PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee

2022-23 Budget Estimates

General Questionnaire

Department of Health

Received 16 May 2022

Contents

2022–23 Budget Estimates general questionnaire

Introduction

The Committee's inquiry into the 2022-23 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 4 May 2022**.

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 about this questionnaire, please contact the Committee secretariat:

Janithri Wickramaratne, Lead Analyst at Janithri.Wickramaratne@parliament.vic.gov.au
Alanna Symons, Analyst at Alanna.Symons@parliament.vic.gov.au
Charlotte Lever, Research Officer at Charlotte.Lever@parliament.vic.gov.au

Major initiatives

Question 1

What progress has been made in implementing the major initiatives/programs identified in the 2021-22 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	Activities undertaken	Progress against performance measures as at 30 April 2022	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.	Meeting demand for hospital services	To support service delivery levels and performance in Victoria's hospitals.	$1.4 billion in 2021-22	• Additional funding for elective surgery • More emergency department staff • Additional highly-specialised therapies • Support for new wards as they open.	Despite the impact of the COVID-19 pandemic, total hospital separations are projected to be within about five per cent of target. Over 99 per cent of Category 1 surgeries were performed on time. An elective surgery recovery and reform program will accelerate catch-up activity to June 2024.	This initiative supports the outcome of Victorians being healthy and well.	This initiative addresses the indirect health impacts associated with COVID-19.

2.	Ambulance demand	To respond to growing demand for ambulance services.	$188.5 million in 2021-22	• Additional ambulance services • Response to changing demand patterns due to COVID-19 • Plan for the next tranche of ambulance station builds.	• Medium Acuity Transport Services have been fully operational from 22 locations across metropolitan and rural Victoria since November 2021. • 117 paramedics have continued to operate in selected regional areas. • Expanded secondary triage services are supporting people to access the right care at the right time. • Total ambulance activity was greater than targeted.	These initiatives support the outcome of Victorians being healthy and well.	These initiatives address both the direct and indirect health impacts of COVID-19, as well as broader demand pressures for ambulance services.
3.	Ambulance Victoria sustainability	To boost Ambulance Victoria's operational resources.	$53.7 million in 2021-22	• Funding for 117 paramedics • Trialling a TeleHealth pilot to support patients with complex needs.			

4.	Responding to community-based healthcare demand	To address the impact of COVID-19 on community-based health care.	$76.1 million in 2021-22	Catch-up care to be provided for:
				• dental services
				• cancer services
				• maternal and child health services
				• Alcohol and other drugs (AOD) programs, including:
				  • three new residential treatment facilities
				  • additional community-based counselling services
				  • expanded forensic services
				• Funding for women's health services (includes prevention of family violence, mental health and reproductive health).
				• Funding for the Pathways case management program for sex workers.
					Highlights include:
					• Smile Squad School Dental program:
					  • as at 31 March 2022, 19,147 students had received examinations and 189 schools had received services.
					• Maternal and child health, with additional:
					  • home and centre-based visits
					  • workforce
					  • sleep and settling training
					  • outreach.
					• Women's health, including:
					  • additional mental health acute beds and services.
						This initiative supports the outcome of Victorians being healthy and well.	This initiative addresses the indirect health impacts associated with COVID-19.

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5.	Public health and local place-based delivery	To continue the core public health response to COVID-19, investing in capacity to respond to, and manage, any further spread and support in line with the continued easing of public health restrictions in Victoria.	$800.7 million in 2021-22	• Continued operation of local public health units • Wastewater surveillance • Pathology capacity • Health promotion • Specialised response capability to support Victorians living in high-risk accommodation settings.	• The Local Public Health Units (LPHUs) continue to build capability and relationships with local partners as they prepare to accept greater responsibility for the COVID-19 Response beyond 30 June 2022. • All pathology providers provided sustained high test turnaround performance across the year. • The LPHUs supported aged care sector through in-reach activities.	This initiative supports the outcome of Victorians being healthy and well.	This initiative addresses the direct health impacts associated with COVID-19.

6.	Mental Health and Wellbeing reforms	To support the improvement and promotion of mental health and wellbeing for Victorians through implementing the recommendations of the Royal Commission into Victoria's Mental Health System	$568.4 million in 2021-22	• Establishment of the overarching reform program. • Whole-of-Victorian-Government governance established. • Planning, engagement and delivery of reform enablers including legislation, workforce strategy and system design.	85 per cent of all Royal Commission recommendations have commenced and significant progress has been made. To date, the following has been achieved: • Place-based engagement of first six local services for adults and older adults completed • Legislation to establish the Victorian Collaborative Centre for Mental Health and Wellbeing passed the Victorian Parliament in November 2021 and recruitment of Board members is underway. • Construction commenced at the Royal Melbourne Hospital, which will include a new 22-bed acute mental health facility. • New statewide Specialist Women's Mental Health	This initiative supports the outcome of Victorians being healthy and well.	COVID-19 has affected the department's ability to design and deliver aspects of reform, particularly related to health services and engagement by other key partners and stakeholders.

					Service was announced, which will provide 35 acute mental health beds in private settings, in a partnership between Ramsay Health Care, Alfred Health and Goulbourn Valley Health. • The Mental Health Workforce Strategy was released in December 2021, with a $41 million investment of urgent initiatives. • A new Mental Health and Wellbeing Bill is being drafted. • The appointment of Victoria's first Executive Director of Lived Experience, Mary O'Hagan, in November 2021. • The design of principles and service elements for Victoria's first residential mental health service.		

Strategic issues

Question 2

In order of priority, please list the five most significant strategic issues that influenced the development of the Department's estimates for the 2022-23 financial year. Please describe how the Department will address these issues in 2022-23.

Response

	Strategic issue	How the Department will address the issue in 2022-23	Progress achieved as at 30 April 2022
1.	Maintaining COVID-19 Response capabilities to support the state's safe recovery from the pandemic	The Department of Health will continue to lead the government's COVID-19 public health response to support and protect the community. The primary goals of protecting individuals and the Victorian health system remain. With world-best vaccination uptake rates for first and second doses of the COVID vaccine, the focus in 2022-23 will be on provision of 3rd and winter dose vaccinations for vulnerable communities, and the provision of testing for symptomatic persons and high-risk populations. This will include: • targeted and responsive testing capabilities • targeted vaccine services. • continued provision of in-reach and support services.	Planning and provision for testing, state-led vaccination, and LPHUs services for 2022-23 are complete, ensuring capability and capacity to respond to changing pandemic epidemiology.
2.	Recovery and reform to ensure care is delivered where and when it is needed, especially planned surgery	On 3 April 2022, the Victorian Government announced a $1.5 billion elective surgery recovery and reform program (the program) to accelerate surgical activity across Victoria, both for short term recovery and enduring reform. Fully implemented, the program will enable a record 240,000 Victorians to receive surgery every year by June 2024. This is an additional 40,000 procedures each year compared with pre-pandemic levels. The Plan is comprised of several elements, including: • $524.6 million to maximise public activity and throughput, through new Rapid Access Hubs; increased	Since the program's announcement, the department has: • Engaged with health services to understand their surgery action plans over the next two years. This information will inform how the program will best deliver short and longer-term outcomes. • Finalised agreements with large metro health services and working to increase uplift with others • Frankston Private Hospital negotiations have progressed (transition date set for 1 September), with final commercial arrangements to be confirmed shortly • Identified University Hospital Geelong at Barwon Health as the regional site for the eighth Rapid Access

		twilight and after-hours work; and, expanded same-day models of care • $20.3 million for a Surgical Equipment Innovation Fund to upgrade, modernise and replace surgical equipment and image-capture systems • $548.1 million to maximise all available private hospital capacity to support public patients • $69.2 million for rapid patient prioritisation and assessment, through the establishment of Surgery Recovery Patient Support Units and using non-surgical treatment pathways. Further, Frankston Private Hospital will be transformed into a dedicated public surgery centre. It will have the capacity to deliver up to 9,000 elective surgeries per year once fully operational in 2023. The Plan also includes over $80 million to upskill more than 1,000 nurses and theatre and sterilisation technicians, support the training of an additional 400 perioperative nurses, and recruit a further 2,000 highly skilled healthcare workers from overseas. To ensure accountability and sector collaboration, Professor Ben Thomson has been appointed as the Chief Surgical Advisor and a Surgery Recovery and Reform Taskforce has been established.	Hub. This is in addition to the seven Hubs at St Vincent's on the Park, Broadmeadows Hospital, Heidelberg Repatriation Hospital, Royal Women's Hospital, Werribee Mercy Hospital, Sandringham Hospital, and the Peter MacCallum Cancer Centre. Capital works will commence shortly at these sites. • Appointed Professor Ben Thomson as the Chief Surgical Adviser to support delivery of this ambitious agenda. • Initiated the Taskforce to oversee and coordinate all components of the program.
3a.	Meeting the changing emergency care needs of Victorians	In early May 2021[1], the Victorian Government announced that the State Budget 2021-22 would deliver $759 million in funding over four years to support more ambulances, paramedics and hospital beds. In July 2021, the Victorian Government approved the release of funding provided in the State Budget 2021-22 to health services to support ambulance and emergency department performance.	Due to the impact of COVID-19 on workforce and related changes in performance activities, performance has not improved since the 2021-22 budget commitment. To respond to this unprecedented demand further commitments have been made. In February 2022, a $1.4 billion funding package was announced to ensure doctors, nurses and paramedics have the resources and support they need to continue caring for

[1] Source: 210507 - More Ambulances, More Paramedics And More Beds.pdf (premier.vic.gov.au)

3a.		In the 2022-23 State Budget these commitments are continued, enabling services to respond to the projected increase in demand post the recent COVID-19 waves and deliver against their commitment to performance improvement made in 2021. The Victorian Government is establishing five new Urgent Care Centres. The clinics will provide care for people with low acuity conditions (such as mild infections, fractures, and burns) that can be treated in a primary care setting. The clinics will operate after hours and have referral protocols and links with Ambulance Victoria and hospital emergency departments. The clinics will have diagnostics available to support the assessment and treatment of a range of conditions.	Victorians at home or in a hospital. Of this package, $225 million will go towards easing the pressure on hospitals and ambulances, including: • $196 million to expand the COVID-19 Positive Pathways program, which has helped more than half a million people safely recover at home since launching. • $21 million to expand the Victorian Virtual Emergency Department (VVED), following a successful trial at Northern Health. • Almost $8 million to fund eight additional General Practitioner respiratory clinics and establish five urgent care centres. The VVED is accepting statewide referrals from Ambulance Victoria paramedics and provides virtual video assessments, medical advice, treatment and, where required, local referrals to appropriate services for ongoing management. An end-to-end program of care improvement has commenced; goals are to return both Ambulance Victoria and Emergency Department performances to targets.

