

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2021-22 Budget Estimates

General Questionnaire

Department of Health

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2021–22 Budget estimates general questionnaire

Introduction

The Committee's inquiry into the 2021-22 budget estimates examines the Government's expenditure and revenue.

The Committee's budget estimates inquiry aims to benefit the Parliament and the community by:

- promoting the accountability, transparency and integrity of the executive and the public sector
- encouraging effective and efficient delivery of public services and assets
- enhancing the understanding of the budget estimates and the wider economic environment
- assisting members of Parliament in their deliberation on the appropriation bills.

This questionnaire seeks information about how the budget affects each department: including how budget allocations are connected to service delivery, infrastructure projects and assets, and other key economic, financial management and emerging issues.

Timeline and format

Responses to this questionnaire are due by **5.00pm on 21 May 2021**.

It is essential that the Committee receive responses by this date to allow sufficient time to consider them before the budget estimates hearings.

The completed questionnaire and Excel worksheet in response to Question number 10 should be sent (in the format received) to: paec@parliament.vic.gov.au.

Guidance for questionnaire

Consistency with the budget papers

Wherever referring to an initiative (including output, asset and savings initiatives) that is also referred to in the budget papers, please use the name used in the budget papers. This ensures that the Committee can correlate the information provided by the Department with the information in the budget papers.

Wherever providing details about the Department (including amounts of funding, anticipated expenditure and revenue and savings targets), please provide figures for the Department on the same basis of consolidation as is used in the budget papers, unless otherwise specified.

Specific guidance

Additional guidance is provided for particular questions in the questionnaire.

For any inquiries on this questionnaire, please contact the Committee secretariat:

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Major initiatives

Question 1

What progress has been made in implementing the major initiatives/programs identified in the 2020-21 Budget for the Department. If progress of these programs/initiatives was impacted by COVID-19, please note whether these programs/initiatives will be removed or rolled forward to other years. Please identify a minimum of five initiatives/programs.

Response

	Major initiatives / programs	Objectives	Output(s)	Activities undertaken	Progress against performance measures as at 30 April 2021	Progress achieved against key Government outcomes	Note any COVID-19 impact, if any. Is this removed/rolled over? If rolled over, to which financial year?
1.	Better at Home	To allow more patients the opportunity to access specialist care and recover from illness or surgery in the comfort of their own home.	\$120.9 million in funding is being provided over 3 years to support five sets of outputs: 1. \$102.6m for hospital care delivered at home/via TeleHealth 2. \$5.8m for health service redesign and staff training 3. \$4.4m capital investment	A statewide 'Expression of Interest' (EOI) process completed with full participation of health services across metropolitan and regional Victoria. An ambitious expansion of home-based and virtual services commencing in 2020-21. Plans and funding being finalised, pending release of	Performance measures will focus on the number of patients, number of bed days, number of services and in-hospital bed day equivalence when hospitals start providing the services that are being funded.	Victorian health services have delivered a range of services in the home for over 25 years. This program seeks to expand this, based on lessons learned during the pandemic in 2020. It is too early to report on progress of <i>Better at Home</i> .	The pandemic disrupted roll out of <i>Better at Home</i> . Outbreaks in early 2021 delayed the EOI process and diverted sector capacity and workforce, impacting on planning and recruitment.

			<p>in virtual care technology</p> <p>4. \$7.3m to sustain high levels of telehealth beyond the pandemic</p> <p>5. \$0.8m to trial telehealth ambulance triage models preventing unnecessary transfers to emergency department.</p>	funds from contingency.			
2.	Transform Public Health networks	Respond to immediate needs whilst building capacity to effectively respond to long-term public health goals and health promotion objectives through Local Public Health Units (LPHUs).	Successful investment in 12 Local Public Health Units established during coronavirus (COVID-19).	In July 2020, the Victorian Government embarked on a decentralisation of the public health delivery model, establishing 12 LPHUs across regional Victoria and metropolitan Melbourne to support contact tracing and	On track	Progress achieved aligns to outcomes: <ul style="list-style-type: none"> • Victorians have good physical health • Services are appropriate and accessible in the right place, at the right time. 	The LPHUs were specifically established to mitigate COVID-19 risks in the community.

			<p>outbreak management.</p> <p>LPHUs are located within health services with partnerships out to local communities.</p> <p>LPHUs consist of public health staff situated within health services and will expand to conduct public health work across not only communicable diseases but environmental health, and prevention and population health.</p>			
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3.	Maintaining hospital capacity	<p>Funding is provided for Health Services to manage service delivery requirements as Victoria transitions to COVID-normal. This includes:</p> <ul style="list-style-type: none"> • supporting the continuation of baseline services including elective surgery • continuing the operation of new facilities opened in order to increase capacity in response to the coronavirus (COVID-19) pandemic • funding to support the cost of new high-cost therapies. <p>Funding to support the delivery of elective surgery care that was deferred during the coronavirus (COVID-19) pandemic.</p>	<p>This initiative contributes to the Department of Health's:</p> <ul style="list-style-type: none"> • Admitted Services output • Emergency Services output • Non-Admitted Services output • Small Rural Services – Acute Health output. 	<p>This funding maintains hospital performance, continues operation of new facilities; and, supports elective surgery in a coronavirus (COVID-19) pandemic environment. Funding is provided to health services for activities agreed through the Statement of Priorities process, establishing minimum performance targets. This includes:</p> <ul style="list-style-type: none"> • supporting the continuation of baseline services including elective surgery • continuing the operation of new facilities opened in order to increase capacity in response to the coronavirus (COVID-19) pandemic 	<p>Admitted services</p> <p>Total separations - all hospitals</p> <ul style="list-style-type: none"> • 2020-21 full year target: 2,034,000 • YTD Q3 Result: 1,375,000 <p>Patients admitted from the elective surgery waiting list:</p> <ul style="list-style-type: none"> • 2020-21 full year target: 203,020 • YTD Q3 Result: 117,427 <p>Emergency services</p> <p>Emergency presentations:</p> <ul style="list-style-type: none"> • 2020-21 full year target: 1,944,000 • YTD Q3 Result: 1,285,000 <p>Non-admitted services</p> <p>Patients treated in Specialist Outpatient Clinics – unweighted:</p> <ul style="list-style-type: none"> • 2020-21 full year target: 1,975,000 	<p>The initiative continues to progress 'Outcome 1.1 - Victorians have good physical health'. This has been achieved by ensuring COVID-safe services and the delivery of elective surgery care that was deferred during the coronavirus (COVID-19) pandemic.</p>	<p>Health service activity and performance for 2020-21 reflects the significant, enduring impact of the coronavirus (COVID-19) pandemic on the volume and type of demands placed on hospitals both from a patient perspective as well as overall operating environment. No funding has been removed or rolled over.</p>
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			<ul style="list-style-type: none"> funding to support the cost of new high-cost therapies. <p>Funding to support the delivery of elective surgery care that was deferred during the coronavirus (COVID-19) pandemic.</p>	<ul style="list-style-type: none"> YTD Q3 Result: 1,318,000 <p>Commentary: All 2020-21 results to date are tracking lower than the 2020-21 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</p>		
4.	<p>Supporting ambulance services</p> <p>Funding is provided to support increased demand for ambulance services, and continue the Mobile Stroke Unit and Victorian Stroke Telemedicine initiatives.</p> <p>Funding is also provided to deliver year-round services in Nagambie and 24-hour operations at the Diamond Creek ambulance branch and implement the government's</p>	<p>This initiative contributes to the Department of Health's:</p> <ul style="list-style-type: none"> Ambulance Emergency Services output Ambulance Non-Emergency Services Output 	<p>Funding is used by Ambulance Victoria to increase resources both on road and in the secondary triage service to meet growing demand. Activity targets have been increased to reflect unavoidable demand growth funded as part of the 2020-21 budget</p> <p>The stroke initiatives have been funded recurrently to continue to provide advanced screening and treatment options for suspected stroke</p>	<p>2020-21 Code 1 response target: 85.0%, Actual: 81% Variance: 4%</p> <p>This measure has been impacted by a combination of increased demand, ongoing COVIDSafe work practices and reduced hospital emergency department transfer performance.</p> <p>Stroke initiatives and upgraded branch activities are reported as part of AV overall</p>	<p>The initiative continues to progress 'Outcome 1.1 – Victorians have good physical health, reduce premature death' by providing timely access to high quality, pre-hospital emergency care.</p> <p>Stroke initiatives and upgraded branch activities are reported as part of AV overall transport activity measures, not reported separately to the department.</p>	<p>Ambulance demand for Q1 2020-21 was 12.1% lower for code 1 responses compared to the same time the year before due to lockdown measures.</p> <p>While the reduced demand had a positive impact on response performance; COVIDSafe practices and a disproportionate amount of regional transports, did impact the overall response performance.</p> <p>Non-emergency transport providers contracted through AV</p>

	<p>commitment to review the <i>Non-Emergency Patient Transport Act 2003</i>.</p>		<p>patients in metropolitan and rural areas to receive the care they need. The Nagambie and Diamond Creek branches have been provided with recurrent funding to continue the delivery of current service models in line with established community expectations and commitments made by government</p> <p>Non-Emergency Patient Transport Amendment Bill 2021 is currently before Parliament.</p>	<p>transport activity measures, not reported separately to the department. Expected 2020-21 budget measure outcomes are provided below.</p> <p>Community Service Obligation emergency road and air transports</p> <ul style="list-style-type: none"> • Target: 270,480 • Expected 2020-21 outcome: 288,159 • Variation: 6.5% • Commentary: Expected outcome is higher-than-target due to significantly increased demand, outside of the reduced activity during lockdown periods. <p>Statewide emergency air transports</p> <ul style="list-style-type: none"> • Target: 4,829 • Expected 2020-21 outcome: 4,257 		<p>played a critical role in the aged care response. Q2 and Q3 have seen a strong bounce back of activity, following the end of lockdown, with Q2 seeing an additional 10,000 transports compared to Q1; priority 1 transports are now above pre-COVID levels.</p> <p>The increased demand across emergency systems is impacting on the ambulance Code 1 response performance. Increased acuity, possibly related to deferred care for chronic conditions during the pandemic, reduced access to primary care, and ongoing COVIDSafe work practices are all likely contributors to current workload, however, further analysis will be required to analyse trends and patterns over time.</p>
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					<ul style="list-style-type: none"> •Variation: -11.8% •Commentary: Activity is entirely demand-driven. Activity below target represents lower demand for air services. <p>Statewide emergency road transports</p> <ul style="list-style-type: none"> •Target: 482,597 •Expected 2020-21 outcome: 508,938 •Variation: 5.5% •Commentary: Expected outcome is higher-than-target due to significantly increased demand, outside of the reduced activity during lockdown periods. <p>Treatment without transport</p> <ul style="list-style-type: none"> •Target: 84,087 •Expected 2020-21 outcome: 84,629 •Variation: 0.6% 	
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				<p>Community Service Obligation nonemergency Road and air transports</p> <ul style="list-style-type: none">• Target: 229,943• Expected 2020-21 outcome: 236,129• Variation: 2.7% <p>Statewide non-emergency air transports</p> <ul style="list-style-type: none">• Target: 2,343• Expected 2020-21 outcome: 2,349• Variation: -3.5% <p>Statewide nonemergency road transports</p> <ul style="list-style-type: none">• Target: 281,733• Expected 2020-21 outcome: 310,134• Variation: 10.1% <p>Commentary: Expected outcome is higher-than-target due to significantly increased demand partly driven by coronavirus (COVID-19) activity.</p>		
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5.	Future provision of public sector residential aged care	Additional funding is provided to public sector residential aged care services to continue to provide high-quality care to vulnerable aged persons, including those with mental health issues, and assist in meeting nurse-to-patient ratios in public sector residential aged care.	This initiative contributes to the department's Residential Aged Care output.	Funding has been used to maintain State Government top-up subsidies to public sector residential aged care services, e.g., a contribution towards the higher costs associated with meeting public sector workforce obligations (such as nurse-resident ratios), viability, or to offset the impact of the Adjusted Subsidy Reduction discount applied to Commonwealth subsidies to high care beds classified as State Government.	\$27.595 million flowed to eligible services funded through this output over 12 months.	The initiative continues to progress 'Outcome 1.1 – Victorians have good physical health'	The indirect impacts of coronavirus (COVID-19) experienced, including a small number of public sector residential aged care beds (ten) taken offline so they could be used for Transition Care following closure of a ward due to coronavirus (COVID-19) transmission on a teaching campus. Coronavirus (COVID-19) also led to the delay in commissioning of 'Berengarra' (a new residential aged care facility) to provide additional transfer capacity.
6.	Coronavirus (COVID 19) mental health response (\$152.5m)	To respond to increased demand for mental health and Alcohol and Other Drugs (AOD) services, including: <ul style="list-style-type: none"> • additional infection prevention training 	\$152.5 million has been allocated across five initiatives: <ul style="list-style-type: none"> • \$41.8 m for Keeping Victorian's connected and supported 	Identify highest need populations. Develop targeted supports/initiatives to respond to the mental health, wellbeing and social isolation impacts of coronavirus (COVID-19) on individuals and the community.	Initiative components are at various stages of implementation. The majority of initiatives have been rolled out and funding distributed to service providers.	The coronavirus (COVID-19) package included a range of measures to support the mental health, wellbeing and social connectedness of Victorians. This included targeted supports	This major initiative was developed to respond directly to the mental health impacts of coronavirus (COVID-19).

	<ul style="list-style-type: none"> • increased cleaning • extension of service operating hours • supports for the mental health workforce • initiatives to promote wellbeing and maintain social connectedness of Victorians during the coronavirus (COVID-19) pandemic. 	<ul style="list-style-type: none"> • \$23.4 m for the National Mental Health and Wellbeing Pandemic Response plan • \$59.7m for Stabilising and Reinforcing Mental Health Care • \$6.3m for Wellbeing checks and activating community support for vulnerable Victorian’s • \$21.3m for Supporting Mental Health and AOD Services and their workers <p>These initiatives contribute to the following outputs:</p>	<p>Initiatives have been implemented progressively.</p>		<p>and online and phone counselling services, with more than 500,000 additional contacts since the package commenced.</p> <p>Funding supported extended operating hours (evenings and weekends) for:</p> <ul style="list-style-type: none"> • community mental health clinics; additional capacity in inpatient units • increased access to specialist mental health consultation and liaison services in general acute admissions (all settings) and via arrangements with Primary Health Networks • increased access to assertive outreach specialist mental health assessment and services. 	
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		<ul style="list-style-type: none"> • Clinical Care output • Drug Treatment and Rehabilitation output • Mental Health Community Support Services output • Community Participation output <p>Seniors Programs and Participation output.</p>					
7.	<p>Interim report of the Royal Commission into Victoria's Mental Health System (RCVMHS): Workforce readiness recommendation</p>	<p>Funding is provided to:</p> <ul style="list-style-type: none"> • begin to address workforce shortages in the mental health sector • support future expansion of the workforce. <p>This includes funding to increase the annual number</p>	<p>Clinical care output</p>	<p>Designed and commenced a new program to support places for junior medical officers to undertake a rotation in psychiatry, including development of frameworks and supports.</p> <p>Designed and developed a submission process</p>	<p>Deliverables met.</p> <p>29 new places for junior medical officers to undertake a rotation in psychiatry commenced January 2021 (126 people).</p> <p>60 new mental health graduate places commenced</p>	<p>This initiative has progressed the government's commitment to deliver all interim report recommendations of the RCVMHS.</p>	<p>No impact from coronavirus (COVID-19).</p>

		of graduate nurses and postgraduate mental health nurse scholarships.		and assessment for new graduate new places and commenced the program.	between January and April 2021.		
8.	Interim report of RCMHS: Targeted acute service expansion recommendation	Funding for 24 new acute mental health hospital-in-the-home (HiTH) beds and 35 acute treatment beds for public mental health patients in a private health service.	Clinical care output	24 new acute mental health hospital-in-the-home beds, codesigned and new models of care developed – with Barwon Health and Orygen Youth Services. Workforce recruitment in progress.	Nine of the 24 beds are operational as at the end of April 2021. Remaining beds are expected to be operational by August 2021. Finalising negotiations with the preferred partnership to deliver 35 women’s mental health beds for public mental health patients in private health services following competitive tender process.	This initiative has progressed the government’s commitment to deliver all interim report recommendations of the RCMHS.	Coronavirus (COVID-19) has impacted the ability to recruit key clinical care staff, impacting the opening of the HiTH beds and delaying the ramp up of these services to full service delivery.

9.	Interim report of RCVMHS: Suicide prevention recommendation	Funding is provided to expand suicide prevention and follow-up care for adults and to support a new child and youth program. This includes funding to continue the Hospital Outreach Post-suicidal Engagement (HOPE) program at locations where the program's funding was lapsing.	Clinical care output	Engaged key health services to establish 10 new HOPE (Hospital Outreach Post-suicidal Engagement) across Victoria. Commenced planning for design, development of service and codesign frameworks for four new child and Youth HOPE sites	Deliverables met. Six new HOPE sites at Shepparton, Epping, Heidelberg, Royal Melbourne Hospital, Broadmeadows and Mildura; and one subregional outreach site at Bairnsdale have commenced delivery. A further three new health sites: Box Hill, Monash Clayton, and Warrnambool are scheduled to be operational between May and July 2021. Health service commencing local codesign for four new Child and Youth HOPE sites.	This initiative has progressed the government's commitment to deliver all interim report recommendations of the RCVMHS.	Coronavirus (COVID-19) has impacted the ability to recruit key clinical care staff, impacting the commencement of opening of a number of the new HOPE sites.
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Strategic issues

Question 2

In order of priority, please list up to 10 strategic issues that influenced the development of the Department's estimates for the 2021-22 financial year. Please describe how the Department will address these issues in 2021-22.

Response

	Strategic issue	How the Department will address the issue in 2021-22	Progress achieved as at 30 April 2021
1a.	Maintaining coronavirus (COVID-19) response	<p>There are several programs and operations that the Department will maintain as part of its coronavirus (COVID-19) response:</p> <ol style="list-style-type: none"> 1. Testing operations, delivery and logistics 2. COVID-19 vaccine roll-out 3. Case, Contact & Outbreak Management – including epidemiological, specialist clinical, public health physicians and public health officers 4. Infection prevention and control advice, guidance and support including industry outbreak response management 5. Compliance and regulatory programs, including Authorised Officers and increased ports of entry (border) controls 6. Enhancements and reforms to pathology services, leading to increased testing capacity 7. COVID-19 community engagement, including a focus on CALD communities. 8. Public Health (COVID-19) Policy and Strategy teams 9. Enhanced data modelling and intelligence 10. Workforce readiness and planning 	<p>The Department's COVID-19 response has effectively reduced rates of community transmission, managed outbreaks and reduced the number and range of restrictions.</p> <p>The success of these programs has resulted in the State Budget allocating \$800.7 million to public health including continuation of the state's COVID-19 response.</p>

