Hon. M. J. GUY (Minister for Planning) — I move:

That the bill be now read a second time.

Incorporated speech as follows:

The Local Government (Brimbank City Council) Amendment Bill 2014 will amend the Local Government (Brimbank City Council) Act 2009.

The purpose of the bill is to extend the period of administration at Brimbank City Council, in order to complete the restoration of good governance to the Brimbank municipality.

In 2009, the Brimbank City Council was dismissed due to a profound failure of the council to govern in the interests of the Brimbank community. This was due in part to a culture of external influences and factional conflicts between councillors.

A panel of three administrators was appointed to constitute the council and perform all the functions, powers and duties of the council.

The panel of administrators has made much progress in the last four years to rebuild good governance processes and structures within the council. The panel has also started to

restore a seriously damaged relationship between the council and the local community. I take this opportunity to thank all members of the panel for their work in this regard.

In November 2013, the previous Minister for Local Government began the process of reviewing the panel's progress to date and its forward program, in order to assess the council's readiness to return to elected representation in March 2015.

Representatives of the community have made submissions to the government requesting the election be delayed until October 2016 to save ratepayers and the council the substantial expense of holding two elections within 19 months.

On the basis of all the available information, the government has concluded that it would be in the best interests of the community for the period of administration to continue for a further 19 months until the statewide local government general elections scheduled in October 2016.

It is clear to the government that due to the complexity and size of the municipality, a council elected to serve a 19-month term would create unacceptable risks and set back the impressive reform program now under way at Brimbank.

The bill provides for a continuation of the period of administration, until the return of a democratically elected council in October 2016. This prevents a situation in which two elections are held in Brimbank within 19 months. Holding two elections will cause both the community, in funding them, and potential candidates, who will need to fund two campaigns, to incur considerable costs. The bill also will enable the first council in the return to elected representation to serve a full term in office.

This relatively short extension will give the people of Brimbank the best chance of having a council which delivers effective and stable government in the long term.

I commend this bill to the house.

Debate adjourned on motion of Mr TEE (Eastern Metropolitan).

Debate adjourned until Wednesday, 21 May.

Business interrupted pursuant to sessional orders.

ADJOURNMENT

Hon. M. J. GUY (Minister for Planning) — I move:

That the house do now adjourn.

Northern Victoria Region schools

Ms DARVENIZA (Northern Victoria) — I raise a matter for the Treasurer, Michael O'Brien. The matter I wish to raise concerns confusing details that have been reported in the *Riverine Herald* about the merger of Echuca West Primary School, Echuca South Primary School and Echuca Specialist School and funding for Kyabram P-12 College. As part of yesterday's state

budget release the Treasurer, Michael O'Brien, announced that 12 new schools will be built in Victoria, with many others to be given significant upgrades.

When a reporter for the *Riverine Herald* spoke to the lower house member for Rodney, Paul Weller, he advised that there was no money in the budget for the merger of Echuca West and Echuca South primary schools and Echuca Specialist School. However, some time later Mr Weller said he had had a brief discussion with the Victorian Minister for Education, Martin Dixon, who assured him that the funding was available and that various rural schools would share \$1 million between them for planning purposes. I understand that Kyabram P-12 College, another school in my electorate of Northern Victoria Region that urgently needs upgrades, was included in that \$1 million allocation.

The specific action that I am seeking from the Treasurer is that he confirm that there is in fact \$1 million in funding for rural schools to be shared for planning purposes and that he outline which schools will be eligible to receive part of that funding. A number of principals spoke to the *Riverine Herald* prior to the news that the funding had been secured. The acting principal of Echuca South Primary School, Kelvin Millar, said that the school was disappointed to have missed out again on funding. Mr Millar said, 'The school community is extremely disappointed that once again we have been overlooked'. Similarly, Echuca Specialist School principal Marie Downie said, 'We were really hopeful we would get funding in this year's budget for at least the beginning of the merger, like the master plan'. Echuca West Primary School principal Andrew Judd said that it would be a while before the vision became reality and that he was disappointed but in the meantime he was looking to support the children without the building. Kyabram P-12 College principal Stuart Bott has voiced his disappointment at not receiving any funding in the last three budgets despite having a severe white ant infestation that needs urgent attention.