3a.		**Supporting our frontline ambulance services** Funding is provided for Ambulance Victoria to recruit 90 new paramedics and enhance fleet management, rostering and support functions to meet growth in demand for ambulance services. A second Mobile Stroke Unit will also be established to improve access to pre-hospital stroke treatment. Funding will also support Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality and deliver innovative strategies to support emergency response.	The Victorian Government has invested $249 million to build and upgrade ambulance stations across the state. The program is addressing the high demand for ambulance emergency services and improving access in high-priority locations. The delivery of the ambulance program will create a safer and more efficient working environment for paramedics through purpose-built ambulance stations and improved response times for Victorians. More than 23 new stations have been delivered since 2015 and 15 others are currently awaiting builder appointments or under construction.
3b.		Emergency department capacity will be doubled at Casey Hospital and Werribee Mercy Hospital through a $236 million investment to address significant demand for emergency services. This will increase the performance of the hospitals and Ambulance Victoria by delivering more efficient patient flows and better patient care. This initiative builds on the $54.9 million investment to provide short-term capacity expansions through modular construction at the emergency departments at Casey Hospital, Northern Hospital and Werribee Mercy Hospital. This short-term capacity will deliver an additional 48 beds to support hospitals through the predicted winter peak of influenza and COVID-19.	• Building Emergency Departments children and families can count on – project is in pre-procurement phase and is on schedule with schematic design and user groups addressed for the University Hospital of Geelong. Further refinement of scoping work continues for the Casey Hospital to align with the expansion of the main emergency department funded in the 2022-23 budget. Three modular units to be located at Werribee Mercy Hospital, Northern Hospital, and Casey Hospital have already been planned, designed and procured with enabling works having commenced on site in recent weeks. This expanded capacity is due to commence operation in June-July 2022 to support health services respond to the projected increase in demand across winter. Operating costs $55.2 million have been committed across the life of the modulars to 2023-24.

4.	Continued reform of mental health care provision, delivering on the needs of the Royal Commission into Victoria's Mental Health System (RCVMHS)	• Investment that addresses the recommendations will enable critical reforms required to meet Royal Commission into Victoria's Mental Health System (RCVMHS) deliverables and respond to current challenges, including sector workforce capacity and recovery from COVID-19 across the system.
		• Priorities include:
		  • investment in mental health workforce with additional jobs and supports for mental health workers
		  • additional new mental health beds across the state
		  • increased investment for community services and an improved system through implementation of the new Mental Health and Wellbeing Act
		  • major infrastructure projects and resources for further planning and land acquisition.
			• 85 per cent of all Royal Commission into Victoria's Mental Health System (RCVMHS) recommendations have commenced and significant progress has been made.
			• To date, the following progress has been achieved:
			• Place-based engagement of first six local services for adults, and older adults, completed with a report published in February 2022. The advertised call for submissions for the first six services has since closed.
			• Legislation to establish the Victorian Collaborative Centre for Mental Health and Wellbeing passed the Victorian Parliament in November 2021 and recruitment of Board members is underway.
			• In December 2021, construction commenced at the Royal Melbourne Hospital, which will include a new 22-bed, acute mental health facility.
			• In December 2021, new statewide Specialist Women's Mental Health Service was announced; it will provide 35 acute public mental health beds in private settings, in a partnership with Ramsay Health Care, Alfred Health and Goulbourn Valley Health.
			• The Mental Health Workforce Strategy was released in December 2021, with a $41 million investment of urgent workforce supply initiatives.

4.			• A new Mental Health and Wellbeing Bill is being drafted. The *Mental Health and Wellbeing Act: What we heard* report was published in December 2021, outlining what the department heard through the engagement process, and impacting on the next steps in development of the Act. The report announced an independent review of compulsory treatment criteria and alignment of mental health laws with other decision-making laws, which will commence once the Parliament has passed the new legislation. • The appointment of Victoria's first Executive Director of 'Lived Experience', Mary O'Hagan, in November 2021. • The design of principles and service elements for Victoria's first residential mental health service were co-produced under the leadership of people with lived experience; the co-designed report was finalised in November 2021.
5.	Ensuring the provision of modern healthcare is supported by modern health infrastructure.	• **Barwon Women's and Children's Hospital (Geelong)** Funding is provided to expand women's and children's services at University Hospital Geelong. In Stage 1, capacity will increase in maternity, women's and paediatric inpatients and outpatients' services, Special Care Nursery, operating theatres, birthing suites, Maternity Assessment and Short Stay Unit. Stage 2, will build a new inpatient tower. This expansion will deliver better access to quality care for people in the Barwon region.	The project has realised numerous infrastructure and medical equipment upgrades to increase capacity for patient medical and surgery needs including cardiac services, birthing suites, medical imaging, ultrasound facilities and enhancement of operating theatres.

5.		• **New Melton Hospital** Funding is provided to construct a new tertiary hospital in Melton, which will provide 24-hour emergency services supported by over 100 medical and surgical beds, intensive care unit, maternity and neonatal services, mental health services, ambulatory care, and a range of clinical supports. The new hospital will be fully electric and contribute to the Victorian Government's climate policy and renewable energy targets. This investment will activate the Cobblebank precinct of Melton and stimulate further investment and development in the area to drive employment growth and nearby residential developments to improve housing supply.	The project has secured a site at Cobblebank for the development of the New Melton Hospital. Planning for the project will include how the new facility will link with services at other public hospitals in the Western region – including Sunshine Hospital and the new Footscray Hospital. The new hospital will boost access to the very best specialists and deliver patient care for locals in the communities of Caroline Springs, Rockbank, Melton Central and Bacchus Marsh.
		• **Regional Health Infrastructure Fund** An additional $300 million in funding 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. The funding boost takes the investment in this fund to more than $790 million.	The grants program continues support regional health services to deliver works to enhance and improve the quality of health. 488 projects have been funded at rural and regional health services to date and an estimated 1,400 local jobs have been supported.
		• **Early Parenting Centre – Shepparton** Funding is provided to continue support for maternal and child health services delivered by Aboriginal organisations, and the Aboriginal led co-design of Aboriginal early years health services spanning antenatal, maternal and child health, and early parenting. Additional funding is also provided to support four new Early Parenting Centres becoming operational in 2023.	The department's existing Early Parenting Centres Program is currently in the procurement phase across four sites being Bendigo, Geelong, Whittlesea, and Wyndham. The program of works aims to realise cost efficiencies through economies of scale and principal contractual engagements to further progress the work are imminent. The recent 2022-23 State budget provided $25 million. for the Early Parenting Centre in Shepparton with an approximate completion date of Q4 2024-25.

5.		• **Engineering Infrastructure Replacement Program 2022-23** Critical engineering infrastructure will be upgraded and replaced in selected metropolitan, rural and regional hospitals. This will allow health services to support the successful delivery of high-quality care and ensure continued public confidence in Victorian health services. Funding covers a range of infrastructure items and can include boilers, air handling units, cardiac electrical body protection systems and fire risk management systems to enable continuity of health service delivery and compliance with regulatory requirements.	The grants program continues to support numerous health agencies across Victorian metropolitan, regional and rural areas. The program enables the upgrades and replacement of existing engineering infrastructure including heating and air ventilation systems, fire risk management systems, allowing health agencies to ensure delivery of high-quality care.
		• **Medical Equipment Replacement Program 2022-23** Critical medical equipment across Victoria 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.	The grants program continues to deliver grants to cover the purchase and replacement of medical equipment across Victorian metropolitan, regional and rural areas.
		• **Metropolitan Health Infrastructure Fund 2022-23** Additional funding is provided to the Metropolitan Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of metropolitan health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity.	The Victorian Health Building Authority (VBHA) continues to work closely with Health Services to finalise scope and deliver projects. Overall, the program remains on track.

Revenue and expenditure – variances

Question 3

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 2021-22, the revised estimate for 2021-22 and the budget for 2022-23.

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.

Response

Line item	2021-22 Budget ($ million)	2021-22 Revised estimate ($ million)	Explanation for any variances greater than ±10% (or greater than $100 million) 2021-22 Budget vs. 2021-22 Revised estimate If variances were caused by the COVID-19 response, please provide a detailed explanation
Output appropriations	12,095	15,051	The increase is due primarily to additional Victorian Government funding for the COVID-19 response initiatives, resulting in additional output appropriation for the department. COVID-19 Response initiatives in 2021-22 include: • funding to prepare the Victorian health system • improving Outbreak Response to the Delta Variant • immunising Victorians Against COVID-19 – increasing system capacity to support the Commonwealth vaccination program to meet demand • immunising Victorians against COVID-19 – Third/Booster Doses and 5-11 year-olds • Rapid Antigen Testing • PCR testing capacity in response to the Omicron variant • enabling care and meeting demand for hospital Services
Special appropriations	1,990	1,836	The decrease is due primarily to lower-than-expected gaming revenue estimates.
Interest	47	17	The decrease is due to lower-than-expected interest revenue in the health portfolio agencies.

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Sale of goods and services	1,924	1,743	The decrease is due primarily to lower-than-expected Hospital and Other Patient Fees as an impact of COVID-19 pandemic
Grants	8,181	9,391	The increase is primarily due to additional Commonwealth grants under the National Partnership on COVID-19 Response, partially offset by lower Commonwealth grants under the National Health Reform Agreement from the 2020-21 reconciliation outcomes.
Employee benefits	15,347	16,473	The increase is due primarily to additional Victorian Government funding for the COVID-19 response initiatives. • COVID-19 Response initiatives in 2021-22 include: • funding request to prepare the Victorian health system • improving Outbreak Response to the Delta Variant • enabling care and meeting demand for hospital Services.
Interest expense	213	162	The decrease is due primarily to interest rate adjustments in relation to the quarterly service payments for Public Private Partnership (PPP) capital projects.
Grants and other transfers	1,043	1,422	The increase is due primarily reallocation of expenses from Other operating expenses, and additional program funding transfers to the Department of Families, Fairness and Housing.
Other operating expenses	7,193	9,630	The increase is due primarily to additional government funding for the COVID-19 response initiatives. COVID-19 Response initiatives in 2021-22 include: • funding to prepare the Victorian health system • improving Outbreak Response to the Delta Variant • immunising Victorians Against COVID-19 – increasing system capacity to support the Commonwealth vaccination program to meet demand • immunising Victorians against COVID-19 – Third/Booster Doses and 5-11 year-olds • Rapid Antigen Testing • PCR testing capacity in response to the Omicron variant • enabling care and meeting demand for hospital Services

Major components of 'other operating expenses'			
Purchase of supplies and Services	7,047	9,436	The increase is due primarily to additional Victorian Government funding for the COVID-19 response initiatives. COVID-19 Response initiatives include: • funding to prepare the Victorian health system • improving Outbreak Response to the Delta Variant • immunising Victorians Against COVID-19 - increasing system capacity to support the Commonwealth vaccination program to meet demand • immunising Victorians against COVID-19 – Third/Booster Doses and 5-11 year-olds • enabling care and meeting demand for hospital Services.