<p>1b. Critical recovery demand; and, coronavirus (COVID-19) impacts</p>	<p>Key coronavirus (COVID-19) response and catch up care initiatives include:</p> <ol style="list-style-type: none"> 1. catch up public dental services and investment in the public dental workforce 2. addressing unavoidable demand for alcohol and other drug treatment services, exacerbated by the coronavirus (COVID-19) pandemic 3. immediate delivery of catch up cancer services, including prevention, screening and treatment 4. delivery of catch up maternal and child health services 5. supporting coronavirus (COVID-19) recovery in multicultural communities 6. establish the Quality and Safety Signal group in SCV to ensure any indirect impacts and adverse outcomes of the COVID pandemic continue to be identified and addressed 	<p>COVID-19 Strategy – Roadmap for 2021</p> <p>A <i>COVID-19 Strategy – Roadmap for 2021</i> has been prepared to coordinate and guide the collective work of the department’s COVID-19 response over 2021. It identifies the key public health priorities and actions by quarter across 2021 to ensure Victoria maintains vigilant in its aggressive suppression of COVID-19 while enabling economic, social and community activity.</p> <p>The strategy presents our operational and strategic context, focus areas, strategic priorities, and actions across 2021, as well as how we will measure and monitor success.</p> <p>Three focus areas provide a framework for the strategy that organises our collective work: <i>Vaccination, Prevention and Containment</i>.</p> <p>The strategy is underpinned by four key enablers:</p> <ul style="list-style-type: none"> ○ <i>People, leadership and governance</i> ○ <i>Listening and working with our communities</i> ○ <i>Data and intelligence driven decision making</i> ○ <i>Systems and process improvement</i> <p>The strategy presented today is fit for purpose for the current environment, but we anticipate it will require updates throughout the year. We will continuously monitor and review our approach and adapt our strategy to changing circumstances.</p> <p>Catch up care</p> <p>Cancer screening services have extended their operating hours, additional metropolitan services have been</p>
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			<p>opened, and the number of available appointments increased. Also, North-West Melbourne Primary Health Network has been funded to provide grants to General Practitioner practices to increase cancer screening. A number of public communication and targeted engagement initiatives have been implemented to encourage the community to reengage with cancer screening programs.</p> <p>Ten Victorian health services in metropolitan and regional Victoria were provided with additional funding (total \$400,000) in 2020 to support the activities of their nurse-led, Symptom and Urgent Review Cancer Clinics, in response to the coronavirus (COVID-19) pandemic. The funding supported an increase in clinical hours, additional training and provision of educational resources, which will have benefits for cancer patients into 2021-22.</p> <p>Teledentistry appointments were provided to support public dental patients to maintain their oral health during the coronavirus (COVID-19) lockdowns. The department and Dental Health Services Victoria (DHSV) worked with all public dental services to increase service activity; and, provide care to as many people as possible in a COVIDSafe way. Similarly, continuity of maternal and child health care services was achieved through additional investment in TeleHealth capabilities. An ongoing revision of Maternal and Child Health Model was also undertaken by the department to support service continuity during the coronavirus (COVID-19) restrictions.</p> <p>Managing increased demand for community health services</p> <p>The Department of Health has worked with the community health sector to deliver a consolidated COVID-positive pathways cluster model; and, funded clinical monitoring of low-risk cases. To support the return to face-to-face care, the department has also provided</p>
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			<p>support and guidance on infection and prevention control. This work included a specific focus on supporting Aboriginal Community Controlled Health Organisations. Small grants have also been released to community health to support vaccine delivery through community education and projects.</p> <p>The department has also established a range of engagement mechanisms with the sector. It has partnered with the Victorian Healthcare Association (VHA) to document community health coronavirus (COVID-19) response activities and key lessons, reporting on findings on how best to support the community health sector to sustain and scale innovations resulting from the coronavirus (COVID-19). Multiple working groups with general practice and pharmacy stakeholders have been established, including to support respiratory care in primary care settings, better understand the impact of deferred care on emergency presentations, managing coronavirus (COVID-19) related impacts affecting the community pharmacy sector.</p> <p>Supporting coronavirus (COVID-19) recovery in multicultural communities</p> <p>The department delivered critical services to people seeking asylum who are ineligible for Medicare and income support, including providing approximately 600 hours of General Practitioner and nurse services and 3,000 hours of mental health support from July 2020 to April 2021. With funding from the department, the Victorian Refugee Health Network has delivered a range of sector coordination, communication and advice activities to respond to the needs of refugees and people seeking asylum. Approximately 70 health and settlement providers attended the Network Statewide meeting in April 2021 to learn about the coronavirus (COVID-19)</p>
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			<p>vaccine rollout and updated asylum seeker hospital access policy.</p> <p>Ongoing engagement with Culturally and Linguistically Diverse (CALD) communities has remained a priority. Through a dedicated CALD Communities taskforce, a whole-of-Victorian Government approach has been adopted to ensure effective multicultural community engagement across departments and the promotion of the coronavirus (COVID-19) vaccine and testing.</p> <p>Addressing unavoidable demand for alcohol and other drug treatment services, exacerbated by the coronavirus (COVID-19) pandemic</p> <p>The Department of Health has worked with the Alcohol and Other Drug Sector to deliver a range of initiatives to support ongoing service delivery and increases in demand during the COVID-19 pandemic.</p> <p>The department has provided funding of \$4.3m from the COVID-19 Safe AOD Grant Program covering costs associated with the cleaning and sanitising of facilities. Minor works were funded for COVID-19 safe operations. Infection control training and backfill for staff was undertaken. Incentives for workers to remain employed at one service was funded to ensure services were operating in line with public health directions. These initiatives were central to minimising COVID-19 outbreaks allowing services to remain open to deal with the increase in demand that was being experienced.</p> <p>The department also funded the AOD sector to transition services to remote services delivery during the COVID-19 pandemic. Funding was provided to services to develop critical information and communication technology infrastructure to support remote service delivery. AOD</p>
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		<p>services were able to continue to provide services via telehealth and other electronic platforms. Some AOD service experienced an increase in the numbers client engagements as a result in the change to service delivery. Remaining Connected Program was established between Mental and the Alcohol and Other Drug Program to provide mobile devices (phones, tablets, and Data) to clients to assist them in accessing treatment and support services via telehealth whilst remain connect to friends, family and other service providers during the COVID-19 pandemic. A total funding amount of \$655,000 has been allocated for this initiative.</p> <p>Needle and Syringe Program services experienced unprecedented demand during the COVID-19 pandemic. The department has been proactive in its monitoring of logistics to ensure continuity of supply and distribution of needles, syringes, and sexual health products. The department has mitigated risk through increasing the number of suppliers and ensuring that current stock levels are 25% above normal stock levels.</p> <p>The department has supported the continued delivery of pharmacotherapy through continued implementation of policy advice regarding increase ability to prescribe buprenorphine and naloxone, increased use of telehealth consultations, longer prescription durations and more unsupervised doses where clinically appropriate.</p> <p>The department has also established a range of engagement mechanisms with the Alcohol and Other Drug sector. It has partnered with the Victorian Alcohol and Other Drug Association, Pennington Institute and Harm Reduction Victoria to ensure ongoing</p>
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			<p>communication, facilitation of departmental public health advice to support alcohol and other drug agencies to address demand, support clients and change service provision as COVID-19 restrictions change.</p> <p>Deferred elective surgery</p> <p>The department supported Victorian health services to secure additional funding to 'catch up' on elective surgery activity deferred as a result of the pandemic. Following the 2020-21 Victorian State Budget commitment of \$300 million to address delayed elective surgery, the department completed an expression of interest (EOI) process via the eight health service clusters (three metropolitan and five regional). Each cluster worked together to submit a proposal to allocate additional elective surgery funding across health services within the cluster. The health service cluster proposals informed the final funding allocations to each health service. Allocations for the additional elective surgery funding have been approved by government and confirmed with each health service in early March 2021. The additional funding supports both public and private health services undertaking additional public elective surgery activity to help address deferred cases.</p> <p>Indirect health care impacts during the COVID-19 pandemic response</p> <p>The Measures of Indirect Impact Expert Working Group (EWG) was convened by Safer Care Victoria (SCV) to identify signals and measures of potential indirect impact required for routine reporting and to make results of these measures available to clinical experts both during and after the COVID response. The Indirect Impacts EWG will continue to work with Victorian Agency for Health Information and Victorian Health Data Projects</p>
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			<p>Partnerships to measure the long-term impacts of long COVID-19.</p> <p>When potential areas of concern were identified, the Measures of Indirect Impact Expert Working Group escalated the findings via the Clinical Leadership Expert Group to the most appropriate clinical Expert Working Group for consideration and recommendation of mitigation strategies. The chair to the CLEG then escalated recommendations for approval and implementation to the Victoria's Health Services Pandemic Leadership Team.</p> <p>As SCV transitioned to 'COVID normal' the formal reporting lines and governance structure transitioned to the Quality and Safety Signal group to ensure any indirect impacts and adverse outcomes of the COVID pandemic continue to be identified and addressed.</p> <p>To support the department's response, Victorian Agency for Health Information (VAHI) quickly shifted its focus to provide relevant and meaningful health information products and reporting. VAHI released the controlled-access Portal to health services with timely, relevant and meaningful information for coronavirus (COVID-19).</p> <p>The Centre for Victorian Data Linkage (CVDL) undertook daily linkage of notifiable infectious disease, hospital inpatient, emergency department and deaths data from March 2020 to inform the coronavirus (COVID-19) response. This dataset is now being used to understand long-term health impact of coronavirus (COVID-19).</p>
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<p>2. Health system improvement</p>	<p>Capitalise on significant coronavirus (COVID-19) innovations and present a unique opportunity for enduring health system improvement. These initiatives have demonstrated already significant value; will deliver significant cost savings and ongoing improvements in patient outcomes, system sustainability and the quality and safety of care. For example:</p> <ul style="list-style-type: none"> • support the continuation of eight health service partnerships established during coronavirus (COVID-19) • establishment of HealthShare Victoria, to create a platform for collaborative delivery of shared services across health services • bringing together Victoria’s ten public pathology laboratories into a network of three entities, the Victorian Pathology Network • new approaches to funding elective surgery activity at the partnership level, with health services to manage collaboratively the waitlist as quickly as possible. <p>A series of initiatives to focus on modernisation of existing infrastructure and support for vital services. These initiatives include:</p> <ul style="list-style-type: none"> • replacing high-risk technology infrastructure at Victorian public health services • ongoing cybersecurity protection for public health services and Ambulance Victoria • ensuring small rural health services are sustainable and have appropriate nurse staffing to meet increasing patient complexity and emergency department ratios • building enhanced data connectivity within Health Services the implementation of Electronic Medical Records in three regional service clusters. 	<p>Health service partnerships:</p> <p>A model for enduring strategic collaboration between health services on system-wide priorities during and beyond the pandemic has been finalised, with ‘Health Service Partnerships’ succeeding the prior cluster arrangements from 1 July 2021</p> <p>Home-based hospital services and TeleHealth:</p> <ul style="list-style-type: none"> • \$120.9 million invested through 2020-21 State Budget to expand these services through Health Service Partnerships, with implementation progressing. <p>Elective surgery reform:</p> <ul style="list-style-type: none"> • New policy introduced in June 2020, restricting the number of procedures for certain indications where there is limited evidence of clinical benefit • Investment in 2021-22 budget for improving efficiency and throughput by increasing use of best-practice models for same day surgical care, and expanding non-surgical options for patients where these offer faster access with equal / better outcomes than surgery. <p>HealthShare Victoria (HSV):</p> <ul style="list-style-type: none"> • HSV successfully established – new Board and Chief Executive Officer in place. • New warehouse secured and fitted out to facilitate bulk purchasing. • On target to assimilate activities of Melbourne Health Logistics by July 2021. • Significant procurement planning completed to secure bulk purchase discounts. • Supply chain planning at an advanced stage. • Significant sector-wide communication to ensure sector readiness.
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			<ul style="list-style-type: none"> • Major involvement in the centralisation and management of Personal Protective Equipment (PPE) during the coronavirus (COVID-19) pandemic and ongoing. <p>Modernisation of existing infrastructure:</p> <ul style="list-style-type: none"> • Provision of advanced cyber security tools and services across the public health sector. • Connection of health services to a new Clinical Grade Network that reduces cost while improving capacity and reliability. <p>Electronic Medical Record (EMR) projects are underway for the Gippsland Health Alliance and Bendigo Health. EMR's are operational across Latrobe Regional Hospital and South Western Alliance of Rural Health, as well as in Barwon Health's emergency department. EMR projects are in the planning phase at Ballarat Base Hospital, Grampians Rural Health Alliance, Barwon Health and Loddon Mallee Rural Alliance.</p>
3.	Long-term sustainability of the health system	<p>Assets are fundamental to service delivery and require minor or sustaining investment to manage the age and condition of existing assets and growth investment to meet increasing service demand.</p> <p>The capital program includes:</p> <ul style="list-style-type: none"> • Regional Health Infrastructure Fund, which has provided \$470 million in funding since 2016 to rural and regional health services and agencies across Victoria so these services can continue to provide safe and efficient care to local communities. • Metropolitan Health Infrastructure Fund, established in 2020 a \$100 million fund to health services and agencies across Melbourne to improve service capacity, service efficiency and deliver contemporary models of care. 	<p>The department has worked to both immediately stabilise the baseline funding capacity of health services throughout 2020-21 that faced financial sustainability pressures associated with COVID-19, and to plan longer-term initiatives that will increase the system's financial sustainability.</p> <p>The latter includes the following 2021-22 budget initiatives:</p> <ul style="list-style-type: none"> • reform of public pathology – increasing economies of scale and efficiency in these services • HealthShare initiatives – increasing economies of scale and efficiency in procurement • establishing Health Service Partnerships, enabling future pooling of capability / less duplication of effort • model of care reform in elective surgery to: <ul style="list-style-type: none"> ○ reduce avoidable referrals to surgery where less invasive and lower costs options are available

		<ul style="list-style-type: none"> • Engineering Infrastructure Replacement Program and the Medical Equipment Replacement Program providing funding for high critical risk infrastructure and equipment used for acute services in public hospitals across Victoria. 	<ul style="list-style-type: none"> ○ reduce avoidable days in hospital after surgery through sameday models and faster throughput • the 100,000 lives campaign – reducing avoidable costs through complications and preventable admissions and the 2020-21 <i>Better at Home</i> budget initiative which will reduce forward capital expenditure needed, by enabling more demand to be met through home-delivered and telehealth-based hospital services.
4.	Establishing a new Public Health network	<ol style="list-style-type: none"> 1. Respond to immediate needs whilst building capacity to effectively respond to long-term public health goals and health promotion objectives. Together, these reforms complement regional health cluster reforms and put communities at the centre of the health system. 2. Builds on the government’s successful investment in 12 Local Public Health Units (LPHUs), established during coronavirus (COVID-19). Health service clusters/partnerships that receive funding for vaccine delivery can and do use LPHUs to assist with delivery of those services. 3. Clinical Information Sharing initiative continuation, to maximise the scale and efficiency of the Victorian health system and support enduring Health Service Clusters established during coronavirus (COVID-19) 	<p>LPHUs will undertake</p> <ul style="list-style-type: none"> • end-to-end case, contact and outbreak management • aspects of regional testing delivery, • some aspects of COVID-19 vaccine delivery.
5.	Transformation of the mental health sector	<ol style="list-style-type: none"> 1. Investment that addresses the recommendations of the final report of the RCMHS, responds to the impacts and expected demand arising from the coronavirus (COVID-19) pandemic, and delivers modern mental health services in Victoria which include: <ol style="list-style-type: none"> a. additional clinical mental health beds b. uplift for community-based services c. support for peak bodies d. workforce supports. 	<p>The department has commenced preparation for implementing recommendations of the final report of the RCMHS (tabled in the Victorian Parliament on 2 March 2021), including:</p> <ul style="list-style-type: none"> • starting to develop an overarching delivery program or ‘roadmap’ so that initiatives are appropriately sequenced and interdependencies mapped • a stakeholder engagement plan for the initial implementation phase • initiating work on Royal Commission recommendations with 2021 timeframes, including development of a

		<p>2. Continue implementation of the recommendations outlined in the RCMHS interim report.</p> <p>3. Continue to support public mental health and alcohol and other drug services through the Mental Health and Alcohol and Other Drugs Facilities Renewal Fund improving quality and safety of care for both mental health and alcohol and other drug service facilities.</p>	<p>workforce strategy and establishment of eight interim regional boards.</p> <p>Implementation of the Royal Commission interim report recommendations continues, and is on track, including:</p> <ul style="list-style-type: none"> • finalising negotiations with the preferred partnership to deliver 35 women’s mental health beds for public mental health patients in private health services following competitive tender process. • determined sites, bed numbers and Model of Care development for 120 acute beds across four sites. A builder has been appointed • nine of 24 Hospital in the Home beds commenced operations (from December 2020) with balance due to progressively come online by August 2021 • Seven of the 10 new HOPE sites (including six new HOPE sites and one subregional outreach site) operational by April 2021, with three further new HOPE sites to be operational between May and July 2021 • 29 junior medical officer places and 60 mental health graduate nurse placements commenced • 70 new nurse scholarships released in March 2021 • partnership agreement established with Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to drive all the state-wide implementation of Aboriginal Social and Emotional Wellbeing services.
6	Improving quality and safety of healthcare	<p>The Mental Health Improvement Unit</p> <p>1. Volume 4 of the Royal Commission’s report “The fundamentals for enduring reform” describe a new quality and safety oversight and improvement architecture for publicly funded mental health and wellbeing services in Victoria and has recommended the Victorian Government establish a Mental Health</p>	<p>Safer Care Victoria, in consultation with the Department of Health’s Mental Health Division, including the Chief Psychiatrist and Chief Mental Health Nurse, has commenced interim design and establishment of the Mental Health Improvement Unit. Focus of the improvement unit will include reducing restrictive interventions, reducing compulsory</p>

	<p>Improvement Unit in Safer Care Victoria by no later than the end of 2021. The Mental Health Improvement Unit will provide system leadership on quality and safety improvement, provide clinical and practice leadership in mental health and wellbeing service delivery and co-design quality and safety improvement programs with people with lived experience.</p> <p>‘100 000 Lives’</p> <p>2. ‘100 000 Lives’ is a program of work aimed at improving the health of at least 100 000 Victorians by improving the quality and safety of care in hospital and in the community. The total value of the funding bid for over 5 years is \$58.34m.</p> <p>This is an ambitious program of work for SCV. It can be conceived as three big initiatives:</p> <ul style="list-style-type: none"> • Safe in our hands – preventable harm • Stay well, stay home - preventable admissions. • Best care, best time - unnecessary interventions <p>Within each of these initiatives are up to 5 purposeful, large scale improvement initiatives which integrate into 5 learning networks in the final few years of the program.</p> <p>.</p>	<p>treatment, preventing gender-based violence and preventing suicides in mental healthcare settings</p>
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Revenue and expenditure – variances

Question 3

The Committee notes that the 2020-21 Budget Update was not released stating that: *‘the information required to be published in the budget update, comprising updated estimated financial statements, a financial policy objectives and strategies statement and an updated accompanying statement, is unchanged from the information published in the 2020-21 Budget Papers.’*¹ Therefore, revised budget figures are not available for 2020-21.

Budget Paper No.5: Statement of Finances provides a comprehensive operating statement that details each department’s revenue and expenses on an accrual basis reflecting the cost of providing its output.

For each line item of the comprehensive operating statement if there is a variance of greater than 10 per cent (positive or negative) or greater than \$100 million (positive or negative), please explain the reason for the variance between the budget for 2020-21 and the budget for 2021-22.

For variances that occurred due to COVID-19, please provide a detailed breakdown of the components that led to the variance.

Guidance

Where the variance is in ‘Other operating expenses’, please supply the relevant expense category.

¹ Department of Treasury and Finance, *2020-21 Budget Update*, 25 November 2020, <<https://www.dtf.vic.gov.au/2020-21-state-budget/2020-21-budget-update>> accessed 31 March 2021.

Response

Line item	2020-21 Budget (\$ million)	2021-22 Budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2020-21 Budget vs. 2021-22 Budget If variances were caused by the COVID-19 response, please provide a detailed explanation
Output appropriations	20,207	12,095	The reduction is primarily due to the machinery of government changes following the establishment of the Department of Families, Fairness and Housing effective 1 February 2021, but is partially offset by additional output appropriation for the department from new government decisions as part of the <i>2021-22 Budget</i> . The reduction is also partly driven by the removal of capital asset charge for 21-22.
Special appropriations	1,100	1,990	The variance is due to the impact of coronavirus (COVID-19) on gaming venues for 20-21.
Grants	8,409	8,181	The reduction in grants is due to higher Commonwealth grants related to the coronavirus (COVID-19) response for 2020-21, this is partially offset by higher Commonwealth general purpose grants in 2021-22.
Employee benefits	14,987	15,347	The variance relates to additional funding for new government initiatives, the increase is offset by the impact of machinery of government changes.
Grants and other transfers	4,549	1,043	The reduction is primarily due to Machinery of Government changes following the establishment of the Department of Families, Fairness and Housing effective 1 February 2021.
Capital asset charge	1,428	-	The capital assets charge (CAC) policy is discontinued from the 2021-22 budget. The removal of CAC reduces departmental output appropriations and CAC expenses by the same amount.
Other operating expenses	10,442	7,193	The reduction is primarily due to the machinery of government changes following the establishment of the Department of Families, Fairness and Housing effective 1 February 2021.

Major components of 'other operating expenses'

Purchase of supplies and services	10,181	7,044	The reduction is primarily due to the machinery of government changes following the establishment of the Department of Families, Fairness and Housing effective 1 February 2021.
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Major components of grant variances due to COVID-19

Private Hospital COVID-19 Viability Commonwealth contributions	384,338	0	The Private Hospital Viability payment was a one-off initiative developed in response to the COVID-19 Pandemic. The initiative ceased in 2020-21.
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Note:

Department of Treasury and Finance, 2020-21 Budget Update, 25 November 2020, <<https://www.dtf.vic.gov.au/2020-21-state-budget/2020-21-budget-update>> accessed 31 March 2021

Question 4

In 2021-22 please identify the programs and/or initiatives that were announced as part of the COVID-19 response in the order of the highest amount allocated. For these programs/initiatives, please provide the following details:

- a) name of the program/initiative
- b) objective/s of the program
- c) amount allocated at the announcement
- d) recurring expenditure or new/additional expenditure
- e) amount allocated in the budget
- f) source of funding

Response

Name of the program/initiative	Objective/s	Amount at the announcement	Recurring expenditure or new/additional expenditure	Amount allocated in the budget	Source of funding
Future of public health: Local place-based delivery	Funding is provided to continue the core public health response to the coronavirus (COVID-19) pandemic, investing in capacity to respond to and manage any further spread and support continued easing of public health restrictions in Victoria. This will include continued operation of local public health units, wastewater surveillance and pathology capacity to prevent and protect communities from COVID-19. Funding is provided to continue critical COVID-19 prevention activities, health promotion and specialised response capability to support Victorians living in public housing, disability accommodation and other high-risk accommodation settings with shared facilities.	\$800.7 million in 2021-22	\$822.6 million over four years	\$800.7 million in 2021-22	2021-22 Budget
Coronavirus (COVID-19) health response	Funding is provided to deliver a range of priority initiatives to support the Government's public health response to the coronavirus (COVID-19) pandemic,	\$37.6 million in 2021-22		\$37.6 million in 2021-22	2020-21 Budget

	<p>including additional investment in public health capabilities to rapidly and effectively respond to the spread of coronavirus (COVID-19). Funding will support both the cost of meeting additional demands on the health system at the peak of recent increases in case numbers, and ongoing capacity that will be required to enable the safe easing of restrictions and management of any future spread of coronavirus (COVID-19).</p> <p>This includes additional funding to support frontline healthcare workers, and service responses to help minimise the spread of coronavirus (COVID-19). Support is also provided for increased testing capacity and optimisation of Victoria's pathology and supply chain processes.</p>				
Enabling a high-quality, efficient public pathology system	<p>Victoria's coronavirus (COVID-19) testing capacity will be expanded through the purchase and installation of additional pathology equipment and extra staff in public pathology laboratories. Funding is also provided to consolidate existing public pathology laboratories into networks supported by new laboratory information systems. This will enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.</p>	\$9.8 million in 2021-22	\$65.8 million over five years (2020-21 to 2024-25)	\$9.8 million in 2021-22	2021-22 Budget
Modernising Victoria's health system through governance reform	<p>Health services will be supported to formalise new shared governance arrangements that commenced as part of Victoria's coronavirus (COVID-19) pandemic response. These changes will continue to support the efficient coordination and collaboration of public and acute health services in response to the pandemic and help deliver better outcomes and more equitable access across Victoria.</p>	\$9.1 million in 2021-22	\$34.4 million over four years	\$9.1 million in 2021-22	2021-22 Budget

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Revenue initiatives – new and changed

Question 5

For all new revenue initiatives in the 2021-22 budget papers and for all existing revenue initiatives that have changed in the 2021-22 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative as used in budget papers
- b) objective/s of the initiative
- c) reason for the new initiative or change to the initiative
- d) expected outcome/benefit for the Victorian community of the new initiative/change to the initiative
- e) anticipated revenue in the financial year 2021-22 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

If the revenue initiatives were changed due to the COVID-19 response or if new revenue initiatives are part of the COVID-19 response, please provide details of either the impact of COVID-19 on the initiative or the reasoning behind the initiatives being introduced as part of the COVID-19 response.