Victorian Minister for Education Martin Dixon made at least two visits, in 2011 and 2012, to Kyabram P-12 College, and on his last visit, only eight months ago, he said that the college remained a priority. It is important that we get some clarification about the existence of this \$1 million in funding and which schools will be eligible for it, so that we can address the confusion that exists in my electorate of Northern Victoria Region.

The ACTING PRESIDENT (Mr Ondarchie) — Order! Before Ms Darveniza sits down, I need some

clarification. Is Ms Darveniza raising a matter for the attention of the Treasurer or the Minister for Education?

Ms DARVENIZA — I am addressing it to the Treasurer.

Woodend Library

Mrs MILLAR (Northern Victoria) — My adjournment matter tonight is for the Minister for Local Government, the Honourable Tim Bull, and it concerns one of the Macedon Ranges Shire Council's libraries, the wonderful Woodend Library. It is well utilised, has very committed and enthusiastic staff and is a welcoming place for adults and children alike. I quote Cicero, who said, 'If you have a garden and a library, you have everything you need'. I think there are many locals in Woodend who would agree with this statement, as they have a great love of both the beautiful local gardens and this treasured little local library.

I had the great pleasure of visiting the Woodend Library recently. As a keen reader and lover of libraries I visit the local libraries regularly, but on this occasion it was to announce the major regional prize winner, Noah Cooper, and dozens of other award recipients of the 2014 Goldfields Libraries Summer Reading Club. Woodend Library ran one of the most successful clubs within the Goldfields Library Corporation region, attracting more than 100 of the 450 child participants from right across the Goldfields libraries group, which was a fantastic effort given the size of the library, and it pays great tribute to the work of the Woodend librarians. In this respect I acknowledge all the staff at this library, but most especially librarians Lulu Cockram and Suzie Priestley.

Over the past year the Woodend Library has also been a centre for an ambitious community project to knit or crochet 5000 poppies for next year's centenary of Anzac Day. This fabulous project, also led by Lulu Cockram, started small, but having completed the first target quickly its efforts continue towards next year's most significant anniversary for all Australians. I have also acquired some knitting needles and Australian wool and have faithfully promised Lulu that I will knit a poppy for the collection.

I draw the Woodend Library to the attention of Minister Bull as this superb local library, which is full of people at any time of the day, is also in need of some upgrading. I know that a recent review has highlighted the needs of this local library in particular. I invite Minister Bull to visit Woodend, perhaps to view the progress of the 5000 poppies for the Anzac Day

centenary. I would be most happy to host him, as I know our local librarians would also. Who knows? Lulu might even have Minister Bull knitting by the end of the visit.

National disability insurance scheme

Ms MIKAKOS (Northern Metropolitan) — My matter this evening is for the Minister for Community Services. I rise to express my deep concerns about the federal government's recently revealed report of the National Commission of Audit which has recommended, among other targeted cuts, a cap on the cost of the national disability insurance scheme (NDIS) and a delay in its full rollout. This proposed costcutting measure would be a huge blow for Victorians with a disability if it were to proceed.

The commission of audit states in its report released on 1 May that the NDIS is 'a worthy scheme with widespread community support'. I certainly agree with that sentiment. Then it goes on further to recommend that the commonwealth 'continue to support the introduction of the national disability insurance scheme, but that the scheme be implemented in a way which is fiscally sustainable'. It suggests 'pursuing a slower phasing in of the scheme' that will require a renegotiation with the states.

The NDIS is a groundbreaking reform championed by the federal Labor government. I recall that it was agreed to in 2012 by the federal Parliament with bipartisan support, with the then Leader of the Opposition Tony Abbott being quoted in the *Herald Sun* of 30 April 2012 as stating that he offered the then government 'bipartisan support for a responsible and timely NDIS'. I am concerned that two years later the NDIS is potentially on the chopping block. I am concerned that if the NDIS is delayed, thousands of Victorians living with a disability will miss out on the vital support services they so desperately need. Already 4200 people with disabilities living in Victoria are on the disability support register. These people are all waiting to receive some level of support from the Victorian government.