Line item	2021-22 Revised estimate ($ million)	2022-23 Budget ($ million)	Explanation for any variances greater than ±10% (or greater than $100 million) 2021-22 Revised estimate vs. 2022-23 Budget If variances were caused by the COVID-19 response, please provide a detailed explanation
Output appropriations	15,051	12,566	The decrease is due primarily to Victorian Government funding for COVID-19 response initiatives lapsing in 2021-22 and the full year impact of the Mental Health and Wellbeing levy that is funded by Special appropriations in the department. This is partially offset by additional output appropriation for new government initiatives as part of the 2022-23 State Budget. COVID-19 Response initiatives include: • boosting our healthcare workforce • enabling a high-quality, efficient public pathology system • responding to community-based healthcare demand • immunising Victorians against COVID-19: Phase 1A and Phase 1B vaccine rollout • public health and local place-based delivery
Special appropriations	1,836	2,752	The increase is due primarily to the recognition of the full year impact of the Mental Health and Wellbeing levy, and lower than expected gaming revenue estimates in 2021-22.
Interest	17	49	The variance is due to lower-than-expected interest revenue in the health portfolio agencies in 2021-22.
Sale of goods and services	1,743	2,012	The variance is due primarily to lower-than-expected Hospital and Other Patient Fees in 2021-22 as an impact of COVID-19 pandemic

Grants	9,391	8,651	The decrease is due primarily to lapsing 2021-22 Commonwealth grants under the National Partnership on COVID-19 Response, offset by increased Commonwealth grants in 2022-23 under the National Health Reform Agreement.
Other operating expenses	9,630	7,591	The decrease is due primarily to Victorian Government funding for COVID-19 response initiatives lapsing in 2021-22, offset by additional funding for new government initiatives as part of the 2022-23 State Budget. COVID-19 Response initiatives include: • boosting our healthcare workforce • enabling a high-quality, efficient public pathology system • responding to community-based healthcare demand • immunising Victorians against COVID-19: Phase 1A and Phase 1B vaccine rollout • public health and local place-based delivery • Rapid Antigen Testing
Major components of 'other operating expenses'			
Purchase of supplies and Services	9,436	7,387	The decrease is due primarily to Victorian Government funding for COVID-19 response initiatives lapsing in 2021-22, offset by additional funding for new government initiatives as part of the 2022-23 Budget. COVID-19 Response initiatives include: • boosting our healthcare workforce • enabling a high-quality, efficient public pathology system • responding to community-based healthcare demand • immunising Victorians against COVID-19: Phase 1A and Phase 1B vaccine rollout • public health and local place-based delivery.

Question 4

In 2022-23 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

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
Supporting the community and health system through the COVID-19 pandemic	Funding is provided to continue support for patients in recovery from COVID-19 and support for the health system in continuing to address Victoria's COVID-19 caseload, including: • establishing and expanding Urgent Care Centres and expanding General Practitioner Respiratory Clinics • expanding and continuing the COVID -19 Positive Pathways program • purchasing personal protective equipment (PPE) for health workers to enable them to work safely and effectively supporting health services to meet additional costs associated with COVID-19 • securing a larger critical care and paramedic workforce.	$244.0 million in 2022-23	$1.3318 billion in 2021-22 and $244.0 million in 2022-23	$244.0 million in 2022-23	2022-23 State Budget

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COVID-19 Transitional Operating Model	Funding is provided to scale down the COVID-19 public health response in 2022-23 to transition from crisis response to a public health stewardship role to minimise harm and support Victorians who are most at risk. This includes targeted outbreak management in high-risk aged care and health settings via local public health units and multidisciplinary mobile teams. Funding is also provided for testing and pathology costs and for support functions including data and intelligence, call centre operations, commissioning and legal capability.	$175.5 million in 2022-23	$466.5 million in 2021-22 and $175.5 million in 2022-23	$175.5 million in 2022-23	2022-23 State Budget

Revenue initiatives – new and changed

Question 5

For all new revenue initiatives in the 2022-23 budget papers and for all existing revenue initiatives that have changed in the 2022-23 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 2022-23 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 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	
	Anticipated revenue in financial year 2025-26 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 2022-23 budget papers, please provide the:

a) name of the program/initiative
b) objective/s of the program
c) budgeted expenditure in financial year 2022-23 on the program/initiative
d) 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 2022-23 on the program/initiative	Details of how it will be funded
Aboriginal social and emotional wellbeing	Funding is provided to progress planning for two co-designed healing centres that will support and promote the social and emotional wellbeing of Aboriginal Victorians. This builds on previous funding provided and will be used to continue the co-design process, identify the workforce required to be employed within the healing centres; and engage with local mainstream health services to determine the best approaches for integrated models of care as part of the healing centres design.	0.5	Output appropriation
Advancing Aboriginal employment in Victoria's health system	Funding is provided to design and deliver an Aboriginal-led employee assistance program, which will include supervision and mentoring for all workers in the Aboriginal health sector to improve cultural safety and embed culture as a protective factor for workforce wellbeing.	0.1	Output appropriation

A safe and engaged workforce	Funding is provided to support the health and wellbeing of the Victorian health workforce. This includes the continuation and expansion of Safer Care Victoria's Healthcare Worker Wellbeing Centre to provide programs and training to organisations to create productive and safe workplaces. This initiative will also expand the Nursing and Midwifery Health Program Victoria to provide access to one-on-one psychological support services for up to 600 additional nurses and midwives.	1.9	Output appropriation
Better at Home	Funding is provided to continue the delivery of healthcare in the home through use of home-based and virtual care models where clinically appropriate and selected by patients. This includes funding to support sustained activity growth and maturation of new shared service models. This initiative will also fund the expansion of a pilot model between health services providing transitional care in home like settings while patients await National Disability Insurance Scheme (NDIS) packages. Funding is also provided to pilot a virtual specialist clinic model that enables Aboriginal Victorians to access care on Country.	172.6	Output appropriation Commonwealth funding
COVID-19 catch-up plan	Funding is provided to increase surgical activity across Victoria to record volumes, exceeding pre-pandemic levels by 25 per cent. Funding will provide 40 000 extra surgeries in the next year, building up to a total of 240,000 surgeries annually by 2024. This will be achieved through the establishment of Rapid Access Hubs, public use of private surgical capacity, more activity in the public system, including more same-day surgeries and increased twilight and after-hours work, support for the training of an additional 400 perioperative nurses, upskill 1,000 nurses, train additional theatre and sterilisation technicians, and the international recruitment of 2,000 healthcare workers. The Victorian Government will also transform Frankston Private Hospital into a public surgery centre to deliver additional capacity.	597.3	Output appropriation Capital appropriation Commonwealth funding

Enabling care and meeting demand for hospital services	Funding is provided to support service delivery and performance in Victoria's hospitals, including more emergency department staff, additional highly specialised therapies, and to support new wards. Funding is also provided to expand the newborn screening program, medicinal cannabis compassionate access scheme for children, and robot assisted surgery.	948.8	Output appropriation Capital appropriation Commonwealth funding
Equitable cancer care and prevention	Funding is provided to BreastScreen Victoria (BSV) to deliver additional breast cancer screening across new and existing services. Additional funding is provided to meet increases in demand for cancer treatment following the easing of COVID-19 restrictions. Further investment is provided to replace radiotherapy linear accelerators in Ballarat and Geelong; and install a new radiotherapy linear accelerator in Traralgon. Funding is also provided for catch up vaccination against the Human Papilloma Virus (HPV) for young Victorians at secondary schools.	17.5	Output appropriation Capital appropriation Commonwealth funding
Funding for statutory bodies and reforms	Funding is provided for the implementation of the Child Wellbeing and Safety (Child Safe Standards Compliance and Enforcement) Amendment Act 2021. As a result of these legislative reforms, additional support is required to set up information sharing systems and compliance and enforcement frameworks and make necessary organisational changes.	1.5	Output appropriation
Providing additional bed capacity through modular facilities	Funding is provided to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. This includes the establishment and staffing of modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions.	35.7	Output appropriation
Safer digital healthcare for Victorian public health services	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. Funding is also provided to strengthen cybersecurity 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 service in the event of a successful cyber attack.	34.0	Output appropriation Capital appropriation

Supporting our maternity workforce	Funding is provided for maternity workforce capacity and support, including new Registered Undergraduate Student of Midwifery positions. Funding is also provided to health services to support the midwifery workforce and meet growing demand for maternity services through flexible approaches.	4.6	Output appropriation
Supporting the community and health system through the COVID-19 pandemic	Funding is provided to continue support for patients in recovery from COVID-19 and support for the health system in continuing to address Victoria's COVID-19 caseload, including: • establishing and expanding Urgent Care Centres and expanding General Practitioner Respiratory Clinics • expanding and continuing the COVID-19 Positive Pathways program • purchasing personal protective equipment (PPE) for health workers to enable them to work safely and effectively supporting health services to meet additional costs associated with COVID-19 • securing a larger critical care and paramedic workforce.	248.9	Output appropriation Capital appropriation Commonwealth funding
Completion of Modernisation of Metropolitan Melbourne Public Sector Residential Aged Care Services (PSRACS) Strategy	Funding is provided to design and plan a new 60-bed Public Sector Residential Aged Care Services facility, with 30 aged persons mental health (APMH) beds and a 30-bed specialist dementia unit at the Mornington Centre.	0.8	Output appropriation
Supporting frontline ambulance services	Funding is provided for Ambulance Victoria to recruit new paramedics and enhance fleet management, rostering and support functions in order to meet growth in demand for ambulance services. A second Mobile Stroke Unit will also be established to improve access to pre-hospital stroke treatment. Funding will also support Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission's review into workplace equality and deliver innovative strategies to support emergency response.	35.2	Output appropriation Capital appropriation

Improving health access and outcomes for refugees and asylum seekers	Funding is provided to continue and expand services to asylum seekers in Victoria, addressing gaps in safety net supports and delivering culturally appropriate healthcare to newly arrived and at-risk refugees due to ongoing Commonwealth Government funding cuts. People seeking asylum will be provided with primary health care, mental health support, case coordination, and assistance for basic needs, homelessness and utilities. Funding will also boost refugee nurse and bicultural health worker capacity.	5.7	Output appropriation
LGBTIQ+ Strategy implementation	Funding is provided for a range of initiatives aimed at strengthening the health, wellbeing, social and economic outcomes of LGBTIQ+ Victorians, supporting delivery of the Victorian Government's 2018 election commitment to develop the first whole of government LGBTIQ+ Strategy. This includes the Trans and Gender Diverse in Community Health Program.	0.7	Output appropriation
Responding to community-based healthcare demand and delivering enhanced service responses	Funding is provided to strengthen community-based healthcare, by increasing the delivery of services for people who have deferred care; and supporting the integration of general practitioners into 20 registered community health services. In addition, funding will support the design of a new community-based model of care for people diagnosed with Type 2 diabetes, providing early intervention and care via community health services.	6.5	Output appropriation
Supporting community sector jobs	Additional funding is provided to help community service organisations that deliver social services on behalf of the Victorian Government to cover the impacts of minimum wage and consumer price index cost increases.	8.1	Output appropriation
Smile Squad: specialist services	Funding is provided to deliver additional specialist dental treatment to children referred by Smile Squad. This includes establishing regional specialist hubs, an uplift to specialist capacity, and the development of the public specialist workforce through overseas recruitment and training to upskill generalist dentists.	Funding allocation is not for publication (NFP) at this time as arrangements are commercial in confidence	Output appropriation