Response

a) Name of the initiative as used in budget papers	NIL
b) Objective/s of the initiative	
c) Reason for new initiative or change	
d) Expected outcome/benefit for the Victorian community of the new initiative/change to the initiative	
e) Anticipated revenue in financial year 2021-22 gained or foregone	
Anticipated revenue in financial year 2022-23 gained or foregone	
Anticipated revenue in financial year 2023-24 gained or foregone	
Anticipated revenue in financial year 2024-25 gained or foregone	
COVID-19 response	

Expenditure – new programs and initiatives (output and asset)

Question 6

For all new programs and initiatives (output and asset) in the 2021-22 budget papers, please provide the:

- name of the program/initiative
- objective/s of the program
- budgeted expenditure in financial year 2021-22 on the program/initiative
- details of how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.).

Response

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2021-22 on the program/initiative	Details of how it will be funded
Acute Health Services			
100,000 lives	Funding is provided to improve the health and life outcomes of 100 000 Victorians over five years by delivering a program of large-scale improvement initiatives which work to reduce preventable hospital admissions, reduce unintended harm, and unnecessary medical interventions within Victoria's health system. Funding for this initiative is linked to the Early Intervention Investment Framework.	9.6 million	Output appropriation
Boosting our healthcare workforce	Funding is provided to expand Victoria's healthcare workforce pipeline following significant disruption during the coronavirus (COVID-19) pandemic. This includes the delivery of 200 000 additional student placement days in the public health system and supporting clinicians to undertake training to build their professional skills and competence in student education and supervision.	7.9 million	Output appropriation and Commonwealth funding

Driving shorter wait lists and better outcomes from elective surgery	Funding is provided to improve elective surgery access and outcomes, reduce elective surgery waiting lists by accelerating the uptake of more efficient same day surgical models and rapidly reassessing patients on wait lists, and piloting the expansion of alternative care pathways for suitable patients. This funding will complement the existing elective surgery wait list blitz and encourage efficient use of existing surgical capacity in health services. Funding for this initiative is linked to the Early Intervention Investment Framework.	10.6 million	Output appropriation
Enabling a high-quality, efficient public pathology system	Victoria's coronavirus (COVID-19) testing capacity will be expanded by purchasing and installing additional pathology equipment and providing extra staff in public pathology laboratories. Funding is also provided to consolidate existing public pathology laboratories into networks supported by new laboratory information systems. This will enable greater coordination and efficiency of pathology testing across Victoria, building on the reforms which supported COVID-19 testing.	9.8 million (output) 18.5 million (asset)	Output appropriation and capital appropriation
Expanding adult emergency departments	Funding is provided for service and capital planning to determine the future requirements of adult emergency departments at Maroondah Hospital, Casey Hospital, Northern Hospital, Werribee Mercy Hospital and Austin Hospital.	2.9 million	Output appropriation
HealthShare	Funding is provided to establish shared procurement structures and supply chains to support Victorian health services. Consolidation of these functions will achieve efficiencies in procurement, reduce unnecessary variation across health services, and allow greater coordination of the state's medical stocks.	35.3 million	Output appropriation and Commonwealth funding
Health services cybersecurity	Funding is provided to strengthen cyber security measures for Victorian public health services and Ambulance Victoria. This includes support for next generation anti-virus protections, a Security Operations Centre, and a recovery in the event of a successful cyber attack.	19.0 million	Output appropriation

Meeting demand for hospital services	Funding is provided to increase service delivery levels and further improve performance in Victoria's hospitals, including additional funding for elective surgery, more emergency department staff, additional highly-specialised therapies, and to support new wards as they open.	1401.9 million (output) 15.0 million (asset)	Output appropriation, capital appropriation and Commonwealth funding
Mildura Base Hospital planning	Funding is provided to undertake service and capital planning to finalise the masterplan and business case for a future redevelopment of the Mildura Base Hospital.	0.8 million	Regional Health Infrastructure Fund
Modernising Victoria's health system through governance reform	Health services will be supported to formalise new shared governance arrangements that commenced as part of Victoria's coronavirus (COVID-19) pandemic response. These changes will continue to support the efficient coordination and collaboration of public and acute health services in response to the pandemic and help deliver better outcomes and more equitable access across Victoria.	9.1 million	Output appropriation
Public fertility care services for Victoria	Funding is provided to deliver public fertility care services, implementing the Government's commitment to assist more people to become parents through in vitro fertilisation. This includes providing up to 2,700 treatment cycles annually and a range of other fertility care services. Funding will also be provided for the first public sperm and egg bank in Australia, to ensure Victorians have access to donor sperm and eggs within the public system.	11.2 million (output) 20.0 million (asset)	Output appropriation, Commonwealth funding and capital appropriation
Austin Hospital Central Sterile Services Department	Funding is provided to expand capacity of the Central Sterile Services Department at the Austin Hospital by installing four new batch washers and one trolley washer with related infrastructure works. This will increase the performance and capacity for reprocessing surgical instruments to meet surgical demand.	7.8 million (asset)	Capital appropriation

Building a world class hospital in Maryborough	Funding is provided to construct a new two-level building that will improve patient services, amenity and accessibility with early works to commence in 2022. The new building will include a range of services including day surgery, birthing suites, medical imaging, pathology, ambulatory services and urgent care. This initiative delivers on the government's election commitment as published in <i>Labor's Financial Statement 2018</i> .	0.5 million (asset)	Capital appropriation
Building emergency departments kids and families can count on	Funding is provided to construct dedicated children's emergency departments at Northern Hospital, Frankston Hospital, Casey Hospital, Maroondah Hospital and Geelong University Hospital. The projects will reconfigure or expand emergency departments to ensure children receive care in a dedicated and appropriate environment. This initiative delivers on the government's election commitment as published in <i>Labor's Financial Statement 2018</i> .	10.8 million (asset)	Capital appropriation and Commonwealth funding
Clinical technology refresh	Funding is provided to upgrade the network infrastructure needed to support and deliver patient-related services such as pathology, diagnostic imaging and patient management systems. This will improve delivery of information related to patient diagnostics and other clinical services and enhance cybersecurity.	18.0 million (asset)	Capital appropriation
Delivering more hospital beds for Melbourne's East (Angliss Hospital Expansion Stage 2)	Funding is provided to deliver an expansion of the Angliss Hospital including a new in-patient unit. This initiative delivers on the government's election commitment as published in <i>Labor's Financial Statement 2018</i> .	3.2 million (asset)	Capital appropriation
Echuca Wellness Centre	Funding is provided to build a new purpose-built cancer and wellness centre in Echuca to improve the access, comfort and amenities for patients and provide a more efficient working environment for staff.	6.3 million (asset)	Capital appropriation

Engineering infrastructure replacement program	Critical engineering infrastructure will be upgraded and replaced in selected metropolitan, rural and regional hospitals. This covers a range of infrastructure items and can include emergency generators, cooling towers, nurse call systems, electrical or mechanical switchboards and patient lifts to enable continuity of health service delivery and compliance with regulatory requirements.	50.0 million (asset)	Capital appropriation
Medical equipment replacement program	Critical medical equipment in metropolitan, rural and regional health services will continue to be replaced. The equipment supports operating suites, emergency departments, surgical wards, intensive care units, neonatal and maternity services, and specialist areas. This will reduce risks for patients and staff and improve service availability through the introduction of newer, more advanced medical equipment.	35.0 million (asset)	Capital appropriation
Regional Health Infrastructure Fund	A funding boost is provided to the Regional Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of rural and regional health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity.	20.0 million (asset)	Capital appropriation
Swan Hill District Hospital Emergency Department Upgrade	Funding is provided to construct a new Emergency Department including medical imaging at Swan Hill District Hospital to replace the current outdated emergency department. This will increase the capacity and provide contemporary facilities to meet the current and future demand for emergency services in the local community. The initiative includes a \$30 million funding contribution from the Commonwealth Government.	2.0 million (asset)	Capital appropriation and Commonwealth funding

Ten new community hospitals to give patients the best care	Funding is provided to construct and expand 10 community hospitals in Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, Mernda, Eltham, Point Cook and the inner south of Melbourne. This investment will increase capacity and ensure patient access to high-quality health care services in key growth areas. Construction of the Cranbourne community hospital will start in 2021. Previous funding was provided for land acquisition and design works. This initiative delivers on the government's election commitment as published in <i>Labor's Financial Statement 2018</i> .	29.3 million (asset)	Capital appropriation
Ambulance Services			
Ambulance demand	Additional funding is provided to respond to growing demand for ambulance services across Victoria and to respond to changing demand patterns following the coronavirus (COVID-19) pandemic. Funding is also provided to plan for the next tranche of ambulance station builds, including in regional growth areas such as Armstrong Creek and Marong.	188.5 million	Output appropriation
Ambulance sustainability	Funding is provided to boost Ambulance Victoria's operational resources, including the recruitment of 117 additional paramedics and support staff to be recruited as part of the Ambulance Demand initiative, and trialling a telehealth pilot to support patients with complex needs.	53.7 million	Output appropriation
Drug Treatment and Rehabilitation			
Aboriginal strong and healthy	Continued support is provided for maternal, child and family health services delivered in Aboriginal organisations. Funding is also provided for the Aboriginal Metropolitan Ice Partnership, which helps improve access to services for Aboriginal people affected by methamphetamine and other drugs.	2.0 million	Output appropriation

Decriminalising public drunkenness	Funding is provided to establish the foundations for a health-based response to public drunkenness, implementing the Government's commitment to decriminalise public drunkenness. This includes funding for trial sites, including health outreach teams, transport and sobering up services. Funding is also provided for Aboriginal cultural safety initiatives.	9.5 million	Output appropriation
Medically supervised injecting rooms	Funding is provided to support the continued implementation of responses to the review of the supervised injecting room trial, including operating funding for a further two years of service and an evaluation of the supervised injecting room trial located in North Richmond and funding to establish a second supervised injecting room in the City of Melbourne.	18.7 million (output)	Output appropriation
Alcohol and other drugs residential rehabilitation treatment expansion	Funding is provided to deliver an additional 10 beds and refurbish support areas at Westside Lodge in Sunshine to provide dual diagnosis and integrated treatment for both mental health and alcohol and other drug clients. This investment will enhance capacity, reduce wait times and improve treatment outcomes.	0.3 million (asset)	Capital appropriation
Primary, Community and Dental Health			
Enhanced engagement approach with culturally and linguistically diverse (CALD) communities and complex families	Local community organisations will be supported to deliver translated content to diverse communities and complex families about coronavirus (COVID-19). This funding will also support implementation of the Family Recovery Program, with a case worker engaging families for three to five months to help them negotiate recovery from the impacts of COVID-19.	0.0 million (2.0 million in 2020-21)	Output appropriation

Responding to community-based healthcare demand	<p>Funding is provided to address the impacts of the coronavirus (COVID-19) pandemic on community-based health care. This includes catch-up care for dental services, cancer services and maternal and child health services to ensure clients who were unable to engage over the past 12 months receive the care they need. A proportion of these funds will be allocated to support catch-up care for Aboriginal Victorians. Increases in demand for alcohol and other drugs (AOD) programs will be met by three new residential AOD treatment facilities, additional community-based counselling services and expanded forensic services.</p> <p>Funding is also provided to 12 women's health services across Victoria to meet growing demand for gender responsive healthcare, including prevention of family violence support services, women's mental health and sexual and reproductive health services.</p> <p>This initiative will also establish three new women's sexual and reproductive health hubs; and, expand the operating hours and scope of services at existing hubs.</p> <p>Funding is also provided to continue the Pathways program, which provides case management services to sex workers.</p>	76.1 million	Output appropriation and Commonwealth funding
Sunbury and Cobaw Community Hub expansion	Funding is provided to expand the community facilities and services at the Sunbury and Cobaw Community Hub which provides a range of health, wellbeing and community services for the local area.	3.0 million	Output appropriation
Support for asylum seekers	Funding is provided to continue provision of critical mental health supports to people seeking asylum who are ineligible for Medicare and income support, including nurse and General Practitioner care, mental health support, basic needs assistance including for food, medication and utilities, homelessness assistance and case coordination.	3.9 million	Output appropriation

Public Health			
Public health and local place-based delivery	<p>Funding is provided to continue the core public health response to the coronavirus (COVID-19) pandemic, investing in capacity to respond to and manage any further spread and support continued easing of public health restrictions in Victoria. This will include continued operation of local public health units, wastewater surveillance and pathology capacity to prevent and protect communities from COVID-19.</p> <p>Funding is provided to continue critical COVID-19 prevention activities, health promotion and specialised response capability to support Victorians living in public housing, disability accommodation and other high-risk accommodation settings with shared facilities.</p>	800.7 million	Output appropriation and Commonwealth funding
Immunising Victorians against COVID-19: Phase 1A and Phase 1B vaccine rollout	<p>Funding is provided to deliver vaccines to Victorians as part of the national coronavirus (COVID-19) vaccination program by establishing and equipping a range of vaccine hubs across the state, training immunisers, and providing booking pathways. Funding is also provided to develop necessary data and information technology systems, engage with the community about the availability and benefits of vaccination, and to safeguard patient safety.</p>	0.0 million (328.9 million in 2020-21)	Output appropriation and Commonwealth funding

Mental Health			
A mental health and wellbeing system with lived experience at the core	Funding is provided to strengthen leadership of Victoria's mental health and wellbeing system by people with lived experience of mental illness or psychological distress. A new non-government agency, residential service and website will be developed and led by people with lived experience, providing better access to information, treatment and support. Funding is also provided to expand the capacity of the Victorian Mental Illness Awareness Council, the peak advocacy organisation in Victoria for people with a lived experience of mental health problems or emotional distress.	10.2 million	Output appropriation
A new approach to commissioning: integrated regional governance	Eight new interim regional bodies will be established to help develop, coordinate and plan mental health and wellbeing services across Victoria, supporting better responses to local needs. Eight regional multi-agency panels will also be established to improve coordinated care for those requiring ongoing intensive treatment, care and support from multiple services.	5.2 million	Output appropriation
A new approach to information management to facilitate better information sharing for consumers	Funding is provided to design a contemporary mental health and wellbeing information and communications technology system, including a review of data required for service delivery and systems administration.	2.5 million	Output appropriation
Designing a new statewide trauma service to better support people with lived experience of trauma	Funding is provided to design the scope of a new statewide trauma service to achieve the best possible mental health and wellbeing outcomes for people with lived experience of trauma. This includes community engagement and policy development to co-design the service with stakeholders and Victorians with lived experience of trauma.	0.9 million	Output appropriation

<p>Enabling the mental health and wellbeing workforce to deliver a reformed system</p>	<p>Funding is provided to commence building the pipeline of workers required to deliver the reform agenda set out by the Royal Commission into Victoria’s Mental Health System. The mental health nursing workforce will be expanded, with funding for 120 graduate placements for nurses and 140 postgraduate mental health nurse scholarships per year. Entry points into mental health professions will be increased with 60 new allied health graduate programs per year, as well as government-funded psychiatry rotations for junior medical officers.</p> <p>The initiative will also support and increase the lived experience workforce in Victoria’s mental health system, through new training programs, ongoing education and career pathways.</p>	<p>55.1 million</p>	<p>Output appropriation</p>
<p>Facilitating government and community-wide suicide prevention and response effort</p>	<p>Victoria’s suicide prevention services will be expanded, including implementation of an intensive 14-day support program for people experiencing psychological distress. The expansion of initiatives will also support the state-wide implementation of the Hospital Outreach Post-suicidal Engagement (HOPE) program, including ongoing funding for nine adult HOPE sites in metropolitan Melbourne and regional Victoria, delivery of four new child and youth HOPE sites and additional clinical outreach services in each sub-regional health service. These new services will be coordinated through the establishment of a new suicide prevention and response office within the Department of Health.</p>	<p>46.6 million</p>	<p>Output appropriation</p>
<p>Facilitating translational research to support ongoing system improvement</p>	<p>Funding is provided to establish the Collaborative Centre for Mental Health and Wellbeing. The Centre will bring together people with lived experience of mental illness or psychological distress, carers, researchers, and experts to provide clinical and non-clinical services, conduct research and disseminate knowledge across the state to deliver the best possible outcomes for people living with mental illness.</p>	<p>3.8 million</p>	<p>Output appropriation</p>

Expanding statewide services to improve support for people with high and specialised needs	Funding is provided to redesign statewide mental health services to support Victoria's new mental health and wellbeing system, and to provide an uplift in the capacity of community-based service providers to relieve immediate community demand. Existing support for mental health consultation and liaison services will also continue. This initiative will also implement a 'service capability framework' for mental health and wellbeing services.	7.6 million	Output appropriation
Improving the quality and safety of services and promoting consumer rights	Funding is provided to improve the quality and safety of acute mental health services, including through the establishment of a mental health improvement unit within Safer Care Victoria. This initiative will also commence work to eliminate the practices of seclusion and restraint through workforce education and training, and by embedding the Safewards model of care within all mental health, emergency and general health units in public hospitals.	4.6 million	Output appropriation
Mental health-led emergency responses for Victorians in crisis	Funding is provided to commence work on establishing Ambulance Victoria as the lead responder to triple zero calls primarily concerning mental illness or psychological distress, including program design and development.	3.7 million	Output appropriation
Mental health reform in education: setting up children and young people to thrive	Funding is provided to establish a School Mental Health Fund, enabling schools to select and implement mental health and wellbeing initiatives that best suit their students' needs from an evidence-based menu. The initiative will be rolled out to regional and rural government schools from Term 3 2022, before roll-out to all government schools by 2024. Funding is also provided to improve supports available to young carers and referral pathways through the mental health and wellbeing, and education systems. Funding will expand the Mental Health in Primary Schools pilot to include 90 government schools and 10 non-government schools in 2022. Funding will also continue the	9.5 million	Output appropriation

	<p>Maroondah Positive Education initiative, which aims to increase the wellbeing and educational outcomes of students in 27 schools. These initiatives will provide vital support to these schools and inform best practice mental health across the school system.</p> <ul style="list-style-type: none"> • 		
New legal foundations and supporting consumers to exercise their rights	<p>Funding is provided for an opt-out non-legal advocacy service for clients subject to, or at risk of, compulsory treatment orders, and increase access to legal representation for clients who appear before the Mental Health Tribunal. Funding will also be provided to develop and deliver new legislation to replace the <i>Mental Health Act 2014</i>.</p>	4.9 million	Output appropriation
New local services for adults and older adults in their communities	<p>Funding is provided to establish the first 20 new local adult and older adult services for Victorians experiencing mild to moderate mental health challenges.</p> <p>The services will be accessible and locally based, and will provide integrated mental health treatments, care and wellbeing supports delivered by a multidisciplinary team.</p> <p>An integrated alcohol and other drug services trial will be delivered in select sites to improve outcomes of people with a mental illness and substance misuse issues.</p> <p>The first six services will be established in the following locations:</p> <ul style="list-style-type: none"> • Benalla • Brimbank • Frankston • Greater Geelong • Latrobe Valley • Whittlesea. 	5.9 million	Output appropriation

New safe and compassionate models of care for bed-based services	Funding is provided for bed-based mental health services to increase access to acute care for Victorians living with mental illness. This includes making 53 recently built adult and youth beds available for patients, opening a 35-bed women's mental health unit, and continuing mental health hospital in the home as a substitute for care in hospitals.	87.9 million	Output appropriation
Promoting good mental health and wellbeing and preventing mental illness	Funding is provided to establish a new mental health and wellbeing promotion office within the Department of Health, to lead development and coordination of mental health promotion and prevention activities across Victoria. A Victorian mentally healthy workplaces framework will also be developed to define roles and responsibilities of workplaces in promoting mental health and reducing psychological injury at work. Social prescribing trials will be established across eight regions and will operate for three years in partnership with Victoria's new local mental health and wellbeing services.	6.2 million	Output appropriation
Redesigning and expanding Victoria's mental health and wellbeing infrastructure	The Government's response to the Royal Commission into Victoria's Mental Health System will result in changes to how mental health services are delivered including operating models and the required infrastructure. Funding is provided to undertake coordinated and comprehensive service and capital planning across the mental health system to guide future investment. This may include upgrades to existing assets, new community service facilities and more new acute beds.	10.0 million	Output appropriation
Reformed area services to better support the mental health and wellbeing of adults and older adults	Funding will establish 22 adult and older adult area mental health and wellbeing services to replace current area mental health services. These 22 services will have a greater capacity to treat, care and support adults and older adults experiencing severe and complex mental health challenges. A core function of these services will be to provide support to general practitioners and other primary and secondary	144.4 million	Output appropriation