The NDIS has taken years of work to get it to the stage it is at, and its implementation must not be delayed. I note that last week Minister Wooldridge was quoted in the *Australian* of 2 May as calling on Canberra to "honour the agreement" for a 2019 full rollout', but she has not given an indication as to whether she is also calling on the Abbott government to not tinker with the NDIS as originally promised by implementing a cap on its cost, as is recommended by the commission of audit.

I call on the minister to go further than her already reported comments and to state that she will refuse to negotiate a bilateral agreement with the federal government that would involve either a delay in the rollout of the NDIS across the rest of Victoria or a scaling back of the scope of the NDIS.

Turkish RSL sub-branch

Mr ELSBURY (Western Metropolitan) — It is a great pleasure to be able to raise a matter this evening for the attention of the Honourable Matthew Guy in his role as the Minister for Multicultural Affairs and Citizenship. It is reported that Kemal Atatürk, the father of the Republic of Turkey, said the following words in 1934 to the first British, New Zealander and Australian visitors to the Gallipoli battlefield:

Heroes who shed their blood and lost their lives! You are now lying in the soil of a friendly country. Therefore rest in peace. There is no difference between the Johnnies and the Mehments to us where they lie side by side here in this country of ours. You, the mothers, who sent their sons from faraway countries wipe away your tears; your sons are now lying in our bosom and are in peace. After having lost their lives on this land they have become our sons as well.

That is a rather moving tribute to be given by someone who at the time of the Gallipoli campaign was actually our enemy. He was a commander of the Ottoman forces that were keeping our soldiers off the Dardanelles and out of the Gallipoli peninsula. I have a copy of that quote on the wall behind my desk in my office in Werribee because I think those are very powerful words. Certainly they are words that reflect the respect that we in our Australian society expect between the different cultures that we have here in our great state.

On 25 April I was pleased to be able to represent the Minister for Multicultural Affairs and Citizenship at the annual Melbourne Turkish Community Centre and Turkish sub-branch of the Victorian RSL Anzac Day dinner. I would like to thank Mr Ramazan Altintas for his hospitality. It is in the tradition of the founder of Turkey that the members of that RSL have embraced their new home here in Australia and embraced the many cultures that make up our great state. They deserve recognition for the great work they do, because they bring people together from across the community — from very different backgrounds — who now call Australia home to celebrate the great achievements made by our soldiers through various wars to be able to provide us with the safe country we enjoy today.

I ask the minister to continue to work with the Turkish sub-branch of the RSL, especially as we approach the Anzac centenary, and to promote the great cooperation

that can occur in this country between peoples of very different races who have not been on the best of terms in the past.

M80 Ring Road funding

Mr MELHEM (Western Metropolitan) — My matter is for the attention of the Minister for Roads, Mr Mulder. It relates to the latest announcement, made in the last few days, about the removal of \$550 million from the M80 road project, which clearly represents a broken promise. It was announced last year with Mr Albanese, the former federal Minister for Infrastructure and Transport, that money would be allocated for the completion of the M80 project. It was to involve one particular section, between Sunshine Avenue and Furlong Road, where the road on both sides, going north and south, goes from four lanes down to two. That was the missing link, and we in the western suburbs of Melbourne were hopeful that project would be completed as promised by the former federal Labor government and by the current state government. Unfortunately, however, with the budget announcement, my understanding is that the money has now been allocated to the east–west link. It is a clear breaking of a promise on the part of this government and on the part of the minister, and it is neglect of the western suburbs of Melbourne.

I note that people have been talking to me about this over the last few days. I drive on that road. I know what it is like at peak hour. There are enormous delays. My question to the minister is this: can the minister advise the house whether or not the government has any intention to complete that section of the M80, and if the answer is yes, when, and if the answer is no, why not?