Better outcomes for substance use and addiction	Funding is provided to support better outcomes for Victorians experiencing substance use and addiction, including continued support for community and forensic treatment services, Aboriginal Metropolitan Ice Partnerships and the Needle and Syringe Program.	9.3	Output appropriation
Investing in a thriving North Richmond	Funding is provided to improve access to health and social support services in the North Richmond precinct, including: • maintaining a homeless outreach worker at the Richmond Medically Supervised Injecting Room (MSIR) to assist clients in accessing housing • continuing the Supporting Tenancy at Yarra (STAY) program in partnership with St Vincent's • upgrading entrances to the MSIR and North Richmond Community Health Enhanced outreach in the Melbourne CBD will also be continued, providing a multidisciplinary team of alcohol and other drug workers and counsellors, social workers, nursing staff, Aboriginal health workers and peer workers to reduce drug-related harm in the area. Further funding to support the North Richmond community will also be delivered through the Department of Families, Fairness and Housing.	4.2	Output appropriation
COVID-19 transitional operating model	Funding is provided to transition the COVID-19 response to maintain the required COVID-19 public health measures in 2022-23 to support and protect Victorians. This includes targeted outbreak management in high-risk aged care and health settings via local public health units and multidisciplinary mobile teams. Funding is also provided for to support vaccination in areas with low access through primary care and for testing and pathology costs and for support functions including data and intelligence, and call centre operations.	175.5	Output appropriation Commonwealth funding
Decriminalising the sex work industry	Funding is provided to continue reforms relating to the decriminalisation of sex work in Victoria. This includes funding to further develop a peer-led agency to embed the reforms within the sex worker community.	1.6	Output appropriation

Public health and local place-based delivery	Funding is provided for the continued operation of local public health units and additional public health capacity to support these services, including intelligence, community engagement, digital capability and the design and delivery of Aboriginal-specific initiatives. Funding will support public health prevention, regulation and response programs, including the establishment of sexual and reproductive health services, increased funding for women's health services, continuing the Healthy Heart Victoria program in the Loddon Mallee region, and increased oversight of Victoria's drinking water supplies.	72.3	Output appropriation
Jreissati Family Pancreatic Centre at Epworth	Funding is provided to the Jreissati Family Pancreatic Centre at Epworth to support efforts to diagnose and treat pancreatic cancer. This will include improving treatment pathways, undertaking research and developing education materials for health practitioners, patients and families affected by pancreatic cancer.	5.0	Output appropriation

Standing with our health workforce – investing in our future health workforce	Funding is provided for a review into current clinical placement activity to improve the quantity and quality of clinical placements across healthcare disciplines and expand allied health advanced practice service models in public health services to support the career development of allied health professionals. Funding is also provided to support newly graduated enrolled nurses to enter health services with additional support to become skilled professionals within their first year of practice, enabling them to provide safe patient care by consolidating their skills and knowledge. This includes additional clinical rotations, additional study time, workshops, support from dedicated clinical educators and career support and planning. Funding is provided to support the retention and growth of the Aboriginal health workforce to increase the accessibility of culturally safe services and fill essential workforce gaps. This includes additional cadetships, scholarships and traineeships for Aboriginal students and current workers in a range of health disciplines. To consolidate learning and facilitate the transition to registered graduate practice, a Registered Undergraduate Student of Nursing (RUSON) pilot program will be established to facilitate the appointment of 1,125 RUSONs a year.	37.8	Output appropriation
Strengthening Victoria's interface with the National Disability Insurance Scheme	Funding is provided to services and programs to support Victorians with disability who are not eligible for the National Disability Insurance Scheme (NDIS), including: • Home and Community Care Program for Younger People • aids and equipment support.	41.4	Output appropriation Commonwealth funding
Closing the gap – universal early years healthcare	Funding is provided to continue support for maternal and child health services delivered by Aboriginal organisations, and the Aboriginal-led co-design of Aboriginal early years health services spanning antenatal, maternal and child health, and early parenting. Additional funding is also provided to support four new Early Parenting Centres becoming operational in 2023.	3.9	Output appropriation

Develop and expand high-quality and therapeutic bed-based services	Funding is provided to operationalise 82 new beds in Victoria's mental health system to improve access to acute care for those experiencing mental illness as well as increased bed-based support for people experiencing eating disorders. An expansion of the eating disorder enhanced integrated specialist model into four regional health services will support clinical mental health services to provide multidisciplinary support for the increased presentations of patients with eating disorders in regional Victoria, with services established at Grampians Health, Barwon Health, Bendigo Health and Latrobe Regional Hospital. Funding will also support the operation of five emergency department mental health and alcohol and other drug hubs within Monash, St Vincent's, Barwon, Western and Melbourne health services. Existing support for consultation and liaison services will also continue.	29.3	Output appropriation Commonwealth funding
Mental health and wellbeing legislative reforms	Funding is provided to support the implementation of new mental health and wellbeing legislation, including the hiring of expert practitioners within Area Mental Health Services and comprehensive training of staff to ensure a successful transition to the new legislative framework. Funding will also deliver on the Victorian Government's commitment to undertake an independent review of compulsory treatment criteria; and support ongoing legislative reform and development of supporting regulations.	15.7	Output appropriation

Promoting good mental health and wellbeing in all communities	Funding is provided to foster connection and reduce social isolation in vulnerable groups by establishing ten new social inclusion action groups in local government areas. Mental health training for Auslan and deaf interpreters is also funded to increase the availability of credentialled interpreters. Funding is also provided for targeted suicide prevention and response programs, including: • design of new LGBTIQ+ suicide aftercare services • culturally appropriate prevention and bereavement programs for Aboriginal Victorians • an 18-month pilot for a peer call-back service for families, carers and supporters caring for people experiencing suicidal behaviour • place-based mental health programs through mental health and wellbeing services Youth Live4Life and Left and Right Counselling.	10.5	Output appropriation
Strengthening community-based services	Funding is provided for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support. This includes: • integrated treatment, care and support for people with a co-occurring mental illness and substance use or addiction to be established in all Adult and Youth Area Mental Health and Wellbeing Services, as well as expansion of addiction services. Funding for this initiative forms part of the Early Intervention Investment Framework • extension of the TelePROMPT program, connecting paramedics at the scene of a mental health crisis with a mental health clinician to provide care for people experiencing mental health emergencies • in-person group-based parenting sessions to be delivered in regional Infant, Child and Youth Area Mental Health and Wellbeing Services • approaches to eating disorder care and support to be enhanced through the development of a new statewide eating disorder strategy. Eating Disorders Victoria and the Centre of Excellence in Eating Disorders will also be supported to provide a range of services for families, carers and patients and to provide workforce support for health services.	42.9	Output appropriation Commonwealth funding

Strengthening and supporting the mental health and wellbeing workforce	Funding is provided to continue building the pipeline of workers required to deliver Victoria's mental health reform agenda in line with the Mental Health and Wellbeing Workforce Strategy. These initiatives cover immediate priority actions to boost workforce supply and capability including new allied health and nursing graduate and transition positions, postgraduate scholarships, piloting new earn and learn models for navigation and wellbeing support roles and a continuation of government funded psychiatry rotations for junior medical officers. Victoria's psychiatry and psychology training pipelines will also be supported through additional registrar positions and the establishment of a statewide psychiatry training consortium to address training barriers and identify opportunities for improvements. A clinical supervision training program will be established to improve retention of senior allied health and nursing practitioners through improving the skills of supervising educators. Capability in providing safe and responsive care to culturally and linguistically diverse Victorians and LGBTIQ+ Victorians will also be improved through supporting services to implement capacity uplift strategies. The Mental Health Workforce Capability Framework will also be implemented through the development of educational resources and an interactive web platform, enabling its practical application in the sector. The Mental Health Workforce Capability Framework will be implemented through the development of educational resources and an interactive web platform, enabling its practical application in the sector.	65.3	Output appropriation Commonwealth funding
Strengthening palliative care in the community	Funding is provided to continue palliative care services, including regional and rural services and the statewide Palliative Care Advice Service. Additional funding is also provided to enable palliative care providers to respond to increased demand for specialist palliative care throughout the COVID-19 pandemic.	18.4	Output appropriation Commonwealth funding

Future provision of public sector residential aged care	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.	29.9	Output appropriation
Barwon Women's and Children's Hospital	Funding is provided to expand women's and children's services at University Hospital Geelong. In Stage 1, capacity will increase in paediatric outpatient services, operating theatres, birthing suites and Maternity Assessment and Short Stay Unit. Stage 2 will build a new inpatient tower with maternity, women's and paediatric services and Special Care Nursery. This expansion will deliver better access to quality care for people in the Barwon region. This initiative delivers on the Government's election commitment as published in Labor's Financial Statement 2018.	The TEI and annual cashflows will be disclosed following the completion of procurement processes. BP4, p. 65 notes TEI estimated between $500 -$525 million. The TEI includes $50.0 million of Commonwealth Government funding under the Community Health and Hospitals Program agreement.	Capital appropriation Commonwealth funding
Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hospital	Funding is provided to expand emergency department capacity at Casey Hospital and Werribee Mercy Hospital to address significant demand for emergency services. This investment will increase the performance of the hospitals and Ambulance Victoria by delivering more efficient patient flows and better patient care. This initiative builds on the 'Providing additional bed capacity through modular facilities' investment to provide short-term capacity expansions of the emergency departments at Casey Hospital, Northern Hospital and Werribee Mercy Hospital.	2.0	Capital appropriation

Engineering Infrastructure Replacement Program 2022-23	Funding is provided to upgrade and replace critical engineering infrastructure in selected metropolitan, rural and regional hospitals. This will allow health services to support the successful delivery of high-quality care and ensure continued public confidence in Victorian health services. Funding covers a range of infrastructure items and can include boilers, air handling units, cardiac electrical body protection systems and fire risk management systems to enable continuity of health service delivery and compliance with regulatory requirements.	20.0	Capital appropriation
Medical Equipment Replacement Program 2022-23	Funding is provided to continue to replace critical medical equipment across Victoria. 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	Capital appropriation
Metropolitan Health Infrastructure Fund 2022-23	Additional funding is provided to the Metropolitan Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of metropolitan health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity.	25.0	Capital appropriation
New Melton Hospital	Funding is provided to construct a new tertiary Melton Hospital in Cobblebank, which will provide 24-hour emergency services supported by over 100 medical and surgical beds, intensive care unit, maternity and neonatal services, mental health services, ambulatory care, and a range of clinical supports. The new hospital will also be fully electric and will contribute to the Victorian Government's climate policy and renewable energy targets. This investment will activate the Cobblebank precinct and stimulate further investment and development in the area to drive employment growth and nearby residential developments to improve housing supply. This initiative builds on funding provided in previous years to plan, acquire land and undertake early works for the new hospital.	BP4, p. 66 notes TEI as between $900-$1000 million. The TEI and annual cashflows will be disclosed following the completion of procurement processes.	Capital appropriation