	<p>care providers. This funding will also include pilots of integrated alcohol and other drugs treatment and wellbeing supports.</p> <p>Services will be delivered through a partnership between a public health service (or public hospital) and a non-government organisation that provides wellbeing supports.</p> <p>Funding is also provided to continue the provision of existing community mental health service hours for adults and older adults, establish a specialist behavioural response team to respond to high risk unsafe behaviour in inpatient units and expand the physical footprint of both area and new local services to accommodate increased service delivery requirements.</p>		
Strengthening system leadership, governance and accountability	<p>Funding is provided to support the establishment of an independent statutory authority, the Mental Health and Wellbeing Commission, and the transfer of functions from Mental Health Reform Victoria to the new Mental Health and Wellbeing Division of the Department of Health, led by a Chief Officer for Mental Health and Wellbeing.</p> <p>Funding is also provided to bolster accountability structures for Victoria's mental health system, including developing a mental health and wellbeing outcomes framework and a new performance monitoring and accountability framework.</p>	17.9 million	Output appropriation
Support for regulators and complaints handling bodies	<p>Statutory bodies will be supported to manage demand and ensure that safeguarding arrangements are in place to protect the most vulnerable members of the community. This includes additional funding for the Mental Health Tribunal, Mental Health Complaints Commissioner, Victorian Disability Worker Registration Scheme and the Disability Services Commissioner.</p> <p>Funding is also provided to strengthen compliance and enforcement of the <i>Non-Emergency Patient Transport Act 2003</i> for patients who require clinical monitoring or</p>	5.6 million	Output appropriation

	supervision during transport and to regulate the first aid sector for the first time. Funding is also provided to the Commission for Children and Young People to support the implementation of new Child Safe Standards, which require all Victorian organisations working with children to take steps to protect our children and young people.		
Supported housing for adults and young people living with mental illness	Funding is provided for accommodation and wellbeing supports to 2 000 Victorians living with a mental illness and allocated supported housing places as part of the Big Housing Build. Funding is also provided to undertake co-design and planning for a further 500 supported housing places for young people living with mental illness.	3.4 million (output) 2.2 million (asset)	Output appropriation and capital appropriation
Supporting Aboriginal social and emotional wellbeing	Funding is provided to establish new structures and self-determined services across Victoria to support and promote Aboriginal social and emotional wellbeing. This includes expanding social and emotional wellbeing teams to Aboriginal Community Controlled Health Organisations (ACCHOs) across Victoria, as well as funding the Victorian Aboriginal Controlled Health Organisation to establish a social and emotional wellbeing centre. ACCHOs will also be funded to commission the delivery of culturally appropriate social and emotional wellbeing services for children and young people. Funding is also provided to resource Infant, Child and Youth Area Mental Health Services to support Aboriginal Community Controlled Organisations, with the creation of Koori mental health liaison officer positions.	22.9 million	Output appropriation
Supporting families and carers	Funding is provided to support families and carers of people with mental illness, including establishing eight family and carer-led centres across Victoria. Funding will be increased for the Carer Support Fund, Tandem and its carer participation registers. The Families where a Parent has a Mental Illness (FaPMI) program will be expanded, and	5.9 million	Output appropriation

	funding will be provided to co-design and expand available supports for young carers.		
Supporting mental health for trans and gender-diverse young people	Additional mental health support and primary medical care will be provided for transgender and gender diverse young people. This includes an expansion of mental health services at Monash Health and the development of a clinical pathway from the Royal Children's Hospital Gender Service to Orygen.	5.5 million	Output appropriation
Integrated care for people living with mental illness and substance use or addiction	Funding will establish new statewide specialist services for people living with mental illness and substance use or addiction. These services will support integration of mental health and alcohol and other drugs treatment, care and support. New addiction medicine specialist hubs will also be established to support those with the most complex needs. To support the capability and capacity uplift in the mental health and substance use or addiction workforce, funding has also been provided to build, train, and strengthen the dual diagnosis workforce.	4.6 million	Output appropriation
Supporting the mental health and wellbeing of infants, children and families	Funding is provided to establish 13 infant and child area mental health and wellbeing services to provide a new dedicated service stream for infants, children and families (aged 0-11), to ensure treatment, care and support is adapted to the needs of this age group. Three infant, child and family hubs will also be established based on a one-stop approach for child health, including emotional, developmental and physical health, as well as providing culturally safe wrap around support for vulnerable and disadvantaged children and their families (including care coordination, family support and in-reach services). Funding is also provided for evidence-informed online parenting programs, and group-based parenting sessions will be offered through the infant, child and family hubs.	22.5 million	Output appropriation

	Community perinatal mental health teams will also be expanded in area adult and older adult mental health and wellbeing services across Victoria.		
Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems	<p>Funding is provided to expand the Custodial Forensic Youth Mental Health Service delivered by Orygen at the Parkville and Malmsbury Youth Justice Precincts. Additional hours for specialist mental health assessment and treatment interventions will be provided for young people in custody.</p> <p>Additional resources will also be provided for mental health support services in the justice system through:</p> <ul style="list-style-type: none"> increased care and supports for prisoners transitioning out of custody, including specialist transition support social workers and coordinators, and increased access for post sentence prisoners to the Hospital Outreach Post-suicidal Engagement (HOPE) program preliminary policy and service design focused on future service delivery, consultation with experts, codesign with service-users, and data collection and analysis. 	5.1 million	Output appropriation
Supporting the mental health and wellbeing of rural and regional Victorians	Funding is provided to incentivise mental health workers to find employment in rural and regional areas. Funding is also provided to run two trials of digital mental healthcare delivery and to support the Live 4 Life and Be Well in the Ranges programs, all to operate in rural and regional areas.	2.9 million	Output appropriation
Supporting the mental health and wellbeing of young people	Funding is provided to support more hours of mental health care to young people through Youth Area Mental Health and Wellbeing Services, including for extended hours, targeted assertive outreach and to begin integrating support for the general wellbeing of patients and alcohol and other drug treatment into Youth Area Mental Health and Wellbeing Services. Funding is also provided to maintain the research, online delivery, and operational activities of organisations delivering mental health care to young people.	40.0 million	Output appropriation

Working in partnerships to improve accessibility for diverse communities	<p>A diverse communities' mental health and wellbeing framework will be co-designed and developed in partnership with people from diverse communities. Funding is provided to community organisations and peak bodies to enable engagement in the mental health reform process and support communities to navigate the mental health and wellbeing system.</p> <p>Funding is provided to expand the Rainbow Door program to support people who identify as LGBTIQ+ to access and navigate the mental health and wellbeing system, and to continue the Healthy Equal Youth project to support young LGBTIQ+ Victorians. Support also continues for community-based mental health programs targeted at young asylum seekers and refugees.</p>	6.1 million	Output appropriation
Victorian Fixated Threat Assessment Centre	Funding is provided for the Victorian Fixated Threat Assessment Centre to continue delivering coordinated responses, through co-located police and mental health clinicians, to serious threats of violence posed by people with complex needs.	17.0 million	Output appropriation and Commonwealth funding
Additional acute mental health beds in Warrnambool	<p>Deliver additional five acute mental health beds at Acute Mental Health Inpatient Unit at Warrnambool. This will improve access and provide contemporary and high-quality treatment and care in the south-west region.</p> <p>This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System interim and final reports.</p>	4.1 million	Capital appropriation
Expanding and improving bed-based forensic mental health services – Thomas Embling Hospital	Deliver an additional 82 beds at Thomas Embling Hospital in Fairfield, some refurbishment of existing beds and supporting infrastructure. This expansion will allow timely and more effective therapeutic treatment of male and female patients in contemporary facilities and provides flexibility and future proofing to accommodate further investment.	28.6 million	Capital appropriation

	This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System interim and final reports.		
Expanding mental health treatment options for Victoria's youth	<p>Deliver five new 10-bed youth prevention and recovery care units in the North Eastern Metropolitan, Barwon South West, Gippsland, Grampians and Hume regions.</p> <p>Three existing youth prevention and recovery units will be refurbished in Frankston, Dandenong and Bendigo. This will give Victoria's youth with tailored community-based sub-acute care to assist in their clinical and personal recovery.</p> <p>This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System interim and final reports.</p>	2.0 million	Capital appropriation
Ageing, Aged and Home Care			
Future provision of public sector residential aged care	Additional funding is provided to public sector residential aged care services to continue to provide high-quality care to vulnerable aged persons, including those with mental health issues, and assist in meeting nurse to patient ratios in public sector residential aged care.	28.8 million	Output appropriation
Rural and Regional Public Sector Residential Aged Care Services Revitalisation Strategy Stage 1	<p>Funding is provided to re-build the Glenview Community Care Facility in Rutherglen to deliver 50 beds and expanded capacity for future expansion.</p> <p>The development will enable improved models of care and will ensure the community has access to safe and high-quality aged care services.</p> <p>Funding is also provided to undertake detailed planning and design work for the future redevelopment of the Camperdown and Cohuna public sector aged care facilities.</p>	9.2 million (asset)	Capital appropriation

Expenditure – lapsing programs (output initiatives including grants)

Question 7

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million, that were to lapse in financial year 2020-21, where funding is to be extended in the 2021-22 Budget, please provide the:

- a) name of the program
- b) objective/s of the program
- c) expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)
- d) details of how the program will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- e) evidence of the continued need for the program, and Government's role in delivering it
- f) evidence of the program's progress toward its stated objectives and expected outcomes, including an alignment between the program, its output (as outlined in *Budget Paper No.3: Service Delivery*), departmental objectives and any government priorities
- g) evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- h) extent and level of efficiencies realised in the delivery of the program
- i) information about what the nature of the impact of the program ceasing would be and what strategies have been identified to minimise any negative impacts
- j) evidence that the further funding reflects the actual cost required to deliver the program.

Guidance

Lapsing program – The Committee uses the definition of lapsing program as set out in the Department of Treasury and Finance, *Performance Management Framework – For Victorian Government Departments*: 'A program where funding is provided for a specified period only and for which funding is scheduled to conclude by the end of the current financial year'.

Response

a)	Name of the program	Genomic testing for rare undiagnosed conditions (continued as part of 'Meeting demand for hospital services')	
b)	Objective/s of the program	Funding has been provided to support service delivery levels and performance in Victoria's hospitals, including additional highly-specialised therapies.	
c)	Expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)	2020-21	2021-22
		\$2.2 million	\$2.2 million
d)	Details of how the program will be funded	Appropriation	
e)	Evidence of the continued need for the program and the Government's role in delivering it	Increasing genomic knowledge is driving increased demand for access to clinical services and testing across Victoria. Without public funding, patients do not receive a diagnosis, can die young, do not get the treatments they need and continue to be admitted to hospital to manage lifelong symptoms. All other State and Territory Governments have followed Victoria's lead in funding the clinical application of evidence-based genomic testing.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	Approximately 2,400 Victorians, including 30 babies born each year), with an undiagnosed rare condition. Traditional pathology testing cannot determine a diagnosis. Genomic sequencing has reached a point where it is quicker, cheaper and more accurate than current pathology testing. Research has shown that genomic sequencing can reduce early morbidity and mortality and reduce hospital admissions.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	An evaluation has been conducted in accordance with Centre for Evaluation and Research processes, demonstrating these criteria continue to be met.	
h)	Extent and level of efficiencies realised in the delivery of the program	Without this program, more than 250 Victorians a year will continue to undergo unnecessary testing and hospital admissions with reduced quality of life. Annual reviews substantiate efficiencies in relation to program delivery. In addition, annual review of evidence-based eligibility ensures this funding is used only for those who would most benefit from genomic sequencing.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	Annual reviews are undertaken, and the program evaluated, to ensure costs are substantiated and can address growing evidence-based clinical demand.	

a)	Name of the program	Future provision of public sector residential aged care	
b)	Objective/s of the program	Additional funding is provided to public sector residential aged care services to continue to provide high-quality care to vulnerable aged persons, including those with mental health issues and assist in meeting nurse to patient ratios in public sector residential aged care.	
c)	Expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)	2020-21	2021-22
		\$27.6 million	\$28.2 million
d)	Details of how the program will be funded	Appropriation	
e)	Evidence of the continued need for the program and the Government's role in delivering it	This government remains committed to ensuring that public residential aged care facilities are of a high quality with appropriately qualified staff and provide a suitable environment for care for vulnerable older Victorians.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	Budget paper performance measures affected: <ul style="list-style-type: none"> • Available bed days • Residential care services accredited 	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	State Government supplementary funding is provided to sustain the critical role of services within the system. State funding is a contribution towards: the additional cost of legislated nurse-to-resident ratios in high care public sector services; provision of specialist supports; viability of small rural high care services; and, to offset the discount applied by the Commonwealth to the care subsidies paid by them for residents in beds classified as State Government.	
h)	Extent and level of efficiencies realised in the delivery of the program	Nurse to resident ratios are unique to Victorian public sector high care residential aged care services and means that there are proportionally more nurses in the public sector compared to other service providers. This clinical capacity means that public sector services are well equipped to support complex care needs, but it is associated with increased cost.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.	

a)	Name of the program	Victorian Fixated Threat Assessment Centre	
b)	Objective/s of the program	Funding is provided for the Victorian Fixated Threat Assessment Centre to continue delivering coordinated responses, through co-located police and mental health clinicians, to serious threats of violence posed by people with complex needs.	
c)	Expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)	2020-21	2021-22
		\$16.6 million	\$17.0 million
d)	Details of how the program will be funded	Appropriation.	
e)	Evidence of the continued need for the program and the Government's role in delivering it	The Fixated Threat Assessment Centre provides a structured and coordinated approach to respond to the serious threat of violence posed by people with complex needs. The Victorian Institute of Forensic Mental Health (Forensicare) mental health clinicians and Victoria Police work together in ensuring patients receive the highest level of care whilst protecting the wider community. Specialised mental health services will continue to provide support to this cohort.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	\$16.6 million in 2020–21 was funded by the Department of Health and Human Services to allow continued delivery of coordinated responses by co-located police and mental health clinicians to serious threats of violence posed by people with complex needs.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2021-22 Budget.	
h)	Extent and level of efficiencies realised in the delivery of the program	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2021-22 Budget.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.	

a)	Name of the program	<p>1. Critical mental health service demand (2019-20 Budget)</p> <p>2. Interim response to the Royal Commission into Victoria's Mental Health System (2020-21 Budget):</p> <ul style="list-style-type: none"> • A service designed and delivered by people with lived experience of mental illness • Acute mental health expansion • Coronavirus (COVID-19) mental health response • Expanding suicide prevention and follow up care • Lived experience workforce • Meeting critical mental health service demand and saving lives <p>Continued in the 2021-22 Budget initiatives:</p> <ul style="list-style-type: none"> • A mental health and wellbeing system with lived experience at the core • Facilitating government and community-wide suicide prevention and response effort • Facilitating translational research to support ongoing system improvement • New safe and compassionate models of care for bed-based services • Reformed area services to better support the mental health and wellbeing of adults and older adults • Supporting Aboriginal social and emotional wellbeing • Supporting the mental health and wellbeing of people in contact with the criminal and youth justice systems • Supporting the mental health and wellbeing of young people 							
b)	Objective/s of the program	Funding will support the Victorian Government's response to the recommendations and the reform agenda set out by the Royal Commission into Victoria's Mental Health System. Funding has been directed to manage increased demands for services relating the COVID pandemic							
c)	Expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)	<table border="1"> <thead> <tr> <th data-bbox="1090 1198 1570 1251">2020-21</th> </tr> </thead> <tbody> <tr> <td data-bbox="1090 1256 1570 1299">\$41.5 million</td> </tr> <tr> <td data-bbox="1090 1303 1570 1343">\$236.4 million</td> </tr> </tbody> </table>	2020-21	\$41.5 million	\$236.4 million	<table border="1"> <thead> <tr> <th data-bbox="1576 1198 2051 1251">2021-22</th> </tr> </thead> <tbody> <tr> <td data-bbox="1576 1256 2051 1299">\$360.8 million</td> </tr> <tr> <td data-bbox="1576 1303 2051 1343">(\$1,947.2 million over four years)</td> </tr> </tbody> </table>	2021-22	\$360.8 million	(\$1,947.2 million over four years)
2020-21									
\$41.5 million									
\$236.4 million									
2021-22									
\$360.8 million									
(\$1,947.2 million over four years)									

d)	Details of how the program will be funded	Appropriation
e)	Evidence of the continued need for the program and the Government's role in delivering it	<p>The Royal Commission into Victoria's Mental Health System found that the current mental health and wellbeing system is significantly under-resourced, and supply falls well short of demand. In 2019-20, the system responded to less than one-third of the estimated demand for community-based services provided by public specialist mental health services. It is estimated that for adults who required mental health services in 2019-20, between 18.2 per cent (21,069 people) and 41.1 per cent (47,631 people) did not get them.</p>
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	<p>Funding provided through the 2019-20 Budget and the 2020-21 Budget has been focused on supporting the mental health system while the Royal Commission into Victoria's Mental Health System was underway. The report of the Royal Commission provides a series of recommendations on how and where to improve the mental health system in Victoria.</p> <p>Despite increased demand relating to population, and additional demand during the COVID pandemic (call for acute mental health responses such as assessment via emergency departments and high acute mental health inpatient unit occupancy, reflected in ED to mental health timeliness access indicator) key system performance metrics such as acute admitted length of stay, readmission rates and seclusion rates were all within expected levels and/or targets.</p> <p>In addition, to Q2 2020-21, publicly reported community service activity statewide was on target, demonstrating that services have been provided in the community, meeting set targets.</p> <p>The overall system performance has demonstrated that the objectives have been met, and the majority of the expected outcomes have been met (to target, or better).</p>
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>Funding provided through the 2019-20 Budget and the 2020-21 Budget has seen increased activity delivered via non-government and clinical mental health services. The budget has been fully expended within the appropriate financial years and delivered by fully accredited mental health services.</p> <p>All services have been subject to quality and safety monitoring provided by Boards, the Mental Health Complaints Commissioner, Safer Care Victoria and</p>

		the Chief Psychiatrist. Appropriate reporting of incidents and issues has been required and undertaken by funded agencies.
h)	Extent and level of efficiencies realised in the delivery of the program	<p>Due to the pandemic there have been challenges in implementing the programs, requiring a range of innovations to meet objectives and achieve outcomes.</p> <p>Initially, consumers were reluctant to attend the Emergency department, particularly older mental health patients. To comply with social distancing and also due to COVID outbreaks there were a range of short-term bed closures relating to public health orders on staff and consumer isolation in the case of COVID exposures.</p> <p>There were significant bed closures in early 2021 due to COVID outbreak in the north and western metropolitan area with over 100 acute beds closed for over a week across Northern Hospital, Broadmeadows and Alfred Hospital.</p> <p>Maintenance of system performance has required efficiencies in service delivery, such as community programs transitioning to telehealth. This was successful in expanding flexibility in delivering clinical mental health treatment and maintaining contact with clients during the lockdowns.</p> <p>Digital models (and telehealth – telephone and video calls) have been endorsed via capacity grants and service innovation, with the result that the Royal Commission recommendations include continuation of these service approaches.</p>
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.

a)	Name of the program	Decriminalising public drunkenness (continued as Decriminalising public drunkenness)					
b)	Objective/s of the program	Funding is provided to establish the foundations for a health-based response to public drunkenness, implementing the government's commitment to decriminalise public drunkenness. This includes funding for trial sites, including health outreach teams, transport and sobering up services. Funding is also provided for Aboriginal cultural safety initiatives.					
c)	Expenditure in the financial years 2020-21 and 2021-22 (and where relevant, future years)	<table border="1"> <thead> <tr> <th data-bbox="1090 424 1574 480">2020-21</th> <th data-bbox="1574 424 2051 480">2021-22</th> </tr> </thead> <tbody> <tr> <td data-bbox="1090 480 1574 531">\$16.0 million</td> <td data-bbox="1574 480 2051 531">\$9.5 million</td> </tr> </tbody> </table>	2020-21	2021-22	\$16.0 million	\$9.5 million	
2020-21	2021-22						
\$16.0 million	\$9.5 million						
d)	Details of how the program will be funded	Appropriation					
e)	Evidence of the continued need for the program and the Government's role in delivering it	Legislation to repeal the offence of public drunkenness was introduced into Parliament in December 2020 with Royal Assent given in March 2021; and, will come into effect in November 2022.					
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	<p>Taking a public health approach to public drunkenness through the investment outlined is expected to result in:</p> <ul style="list-style-type: none"> • reduced numbers of persons in police cells who are intoxicated, with a reduction in law enforcement resources necessary to manage the health needs of those persons • increased engagement with health services, including brief interventions through to withdrawal and follow up care, with associated improvements in health and wellbeing outcomes for Victorians • increased community awareness of the risks associated with public drunkenness and how they can be avoided and managed • increased availability of culturally safe care, and expected increases in health outcomes • reduced reliance on Victoria Police, Ambulance Victoria and emergency departments to assess, monitor and manage the physical and health safety risks of people who are drunk in public 					
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The initiative will trial a health-based response to public intoxication in Victoria and establish the foundations for a state-wide response. Significant external consultation and engagement has been undertaken with relevant sectors, communities and service providers.					

h)	Extent and level of efficiencies realised in the delivery of the program	The trial will support the efficient roll-out of a state-wide response
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.

Question 8

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2020-21, please provide the:

- a) name of the program
- b) objective/s of the program
- c) expenditure in the financial year 2020-21
- d) reasons why the program was established
- e) details of who (describe the type of users for example, health care providers, families, volunteers etc.) and how many used the program, and evidence of the outcomes achieved
- f) reasons why further funding is not being sought
- g) nature of the impact of ceasing the program
- h) strategies that are being implemented to minimise any negative impacts.