The ACTING PRESIDENT (Mr Ondarchie) — Order! I advise Mr Melhem that this is not question time, so it is not an opportunity to ask a question seeking a response from a minister to the house. The member needs to ask the minister for some sort of specific action by way of a response to the member.

Mr MELHEM — I am happy to paraphrase. I ask the minister to explain to the people of the west and to me when — —

The ACTING PRESIDENT (Mr Ondarchie) — Order! Yes, we have got it now. That will do. I thank the member.

Warrnambool rail line

Ms TIERNEY (Western Victoria) — My adjournment matter this evening is for the Minister for Public Transport, and it relates to the V/Line service

along the line to Colac and Warrnambool. The minister will be aware, considering that the area of concern for my adjournment this evening is in fact in the minister's own electorate of Polwarth, that the Melbourne-Warrnambool line, which goes through Colac, is the worst serviced V/Line service in the state.

At present there are just three services per day that Warrnambool and Colac public transport users can use to access services in Geelong and Melbourne — one in the morning, one at lunchtime and one late in the afternoon. Demand for this service has increased exponentially in recent times, to the point where commuters now have to book a week in advance to ensure a seat on the train, as the patronage far outnumbers the capacity of the service. A young Colac mother and her two children were left stranded a few weeks back when they tried to book seats on the Friday lunchtime train from Colac to Melbourne only to find the service was booked out. They had tried to book the seats three days earlier. I have also been made aware of a number of similar instances in recent times.

I am sure the minister does not have to be reminded about the importance of viable transport options for regional Victorians so that they can access education and health services, particularly in an electorate like this which has pockets of severe disadvantage. The government's current service, however, is severely lacking, making it difficult for Polwarth residents, residents in the south-west and Geelong residents to access services, not to mention for students trying to access the Gordon Institute of TAFE or Deakin University.

As I understand it, this issue has been raised numerous times with the Premier and the minister over the last few years. The Great South Coast Group and the south-west local councils have listed this as a top priority, as has the G21 Geelong Region Alliance. One would think that the fact that patronage has increased to the point where commuters cannot purchase tickets a week out from their travel date would be enough to ring the red alarm bells. Freedom of information documents obtained by the Labor opposition in December last year revealed that the increased demand on the line to Colac and Warrnambool has led to carriage overcrowding, which is of course a safety breach.

I therefore ask the minister to inform me what the government's plans are to alleviate the overcrowding on the Warrnambool line as well as what plans it has to increase services on this line and what action it is going to take in relation to the increase in demand for the services.

Responses

Hon. M. J. GUY (Minister for Planning) — I am advised there are no written responses to provide.

In terms of the adjournment matters taken tonight, Ms Darveniza raised a matter for the Treasurer in relation to Echuca West Primary School, Echuca South Primary School, Echuca Specialist School and, I understand, Kyabram P-12 College, on which I will have the Treasurer respond to her directly.

Mrs Millar raised an issue for the Minister for Local Government, Mr Bull, in relation to the Macedon Ranges Shire Council in Woodend, and I will have him respond in writing.

Ms Mikakos raised a matter for the Minister for Community Services, Ms Wooldridge, in relation to national disability insurance scheme issues, and she will have a response from Minister Wooldridge in writing.

Mr Elsbury has raised a very pertinent and important issue for me as Minister for Multicultural Affairs and Citizenship in relation to the Turkish sub-branch of the RSL, which does a tremendous job. I agree with the content of his adjournment matter and can inform him that I fully intend to continue to have a good working relationship with the Turkish sub-branch of the RSL. I support the comments he made in his matter tonight.

Mr Melhem has raised a matter for the Minister for Roads, Mr Mulder, in relation to M80 project funds, and I will refer the matter to the minister so that he can give a direct response to Mr Melhem.

Finally, Ms Tierney raised a matter for Mr Mulder as the Minister for Public Transport in relation to the V/Line services on the Warrnambool line and their frequency. I note that those services are at the same level of frequency that existed three years ago when the previous government was in office. Having said that, I will seek a written reply for Ms Tierney.

The ACTING PRESIDENT (Mr Ondarchie) — Order! The house now stands adjourned.

House adjourned 6.45 p.m.