Regional Health Infrastructure Fund	Additional funding 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. The funding boost takes the investment in this fund to $790 million.	75.0	Capital appropriation
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura	Funding is provided to construct a 30-bed alcohol and other drugs residential rehabilitation facility including a withdrawal unit in Mildura servicing the Loddon Mallee region. This will reduce wait times and improve treatment outcomes for clients	10.0	Capital appropriation
Early Parenting Centre – Shepparton	Funding is provided to construct a 10-bed early parenting centre in Shepparton. It will provide specialist support and deliver flexible, targeted services for families with children up to four years of age to enhance the parent-child relationship and support parents with strategies to achieve their parenting goals.	3.0	Capital appropriation
Additional acute mental health beds in regional Victoria	Funding is provided to replace and expand the existing mental health facility to increase acute and community mental health services at Goulburn Valley Health in Shepparton. The development will enable improved models of care and will ensure the community has access to safe and high-quality mental health services. Funding is also provided to undertake land acquisition and further detailed planning and design work to deliver additional acute mental health beds in the future at Northeast Health Wangaratta and the Ballarat Base Hospital.	8.5	Capital appropriation
Contemporary information architecture for mental health and wellbeing	Funding is provided to implement contemporary mental health information infrastructure comprising an electronic statewide mental health and wellbeing record, mental health information and data exchange, and online portal for Victorians experiencing mental illness or psychological distress to support personalised and integrated mental health and wellbeing services.	5.7	Output appropriation Capital appropriation
Improving Safety in Mental Health Intensive Care Areas	Funding is provided for a program of works to improve the separation of vulnerable consumers, including gender-based separation, in the intensive care areas of mental health inpatient facilities.	19.4	Output appropriation Capital appropriation

Mental Health and Alcohol and Other Drugs emergency department hubs in regional Victoria	Funding is provided to construct a new emergency department mental health and alcohol and other drug crisis hub at the Latrobe Regional Hospital. Planning funding is provided for future hubs in Ballarat, Bendigo and Shepparton. The hub at Latrobe Regional Hospital will ensure specialist care is provided to people requiring urgent treatment for mental health, alcohol and drug issues and will also relieve pressure on the emergency department to treat other patients.	4.5	Output appropriation Capital appropriation
Redevelopment of Thomas Embling Hospital – Stage 2	Funding is provided to deliver Stage 2 of the Redevelopment of Thomas Embling Hospital, which will deliver critical supporting infrastructure, including a new gatehouse and sally port, and bed refurbishments for patients.	44.3	Capital appropriation
Mental Health and Alcohol and Other Drugs Facilities Renewal Fund	Additional funding is provided to the Mental Health and Alcohol and Other Drugs Facilities Renewal Fund to improve the quality and amenity of state-owned infrastructure that assists people with mental health, alcohol, and other drug issues. The works enable enhanced access and improved models of care through targeted improvements to ageing and poor-quality facilities, which will reduce risks for patients and staff.	10.0	Capital appropriation
Victorian Collaborative Centre for Mental Health and Wellbeing	Funding is provided to progress service and capital planning to establish the Victorian Collaborative Centre for Mental Health and Wellbeing.	5.0	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 2021--22, where funding is to be extended in the 2022--23 Budget, please provide the:

a) name of the program
b) objective/s of the program
c) expenditure in the financial years 2021-22 and 2022-23 (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, *Resource Management Framework*: A lapsing program is a program to deliver services (output-related) that is funded for a specified time period only (and not ongoing in nature). Programs of a 'one-off' or a time-specific nature (e.g. funding provided for specific events) are considered 'fixed-term' and do not fall under the definition of a 'lapsing program'.

Received 16 May 2022

Response

a)	Name of the program	**Future provision of public sector residential aged care** (funded in the 2021-22 Budget, continued as 'Future provision of public sector residential aged care')	
b)	Objective/s of the program	Continued 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 2021-22 and 2022-23 (and where relevant, future years)	**2021-22**	**2022-23**
		$28.8 million	$29.9 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 Victorian 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: • 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	Victorian Government supplementary funding is provided to sustain the critical role of services within the system. Victorian funding is a contribution towards: • additional costs of legislated nurse-to-resident ratios in high care public sector services • provision of specialist supports • viability of small rural high care services • offsetting the discount applied by the Commonwealth to the care subsidies paid by them for residents in beds classified as Victorian 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; this 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.	

Received 16 May 2022

a)	**Name of the program**	**Local Public Health Units** (contained in 'Public health and local place-based delivery' funded in the 2021-22 Budget, continued as a component in 'Public health and local place-based delivery')	
b)	**Objective/s of the program**	Local Public Health Units (LPHUs) were established to provide public health services based in the community to support the COVID-19 response and to support preventative public health services in the communities they serve. These units are structured for better stakeholder co-operation and community engagement, and to address critical gaps in Victoria's current disease prevention, and public health regulation and response capabilities. The LPHUs have played a critical role in the control of COVID-19 in Victoria and have been able to develop strong relationships and networks within the community that have enhanced the response to COVID. Recognising the strengths and expertise that can be contributed by local services and by the department, this networked partnership approach can be applied to broader public health initiatives and continue to manage COVID-19 outbreaks in high-risk settings such as aged care. The LPHUs continue to be developed as a part of a purposefully designed networked public health system that supports Victorians to live healthy lives through improving equitable health and wellbeing outcomes across the state.	
c)	**Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)**	**2021-22**	**2022-23**
		$38.8 million	$39.8 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 Local Public Health Units will continue to support the response to COVID-19 in the community. Local Public Health Units are also integral to the current public health winter strategy, supporting outbreak management for other respiratory conditions and vaccinations for influenza in vulnerable populations. Several Local Public Health Units are also providing support and expertise in the management of the Japanese encephalitis virus situation. Local Public Health Units will utilise the networks and lessons learned from the COVID-19 response to manage broader ongoing and emergency public health issues in the community. Building on the important relationships developed through COVID-19 will enable Victoria's public health system to be more efficient, equitable and effectively deliver real and measurable improvements in population wellbeing, thereby reducing long-term expenses of acute healthcare.	

f)	**Evidence of the program's progress toward its stated objectives and expected outcomes**	Since the establishment of the first Local Public Health Units (LPHUs) in mid-2020, they have been integral to a localised COVID-19 response, with numerous successes documented as part of the performance framework maintained by the Department of Health. Operating as a statewide network, LPHUs have effectively shared resources and supported each other's operations for greater system-wide efficiency. This includes LPHUs managing 6670 outbreaks and delivering 6,158,915 vaccine doses to help slow the transmission of COVID-19 and keep their communities safe. Leveraging their partnerships and close connections with their communities developed through the COVID-19 response, the LPHUs have been delegated some public health responsibilities beyond COVID-19. This includes the integration of Primary Care Partnerships into their place-based prevention and promotion programs, managing other communicable diseases, and preparing the state for flu and other non-COVID-19 respiratory conditions to mitigate the risks that they may pose to the health system and residential aged care facilities. Of note, the funding for prevention and health promotion activities resulting from the integration of Primary Care Partnerships is separate and ongoing.
g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	Pre-approved budgets for Local Public Health Units operations in the 2021-22 financial year were topped up by surge funding necessitated first by unaccounted outbreaks of the Delta variant, and later by Omicron. All relevant acquittals by lead health services have been audited by finance officers in the department at regular intervals throughout the financial year, with forecasts to year end regularly re-evaluated.
h)	**Extent and level of efficiencies realised in the delivery of the program**	Relationships and trust built with local communities by Local Public Health Units throughout the pandemic have led to better control of COVD-19 transmission (e.g., outbreak management, vaccination and testing engagement) ensuring the most efficient use of response resources possible. The nature of local operations has already enabled for greater confluence of operations related to population wellbeing, including more partnerships.

Received 16 May 2022

i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	Since the Local Public Health Unit program was established, the program has been able to flexibly respond the evolving needs of the COVID-19 pandemic response. The LPHUs continue to play a critical role in the ongoing response to manage COVID-19 in the community, particularly in sensitive settings such as aged care. In addition, the LPHUs are gradually integrating into their operations responses to other public health issues. If the LPHU program was to lapse, the ongoing response to COVID-19 and the management of other public health risks in the community would be significantly impacted with significant flow on effects to community health and deleterious impacts on community wellbeing and safety. To mitigate this, Victoria may need to markedly scale up the COVID-19 Response division within the Department of Health to continue to mitigate the loss of the local management and response capacity. Further, if the LPHU program lapses, Victoria would no longer have a locally based frontline of public health services. Relationships and trust built with local communities would be fractured, and public health interventions or initiatives may not reflect the needs of those in community or outcomes they desire. The absence of LPHUs would necessitate a change in future strategy for the entire Public Health division, including redoubling state investment in centralised teams, and conceding the gains already made through localised investments.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	Further funding is based on evaluation of LPHU operations to date, augmented by departmentally assessed efficiency gains, broader transformation of the Public Health division, and Future of Public Health program modelling. Requirements will continue to be evaluated as the functions of the LPHUs continue to integrate public health operations outside of the pandemic response and the needs of the COVID-19 response are further understood. Were there to be a future new or emerging public health emergencies, LPHU funding may need to be re-evaluated to reflect the needs of the Victorian community.

a)	Name of the program	**Better at Home: Hospital care in the home** (funded in the 2020–21 Budget, continued as components in 'Better at Home')	
b)	Objective/s of the program	To sustain and expand home-based hospital care across the state.	
c)	Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)	**2021-22**	**2022-23**
		$179.160 million	$172.566 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	A first evaluation has been conducted by KPMG, with preliminary results indicating that Better at Home has improved patient outcomes for lower cost, improving value. Patients reported improvements to quality of life, and clinicians reported that the quality of at-home care was equivalent to that delivered in a clinical setting. Better at Home has also had a positive impact on staff and has facilitated greater collaboration and coordination of care across health services.	
e)	Evidence of the continued need for the program and the Government's role in delivering it	Better at Home has reduced the need for capital expenditure on physical hospital beds, and ongoing delivery of this program will continue to yield these savings. This program will therefore be an important contributor to the Victorian Government's financial recovery. Continued funding of the program will also be critical for improving elective surgery performance, as Better at Home frees up hospital beds for higher acuity patients. Without these beds, additional theatre capacity would be capped, and patients would wait longer for their care which has been deferred already. Finally, the program is playing a vital role in the pandemic recovery. By ensuring that more patients can receive care in their homes, the program provides a recovery pathway for many COVID+ patients, and also helps respond to the increased demand caused by COVID-19 waves.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	At end of February 2022, the percentage of admitted bed days delivered at home showed strong growth compared to the previous financial year (7.9 per cent in Q3, 2021-22 to date, compared with 6.1 per cent in 2020-21). Non-admitted activity delivered via TeleHealth has also grown compared to 2020-21 (8.8 per cent in Q3, 2021-22 compared with 6 per cent in 2020-21).	