Response

a)	Name of the program	A Health Catalyst: Activating the Arden and Parkville Precincts
b)	Objective/s of the program	Planning will commence to redevelop the Royal Melbourne Hospital and establish an additional site for the Royal Melbourne Hospital and potentially the Royal Women's Hospital to activate the Government's vision to develop world-class health, research and education infrastructure at the Arden Renewal Precinct in North Melbourne.
c)	Expenditure in the financial year 2020-21	\$1.457 million
d)	Reasons why the program was established	Relocating ambulatory care services will free up space at the Parkville precinct to enable redevelopment of the existing hospitals in concert with other precinct partners, further activating the Melbourne Biomedical Precinct while providing a key anchor institution within the Arden Renewal Precinct.
e)	Details of who and how many used the program and evidence of the outcomes achieved	Not applicable – funding was for planning activity
f)	Reasons why further funding is not being sought	Not applicable – funding was for planning activity

g)	Nature of the impact of ceasing the program	Not applicable – funding was for planning activity
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable – funding was for planning activity

a)	Name of the program	Creating a single digital solution for coronavirus (COVID-19) reporting
b)	Objective/s of the program	Funding is provided to create a single digital reporting platform containing whole of government coronavirus (COVID-19) data to increase the government’s responsiveness during the coronavirus (COVID-19) pandemic.
c)	Expenditure in the financial year 2020-21	\$5.2 million
d)	Reasons why the program was established	InsightsVictoria was established as a whole-of-government reporting platform in partnership with the Department of Premier and Cabinet to support operational and strategic decision-making across the Victorian Public Sector in responding to the COVID-19 pandemic. These decision makers included senior Department of Health executives, Ministers and members of the State Control Team. InsightsVictoria built upon existing datasets to provide insights into public health, testing, testing results, contact tracing, health and hospital preparedness and PPE supply.
e)	Details of who and how many used the program and evidence of the outcomes achieved	InsightsVictoria supported multiple policy and operational areas with near-time, evidence-based insights over the pandemic response. The platform delivered critical products and services that empower and inform more than 200 users, including senior decision-makers and operational leaders spanning the response effort. These products were designed, built, delivered and regularly updated to support decision-making. Reporting production speeds were improved up to 200x by improving code and maximising automation (e.g. for Daily Situation Report).
f)	Reasons why further funding is not being sought	The initial program objectives were achieved. The Department of Health has established a technical team from COVID19 funding to deliver content and ongoing support of products and data feeds until Dec 2021. Separate funding has been made to DPC to allow expansion of InsightsVictoria with the immediate focus on Public Health. Department of Health is exploring

		options for the use of the InsightsVictoria ecosystem and methodologies for other priority programs beyond the covid response.
g)	Nature of the impact of ceasing the program	There is no impact to the cessation of the program. The Department of Premier and Cabinet will continue to administer InsightsVictoria and the Department of Health will continue to be update the platform with regular refreshes of data as per established arrangements.
h)	Strategies that are being implemented to minimise any negative impacts	The Department of Health has established long-term enablers to support ongoing delivery of products through 1) a technical team, 2) an agile delivery system and a 3) modern data management and analytics platform. Content will be both added to and removed from the platform to reflect adapting intelligence needs. The products (data feeds, reports, dashboards) are being transitioned to more automated delivery to increase sustainability and offer future uses as an enduring whole-of-government data acquisition, analysis and data reporting platform.

Question 9

For grant programs announced as part of the COVID-19 response in 2020-21 Budget, please provide:

- a) name of the program
- b) objective/s of the program
- c) estimated expenditure in 2020-21 and forward estimates
- d) actual expenditure as at 30 April 2021
- e) source of funding
- f) number of applications received and number of total eligible applicants as at 30 April 2021
- g) number of successful applicants
- h) the status of the program
- i) outcomes achieved as at 30 April 2021
- j) any budget allocation for the program in the 2021-22 Budget

Response

a)	Name of the program	COVID Worker Support			
b)	Objective/s of the program	The aim of the COVID-19 Worker Support Payment was to financially support workers without paid sick leave or special pandemic leave entitlements or other income support, to prevent them from transmitting the virus by reporting to work in order to avoid a loss of income. The payment recognises that the requirement to self-isolate or quarantine can cause significant financial challenges for individuals and families who are without income during this period.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
		Delivery of payments transferred to Services Australia on 6 August 2020.			
d)	Actual expenditure as at 30 April 2021	\$2,019,000			
e)	Source of funding	State Appropriation			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2021		Number of total eligible applicants as at 30 April 2021	
		1,847 (DH only)		1,335 (DH only. Note that 11 applicants received two payments).	

g)	Number of successful applicants	1,335 (DH only. Note that 11 applicants received two payments)
h)	Status of the program	Currently being delivered by Services Australia
i)	Outcomes achieved as at 30 April 2021	1,335 successful applications with \$2.019 million of grants paid by DH (payments have also been made by DJPR and Services Australia)
j)	Any budget allocation in the 2021-22 Budget	N/A – now delivered by Services Australia

a)	Name of the program	COVIDSafe Alcohol and Other Drugs (AOD) funding grants (round one December 2020, round two March 2021)			
b)	Objective/s of the program	The COVIDSafe Alcohol and Other Drugs (AOD) grant program covers costs associated with additional cleaning and sanitising, minor works needed for safe operations, infection control training and backfill for staff, incentives for workers to stay working at one service, and IT remote service delivery and improvements.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
		10.01 million			
d)	Actual expenditure as at 30 April 2021	4.36 million (1.92 million round one, 2.44 million round two)			
e)	Source of funding	CCC budget outcome			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2021		Number of total eligible applicants as at 30 April 2021	
		63		52	
g)	Number of successful applicants	52 (22 in round one and 30 in round two)			
h)	Status of the program	Funding has been allocated - awaiting acquittal of funding from agencies.			
i)	Outcomes achieved as at 30 April 2021	Acquittal of expenditure by agencies not due until June 2021 and December 2021			
j)	Any budget allocation in the 2021-22 Budget	No			

DH

Capital assets

Question 10a

Budget Paper No.5: Statement of Finances provides cash flow statements for departments.

Budget Paper No.4: State Capital Program provides the capital projects undertaken by departments.

For the 'Payments for non-financial assets' line item in the 2021-22 cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

Please differentiate the capital projects that were announced as part of Building Works Package and/or any other COVID-19 related response.

If any other line items in the cash flow statement comprises expenditure on Public Private Partnerships (PPPs), please list the PPP it relates to and the cost.

Guidance

Capital projects extracted from the cash flow statements are expected to correspond to capital projects listed in *Budget Paper No.4: State Capital Program* as 'New projects', 'Existing projects', or 'Completed projects'.

Question 10b

Please provide the following details for those capital projects identified as part of the post-COVID-19 economic repair/recovery.

- i) Name of the projects
- ii) Total estimated investment
- iii) Project commencement date
- iii) Estimated expenditure 2021-22
- iv) Source of funding
- v) Expenditure incurred as at 30 April 2021
- vi) Number of jobs estimated to create - 2021-22 & 2022-23

Response

Please see Excel Worksheet for response

Public Private Partnerships – expenditure

Question 11

Budget Paper No.5: Statement of Finances provides a comprehensive operating statement that details each department's revenue and expenses on an accrual basis reflecting the cost of providing its output.

- a) In the 2021-22 comprehensive operating statement please identify all expenditure on Public Private Partnerships (PPP) by line item and provide a breakdown of these costs and indicate to which project they relate.

Guidance

If the line item 'Other operating expenses' in the comprehensive operating statement comprises expenditure on PPPs, please also list the PPP it relates to and the cost.

- b) Please also provide the estimated/forecast expenditure for all PPPs across forward estimates.

Response

a)

Line item	2019-20 Actual (\$ million)	2020-21 Budget (\$ million)	2021-22 Budget (\$ million)
Interest Expense	185	200	194
PPP related:	164	171	186
• Casey/Berwick Hospital	0	0	0
• Royal Women's Hospital	15	14	14
• Royal Children's Hospital	46	44	42
• Victorian Comprehensive Cancer Centre	80	78	73
• Bendigo Hospital	23	23	22
• Casey Hospital Expansion	0	2	2
• New Footscray Hospital	0	9	33

Line item	2019-20 Actual (\$ million)	2020-21 Budget (\$ million)	2021-22 Budget (\$ million)
Other Operating Expenses	8,625	10,181	9,909
PPP related:	145	151	143
• Casey/Berwick Hospital	7	13	13
• Royal Women's Hospital	20	15	15
• Royal Children's Hospital	54	63	70
• Victorian Comprehensive Cancer Centre	27	23	5
• Bendigo Hospital	36	35	36
• Casey Hospital Expansion	1	4	4
• New Footscray Hospital	0	0	0

b)

PPPs	2019-20 Actual (\$ million)	2020-21 Budget (\$ million)	2021-22 Budget (\$ million)	2022-23 Estimated/Forecast (\$ million)	2023-24 Estimated/Forecast (\$ million)
Casey/Berwick Hospital	7	13	13	14	24
Royal Women's Hospital	35	29	28	25	25
Royal Children's Hospital	100	107	113	108	101
Victorian Comprehensive Cancer Centre	107	100	69	62	60
Bendigo Hospital	59	57	59	60	61
Casey Hospital Expansion	2	6	6	6	6
New Footscray Hospital	0	9	33	33	58
Total	310	321	320	308	335

Alliance contracting – DoT only

Question 12

Alliance contracting was discussed at the 2020-21 Budget Estimates hearings, including projects that were changed from the PPP financing model to the Alliance contracting.

- a) Please detail the benefits to the State when using the Alliance contracting as opposed to PPP.

- b) Please detail the shortcomings of the Alliance contracting models, including the risks involved to the State.

- c) For all the major transport projects, please provide the following details:
- i) Total estimated investment at the announcement and the budget year
 - ii) Revised total estimated investment
 - iii) Delivery model – please specify if the major projects are delivered through either PPP, alliance contracting or any other financing arrangement
 - iv) Estimated completion date at the announcement
 - v) Revised estimated completion date.

Project name	Total estimated investment at the announcement	Budget year	Revised total estimated investment 2021-22 Budget	Delivery model	Estimated completion date at the announcement	Revised estimated completion date	Explanation for variances in cost and timeliness of the project

- d) What is the owner’s cost (i.e. cost to the Government) of delivering the projects via contract alliance as opposed to PPP projects? Owner’s costs under traditional contracts may include, direct costs, contingency for risks, profit margin and contribution to corporate overheads, and internal contract administration expenses.²

Please provide the following details:

- i) project name
- ii) project value
- iii) project delivery model
- iv) expense category
- v) expenses incurred

² PricewaterhouseCoopers Australia, *Collaborative Contracting*, March 2018, p. 9.

Please replicate the below table according to DoT's major projects.

Project name (e.g. Suburban Rail Loop)	Project value	Project delivery model (PPP, Alliance contracting, etc.)	Expense category	Expenses incurred by the Victorian Government (\$ million)
Total cost				

Carryover funding for payments for non-financial assets

Question 13

For the line item 'payments for non-financial assets' for 2021-22 in the departmental cash flow statement in *Budget Paper No. 5: Statement of Finances* budget paper, please identify the amount that is expected to be funded using funds carried over from 2020-21.

Response

Payments for non-financial assets	\$ amount expected to be funded
\$1,688 million	\$360 million

Treasurer's advances

Question 14

For the 2020-21 Budget, please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding through the Treasurer's Advances.

Please identify if the programs were announced as part of the COVID-19 response, bushfire response or if other please state 'other'.

Response

Output(s) and portfolio(s)	Program	Recurrent program or new program	COVID-19 response, bushfire response or other	Funding received under the Treasurer's Advances – 2020-21	Amount expended as at 30 April 2021	Reasons why additional funding was required
Total 2020-21						

NOTE:

Not Applicable, this information is not able to be provided.

Savings initiatives from past budgets

Question 15

For each of the savings initiatives detailed in the 2018-19 Budget, 2019-20 Budget, 2020-21 Budget and 2021-22 Budget, please detail (on the same basis of consolidation as the budget papers):

- how the Department will meet the various savings targets in 2021-22
- the nature of the impact that these actions will have on the delivery of services and assets/infrastructure during 2021-22
- the Department's savings target for 2021-22
- an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Response

Initiative	Actions the Department will take in 2021-22	Impact of these actions on service delivery in 2021-22	Savings target for 2021-22 (\$ million)	Explanation for variances to the original target
Savings and efficiencies and expenditure reduction measures in 2018-19 Budget	N/A	N/A	N/A	N/A
Savings and efficiencies and expenditure reduction measures in 2019-20 Budget	N/A	N/A	N/A	N/A
Savings and efficiencies and expenditure reduction measures in 2020-21 Budget	N/A	N/A	N/A	N/A
Savings and efficiencies and expenditure reduction measures in 2021-22 Budget	N/A	N/A	Please note the additional Savings published in 2021-22 BP3 Chapter 1 Table 1.31 p142 does not provide a breakdown at a departmental level.	N/A

DH

Use of funds saved from other programs or initiatives

Question 16

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2021-22 (including lapsing programs), please identify:

- name of any program/initiative that has been reprioritised, curtailed or reduced
- the amount expected to be spent under the program or initiative during 2021-22 at the time of the 2020-21 Budget
- the amount currently to be spent under the program or initiative during 2021-22
- the use to which the funds realised by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Response

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2021-22		The use to which the funds will be put
	At the time of the 2020-21 Budget	At the time of the 2021-22 Budget	

NOTE:

No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2021-22 State Budget.

Performance measures – new

Question 17

For all new performance measures in the 2021-22 Budget Paper No.3: Service Delivery, please provide:

- a description/purpose of the measure
- the assumptions and methodology underpinning the measure (including how the supporting data is calculated or derived, source and frequency of data collection, as well as any other business rules and assumptions)
- how the target was set
- the shortcomings of the measure
- how the measure will enable the Committee to assess the impact of the service

Response

	Performance measure	Unplanned readmission after treatment for acute myocardial infarction
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure replaces the proposed discontinued measure 'unplanned/unexpected readmissions for acute myocardial infarction'. The revised measure's methodology monitors readmissions to any hospital and not only those to the same hospital where the readmission took place.
c)	How target was set	The target was set as a result of a proposed discontinued measure. The revised target is aligned to the statewide rate for the proposed new measure and this is why the targets are proportionately different. Setting the target at the statewide average provides an achievable goal for health service as this new measure is implemented.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	It is anticipated that the methodology of the new measure will better reflect performance within the sector and thus enable targeted improvement work to be undertaken, where appropriate.

	Performance measure	Unplanned readmission after treatment for heart failure
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure replaces the proposed discontinued measure ' <i>unplanned/unexpected readmissions after treatment for heart failure</i> '. The revised measure's methodology monitors readmissions to any hospital and not only those to the same hospital where the readmission took place.
c)	How target was set	The target was set as a result of a proposed discontinued measure. The revised target is aligned to the statewide rate for the proposed new measure and this is why the targets are proportionately different. Setting the target at the statewide average provides an achievable goal for health service as this new measure is implemented.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	It is anticipated that the methodology of the new measure will better reflect performance within the sector and thus enable targeted improvement work to be undertaken, where appropriate.

	Performance measure	Unplanned readmission after hip replacement surgery
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure replaces the proposed discontinued measure ' <i>unplanned/unexpected readmissions after hip replacement surgery</i> '. The revised measure's methodology monitors readmissions to any hospital and not only those to the same hospital where the surgery was performed.
c)	How target was set	The target was set as a result of a proposed discontinued measure. The revised target is aligned to the statewide rate for the proposed new measure and this is why the targets are proportionately different. Setting the target at the statewide average provides an achievable goal for health service as this new measure is implemented.
d)	Shortcomings of the measure	Not applicable

e) How the measure will enable the Committee to assess the impact of the service	It is anticipated that the methodology of the new measure will better reflect performance within the sector and thus enable targeted improvement work to be undertaken, where appropriate.
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Performance measure		Unplanned readmission after paediatric tonsillectomy and adenoidectomy
a) Description/purpose of the measure		
b) Assumptions and methodology underpinning the measure		This measure replaces the proposed discontinued measure ' <i>unplanned/unexpected readmissions after paediatric tonsillectomy and adenoidectomy</i> '. The revised measure's methodology monitors readmissions to any hospital and not only those to the same hospital where the readmission took place.
c) How target was set		The target was set as a result of a proposed discontinued measure. The revised target is aligned to the statewide rate for the proposed new measure and this is why the targets are proportionately different. Setting the target at the statewide average provides an achievable goal for health service as this new measure is implemented.
d) Shortcomings of the measure		Not applicable
e) How the measure will enable the Committee to assess the impact of the service		It is anticipated that the methodology of the new measure will better reflect performance within the sector and thus enable targeted improvement work to be undertaken, where appropriate.

Performance measure		Unplanned readmission after knee replacement surgery
a) Description/purpose of the measure		
b) Assumptions and methodology underpinning the measure		This measure replaces the proposed discontinued measure ' <i>unplanned/unexpected readmission for knee replacement</i> '. The revised measure's methodology monitors readmissions to any hospital and not only those to the same hospital where the readmission took place.
c) How target was set		The target was set as a result of a proposed discontinued measure. The revised target is aligned to the statewide rate for the proposed new measure and this is why the targets are proportionately different. Setting the target at the statewide

		average provides an achievable goal for health service as this new measure is implemented.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	It is anticipated that the methodology of the new measure will better reflect performance within the sector and thus enable targeted improvement work to be undertaken, where appropriate.

	Performance measure	Additional student clinical placement days
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This is a new performance measure for 2021-22 to reflect funding in the 2021-22 Budget.
c)	How target was set	This measure is separated from other clinical placement days due to distinct funding as part of the Boosting our healthcare workforce initiative.
d)	Shortcomings of the measure	Not applicable.
e)	How the measure will enable the Committee to assess the impact of the service	Measure will demonstrate the reach of the training program.

	Performance measure	Health workers trained in the information sharing and family violence risk assessment and risk management reforms
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This is a new performance measure for 2021-22 to reflect funding in the 2021-22 Budget and Government investment in information sharing and family violence risk assessment and risk management.
c)	How target was set	The measure was designed to capture training numbers across health workforces prescribed under Phase 1 and 2 reforms. Phase 1 workforces: Alcohol and Other Drug services; Designated Mental Health Services; Maternal and Child Health Services; and Antenatal.

		Phase 2: Community Health services; Community-managed mental health; Public hospitals; State-funded aged care services; Ambulance Victoria; Early Parenting Centres; Bush Nursing Centres; and General Practitioners and practice nurses (only CISS and FVISS, not MARAM).
d)	Shortcomings of the measure	Given this is a new performance measure and the scope of health workers to be trained is very broad, the targets have been developed as an indicative measure of likely annual training numbers. The need to tailor and deliver training to meet the needs of different workforces, many of whom will continue to be involved in coronavirus (COVID-19) health responses, may impact on targets.
e)	How the measure will enable the Committee to assess the impact of the service	Measure will demonstrate the reach of the training program.

	Performance measure	Number of education or monitoring visits of tobacco or e-cigarette retailers
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure will monitor compliance and enforcement activity in relation to tobacco and e-cigarette retailers
c)	How target was set	The target was set based on data available through reporting provided by the Municipal Association of Victoria on tobacco compliance activity carried out by local councils.
d)	Shortcomings of the measure	The measure enable monitoring of education and compliance activity but does not provide information on the outcome of this activity.
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable the Committee to monitor the level of compliance activity being carried out by local councils to address the risk of harms from tobacco and e-cigarette use.

	Performance measure	Number of sales to minors test purchases undertaken
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure will monitor compliance and enforcement activity in relation to selling tobacco and e-cigarette products to people under the age of 18.
c)	How target was set	The target was set based on data available through reporting provided by the Municipal Association of Victoria on tobacco compliance activity carried out by local councils.
d)	Shortcomings of the measure	The measure enables monitoring of education and compliance activity but does not provide information on the outcome of this activity.
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable the Committee to monitor the level of compliance activity being carried out by local councils to address the risk of harms from tobacco and e-cigarette use.

	Performance measure	Number of education or monitoring visits of smoke-free areas
a)	Description/purpose of the measure	
b)	Assumptions and methodology underpinning the measure	This measure will monitor compliance and enforcement activity for smoke free areas
c)	How target was set	The target was set based on data available through reporting provided by the Municipal Association of Victoria on tobacco compliance activity carried out by local councils.
d)	Shortcomings of the measure	The measure enables monitoring of education and compliance activity but does not provide information on the outcome of this activity.
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable the Committee to monitor the level of compliance activity being carried out by local councils to address the risk of harms from tobacco and e-cigarette use.

Performance measures – modifications

Question 18

For all existing performance measures with an associated target that has been modified in the 2021-22 *Budget Paper No.3: Service Delivery*, please provide:

- a description/purpose of the measure
- the previous target
- the new target and how it was set
- the justification for changing the target
- an explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome
- the methodology behind estimating the expected outcome in the 2021-22 Budget.

Response

	Performance measure	Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services
a)	Description/purpose of the measure	
b)	The previous target	1,461
c)	The new target and how it was set	Not Applicable
d)	The justification for changing the target	This measure is proposed to be discontinued. Victoria is moving to a new National Funding Model, and Weighted Inlier Equivalent Separations will no longer apply to funding.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities. The 2020-21 expected outcome is lower than the 2020-21 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	Not relevant as this measure is proposed to be discontinued.

	Performance measure	Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average
a)	Description/purpose of the measure	
b)	The previous target	11 per 1,000
c)	The new target and how it was set	8.7 per 1,000
d)	The justification for changing the target	The 2021-22 target has been reduced to reflect a purposeful intent to close the gap.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2020-21 expected outcome is slightly higher than the 2020-21 target. The Consultative Council on Obstetric and Paediatric Mortality and Morbidity has made specific recommendations over the years targeting Aboriginal women's maternal and perinatal health and wellbeing.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	Measure changed to appropriately reflect historical performance.

	Performance measure	Number of patients admitted from the elective surgery waiting list
a)	Description/purpose of the measure	
b)	The previous target	203,020
c)	The new target and how it was set	208,000
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities. The 2020-21 expected outcome is lower than the 2020-21 target mostly due to the impact of the COVID 19 pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	Elective surgery admissions reflect the additional funding provided to support services above the 2020-21 expected outcomes. This approach recognises the elective surgery blitz funding and 2021-22 elective surgery growth funding increase in service delivery.

	Performance measure	Eligible newborns screened for hearing deficit before one month of age
a)	Description/purpose of the measure	
b)	The previous target	97 per cent
c)	The new target and how it was set	98 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects historical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	As noted, historical monthly hearing screening data indicates an average performance outcome of about 98 per cent. As such the new target more accurately reflects sustained service performance.

	Performance measure	Healthcare worker immunisation – influenza
a)	Description/purpose of the measure	
b)	The previous target	90 per cent
c)	The new target and how it was set	92 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects the purposeful trajectory to 95 per cent in future years.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	Measure changed to appropriately reflect historical performance.

	Performance measure	Major trauma patients transferred to a major trauma service
a)	Description/purpose of the measure	
b)	The previous target	85 per cent
c)	The new target and how it was set	88 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects historical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the target due to changes in demand caused by restrictions imposed due to the coronavirus (COVID-19) pandemic. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to improved clinical triage and care.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	An assessment was made of performance outcomes achieved over the last five years, whilst allowing for impacts due to coronavirus (COVID-19). The new target reflects sustained service performance.

	Performance measure	Perinatal and child mortality reports received, reviewed and classified
a)	Description/purpose of the measure	
b)	The previous target	95 per cent
c)	The new target and how it was set	100 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects historical performance and desired outcome.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	Measure changed to appropriately reflect historical performance.

	Performance measure	Community Service Obligation emergency road and air transports
a)	Description/purpose of the measure	
b)	The previous target	270,480
c)	The new target and how it was set	283,447
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target primarily due to the impact of demand on activities. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to increased demand on services.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Statewide emergency air transports
a)	Description/purpose of the measure	
b)	The previous target	4,829
c)	The new target and how it was set	5,071
d)	The justification for changing the target	The 2021-22 target has been increased to reflect the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was lower than the 2019-20 target primarily due to the impact of demand on activities. The 2020-21 expected outcome is lower than the 2020-21 target due to air activity being entirely demand driven, with the result representing a reduced demand for air services, which has been significantly impacted by the Government's response to COVID-19.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Statewide emergency road transports
a)	Description/purpose of the measure	
b)	The previous target	482,597
c)	The new target and how it was set	506,828
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target primarily due to the impact of demand on activities. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to increased demand on services.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Treatment without transport
a)	Description/purpose of the measure	
b)	The previous target	84,087
c)	The new target and how it was set	88,587
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome for this measure was lower than the 2019-20 target due to Ambulance Victoria's implementation of its revised clinical response model. This model is ensuring that patients are receiving care appropriate to their needs, and that emergency ambulances are less frequently dispatched to patients who do not need transport to hospital.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes
a)	Description/purpose of the measure	
b)	The previous target	90 per cent
c)	The new target and how it was set	95 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects desired clinical performance goal.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Community Service Obligation non-emergency road and air transports
a)	Description/purpose of the measure	
b)	The previous target	229,943
c)	The new target and how it was set	240,569
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Statewide non-emergency air transports
a)	Description/purpose of the measure	
b)	The previous target	2,434
c)	The new target and how it was set	2,538
d)	The justification for changing the target	The 2021-22 target has been increased to reflect the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was lower than the 2019-20 target due to lower demand for services. This is an entirely demand-driven activity.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Statewide non-emergency road transports
a)	Description/purpose of the measure	
b)	The previous target	281,733
c)	The new target and how it was set	295,925
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome for this measure was higher than the target due to increased demand for non-emergency transport based on increasing population and demand for care The 2020-21 expected outcome is higher than the 2020-21 target due to increased demand, partly driven by the impact of the COVID-19 pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The 2020-21 Expected Outcome has been estimated using a combination of year to date performance and prior years' data

	Performance measure	Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks
a)	Description/purpose of the measure	
b)	The previous target	75 per cent
c)	The new target and how it was set	80 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects desired clinical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target due to the high uptake of online drug and alcohol information services by clients. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to improvements in processing.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Commenced courses of treatment – community-based drug treatment services
a)	Description/purpose of the measure	
b)	The previous target	8,489
c)	The new target and how it was set	10,189
d)	The justification for changing the target	The higher 2021-22 target reflects historical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target due to an ongoing increase in the delivery of a range of treatment types. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to the impact of the COVID-19 pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Number of drug treatment activity units – community based services
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a)	Description/purpose of the measure	
b)	The previous target	90,325
c)	The new target and how it was set	97,855
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2020-21 expected outcome is lower than the 2020-21 target primarily due to the impact of the COVID 19 pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Clinical inpatient separations
a)	Description/purpose of the measure	
b)	The previous target	27,488
c)	The new target and how it was set	28,747
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Total community service hours (child and adolescent)
a)	Description/purpose of the measure	
b)	The previous target	219
c)	The new target and how it was set	266

d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Total community service hours (adult)
a)	Description/purpose of the measure	
b)	The previous target	1,103
c)	The new target and how it was set	1,185
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Total community service hours (aged)
a)	Description/purpose of the measure	
b)	The previous target	126
c)	The new target and how it was set	154
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable

f) The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.
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Performance measure	Registered community clients
a) Description/purpose of the measure	
b) The previous target	77,221
c) The new target and how it was set	85,863
d) The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e) An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f) The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

Performance measure	Bed days
a) Description/purpose of the measure	
b) The previous target	60,115
c) The new target and how it was set	62,744
d) The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e) An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	<p>The 2019-20 outcome was lower than the 2019-20 target primarily due to Youth Residential Rehabilitation Services being directed to leave a unit in each property vacant to respond to client/s who need to self-isolate due to suspected or diagnosed coronavirus (COVID-19).</p> <p>The 2020-21 expected outcome is lower than the 2020-21 target primarily due to the impact of the COVID-19 pandemic on activities.</p>

f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	
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	Performance measure	Client Support Units
a)	Description/purpose of the measure	
b)	The previous target	37,279
c)	The new target and how it was set	44,157
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target primarily due to the unanticipated delay in the transition of funding committed to individualised client support packages to the NDIS. The 2020-21 expected outcome is lower than the 2020-21 target primarily due to the impact of the COVID-19 pandemic on activities.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	

	Performance measure	Persons treated
a)	Description/purpose of the measure	
b)	The previous target	332,150
c)	The new target and how it was set	376,150
d)	The justification for changing the target	The higher 2021-22 target reflects the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2020-21 expected outcome is lower than the 2020-21 target primarily due to the impact of the COVID-19 pandemic on activities.

f) The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.
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	Performance measure	Children participating in the Smiles 4 Miles oral health promotion program
a)	Description/purpose of the measure	
b)	The previous target	34,000
c)	The new target and how it was set	49,000
d)	The justification for changing the target	The 2021-22 target has been increased to reflect the impact of funding provided in the 2021-22 Budget.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on maintenance of effort and projections from current rates of growth.

	Performance measure	Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours
a)	Description/purpose of the measure	
b)	The previous target	85 per cent
c)	The new target and how it was set	90 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects desired clinical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	The 2019-20 outcome was higher than the 2019-20 target primarily due to a higher percentage of people requiring emergency care being treated within the appropriate time period. The 2020-21 expected outcome is higher than the 2020-21 target primarily due to a higher percentage of people requiring emergency care being treated within the appropriate time period.
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The estimate is based on year to date actual results.

	Performance measure	Percentage of Aboriginal children fully immunised at 60 months
a)	Description/purpose of the measure	
b)	The previous target	95 per cent
c)	The new target and how it was set	97 per cent
d)	The justification for changing the target	The higher 2021-22 target reflects historic and desired clinical performance.
e)	An explanation of why the target was not met in 2019-20, if applicable and the 2020-21 expected outcome	Not applicable
f)	The methodology behind estimating the expected outcome in the 2021-22 Budget	The expected outcome is consistent with the National Partnership on Essential Vaccines performance report.

Employees

Question 19

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2020, 30 June 2021 and 30 June 2022:

- broken down into employee classification codes
- broken down into categories of on-going, fixed term or casual
- according to their gender identification
- employees identifying as Aboriginal or Torres Strait Islander or having a disability.

Guidance – In responding to this question please provide details about the Department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the Department's Annual Report.

Response

a)

Classification	As at 30-06-2020 ³		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1	0.0%	N/A	N/A	N/A	N/A
EO-1	6	0.1%	N/A	N/A	N/A	N/A
EO-2	70.5	0.9%	N/A	N/A	N/A	N/A
EO-3	136.5	1.7%	N/A	N/A	N/A	N/A
VPS Grade 7	27	0.3%	N/A	N/A	N/A	N/A
VPS Grade 6	1,042	12.8%	N/A	N/A	N/A	N/A
VPS Grade 5	1,618.3	20.0%	N/A	N/A	N/A	N/A
VPS Grade 4	939.7	11.6%	N/A	N/A	N/A	N/A

³ As Department of Health was established on 1 February 2021, figures for the Department of Health and Human Services have been provided for 30 June 2020

VPS Grade 3	606.9	7.5%	N/A	N/A	N/A	N/A
VPS Grade 2	324.3	4.0%	N/A	N/A	N/A	N/A
VPS Grade 1	10.6	0.1%	N/A	N/A	N/A	N/A
Allied health professionals	77.4	1.0%	N/A	N/A	N/A	N/A
Child protection practitioners	2,047.5	25.2%	N/A	N/A	N/A	N/A
Children youth and families officers	230	2.8%	N/A	N/A	N/A	N/A
Disability development and support	305	3.8%	N/A	N/A	N/A	N/A
Housing services officers	490.1	6.0%	N/A	N/A	N/A	N/A
Other	176.2	2.2%	N/A	N/A	N/A	N/A
Total	8,109.1	100.0%	N/A	N/A	N/A	N/A

b)

Category	As at 30-06-2020 ⁴		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	6,466.5	79.7%	N/A	N/A	N/A	N/A
Fixed-term and casual	1,642.6	20.3%	N/A	N/A	N/A	N/A
Total	8,109.1	100.0%	N/A	N/A	N/A	N/A

⁴ As the Department of Health was established on 1 February 2021, figures for the Department of Health and Human Services have been provided for 30 June 2020

c)

Identification	As at 30-06-2020 ⁵		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	2,327.8	28.7%	N/A	N/A	N/A	N/A
Women	5,781.3	71.3%	N/A	N/A	N/A	N/A
Self-described	N/A	N/A	N/A	N/A	N/A	N/A
Total	8,109.1	100.0%	N/A	N/A	N/A	N/A

Mental Health Reform Victoria

a)

Classification	As at 30-06-2020 ⁶		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-2	2	22.2%	N/A	N/A	N/A	N/A
EO-3	1	11.1%	N/A	N/A	N/A	N/A
VPS Grade 6	3	33.3%	N/A	N/A	N/A	N/A
VPS Grade 5	2	22.2%	N/A	N/A	N/A	N/A
VPS Grade 4	0	0.0%	N/A	N/A	N/A	N/A
VPS Grade 3	0	0.0%	N/A	N/A	N/A	N/A
VPS Grade 2	1	11.1%	N/A	N/A	N/A	N/A
Other	0	0.0%	N/A	N/A	N/A	N/A
Total	9	100.0%	N/A	N/A	N/A	N/A

⁵ As Department of Health was established on 1 February 2021, figures for the Department of Health and Human Services have been provided for 30 June 2020

⁶ As at 30 June 2020, Mental Health Reform Victoria was aligned with the Department of Health and Human Services

b)

Category	As at 30-06-2020 ⁷		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	6	66.7%	N/A	N/A	N/A	N/A
Fixed-term and casual	3	33.3%	N/A	N/A	N/A	N/A
Total	9	100.0%	N/A	N/A	N/A	N/A

c)

Identification	As at 30-06-2020 ⁸		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	3	66.7%	N/A	N/A	N/A	N/A
Women	6	33.3%	N/A	N/A	N/A	N/A
Self-described	N/A	N/A	N/A	N/A	N/A	N/A
Total	9	100.0%	N/A	N/A	N/A	N/A

⁷ As at 30 June 2020, Mental Health Reform Victoria was aligned with the Department of Health and Human Services

⁸ As at 30 June 2020, Mental Health Reform Victoria was aligned with the Department of Health and Human Services

Safer Care Victoria

a)

Classification	As at 30-06-2020 ⁹		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	1.3	1.2%	N/A	N/A	N/A	N/A
EO-2	0	0.0%	N/A	N/A	N/A	N/A
EO-3	5	4.4%	N/A	N/A	N/A	N/A
VPS Grade 7	0.7	0.6%	N/A	N/A	N/A	N/A
VPS Grade 6	25.5	22.6%	N/A	N/A	N/A	N/A
VPS Grade 5	51.8	45.8%	N/A	N/A	N/A	N/A
VPS Grade 4	21.5	19.0%	N/A	N/A	N/A	N/A
VPS Grade 3	6.2	5.5%	N/A	N/A	N/A	N/A
VPS Grade 2	1	0.9%	N/A	N/A	N/A	N/A
Other	0	0.0%	N/A	N/A	N/A	N/A
Total	113.0	100.0%	N/A	N/A	N/A	N/A

⁹ As at 30 June 2020, Safer Care Victoria was aligned with the Department of Health and Human Services

b)

Category	As at 30-06-2020 ¹⁰		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	86.4	76.5%	N/A	N/A	N/A	N/A
Fixed-term and casual	26.6	23.5%	N/A	N/A	N/A	N/A
Total	113.0	100.0%	N/A	N/A	N/A	N/A

c)

Identification	As at 30-06-2020 ¹¹		As at 30-06-2021		As at 30-06-2022	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	15.1	13.4%	N/A	N/A	N/A	N/A
Women	97.9	86.6%	N/A	N/A	N/A	N/A
Self-described	N/A	N/A	N/A	N/A	N/A	N/A
Total	113.0	100.0%	N/A	N/A	N/A	N/A

¹⁰ As at 30 June 2020, Safer Care Victoria was aligned with the Department of Health and Human Services

¹¹ As at 30 June 2020, Safer Care Victoria was aligned with the Department of Health and Human Services

Data in the table below represents the Department of Health and Human Services and the Administrative Offices (SCV and VAHI)* as at 30 June 2020, combined

d)

Identification	As at 30-06-2020		As at 30-06-2021		As at 30-06-2022	
	(Actual headcount)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	175	2.1%	N/A	N/A	N/A	N/A
People who identify as having a disability**	446	3.9%	N/A	N/A	N/A	N/A

* This includes Statutory Bodies; does not include 'Mental Health Reform Victoria' which was established on 3 February 2020.

** This is an estimation only, based on the percentage of staff who identified as having a disability in the People Matter Survey in 2019.

Notes:

N/A = not available

Rounding errors may be present in tables due to data being formatted to one decimal place.

Contractors, consultants, labour hire arrangements and professional services

Question 20

- a) What are the main gaps in the Department's capability and capacity identified in the 2020-21 financial year, and expected in the 2021-22 and 2022-23 financial years?
- b) For the 2019-20 financial year, please detail:
 - i. the (actual/expected/forecast) Full Time Equivalent (FTE) numbers of contractors, consultants and labour hire arrangements
 - ii. the corresponding expense(s)
 - iii. the relevant occupation category for the contractors, consultants or labour hire arrangements (for example human resources, executive management, technology).
- c) Where the 2019-20 financial year actual for contractors, consultants and labour hire arrangements, differs by greater than 5 per cent (positive or negative) compared to the estimate/forecast provided in response to the Committee's previous Budget Estimates questionnaires, please explain the reason for this variance.
- d) In light of the Administrative Guidelines on Engaging Labour Hire and Professional Services for the Victorian Public Service, for the 2020-21 and 2021-22 financial years, please detail:
 - i. the estimated/forecast Full Time Equivalent (FTE) numbers of labour hire and professional services arrangements
 - ii. the corresponding estimated/forecast expense(s)
 - iii. the relevant occupation category for the labour hire and professional services arrangements (for example human resources, executive management, technology).

*Guidance – for definitions of labour hire and professional services arrangements please refer to the Victorian Government, *Administrative Guidelines on Engaging Labour Hire in the Victorian Public Service*, 2019; and the Victorian Government, *Administrative Guidelines on Engaging Professional Services in the Victorian Public Sector*, 2019.*

Guidance – In responding to this question please provide details about the Department on the same basis of consolidation as is used in the comprehensive operating statement audited by the Victorian Auditor-General's Office in the Department's Annual Report.

Response

a)

Financial year	Main gaps in capability and capacity
2020-21	<ul style="list-style-type: none"> • Strategic policy • Business case development • Service system design • Project management • Data analytics • Information security and cyber security • Process improvement
2021-22	<p>Expected priorities for 2021-22 (DH):</p> <p>Public Health coronavirus (COVID-19) workforce streams include:</p> <ul style="list-style-type: none"> • Strategic workforce planning based on various outbreak scenarios • Further developing workforce management processes and practices • Training and overall workforce preparedness • Sustaining the wellbeing and engagement of our people. <p>Business as usual workforce streams include:</p> <ul style="list-style-type: none"> • Information Communications and Technology roles (including project management, business analysis, solution architects, developers, and similar technical roles) • Public construction (project management, procurement, and contract management). • Strategic policy • Business case development • Service system design • Project management • Data analytics • Information security and cyber security • Process improvement

2022-23	<p>Expected priorities for 2022-23:</p> <ul style="list-style-type: none"> • Information Communications and Technology roles (including project management, business analysis, solution architects, developers, and similar technical roles) • Public construction (project management, procurement, and contract management). • Strategic policy • Business case development • Service system design • Project management • Data analytics • Information security and cyber security • Process improvement • Public health policy and practice
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b)

The following figures relate to the operations of the **former Department of Health and Human Services**:

	Contractors	Consultants	Labour Hire Arrangements
FTE Number	Not available	Not available	Not available
Corresponding expense	\$812.7 million	\$29.7 million	\$27.3 million
Occupation category	<p>Typical Contractors Occupation Categories include:</p> <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Consulting and Strategy • Education and Training 	<p>Typical Consultant Occupation Categories include:</p> <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Information Communications and Technology • Education and Training • Engineering • Health and Allied Health 	<p>Typical Labour hire Occupation Categories include:</p> <ul style="list-style-type: none"> • Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager

	<ul style="list-style-type: none"> • Engineering • Health and Allied Health • Legal • Nursing and Aged Care • Research • Trades and Services 	<ul style="list-style-type: none"> • Research 	<ul style="list-style-type: none"> • Senior management
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c)

The following figures relate to the operations of the **former Department of Health and Human Services**:

Expense type	Estimated/forecast costs for 2019-20 financial year	Actual costs for 2019-20 financial year	Variance	Explanation
Contractor	<p>Comment in 2019-20 Questionnaire:</p> <p>Financial delegates are responsible for the decision to engage contractors and consultants, which cannot be forecast in advance. The department therefore cannot accurately forecast future expenditure.</p>	\$812.7 million	Not relevant	<p>Note:</p> <p>Estimated/forecast for 2019-20 not available, as per previous Questionnaire. Data therefore not comparable. However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.</p>
Consultant		\$29.7 million	Not relevant	
Labour Hire Arrangement		\$27.3 million	Not relevant	

d)

2020-21	Labour hire	Professional services
FTE Number	Not available	Not available
Corresponding estimated/forecast expense	The department cannot accurately forecast future expenditure.	The department cannot accurately forecast future expenditure.
Occupation category	<p>Typical Labour hire Occupation Categories include:</p> <p>Administration:</p> <ul style="list-style-type: none"> • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	<p>Typical Professional services Occupation Categories include:</p> <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Information Communications and Technology • Marketing and Media • Legal • Nursing and Aged Care • Research • Trades and Services

2021-22	Labour hire	Professional services
FTE Number	Not available	Not available
Corresponding estimated/forecast expense	The department cannot accurately forecast future expenditure.	The department cannot accurately forecast future expenditure.
Occupation category	<p>Typical Labour hire Occupation Categories include:</p> <p>Administration:</p> <ul style="list-style-type: none"> • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	<p>Typical Professional services Occupation Categories include:</p> <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Information Communications and Technology • Marketing and Media • Legal • Nursing and Aged Care • Research • Trades and Services

Enterprise Bargaining Agreements

Question 21

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2021-22 year that affect the Department, along with an estimate of the proportion of your Department's workforce (Full Time Equivalent) covered by the EBA.
- b) Please describe the effect the EBAs listed above have had on estimates of 2021-22 employee benefits.

Response

a)

Employees who are employed directly by the department are employed predominantly under the Victorian Public Service Enterprise Agreement 2020 (VPS Agreement), additionally the department employs Disability Development and Support Officers and Maternal and Child Health Nurses under two other enterprise agreements.

The Maternal and Child Health Nurses (MCHN) (Department of Health and Human Services) Agreement 2020. The MCHN Full-time Equivalent (FTE) is 30.45 which includes one FTE Line Manager. As the MCHN agreement is a 12-month rollover under the secondary pathway, it will be up for renegotiation in the 2021-22 financial year. It is the only enterprise agreement for the Department of Health that will have an effect on the department's workforce.

A significant number of Enterprise Agreements have been completed over the two prior financial years. These include the completion of the Victorian Public Service Enterprise Agreement 2020 which was the only Enterprise Agreement (EA) that affected the department in the 2020-21 year.

Prior to this, in the 2019-20 financial year a significant number of EBAs that were completed, and included:

- MCH Nurses (Department of Health and Human Services) Agreement 2020
- Remembrance Parks – Central Victoria Enterprise Agreement 2015-2018
- Ambulance Victoria Enterprise Agreement 2015 (Varied and Extended)
- Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2020)
- Victorian Public Mental Health Services Enterprise Agreement 2016-2020
- Victorian Institute of Forensic Mental Health Enterprise Agreement 2016-2020
- Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020.

b)

The MCHN Agreement has had minimal impact on estimates of 2020-21 and 2021-22. Employees received a 2.5 per cent increase under the Secondary Pathway of the government's wages policy.