g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	Despite COVID-19 outbreaks throughout 2021–22 disrupting some aspects of the program, health services have been able to demonstrate a significant increase in the volume of activity delivered at home and via telehealth, and the majority of funding has been disbursed as planned. Early findings in KPMG's first evaluation highlight that there has been significant progress, also affecting the impact of COVID-19 on the program. The initial findings suggest that continued funding is recommended to realise further gains. In terms of governance and risk management: • An Expert Advisory Group consisting of clinical experts, user representatives and union representatives has continued to meet periodically to oversee the program. No significant issues have been raised to date. • A suite of tools, including activity and risk-adjusted quality and safety tools, have been developed to facilitate the monitoring of activity delivered as well as that of quality and safety outcomes. • The department meets with Better at Home leads monthly to review progress against project plans and discuss activities undertaken and performance against targets.
h)	**Extent and level of efficiencies realised in the delivery of the program**	• Scaling home-based and virtual care models for lower acuity patients can enable the system to maintain performance in the face of rising demand while driving down capital expenditure.
h)	**Extent and level of efficiencies realised in the delivery of the program**	• This investment can deliver 358 hospital bed equivalents per year by 2025-26 as a direct substitute for ward-based and face-to-face care. • This investment has the potential to save hundreds of millions in capital costs by funding capacity through this proposal, rather than new builds.
i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	If funding ceased, demand for home-based and virtual care services will go unmet, requiring additional capital expenditure to replace these services with in-hospital activity.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	The majority of funding is activity-based and funded as National Weighted Activity Unit (NWAU), which means that the Victorian Efficient Price is used to determine the cost of the activity delivered through the program; and is also subject to the other regular controls within this funding model, including monitoring of performance against activity targets.

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a)	Name of the program	**Meeting demand for hospital services** (funded in the 2021-22 State Budget, continued as 'Enabling care and meeting demand for hospital services') • Supporting the commissioning of St Vincent's Hospital on the Park, Sunshine Emergency Department and Barwon Health ($65.0 million) • Supporting system investment ($135.0 million) • Additional services which divert or substitute for inpatient acute care ($28.8 million) • Supporting growth in services and maintaining the capability and capacity of rural services ($9.0 million) • Exome sequencing of rare undiagnosed conditions, subcutaneous immuglobulin at home use and unmet demand for clinical genetics services ($4.7 million).	
b)	Objective/s of the program	Funding supports the delivery of high-quality hospital services and treatment of patients	
c)	Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)	**2021-22**	**2022-23**
		$242.5 million	$942.8 million (for the entire initiative – only a portion lapsing in 2022-23)
d)	Details of how the program will be funded	Appropriation and Commonwealth contribution under NHRA (for in-scope activity related components)	
e)	Evidence of the continued need for the program and the Government's role in delivering it	Demand for public hospital services has been maintained and the government remains committed to ensuring that public hospital services are of high quality.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	This initiative contributes to BP3 'Acute output activity related performance measures for Admitted, Emergency Department presentations and Non-Admitted services'.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Funding is allocated to health services in accordance with government priorities and is reflected in Health Service Statement of Priorities (activity targets and funding). Funding allocation, performance and risk management monitored through the Department of Health's health service performance framework and service agreements. Funded agency obligations outlined in Policy and Funding Guidelines and Service Agreements. Evidence of the program being delivered is reflected in performance reporting and the opening of new facilities and wards.	
h)	Extent and level of efficiencies realised in the delivery of the program	Not applicable	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Ceasing lapsing components would significantly reduce capacity across the health system impacting on delivery of emergency, admitted and non-admitted services.	

j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	Funding is allocated based on information provided by health services on costs, or, in relation to activity, on the basis of existing activity funding mechanisms.

a)	**Name of the program**	**Health services cybersecurity** (funded in the 2021-22 Budget, continued as a component of 'Safer digital health care for Victorian public health services')	
b)	**Objective/s of the program**	Minimise and alleviate cybersecurity threats and disruptions to health care delivery and ensure the security of patient health information.	
c)	**Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)**	**2021-22**	**2022-23**
		$19.0 million	$19.0 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**	Cybercrimes are growing in attack frequency, complexity and sophistication. To combat this trend requires ongoing investment; to develop and maintain capability that mirrors the sophistication of the perpetrators. The Victorian Government has the responsibility as System Manager to provide reliable funding to the Victorian public health sector to build and maintain this capability. Without regular and ongoing investment, the risk of cyber incidents across the sector; and consequent impact on health operations, the health workforce and patient safety, care and privacy will escalate.	
f)	**Evidence of the program's progress toward its stated objectives and expected outcomes**	• There has been no major cyber incident since the implementation of advanced cyber defence tools to the Victorian public health services funded by this program • 24x7 Security Operations Centre rollout has been extended to the independent community health services with project completion on track for June 2022.	
g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	The program has delivered a range of cybersecurity initiatives including: • 24x7 Security Operations Centre to proactively detect, respond and mitigate potential threats • rollout of world-class. industry standard, advanced antivirus tools to protect the Victorian health services and patient data • 24x7 Information and Communications Technology (ICT) incident response team to support health services.	
h)	**Extent and level of efficiencies realised in the delivery of the program**	Maximum value for Victorian public health services have been obtained through central purchasing and having head contracts in place via the department or central government agencies. An example of this is the phishing awareness simulation training program that achieved a 50 per cent reduction in cost through a Victorian Government contract.	

i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	Cybercrime will continue to evolve, leaving Victorian public health services unable to respond to this evolution. Cybersecurity tools and services already delivered may lapse as license fees are unpaid. The number of cybersecurity incidents, and their effect on health service operations and patient health care, can be expected to increase. There is no alternative strategy to minimise negative impacts if this program ceased.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	Established head contracts are in place with vendors providing next generation cyber tools to the Victorian public health services. The 2021-22 State Budget has been expended fully, based on consumption of licences for next generation antivirus tools, Security Operation Centre costs and Disaster Recovery as a service cost.

a)	**Name of the program**	**Responding better to peoples end-of-life choices** (funded in the 2017-18 Budget Update, continued as 'Strengthening palliative care in the community')	
b)	**Objective/s of the program**	Funding supports the Victorian Government's 2017-18 commitment to provide fair and equitable access to palliative and end-of-life care for all Victorians through additional resourcing to support the increase in demand for home-based palliative care through the COVID-19 impact. Continuation of November 2018 lapsing commitments include: • expansion (increased access) of regional and rural community (home-based) palliative care • expansion of specialist palliative care consultancy services in Barwon, Warrnambool, Traralgon, Mildura, Bendigo, Ballarat, Albury-Wodonga and Shepparton • establishment of the statewide Palliative Care Advice Service seven days a week, 365 days a year.	
c)	**Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)**	**2021-22**	**2022-23**
		$11.5 million	$18.4 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 Victorian Government aspires for all Victorians to be healthy, safe and to lead the life they value. Good health supports economic participation and social inclusion. The health system is a key means by which people who are ill, regain their health and function. In 2017, the Victorian Government committed to support quality end of life care that relieves pain and suffering, and provides empowering support to family, friends and carers. In 2022-23, the Government remains committed to ensuring Victorians who actively seek palliative care, and those who would benefit from palliative care, have access to responsive and accessible services and supports as close to home as possible. All Victorian local governments areas are supported by a designated specialist community (home-based) palliative care service/provider. These services have established models of care delivered by accredited multidisciplinary teams skilled at managing complex symptom management and end if life complexities. Maintaining access to public funded services ensures all Victorian have access to palliative care, including the 17,515 regional and rural patients currently receiving home-based palliative care. There are limited private providers in regional and rural Victoria. Where they do exist (e.g., Geelong, Albury and Ballarat), they are restricted to privately insured patients thereby reducing access for regional and rural patients with no insurance. Charity based not-for-profit providers are small in number, have variable clinical governance models and are reliant on casual workforce and volunteers to facilitate a home-based model of care. There is no certainty that these small, isolated unregulated local services can provide the level and continuity of service required for patients with complex symptoms and rapidly progressing deterioration in a home setting. Regional consultancy services provide secondary consultation, and case management advice for all service providers in the region, including general practitioners, small rural health services and aged care providers. Continuation of lapsing funding will support 2,300 specialist palliative care consultations for small rural, health services, general practitioners, aged care facilities and community services.
f)	**Evidence of the program's progress toward its stated objectives and expected outcomes**	Budget Paper performance measures affected: • palliative care bed days (performance over target due to limited access to home-based palliative care from COVID-19 impact) • growth in home-based palliative care activity.

g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	Victorian Government funding is provided to support activity (service delivery) as outlined in the National Health Reform Agreement (NHRA). Offset by Commonwealth contribution under the NHRA. Funding allocation, performance and risk management monitored through the Department of Health's health service performance framework and service agreements. Funded agency obligations outlined in Policy and Funding Guidelines and Service Agreements.
h)	**Extent and level of efficiencies realised in the delivery of the program**	Maintaining home-based services reduces demand for bed-based care and acute resources. Funding supports established service providers to further expand existing services and build on local innovations introduced during COVID-19 years to improve access and patient/family outcomes.
i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	Ceasing lapsing components would: • significantly reduce capacity across 30 health services to provide home-based palliative care, especially in sub-regional and rural areas resulting (potential cessation of eight services) • half the capacity for regional specialist palliative care consultancy services resulting in specialist medical and nursing job losses. • increase demand for hospital care (bed-based services) and avoidable emergency department hospitalisations.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	The funding provided has been allocated to meet the increased activity from the impact of COVID-19 and population growth.