Advertising – expenditure

Question 22a

Please provide a list of forecast/budgeted advertising expenditure (excluding COVID-19 advertising campaign) for the Department and its portfolio agencies in 2021-22 and across the forward estimates, including the following:

- i. total expenditure
- ii. breakdown of expenditure by medium (for example, radio/TV/print/social media etc.)
- iii. campaign title and date
- iv. objectives and outcomes
- v. global advertising costs for recruitment (i.e. it is not necessary to breakdown costs for recruitment of every vacancy).

Response

Please note responses below relate to the Department of Health for the period of FY 2020-21 as the outcome of the Annual Advertising Plan for 2021-22 has not been finalised and is expected by the end of June 2021.

Commentary in relation to campaign creative look and feel, campaign ideas and distribution of CALD materials were worked on alongside the Department of Premier and Cabinet. The information does not include portfolio agencies. An overview of the Victorian government's planned campaigns expenditure will be published before the end of 2021 however some of the larger campaigns that are likely to occur during 2021-22 are the School Dental program and the Immunisation program.

Question 22b

Please provide details of advertising costs related to COVID-19 including:

- i) the budget allocated to the department in 2021-22
- ii) actual cost as at 30 April 2021 (from the 2020-21 budget)
- iii) outcomes achieved

Please provide the same information for culturally and linguistically diverse (CALD) communities advertising expenditure relating to COVID-19.

	Budget allocated	Actual cost (as at 30 April 2021)	Outcomes achieved
2020-21	\$56,266,000	\$43,625,959	<p>Since March 2020, the Department of Health has responded proactively, promoting the Department of Health and Human Services dedicated COVID-19 pandemic website. We evolved our online presence, collaborating with Department of Premier and Cabinet to launch coronavirus.vic.gov.au, a website dedicated to the latest information on COVID-19 across health, education, transport and business. This website incorporated new features to highlight latest information and includes translated information in 57 languages.</p> <p>Three major COVID-19 campaigns have been launched across FY 2020-21. The 'Managing this together' campaign ran from March – May 2020. The purpose of the campaign was to remind Victorians of what they need to do to slow the spread of COVID-19. In May 2020 the 'Staying apart keeps us together' (SAKUT) campaign was launched with the aim of showing gratitude to all Victorians (in particular healthcare workers) and encourage Victorians to find ways to stay connected while physical distancing/adhering to current restrictions.</p> <p>Most recently we launched the Stay Safe, Stay Open (SSSO) campaign (launched in November 2020). This campaign aimed at encouraging Victorians to stay safe and continue to follow COVIDsafe behaviours, even though restrictions were easing.</p>

			<p>All three campaigns were run by the Department of Premier and Cabinet (DPC), were broad reaching and used major marketing channels: television, outdoor advertising, print and digital. With a specific focus on ensuring all communities were aware the latest COVID-19 information, each campaign had a strong emphasis on connecting with Aboriginal Victorians and Culturally and Linguistically Diverse (CALD) communities. Campaign materials launched initially with 47 languages and this has grown to 57 languages (in line with community needs).</p> <p>The Testing and Workers Support Payment (WSP) campaigns run by the Department of Health (formerly Department of Health and Human Services) were launched under the SAKUT banner and were refreshed under the SSSO campaign. Both campaigns aimed to encourage Victorians to get tested at the first sign of symptoms. The WSP campaign in particular aimed to create awareness of the test isolation payment available to Victorians needing to isolate while awaiting COVID-19 test results. Since December 2020 and in response to a number of outbreaks the Department of Health has run an awareness campaign on exposure sites and changed restrictions so Victorians understand where coronavirus is present in the community and actions they need to take to stop the spread of coronavirus. In January 2021 following a number of interstate outbreaks, the Department of Health introduced a travel permit system campaign to raise awareness that you need a permit before entering Victoria. (These amounts include budget and expenditure for CALD communities provided below.)</p>
2021-22	No budget info available	N/A	<p>The Department of Health does not have a forward forecast of advertising expenditure in the 2021–22 budget or across the forward estimates available at this time. The Department of Health is awaiting the outcomes of the Victorian Government’s Annual Advertising Plan (AAP) process for 2021-22, which includes the department’s proposed campaign advertising activity. The department’s actual campaign expenditure for 2021–22 may also vary from what is included in the finalised AAP, as communication priorities, availability of advertising space and media costs can vary significantly over the course of a year. While the AAP for 2021-22 has not yet been finalised, DH anticipates it will continue to undertake advertising in 2021–22 to support the government’s response to the COVID-19 pandemic.</p>

GG Portfolio Agencies			
2020-21	No budget info available	\$1,571,350	<p>These costs for GG Portfolio agencies (hospitals) relate to "marketing and media" expenses in "COVID-19" cost centres, year-to-date as at 30 April 2021. There is no further information on the expenditure by medium/campaign etc.</p> <p>There is no information for budget or actual advertising costs from the Cemeteries Trusts (PNFC health portfolio agencies).</p>
2021-22	No budget info available	N/A	GG Portfolio agencies (hospitals) do not report on specific budgets for advertising related to COVID-19.
CALD communities			
2020-21	This is part of the overall budget provided above as budget was not specifically segregated into categories such as CALD communities.	\$7,355,562	<p>More than 5,000 pieces of public health information have been translated as part of the Victorian Government's advertising campaign. The CALD campaign directs users to the Department of Health and Human Services (DHHS) website, where information is translated into 57 different languages.</p> <p>There have been more than 970,000 page views of translated content. The top languages have been Vietnamese (108,000 page views), Chinese (96,000 page views) and Arabic (72,000 page views). There have also been fact sheet and video translations.</p> <p>(the Culturally and Linguistically Diverse [CALD] budget has been estimated at 10 per cent of the departmental amount listed above for 2020-21).</p>
2021-22	No budget info available	N/A	The Department of Health does not have a forward forecast of advertising expenditure in the 2021–22 budget or across the forward estimates available at this time. The Department of Health is awaiting the outcomes of the Victorian Government's Annual Advertising Plan (AAP) process for 2021-22, which includes the department's proposed campaign advertising activity. The department's actual campaign expenditure for 2021–22 may also vary from what is included in the finalised AAP, as communication priorities, availability of advertising space and media costs can vary significantly over the course of a year. While the AAP for 2021-22 has not yet been finalised, DH anticipates it will continue to undertake advertising in 2021–22 to support the government's response to the COVID-19 pandemic.

DH

Relationship between the Commonwealth, National Cabinet and Victoria

Question 23

a) What impact have developments at the Commonwealth level had on the Department's 2021-22 Budget?

Response

There are a number of Intergovernmental Agreements (IGAs) that will expire on 30 June 2021. Ongoing funding for 2021-22 was announced in the 2021-22 Commonwealth Budget for many of these agreements, which was handed down on 11 May 2021. Information about relevant agreements is provided in the table below:

IGAs expiring in 2020-21	Funding allocated for 2021-22 in the 2021-22 Commonwealth Budget (\$m)
<p>National Partnership on Public Dental Services for Adults – IGA due to expire on 30 June 2021. IGA is valued at \$26.9 million in 2020-21.</p> <p>The Commonwealth announced a one year extension of this IGA in the 2021-22 Commonwealth budget. Negotiations are yet to commence.</p> <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/public_dental_2020-21.pdf</p>	26.9
<p>Project Agreement for the Victorian Cytology Service (VCS) – IGA due to expire on 30 June 2021. IGA is valued at \$10.6 million in 2020-21.</p> <p>The Commonwealth had indicated that from 1 July 2021, the VCS will transition to an MBS-billing model as is standard for private pathology providers. The 2021-22 Commonwealth Budget announced \$32.8 million over four years from 2021-22 to fund research, policy advice and education to inform the National Cervical Screening Program services to process cervical screening tests for Victorian residents, however it is unclear whether any of this funding will be allocated to VCS through a renewal of the VCS agreement.</p>	-

<p>Project Agreement for the Expansion of BreastScreen Australia Program – IGA due to expire on 30 June 2021. IGA is valued at \$3.9 million in 2020-21.</p> <p>The Commonwealth announced a four-year extension of this IGA in the 2021-22 Commonwealth budget. Negotiations are yet to commence. State allocations from 2021-22 have not yet been determined and as such, are not included in the 2021-22 Commonwealth budget.</p> <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/project-agreement/BSA_Final_PA.pdf</p>	-
<p>National Partnership on Essential Vaccines – IGA due to expire on 30 June 2021. IGA is valued at a maximum of \$4.3 million 2020-21, noting actual payments received are contingent on performance against benchmarks set out in the agreement.</p> <p>The Commonwealth has offered a two year extension of this IGA (negotiations have begun, not yet finalised) and announced four years of funding to 2024-25 in the 2021-22 Commonwealth budget.</p> <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/Signed_NPA_-_essential_vaccines.pdf</p>	4.5
<p>National Partnership for Streamlined Agreements – Schedule A Health – Encouraging more Clinical Trials in Australia – agreement due to expire on 20 June 2021. IGA is valued at \$0.241 million in 2022-21.</p> <p>The Commonwealth announced a four-year extension of this IGA in the 2021-22 Commonwealth budget. Negotiations are yet to commence. State allocations from 2021-22 have not yet been determined and as such, are not included in the 2021-22 Commonwealth budget. This agreement is administered by the Department of Jobs, Precincts and Regions.</p> <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/Schedule_A_Encouraging_Clinical_Trials.pdf</p>	-

A number of new IGAs with the Commonwealth were agreed in 2020-21, or are currently under negotiation and expected to be agreed in 2020-21, which will result in additional Commonwealth funding being received by the Victorian Government to implement specific health projects in 2021-22 and in future years. These IGAs are listed in the table below:

New IGAs agreed or under negotiation in 2020-21 with a financial impact in 2021-22	Funding allocated for 2021-22 in the 2021-22 Commonwealth Budget (\$m)
<p>National Partnership for Streamlined Agreements – Schedule A Health – Community Health and Hospitals Program (CHHP) Victoria</p> <p>This IGA will provide \$194 million to Victoria from 2020-21 to 2024-25 for eight health capital projects across the state.</p> <ul style="list-style-type: none"> • Goulburn Valley Hospital Cancer Centre (\$30 million – includes \$5.3 million in 2021-22) • Geelong Women’s and Children’s Hospital (\$50 million – includes \$5.0 million in 2021-22) • Paediatric Emergency Departments at Geelong, Maroondah, Frankston and Casey Hospitals (\$40 million – includes \$5.0 million in 2021-22) • Wodonga Hospital Mental Health Rehabilitation Unit (\$14.5 million – includes \$6.0 million in 2021-22) • Swan Hill Hospital Emergency Department (\$30 million – includes \$10.0 million in 2021-22) • Aikenhead Centre for Medical Discovery (\$20 million – includes \$10.0 million in 2021-22) • Rosebud Hospital land acquisition (\$5 million – all funding allocated in 2020-21) • Expand Cancer Infrastructure at the West Gippsland Hospital (\$4.5 million – all funding allocated in 2020-21) <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/CHHP_VIC.pdf</p>	42.5
<p>National Partnership of COVID-19 Response – Schedule C – Coordination and Delivery of a Safe and Effective COVID-19 Vaccine</p> <p>Schedule C to this IGA was agreed in April 2021. Through the Vaccination Dose Delivery Payment, the Commonwealth will provide a 50 per cent contribution to the agreed price per vaccination dose delivered by the states. The IGA also provides for an upfront payment to Victoria of \$26 million in 2020-21, which will be reconciled against the Vaccination Dose Delivery Payment. The Commonwealth Budget does not delineate funding under this IGA via Schedule.</p> <p>See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/covid19-mpa.pdf</p>	-

b) What impact have developments at the National Cabinet level had on the Department's 2021-22 Budget?

Response

The establishment of National Cabinet represents a commitment of all states and territories and the Commonwealth to work together to ensure a consistent and coordinated response to the coronavirus (COVID-19) pandemic. National Cabinet continues to work to address issues and find solutions to the health and economic consequences of coronavirus (COVID-19).

Through the National Cabinet, states, territories, and the Commonwealth are committed to seeking consistent national approaches, however, states and territories make decisions on implementation based on their own jurisdictional contexts. This includes funding decisions.

The Commonwealth contributes funding to in-scope coronavirus (COVID-19) response related activity through the National Partnership on coronavirus (COVID-19) response. See: <https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/covid19-mpa.pdf> and additional commentary in response to Question 23a (above).

Service delivery

Question 24

Budget Paper No.3: Service Delivery presents departmental performance statements that state the Department's outputs by departmental objectives.

Please provide by ministerial portfolio, the relevant output(s), objective(s), objective indicator(s) and performance measure(s) as provided in the 2021-22 Budget.

Please also indicate in the response where changes have occurred in the output structure since the 2020-21 Budget.

Response

		Changes (if any) since 2020-21 Budget
Minister	Foley	
Portfolio	Health	
Output(s)	Admitted services, Non-admitted services, Emergency services, Acute training and development, Drug prevention and control, Drug treatment and rehabilitation, Community health care, Dental services, Maternal and child health and early parenting services, Health protection, Health advancement, Emergency management, Small rural services – acute health, Small rural services – primary health	Outputs have been transferred from the Department of Health and Human Services to the Department of Health following the Machinery of Government changes on 1 February 2021.
Objective(s)	<ul style="list-style-type: none"> Victorians are healthy and well 	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios.	
Performance measure(s)	All performance measures listed in the above outputs.	Ten new measures: <ul style="list-style-type: none"> Unplanned readmission after treatment for acute myocardial infarction Unplanned readmission after treatment for heart failure Unplanned readmission after hip replacement surgery

		<ul style="list-style-type: none"> • Unplanned readmission after paediatric tonsillectomy and adenoidectomy • Unplanned readmission after knee replacement surgery • Additional student clinical placement days • Health workers trained in the information sharing and family violence risk assessment and risk management reforms • Number of education or monitoring visits of tobacco or e-cigarette retailers • Number of sales to minors test purchases undertaken • Number of education or monitoring visits of smoke-free areas <p>Nine proposed discontinued measures:</p> <ul style="list-style-type: none"> • Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services • Unplanned/unexpected readmission for acute myocardial infarction • Unplanned/unexpected readmission for heart failure • Unplanned/unexpected readmission for hip replacement • Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy • Unplanned/unexpected readmission for knee replacement • Workplaces and pubs and clubs complying with smoke free environment laws • Better Health Channel visits
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		Changes (if any) since 2020-21 Budget
Minister	Foley	
Portfolio	Ambulance Services	
Output(s)	Ambulance emergency services, Ambulance non-emergency services	Outputs have been transferred from the Department of Health and Human Services to the Department of Health following the Machinery of Government changes on 1 February 2021.
Objective(s)	<ul style="list-style-type: none"> Victorians are healthy and well 	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios.	
Performance measure(s)	All performance measures listed in the above outputs.	One proposed discontinued measure: <ul style="list-style-type: none"> Proportion of adult VF/VT cardiac arrest patients with vital signs at hospital

		Changes (if any) since 2020-21 Budget
Minister	Merlino	
Portfolio	Mental Health	
Output(s)	Mental health Clinical care, Mental health community support services	Outputs have been transferred from the Department of Health and Human Services to the Department of Health following the Machinery of Government changes on 1 February 2021. The 2020-21 output 'Clinical care' has been renamed 'Mental health clinical care'
Objective(s)	<ul style="list-style-type: none"> Victorians are healthy and well 	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios.	
Performance measure(s)	All performance measures listed in the above outputs.	

		Changes (if any) since 2020-21 Budget
Minister	Donnellan	
Portfolio	Disability, Ageing and Carers	
Output(s)	Residential aged care, Aged care assessment, Aged support services, Home and Community Care Program for younger people, Small rural services – aged care, Small rural services – Home and Community Care services	Outputs have been transferred from the Department of Health and Human Services to the Department of Health following the Machinery of Government changes on 1 February 2021.
Objective(s)	<ul style="list-style-type: none"> Victorians are healthy and well 	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios.	
Performance measure(s)	All performance measures listed in the above outputs.	Two performance measure transferred from the Aged support services output to the Seniors programs and participation output: 'Individuals provided with respite and support services' and 'Number of hours of respite and support services'.

Question 25

Please provide by ministerial portfolio a list of the agencies/entities/bodies and their category (for example statutory/administrative office/authority) to which the information contained in this questionnaire relates.

Response

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
Health	Alfred Health	GG
Health	Austin Health	GG
Health	Eastern Health	GG
Health	Melbourne Health	GG
Health	Northern Health	GG
Health	Peninsula Health	GG
Health	Peter MacCallum Cancer Institute	GG
Health	Monash Health	GG
Health	The Royal Children's Hospital	GG
Health	The Royal Victorian Eye and Ear Hospital	GG
Health	The Royal Women's Hospital	GG
Health	Western Health	GG
Health	Albury Wodonga Health	GG
Health	Alexandra District Health	GG
Health	Alpine Health	GG
Health	Bairnsdale Regional Health Service	GG
Health	Ballarat Health Services	GG
Health	Barwon Health	GG
Health	Bass Coast Health	GG

Health	Beaufort and Skipton Health Service	GG
Health	Beechworth Health Service	GG
Health	Benalla Health	GG
Health	Bendigo Health	GG
Health	Boort District Health	GG
Health	Casterton Memorial Hospital	GG
Health	Castlemaine Health	GG
Health	Central Gippsland Health Service	GG
Health	Central Highlands Rural Health	GG
Health	Cohuna District Hospital	GG
Health	Colac Area Health	GG
Health	Corryong Health	GG
Health	Djerriwarrh Health Services	GG
Health	East Grampians Health Service	GG
Health	East Wimmera Health Service	GG
Health	Echuca Regional Health	GG
Health	Edenhope and District Memorial Hospital	GG
Health	Gippsland Southern Health Service	GG
Health	Goulburn Valley Health	GG
Health	Great Ocean Road Health	GG
Health	Heathcote Health	GG
Health	Hesse Rural Health Service	GG
Health	Heywood Rural Health	GG
Health	Inglewood and Districts Health Service	GG

Health	Kerang District Health	GG
Health	Kilmore and District Hospital	GG
Health	Kooweerup Regional Health Service	GG
Health	Kyabram District Health Services	GG
Health	Latrobe Regional Hospital	GG
Health	Mallee Track Health and Community Service	GG
Health	Mansfield District Hospital	GG
Health	Maryborough District Health Service	GG
Health	Mildura Base Public Hospital	GG
Health	Moyne Health Services	GG
Health	NCN Health	GG
Health	Northeast Health Wangaratta	GG
Health	Omeo District Health	GG
Health	Orbost Regional Health	GG
Health	Robinvale District Health Services	GG
Health	Rochester and Elmore District Health Service	GG
Health	Rural Northwest Health	GG
Health	Seymour Health	GG
Health	South Gippsland Hospital	GG
Health	South West Healthcare	GG
Health	Stawell Regional Health	GG
Health	Swan Hill District Health	GG
Health	Tallangatta Health Service	GG
Health	Terang and Mortlake Health Service	GG

Health	Timboon and District Healthcare Service	GG
Health	West Gippsland Healthcare Group	GG
Health	West Wimmera Health Service	GG
Health	Western District Health Service	GG
Health	Wimmera Health Care Group	GG
Health	Yarram and District Health Service	GG
Health	Yarrawonga Health	GG
Health	Yea and District Memorial Hospital	GG
Ambulance Services	Ambulance Victoria	GG
Health	Dental Health Services Victoria	GG
Health	Health Purchasing Victoria	GG
Health	Victorian Assisted Reproductive Treatment Authority	GG
Health	Victorian Health Promotion Foundation (Vichealth)	GG
Mental Health	Victorian Institute of Forensic Mental Health	GG
Health	The Queen Elizabeth Centre	GG
Health	Tweddle Child and Family Health Service	GG
Health	Victorian Pharmacy Authority	GG
Health	Ballarat General Cemeteries Trust	PNFC
Health	Remembrance Parks Central Victoria	PNFC
Health	Geelong Cemeteries Trust	PNFC
Health	Greater Metropolitan Cemeteries Trust	PNFC
Health	Southern Metropolitan Cemeteries Trust	PNFC
Health	Maldon Hospital	
Health	Mental Health Tribunal	

Social procurement

Question 26

- What Social Procurement Framework objectives is the Department prioritising and what progress has been made toward improving the Department's performance against these objectives?
- What opportunities have been identified in the Department's Social Procurement Strategy (SPS) for increasing its direct social procurement and what progress has been made to implement these opportunities?
- What social outcomes will be measured by the Department to assess the benefits of its SPS?
- How are employees informed about the Department's SPS and how does the Department record and track social procurement employee education?