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a)	Name of the program	**Responding to community-based healthcare demand – community-based treatment** (funded in the 2021-22 State Budget, continued as a component in 'Better outcomes for substance use and addiction') **Care and recovery coordination** (funded in the 2020-21 State Budget, continued as part of a component of 'Better outcomes for substance use and addiction')	
b)	Objective/s of the program		
c)	Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)	**2021-22**	**2022-23**
		$5.1 million (responding to community-based healthcare demand – community-based treatment) $17.2 million (Care and recovery coordination)	$6.6 million $9.3 million (continuation of this lapsing funding is $6,570 million and is one of three components)
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	• *Responding to community-based healthcare demand – community-based treatment.* COVID has had an impact upon the ability to provide community-based treatment due to public health orders and restrictions. Residential services have been impacted due to public distancing measures as they relate to care facilities. This funding has been allocated for care and recovery coordination and youth outreach to provide the greatest level of funding flexibility to address client needs.	
e)	Evidence of the continued need for the program and the Government's role in delivering it	• *Care and Recovery Coordination* – This funding was for 18 months for the purpose of establishing 100 new positions. While training and mentoring new workers can be achieved in one to two years, it takes four or more years of development with quality supervision to achieve an autonomous and experienced Alcohol and Other Drugs (AOD) worker, hence the need to continue funding.	

f)	**Evidence of the program's progress toward its stated objectives and expected outcomes**	• *Responding to community-based healthcare demand – community-based treatment.* The funding was allocated later than expected due to several other priorities being undertaken. At this stage, the department is still waiting on the reporting of data on activities against targets. In addition, the department should also be able to have evidence for the residential waitlist and demand reporting in due course. • *Care and Recovery Coordination* – some quarterly reports have been submitted but the department is currently awaiting receipt of the remainder. For this reason, without access to all reports and their analysis the department is unable to provide a clear response.
g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	• *Responding to community-based healthcare demand – community-based treatment.* These activities are to be monitored in line with the Alcohol and Other Drugs (AOD) performance management framework. • *Care and Recovery Coordination* – while there are no specific targets, there are, however, quarterly reporting requirements that show progress and outcomes related to funding.
h)	**Extent and level of efficiencies realised in the delivery of the program**	• *Responding to community-based healthcare demand – community-based treatment.* There is unmet Alcohol and Other Drugs (AOD) demand, this funding will augment existing funding so that economies of scale can be realised. • *Care and Recovery Coordination.* An increase in this new workforce provides additional resourcing to leverage fully on the program deliverables.
i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	• *Responding to community-based healthcare demand – community-based treatment.* There is a significant Alcohol and Other Drugs (AOD) demand due to COVID-19. There are no alternative strategies to meet this demand without additional funding being made available. • *Care and Recovery Coordination* – workforce development is critical to maintaining and growing service provision to meet the current and future needs of the community.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	• *Responding to community-based healthcare demand – community-based treatment.* Current strategies are based on evidence-based unit pricing for the delivery of any activity. • *Care and Recovery Coordination*. The program is providing funding in line with itemised costings provided by services for their workforce development.

a)	Name of the program	**National Disability Insurance Scheme Stage 2 – out of scope services** (funded in the 2020-21 State Budget, and continued as a component in *'Strengthening Victoria's interface with the National Disability Insurance Scheme [NDIS]*) • Early Intervention Psychosocial Support Response (EIPSR) • Youth Psychosocial Recovery Response (Youth Outreach Recovery Support, YORS)	
b)	Objective/s of the program	These two programs are designed for people with a psychosocial disability but who are not eligible for the National Disability Insurance Scheme (NDIS), but support is required, for people who have significant functional impairments due to the complexity and severity of their mental illness and psychosocial disability.	
c)	Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)	**2021-22**	**2022-23**
		$33.2 million ($30.153 million Early Intervention Psychosocial Support Response + $3.075 million Youth psychosocial Recovery Response)	$3.075 million (for Youth Outreach Recovery Support component of Strengthening Victoria's interface with the National Disability Insurance Scheme only)
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	• Early Intervention Psychosocial Support Response (EIPSR): This program is being transformed as part of Royal Commission's Recommendation 3.2b. Design and implementation is under consideration. This is now being funded via mental health community services growth uplift. • Youth Outreach Recovery Support (YORS): People aged under 25 with a primary psychosocial disability are typically not deemed eligible for the NDIS, as a result of the interpretation of the National Disability Insurance Scheme (NDIS) eligibility criteria that treatment options will not have been exhausted and therefore permanence of disability not able to be established at this young age.	
f)	Evidence of the program's progress toward its stated objectives and expected outcomes	The Youth Outreach Recovery Support (YORS) program, in response to this critical service gap, had over 200 referrals in its first five months of operation. There continues to be a high demand, due to consistently narrow interpretations of NDIS eligibility as expressed by the Federal National Disability Insurance Agency. It has been delivered according to its objectives.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The YORS program has been delivered according to schedule, with some areas having difficulty with workforce recruitment. There have been no concerns about its scope, budget, governance or risk management practices.	

h)	**Extent and level of efficiencies realised in the delivery of the program**	This YORS program has had a high demand, particularly in the metropolitan Melbourne catchments.
i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	This YORS program provides an important complementary role to the Youth Residential Rehabilitation and Recovery (YRR) programs, as it is community-based outreach, compared with the existing bed-based programs in the mental health community support services system. A review is underway of YRR and YORS, as per Royal Commission recommendation 21.3. Further funding, and an extension, are being sought to continue this important program for young people with a psychosocial disability and comorbid conditions.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	YORS program funding has been exhausted via the mental health community support services delivery, with reportable data demonstrating delivery according to schedule.

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a)	**Name of the program**	**Strengthening Victoria's interface with the National Disability Insurance Scheme (NDIS) – Home and Community Care Program for Younger People, Aids and Equipment, and Acquired Brain Injury**
b)	**Objective/s of the program**	The Victorian Government is committed to the Bilateral Agreement between the Commonwealth and Victoria on the NDIS 2019 that identifies the responsibilities of both parties and the continuing obligations for Victoria. The obligations include: • provide support to people who have been deemed ineligible for the scheme • ensure people with disability have access to services through mainstream service systems • ensure people receive coordinated supports from the NDIS and mainstream systems. It is in Victoria's financial interest to provide preventative, cost-effective supports to avoid more expensive downstream responses by emergency services and acute settings and support the transition of eligible Victorians to the NDIS. Funding of $80.682 million over two years was provided to continue to support people with disability who are ineligible for the NDIS and to tailor supports for people with disability within mainstream service responses. **HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** • $42.547 million over two years was successfully allocated to continue ongoing funding commitments for the Home and Community Care Program for Younger People • $15.577 million over two years was successfully allocated to continue funding for allied health assessments to access NDIS **AIDS AND EQUIPMENT** • $5.085 million over two years allocated to continue to support people ineligible for the NDIS, or who require aids or equipment for their health-related condition with aids and equipment to enhance independence in their home, facilitate community participation and support families and carers in their role.

b)		The Victorian Government is committed to the Bilateral Agreement between the Commonwealth and Victoria on the NDIS 2019 that identifies the responsibilities of both parties and the continuing obligations for Victoria. The obligations include: • provide support to people who have been deemed ineligible for the scheme • ensure people with disability have access to services through mainstream service systems • ensure people receive coordinated supports from the NDIS and mainstream systems. It is in Victoria's financial interest to provide preventative, cost-effective supports to avoid more expensive downstream responses by emergency services and acute settings and support the transition of eligible Victorians to the NDIS. Funding of $80.682 million over two years was provided to continue to support people with disability who are ineligible for the NDIS and to tailor supports for people with disability within mainstream service responses. **HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** • $42.547 million over two years was successfully allocated to continue ongoing funding commitments for the Home and Community Care Program for Younger People • $15.577 million over two years was successfully allocated to continue funding for allied health assessments to access NDIS **AIDS AND EQUIPMENT** • $5.085 million over two years allocated to continue to support people ineligible for the NDIS, or who require aids or equipment for their health-related condition with aids and equipment to enhance independence in their home, facilitate community participation and support families and carers in their role. **ACQUIRED BRAIN INJURY** The Victorian healthcare system focuses on providing patient-centred care that is timely, appropriate and effective. $8.701 million over two years for the Acquired Brain Injury program supports access to intensive and specialist rehabilitation for people with acquired brain injury. The initiative improves health outcomes for patients as it ensures people with acquired brain injury get access to the support they need, including enrolment to the National Disability Insurance Scheme, to support them returning home from hospital safely.

c)	**Expenditure in the financial years 2021-22 and 2022-23 (and where relevant, future years)**	**2021-22**	**2022-23**	**2023-24**
		$27.985 million - Home and Community Care Program for Younger People $1.995 million Victorian Aids and Equipment $4.190 million Acquired Brain Injury	Total = $41.399 million Lapsing components excluding YORS component: $21.011 million Home and Community Care Program for Younger People $2.511 million Victorian Aids and Equipment $4.297 Acquired Brain Injury	Total = $39.283 million Lapsing components excluding YORS component: $21.536 million Home and Community Care Program for Younger People $2.574 Victorian Aids and Equipment $4.404 Acquired Brain Injury
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**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** $42.547 million over two years will ensure continued provision of 500,000 hours of support to 6,522 current service recipients delivered by approximately 240 Full Time Equivalent (FTE) of frontline staff employed by 320 entities inclusive of health services, Aboriginal Community Controlled Health Organisations (ACCHOs) and Community Service Organisations (CSOs) annually. In addition, $15.577 million over two years to deliver 39,000 hours of allied health assessment through Home and Community Care Program to support up to 6,500 Victorians to access to NDIS support for disability related allied health needs delivered by approximately 30 FTE of frontline allied health across metropolitan, regional and rural Victoria. **AIDS AND EQUIPMENT** $5.085 million over two years will ensure 4,030 people can access the aids and equipment they need to remain living in the community independently and safely. **ACQUIRED BRAIN INJURY** $8.701 million over two years will ensure people living with acquired brain injury continue to have access to rehabilitation to support recovery and ability to return home safely from hospital. The State Government through funding Victorian health services to deliver rehabilitation are supporting people with acquired brain injuries to access the supports they need, including the National Disability Insurance Scheme.		

e)		It is within Victoria's financial interest to continue funding rehabilitation for people with acquired brain injury. Without investment it is likely acquired brain injury patients will require longer and more frequent admissions to hospital. Limiting funding would also risk this cohort of patients not having access to the specialist care they require. People with acquired brain injuries would also likely experience delays in accessing National Disability Insurance Scheme support.
f)	**Evidence of the program's progress toward its stated objectives and expected outcomes**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** • Home and Community Care for Younger People – number of clients receiving a Service • Home and Community Care for Younger People – hours of service delivery. **AIDS AND EQUIPMENT** **Budget paper performance measures affected:** • Clients accessing aids and equipment – number **ACQUIRED BRAIN INJURY** **Budget paper performance measures affected:** • Sub-acute care separations • Total separations – all hospitals • National Weighted Activity Unit (NWAU) funded separations – all hospitals except small rural health services
g)	**Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** This funding ensures that Victoria meets continuity of support obligations under the full NDIS scheme bilateral agreement (these are further defined in the Applied Principles and Tables of Supports as agreed by the Council of Australian Governments in 2015). The obligations include ensuring people with disability have access to services through mainstream service systems and that people receive coordinated supports from the NDIS and mainstream systems. In addition, there is an obligation for jurisdictions to maintain existing supports where similar outcomes for people with disability are not provided for under the NDIS.

g)		**AIDS AND EQUIPMENT** Evidence of the program being delivered will be reflected in the performance of the Statewide Equipment Program within the framework of the Department of Health's health service performance framework, including the Aids and Equipment Guidelines and reporting requirements. **ACQUIRED BRAIN INJURY** Funding is allocated to health services and is reflected in Health Service Statement of Priorities (activity targets and funding). Funding allocation, performance and risk management monitored through Department of Health's health service performance framework and service agreements. Funded agency obligations outlined in Policy and Funding Guidelines and Service Agreements. Evidence of the program being delivered is reflected in performance reporting.
h)	**Extent and level of efficiencies realised in the delivery of the program**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** Funding supports established service providers to continue to provide existing services to eligible people and support the transition of clients to the NDIS. Continuing home-based health and support services reduces demand for sub-acute, acute and emergency resources. This program operates as a SafetyNet for those who don't meet eligibility requirements for other health and community support services including NDIS. The program provides supports that reduce ambulance call outs, emergency department presentations and bed block/bed flow impacts in acute and sub care due to chronic medical needs associated with disability.
i)	**Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** • Ceasing lapsing components would result in: • cessation of services for 6,522 current clients, birth to 65 years, as part of Victoria's commitment that Victorians are not disadvantaged • cessation of NDIS allied health assessment support for up to 6,500 Victorians birth to 65 years • reduce significantly capacity across 320 entities inclusive of health services, Aboriginal Community Controlled Health Organisations (ACCHOs) and Community Service Organisations (CSOs) to provide home-based palliative care, especially in sub-regional and rural areas resulting (potential to effect viability of smaller entities) • increased demand for hospital care (bed-based services) and avoidable emergency department hospitalisations.