Response

a)

SPF objective prioritised	Progress toward objective
Opportunities for Victorian Aboriginal people	In 2019-2020, the Department of Health and Human Services expended \$914,886; spent with Victorian Aboriginal suppliers. Fifty Victorian Aboriginal businesses were engaged.
Opportunities for Victorians with disability	In 2019-2020, the Department of Health and Human Services expended \$1,699,599; spent with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs). Thirty-seven Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs) were engaged.
Opportunities for disadvantaged Victorians	In 2019-2020, the Department of Health and Human Services expended \$1,806,150; spent with Victorian social enterprises led by a mission for the disadvantaged. Thirty Victorian social enterprises led by a mission for the disadvantaged were engaged.
Sustainable Victorian social enterprises and Aboriginal businesses	In 2019-2020, the Department of Health and Human Services expended \$914,886; spent with Victorian Aboriginal businesses. <ul style="list-style-type: none"> • Fifty Victorian Aboriginal businesses engaged. • \$7,959,924 spent with other Victorian Social Enterprises. • 112 other Victorian social enterprises engaged.

b)

Opportunity identified in SPS	Progress toward implementing opportunity
Infrastructure projects	The Victorian Health Building Authority (VHBA) will work with construction and infrastructure project principal contractors to ensure that they consider social procurement objectives in any sub-contracting or purchasing activities.
Enhancing supplier engagement	Partnering with Social Traders will enable the department to refine supplier engagement activities and to access social procurement training and supplier networking activities.
Goods and Services social procurement planning	The planned approach to goods and services procurement valued above \$250,000 includes a written procurement plan, developed jointly by the business owner and a Procurement Officer. The plan is then reviewed by the Policy and Strategy Unit before approval. The Procurement Plan template includes a section on social procurement which must be completed. This process enables identification and consideration of social procurement opportunities.

c)

Social outcomes that will be measured to assess the benefits of its SPS
<ul style="list-style-type: none"> • Purchasing from Victorian Aboriginal businesses. • Purchasing from Victorian social enterprises. • Purchasing from Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs). • Purchasing from Victorian social enterprises providing job readiness and employment for long-term unemployed people, disengaged youth, single parents, migrants, refugees and asylum seekers and workers in transition.

d)

How employees are informed about the Department's SPS and how SPS employee education is tracked
<p>The Department of Health provides social procurement information on a dedicated social procurement intranet page which includes access to the social procurement strategy, access to Vendor Panel which has lists of social enterprises and Aboriginal businesses, and access to the 'Buying for Victoria' website.</p> <p>Social Procurement Forums are held for all staff to attend either in person or on-line. Attendance is recorded on each employee's training record.</p> <p>Procurement Officers provide one-to-one advice to individual staff on specific procurements.</p> <p>All procurement documents and templates have been updated to include social procurement information and implementation aids.</p>

Implementation of previous recommendations made by the Committee

Question 27

Response

Update on the implementation of recommendations made in the *2019-20 Budget Estimates Report*

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 9: The Department of Health and Human Services develop budget paper performance measures and targets for the 'Free dental care for government school students' pilot. Measures should include service demand and patient outcomes of the pilot program.</p>	Support	The department has been working with Dental Health Services Victoria (DHSV) to deliver the proof of concept and trial collection of data in readiness for the development of proposed new measures for 2020-21.	<p>The proof of concept (pilot) was delivered six months ahead of schedule (August 2019), for which the objective was to test/trial the operational model and test equipment and infrastructure before rollout commenced. No targets or outcome measures were set. The purpose of the pilot was fulfilled, and the rollout commenced on schedule from Term 1, 2020.</p> <p>For the program more broadly, BP3 performance measures have been developed for 2021-22, including participation targets by schools and students. Patient outcome measures may be developed in the future; once the program becomes more established.</p>

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 14:</p> <p>Ahead of the 2020–21 Budget the Department of Health and Human Services address the issues with the six new performance measures identified in relation to the following outputs: Acute Health Services - Admitted Services; Concessions to Pensioners and Beneficiaries and Drug Services—Drug Treatment and Rehabilitation.</p>	<p>Not Support</p>	<p>Acute Health Services – Admitted services</p> <p>The Committee stated that the new measure ‘number of patients admitted from the elective surgery waiting list’ lacks comprehensiveness and transparency as it only reports on a selected (unidentified) subset of elective surgery procedures. Consequently, it masks performance in other non-measured categories. Neither the Budget Papers nor information supplied by the department permits an understanding of how the target and measure are constructed.</p> <p>In response the department notes that:</p> <ul style="list-style-type: none"> • In Victoria, surgical procedures reportable to Elective Surgery Information System (ESIS) are aligned to those specified by the Australian Institute of Health and Welfare (AIHW) in the National Elective Surgery Waiting Times Data Collection (NESWTDC). This information is available publicly. The ESIS data collection covers waiting episodes for elective surgery at public hospital campuses that have demonstrated to the Department of Health and Human Services: <ul style="list-style-type: none"> • compliance with the Victorian Elective Surgery Access Policy, July 2015 • capacity to reliably report elective surgery activity in accordance with the data specifications outlined in the ESIS manual, also publicly available. • Elective surgery admissions from the waitlist is a publicly reported indicator already that has been a part of the Statement of Priorities and public reporting since 2005-06. The data within this indicator is sourced from the Elective Surgery Information System (ESIS), which is a patient-level collection of elective surgery waiting list data from approved Victorian public healthcare services, first introduced in 1997. <p>The department is continuing to work on inclusion of data that would enable the public reporting to be more inclusive of activities undertaken that are outside of these elective surgery data specifications.</p>	<p>As this recommendation was not supported. No further action or update than that noted previously, has been provided.</p>

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 14 (Continued – 2/5)</p>		<p>Concession to Pensioners and Beneficiaries</p> <p>There are currently nine measures for the Concessions to Pensioners and Beneficiaries output group – three of which are related to the trustee services program. The department proposed to reduce the number of measures which are related to the trustee services program from four to three measures, to enable it to introduce a measure related to the Utility Relief Grant Scheme.</p> <p>In 2018-19, expenditure on the trustee services program was \$19.9 million, representing just 3.4 per cent of the Concessions to Pensioners and Beneficiaries output group budget.</p> <p>In comparison, in 2018-19 the Department of Health and Human Services made 47,128 grants and expended \$21.5 million on the program. The new measure provides valuable information about the department’s role as a safety net for low-income households with electricity, gas or water bills that are overdue due to a temporary financial crisis.</p> <p>Drug Services – Drug Treatment and Rehabilitation</p> <p>The recommendation regarding the four new performance measures in the Drug Services – Drug Treatment and Rehabilitation Output is not supported.</p> <p>The department disagrees with the Committee’s concerns that discontinuing the old measure ‘Percentage of residential rehabilitation courses of treatment greater than 65 days’ and adding the new measure ‘Percentage of residential rehabilitation clients remaining in treatment for ten days or more’ shifts the metric from an outcome to an input focus.</p> <p>The Department of Health and Human Services proposed to replace the measure because, following consultation with the sector, it was determined that there is no significant evidence that a minimum length of stay of 65 days is necessary for most clients to achieve a satisfactory</p>	

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 14 (Continued – 3/5)</p>		<p>clinical outcome from their residential rehabilitation treatment. Clients seeking treatment for their alcohol and drug use present with varying needs and complexity. Since the original measure was set, the department has funded the sector to offer a range of residential treatment programs from two to twelve weeks and beyond to cater to the diversity of client needs. Following the advice of the sector, the department changed the measure to a treatment duration of ten days, which is a more meaningful baseline for minimum treatment required for most clients to achieve a satisfactory clinical outcome. This also aligns the measure to better reflect the residential treatment services the department is funding the sector to deliver.</p> <p>Additionally, the department does not believe the new or old measure should be discounted as an outcome measure. While neither are true outcomes measures, per se, they can be used as an appropriate proxy for quality until more robust data on client outcomes is made available to the department through the new Victorian Alcohol and Drug Collection (implemented in late 2018-19). Once the collection matures, the department will likely review and change this measure to have a stronger outcome focus drawing on the new data inputs.</p> <p>The department continues to support the proposal for the new measure ‘Percentage of residential withdrawal clients remaining in treatment for two days or more’ and believes it does not meet the definition of an input measure. This measure is analogous to ‘Percentage of residential rehabilitation clients remaining in treatment for ten days or more’, yet specifically for residential withdrawal services. Based on sector advice, two days is the minimum treatment duration required for most clients to achieve a satisfactory clinical outcome. Withdrawal services are usually of short duration (a few days to a week) and clients may choose to then enter residential rehabilitation treatment. However, residential withdrawal is a distinct type of residential treatment and is not the ‘initial engagement stage’ of residential rehabilitation as interpreted by</p>	

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 14 (Continued – 4/5)</p>		<p>the committee in its recommendation. This new measure is an appropriate proxy until the department can collect more robust data on outcomes for withdrawal services.</p> <p>The department also wishes to clarify that this is one of several new measures introduced to replace the old measure ‘Successful courses of treatment (episodes of care): residential-based drug treatment services’. This old measure was proposed for discontinuation because since 1 July 2019, residential treatment services have funded through activity-based funding and no longer report courses of treatment. This measure is to be replaced by ‘Percentage of residential withdrawal clients remaining in treatment for two days or more’, ‘Percentage of residential rehabilitation clients remaining in treatment for ten days or more’ and ‘Number of drug treatment activity units (DTAU) –residential-based treatment’. The first two measures provide a proxy measure of outcome for residential treatment and the third is a quantity measure derived from the activity-based funding unit, the DTAU. Therefore, an assessment of the appropriateness of the new measure cannot be made by considering it as a sole replacement of the old measure.</p> <p>The department continues to support the new measures ‘Median wait time between intake and assessment’ and ‘Median wait time between assessment and commencement of treatment’. These two new measures are complementary and should be considered together. The old measures measured the time it takes for a client to proceed from screening to commencement of treatment for community and residential-based treatment separately. Following consultation with the sector, the department determined there is more value and greater transparency of system performance gained by measuring the time it takes for a client to proceed through each key step in the treatment access pathway, i.e. from intake to assessment and then from assessment to treatment (be it residential or community-based).</p>	

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
RECOMMENDATION 14 (Continued – 5/5)		<p>Further, the department believes it is appropriate to use a median for these measures. These measures aim to make a meaningful statement about the performance of the whole sector in a single figure. Wait time data usually follows a long tail distribution for which it is most appropriate to use a median as the statistic. A mean (average) is the most appropriate statistic when the distribution is normal as it is sensitive to outlier results. There are legitimate reasons why an outlier in wait times may occur, such as the client is not ready to proceed to treatment for personal reasons or a data error results from a clinician forgetting to close a client's case file. Using a statistic that is highly sensitive to this outlier data will unduly skew the department's understanding of how long the majority of clients wait to access services.</p>	

Department	Recommendation supported by Government	Actions taken at the time of 2021-22 Budget estimate questionnaire	Update on status of implementation
<p>RECOMMENDATION 15: The Assistant Treasurer, in conjunction with the Department of Health and Human Services, review and reinstate with modifications addressing the issues raised with the five discontinued performance measures identified in relation to the following outputs: Concessions to Pensioners and Beneficiaries and Drug Treatment and Rehabilitation.</p>	<p>Not Support</p>	<p>Concession to Pensioners and Beneficiaries The recommendation regarding the discontinued performance measure in the Concessions to Pensioners and Beneficiaries Output is not supported, noting the department’s response to Recommendation 14.</p> <p>Drug Services – Drug Treatment and Rehabilitation The recommendation regarding the four discontinued performance measures in the Drug Services – Drug Treatment and Rehabilitation Output is not supported.</p> <p>The basis of the Committee’s recommendation to review and reinstate the measures proposed for discontinuation is based on its view that the proposed new measures are not suitable replacements. Please refer to the department’s response to Recommendation 14 which does not support this position.</p> <p>Further, it is important to note that one of the measures flagged for review and reinstatement, ‘Successful courses of treatment (episodes of care): residential-based drug treatment services’ is no longer relevant as the transition to activity-based funding for residential services on 1 July 2019 means service providers will no longer report courses of treatment. Therefore, the result for this measure, if retained, will be zero from 2019-20 onwards.</p>	<p>As this recommendation was not supported. No further action or update than that noted previously, has been provided.</p>

Question 10a - Capital Assets

2021-22 State Budget Paper No. 5/Relevant state financial reports

Line item (\$ mil)	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)	2021-22 budget (\$ million)
Payment for non financial assets						
Total	-	-	-	-	-	-

2021-22 State Budget Paper No. 4

Capital projects	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)	2021-22 budget (\$ million)
New						
Additional acute mental health beds						4.068
Alcohol and other Drugs Residential Rehabilitation Treatment Expansion						0.250
Austin Central Sterile Service Department						7.800
Building a world class hospital in Maryborough					0.900	4.800
Building emergency departments kids and families can count on						16.724
Clinical technology refresh						18.000
Delivering More Hospital Beds for Melbourne's East (Angliss Hospital Expansion Stage 2)						3.466
Echuca Cancer and Wellness Centre					1.200	6.300
Enabling a high quality, efficient public pathology system						18.500
Engineering infrastructure replacement program						50.000
Expanding and improving bed-based forensic mental health services: Thomas Embling Hospital					6.380	28.555
Expanding mental health treatment options for Victoria's youth						2.000
Medical equipment replacement program						35.000
Publicly led fertility care services for Victoria						20.000
Regional Health Infrastructure Fund						20.000
Rural and Regional PSRACS Revitalisation Strategy Stage 1						9.158
Supported housing for adults and young people living with mental illness						2.212
Swan Hill District Health-Emergency Department Redevelopment					0.173	2.000
Ten new community hospitals to give patients the best care					112.892	35.861
TOTAL	-	-	-	-	121.55	284.69
Existing						
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria's Mental Health System interim report					17.250	256.155
A Proudly Multicultural Victoria	-	-	-	-	1.166	15.000
A service designed and delivered by people with lived experience of mental illness					-	7.000
Backing our Paramedics to keep saving lives (Statewide)	-	8.000	0.262	6.576	0.204	23.257
Building a new rehabilitation centre for Bendigo	-	3.133	1.511	0.032	3.311	24.450
Cladding rectification works	5.719	1.834	1.600	0.465	0.280	1.461
Engineering infrastructure replacement program 17-18	2.304	4.493	1.500	0.673	1.042	2.778
Engineering Infrastructure Replacement Program 18-19	22.937	2.063	1.000	0.433	0.324	1.306
Engineering Infrastructure and Medical Equipment Replacement Program 2019-20 (\$	-	60.000	47.700	38.482	9.168	9.350
Engineering infrastructure replacement program 20-21					20.791	29.209
First stage of the new Melton Hospital						70.020
Forensic Mental Health Bed-based Services Expansion	3.122	19.855	0.479	2.061	11.476	22.206
Goulburn Valley Health (Shepparton) redevelopment	43.483	94.992	101.197	93.001	24.175	50.442
Guaranteeing Future Energy Supply-Cogeneration Project					1.200	51.400
Guaranteeing future energy supply-Diesel Generators 18 sites					3.017	5.583
Health Service Violence Prevention Fund	3.372	2.288	0.400	0.430	0.514	1.343
Improving energy efficiency in public hospitals					0.189	10.000
Improving rural health outcomes					1.500	
Kingston Public Residential Aged Care Project Stage 3 – Modernisation of Melbourne Metropolitan (Cheltenham)					0.103	4.300
Latrobe Regional Hospital redevelopment (Stage 3A)		7.000	2.000	3.379	5.228	52.000
Medical equipment replacement program	35.384	2.980	2.582	2.304	1.330	0.875
Medical Equipment Replacement Program: Enabling Safe Patient Care and Clinical Service Continuity					22.557	12.443
Meeting Ambulance Response Targets	35.302	19.929	17.553	13.800	7.393	25.265
Mental health and Alcohol and Drug Facilities Renewal 20-21					0.233	15.000
Mental Health and alcohol and other drugs facilities renewal 17-18	6.549	3.451	0.200	0.790	2.277	0.385
Mental Health and alcohol and other drugs facilities renewal 18-19	0.018	9.982	3.000	4.054	1.059	4.869
Metropolitan Health Infrastructure Fund					1.076	113.000
Modernisation of metro public sector residential aged care	21.564	24.809	23.240	2.602	5.043	1.002
Monash Medical Centre - Emergency Department Expansion and Traffic Improvement	2.623	28.000	16.000	20.943	24.485	18.000
More help for new Victorian mums and dads	-	9.225	0.296	8.085	12.888	36.241
Northern Hospital Inpatient Expansion - Stage 2	25.309	50.000	60.000	62.307	54.631	14.672
Reforming Clinical Mental Health Services (Statewide)	0.802	11.611	2.708	1.238	2.304	25.107
Regional Drug Residential Rehabilitation Services - Stage 2	0.605	16.031	15.993	1.003	31.665	14.468
Regional Health Infrastructure Fund	67.746	87.235	34.179	32.063	37.605	18.715
Regional Health Infrastructure Fund 2019-20	-	40.000	8.050	6.843	14.147	38.186
Regional Health Infrastructure Fund-20-21					1.116	50.000
Relocation of Barwon Health Clinical Facilities	-	2.000	1.400	1.619	4.381	8.00
Royal Children's Hospital Expansion (Parkville)	-	7.000	7.000	0.245	1.832	11.000
Royal Melbourne Hospital - critical infrastructure works	21.520	10.439	14.398	13.294	1.354	0.771
Royal Victorian Eye and Ear Hospital Redevelopment	27.861	63.157	40.338	25.657	38.267	26.845
Rural Residential Aged Care Facilities Renewal 2019-20	-				4.155	5.845
Rural Residential Aged Care Facilities Renewal Program 2020-21					-	10.000
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	2.091	3.600	0.296	0.091	0.436	2.000
Sunshine Hospital Emergency Department (St Albans)	0.899	14.400	1.528	0.900	15.979	11.823
The Alfred Hospital Urgent Infrastructure	0.929	10.571	10.571	9.890	1.768	5.000
The New Footscray Hospital - Planning and critical infrastructure (Footscray)	4.998	8.223	7.925	7.550	0.189	0.484
Victorian Heart Hospital Project	11.203	80.847	52.500	44.051	166.266	233.880
Wantirna Aged Care Redevelopment	-	6.000	1.700	2.123	20.094	50.000
Warrnambool Base Hospital redevelopment (including Warrnambool Logistics Hub)					3.300	23.700
Western Health Urgent Infrastructure Works (Footscray and Sunshine)	22.206	16.803	13.794	15.036	10.951	0.079
Women's and Children's Hospital: University Hospital Geelong					2.300	1.300
Women's Prevention And Recovery Care (PARC) Service (metro)	0.063	5.563	0.239	0.066	0.639	6.494
Wonthaggi Hospital Expansion (Wonthaggi)	0.730	31.270	5.000	5.850	12.065	60.000
World-class care for Wangaratta patients					-	7.506
Youth Prevention and Recovery Care (PARC) Service	0.055	4.970	0.680	0.532	2.081	8.579
	0	0	0	0		
TOTAL	369.394	771.754	498.819	428.468	606.804	1,498.794
Completed						
Barwon Health - North	20.967	8.664	5.500	5.066	2.899	-
Better at home: Hospital care in the home					4.400	
Clinical Technology Refresh Program 2019-20	12.000	13.000	13.000	13.000	13.000	
Fixated Threat Assessment Centre	-	0.750	-	-	1.500	
Forensic mental health implementation plan - priority service reforms (Footscray)	0.680	5.260	4.208	3.963	1.297	
Grampians Prevention and Recovery Care (PARC) Services (Ballarat)	0.566	4.553	4.800	4.898	0.123	0.166

Legacy Clinical Technology Infrastructure and Operating systems replacement project (Melbourne)					30.000	
Monash Medical Centre - infrastructure upgrades (Clayton)	4.975	5.000	7.403	7.439	-	
Out of home care residential capacity (Statewide)					8.000	
The Joan Kirner Women's and Children's Hospital	82.968	15.827	15.827	15.939	-	
TOTAL	122.156	53.054	50.738	50.305	61.219	0.166
Sub total	491.550	824.808	549.557	478.773	789.568	1,783.654

Capital projects - COVID-19 response	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)	2021-22 budget (\$ million)
Building works package						
Insert capital project name here						
Insert capital project name here						
Insert capital project name here						
TOTAL	-	-	-	-	-	-
Any other capital projects						
Bendigo Health		10.000	0.300	0.290		
Barwon Health		20.000	7.900	7.873	7.100	
Peter McCallum		50.000	22.000	21.753	18.000	
Various Capital Minor Works		55.000	2.730	2.730	33.969	18.999
Coronavirus (COVID-19) health response					16.300	
Coronavirus (COVID-19) mental health response					10.000	
TOTAL	-	135.00	32.93	32.646	85.37	19.00
Sub total	-	135.00	32.93	32.65	85.37	19.00

Line item	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)	2021-22 budget (\$ million)
Insert line item						
Insert line item						
Insert line item						
Sub total						

PPPs	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)	2021-22 budget (\$ million)
Ballarat Health Services Expansion and Redevelopment and the new Central Energy P	-	-	-	-	3.500	10.000
Building a World Class Hospital for Frankston Families	-	6.000	3.000	1.808	9.892	43.326
Casey Hospital Expansion	65.435	19.962	19.962	19.454	-	-
New Bendigo Hospital	6.380	-	-	0.069	-	-
The New Footscray Hospital	-	69.120	69.120	64.422	23.728	13.947
Insert PPP name here						
Insert PPP name here						
Sub total	71.82	95.08	92.08	85.75	37.12	67.27

Total Payment for non financial assets	563.37	1,054.89	674.57	597.17	912.06	1,869.93
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Please note the total of capital projects for each year is expected to reconcile to the total payments for non financial assets
Please insert rows as required

Capital assets

Question 10a - Corporate Services (Finance), Health Infrastructure

Budget Paper No.5: Statement of Finances provides cash flow statements for departments.

Budget Paper No.4: State Capital Program provides the capital projects undertaken by departments.

For the 'Payments for non-financial assets' line item in the 2021-22 cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

Please differentiate the capital projects that were announced as part of Building Works Package and/or any other COVID-19 related response.

If any other line items in the cash flow statement comprises expenditure on Public Private Partnerships (PPPs), please list the PPP it relates to and the cost.

Guidance

Capital projects extracted from the cash flow statements are expected to correspond to capital projects listed in *Budget Paper No.4: State Capital Program* as 'New projects', 'Existing projects', or 'Completed projects'.

Question 10b - Corporate Services (Finance), Health Infrastructure

Please provide the following details for those capital projects identified as part of the post-COVID-19 economic repair/recovery.

- Name of the projects
- Total estimated investment
- Project commencement date
- Estimated expenditure 2021-22
- Source of funding
- Expenditure incurred as at 30 April 2021

vi) Number of jobs estimated to create - 2021-22 & 2022-23

Response

Please see Excel Worksheet for response