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i)		**AIDS AND EQUIPMENT** Ceasing funding would: • People will not receive aids and equipment, or they will have to wait a long time and may have to make do with sub-standard, possibly unsafe aids and equipment • higher cost interventions such as surgery and acute stays or sub-acute patient treatment may be required • increased carer burden and risk of personal injury and stress, and decreased carer productivity • individuals will lack autonomy and mobility, community participation and suffer psychosocially • negative psychosocial impacts can increase risk of more GP visits, specialist services, and number of medications. **ACQUIRED BRAIN INJURY** Ceasing lapsing components would result in longer length of stay for in both acute and sub-acute separations. Changes to funding would also likely result to increased health service costs as people with acquired brain injuries would experience delays accessing support via the National Disability Insurance Scheme. Reduced access to specialist rehabilitation services for people with acquired brain injury which would likely result in adverse patient health outcomes.
j)	**Evidence that the further funding reflects the actual cost required to deliver the program**	**HOME AND COMMUNITY CARE PROGRAM FOR YOUNGER PEOPLE** The funding provided has been allocated to meet the identified ongoing needs for eligible clients. **AIDS AND EQUIPMENT** Funding provided is based on meeting ongoing needs following the completion of the NDIS transition. **ACQUIRED BRAIN INJURY** The funding provided has been allocated to meet the costs of keeping health service beds open and staffed to accept and support the specialist needs of people with acquired brain injuries.

Received 16 May 2022

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 2021-22, please provide the:

a) name of the program
b) objective/s of the program
c) expenditure in the financial year 2021-22
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**	Nil
b)	**Objective/s of the program**	
c)	**Expenditure in the financial year 2021-22**	
d)	**Reasons why the program was established**	
e)	**Details of who 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**	

COVID-19 related expenses

Question 9

For grant programs announced as part of the COVID-19 response in 2021-22 Budget, please provide:

a) name of the program
b) objective/s of the program
c) estimated expenditure in 2021-22 and forward estimates
d) actual expenditure as at 30 April 2022
e) source of funding
f) number of applications received and number of total eligible applicants as at 30 April 2022
g) number of successful applicants
h) the status of the program
i) outcomes achieved as at 30 April 2022
j) performance measures associated to the grant programs
k) any budget allocation for the program in the 2022-23 Budget

Response

a)	Name of the program	IMMUNISER PROGRAM OF STUDY GRANT INITIATIVE			
b)	Objective/s of the program	The Immuniser Program of Study Grant initiative allowed COVID-19 vaccination providers to expand their authorised immuniser workforce to support the COVID-19 vaccination program in Victoria. The Department of Health supported the upskilling up to 1,500 registered nurses and pharmacists employed in a Victorian public health service, local government or Local Public Health Units (LPHU)-member community health organisation, to become nurse immunisers and pharmacist immunisers.			
c)	Estimated expenditure for 2021-22 and forward estimates	2021-22	2022-23	2023-24	2024-25
		$3.79 million			
d)	Actual expenditure as at 30 April 2022	$3.79 million			
e)	Source of funding	2021-22 in year Government approved funding: Immunising Victorians Against COVID-19 - Ongoing Operation of the COVID-19 Vaccine Program in Victoria			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2022		Number of total eligible applicants as at 30 April 2022	
		1,509		1,509	
g)	Number of successful applicants	1,063			
h)	Status of the program	To be closed out by 30 June 2022			
i)	Outcomes achieved as at 30 April 2022	1,008 nurses and 55 pharmacists (1063 in total) completed training across eight Local Public Health Units			
j)	Performance measures	Number of staff completed training			
k)	Any budget allocation in the 2022-23 Budget	No			

a)	Name of the program	VACCINATION ENHANCEMENT GRANTS			
b)	Objective/s of the program	Available to pharmacies and General Practitioners to boost vaccination uptake in your community and ensure primary care is well supported to administer all doses provided by the Commonwealth.			
c)	Estimated expenditure for 2021-22 and forward estimates	2021-22	2022-23	2023-24	2024-25
		$5.00 million			
d)	Actual expenditure as at 30 April 2022	$4.32 million			
e)	Source of funding	2021-22 in year Government approved funding: Immunising Victorians Against COVID-19 - Third/Booster Doses and 5-11 Year-Olds			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2022		Number of total eligible applicants as at 30 April 2022	
		1,426		958	
g)	Number of successful applicants	958			
h)	Status of the program	Complete			
i)	Outcomes achieved as at 30 April 2022	• The initial round of enhancement grants saw a reported increase of 120% in vaccination rates from the random sample group of General Practitioners and Pharmacies. • The second round of enhancement grants saw a reported increase of 309% in vaccination rates from the random sample group of General Practitioners and Pharmacies			
j)	Performance measures	• Number of patients vaccinated following in-bound consultation with practice. • Number of patients vaccinated following assertive engagement - outbound. • Number of consultations. • Photos and other community engagement artefacts. • Anecdotal feedback and themes from service providers.			
k)	Any budget allocation in the 2022-23 Budget	No			

a)	Name of the program	URGENT RESPONSE COMMUNITY ENGAGEMENT BROKERAGE FUND/CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) URGENT RESPONSE BROKERAGE FUND			
b)	Objective/s of the program	The Urgent Response Community Engagement Brokerage Fund aims to support culturally appropriate, grassroots organizations to rapidly mobilise resources at the outset of a COVID-19 outbreak. To enable culturally appropriate, grassroots organisations to rapidly engage with their communities during an outbreak. Brokerage funds can be used to support activities that are likely to achieve the following objective: • Encouraging and enabling community members to get tested and isolate safely and effectively. • Enable rapid sharing of public health information through a trusted source in the community. • Support outbreak preparedness among multicultural community leaders. • Support COVID-19 vaccine uptake among multicultural community members.			
c)	Estimated expenditure for 2021-22 and forward estimates	2021-22	2022-23	2023-24	2024-25
		$1.65 million			
d)	Actual expenditure as at 30 April 2022	$1.65 million			
e)	Source of funding	2021-22 State Budget: Future of Public Health – Local Place-Based Delivery with Central Support			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2022		Number of total eligible applicants as at 30 April 2022	
		24		21	
g)	Number of successful applicants	4			
h)	Status of the program	Complete			
i)	Outcomes achieved as at 30 April 2022	• Multicultural community members directly impacted by COVID-19 outbreaks were supported to test early, isolate effectively, and access recovery supports • Approximately 100 multicultural community leaders across Victoria enrolled in ongoing training modules for emergency management preparedness, and supported with tools to effectively partner with government during the management of future emergencies • COVID-19 vaccine uptake driven up across more than 22 multicultural communities through sustained engagement and provision of in-language information by health professionals and engagement advisers.			
j)	Performance measures	• Engagement calls and messages to provide information about outbreaks and need to isolate (number). • Digital (audio and video) content produced regarding outbreaks and relevant public health measures to take, as well as accessible supports and information on how to access (type and number). • Community members supported to access relevant financial supports (number). • Emergency aid and essentials delivered to community members (number). • Type of engagement activities conducted (type and number). • Number of emergency management trainings conducted for multicultural leaders (type and number).			

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		• Engagement advisers hired from multicultural communities to support vaccine uptake (communities and number).
k)	Any budget allocation in the 2022-23 Budget	No

a)	Name of the program	COMMUNITY ENGAGEMENT GRANTS: VACCINATION AMBASSADOR PROGRAM			
b)	Objective/s of the program	The COVID-19 Vaccination Grant Program aims to utilise the expertise and associations of grant recipients, to raise awareness of the pertinence of COVID-19 vaccination and COVIDSafe practices. This will be achieved by providing financial support and resources to grant recipients, who by their own principles and means, engage with their cohort to promote vaccination awareness to increase vaccine uptake and decrease disease transmission in the community.			
c)	Estimated expenditure for 2021-22 and forward estimates	2021-22	2022-23	2023-24	2024-25
		$9.524 million			
d)	Actual expenditure as at 30 April 2022	$8.92 million			
e)	Source of funding	2021-22 in year Government approved funding: Immunising Victorians Against COVID-19 – Ongoing Operation of the COVID-19 Vaccine Program in Victoria.			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2022		Number of total eligible applicants as at 30 April 2022	
		309		309	
g)	Number of successful applicants	309			
h)	Status of the program	Complete			
i)	Outcomes achieved as at 30 April 2022	• Promotion and increased awareness of credible COVID-19 information and pathways to vaccination including culturally appropriate engagement and case management approaches. • Increased health literacy in relation to public health issues including myths and community concerns about COVID19 vaccination. • Support of co-designed public health engagement s including vaccination pop ups and Rapid Antigen Test (RAT) distribution.			
j)	Performance measures	• Number and examples of communication and engagement activities conducted with community and reach. • Involvement in Communities of Practice. • Vaccination rate by metropolitan/regional, Local Government Area (LGA) and Socio-Economic Indexes for Areas (SEIFA).			
k)	Any budget allocation in the 2022-23 Budget	No			

a)	Name of the program	COMMUNITY RESPONSE FUND			
b)	Objective/s of the program	The Community Response Fund offers grants to not-for-profit community organisations in Victoria to rapidly deliver engagement activities that support at-risk priority groups to prepare for and manage COVID-19 safely at home.			
c)	Estimated expenditure for 2021-22 and forward estimates	2021-22	2022-23	2023-24	2024-25
		$1.1 million			
d)	Actual expenditure as at 30 April 2022	$1.1 million			
e)	Source of funding	2021-22 State Budget: Future of Public Health – Local Place-Based Delivery with Central Support			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2022		Number of total eligible applicants as at 30 April 2022	
		147		79	
g)	Number of successful applicants	61			
h)	Status of the program	In progress			
i)	Outcomes achieved as at 30 April 2022	Suburb level, targeted relevant responses to COVID-19 and other public health issues delivered by trusted organisations and leaders.			
j)	Performance measures	• Engagement calls or texts to provide information about managing COVID at home that were made/sent (number). • Digital content produced for Living with COVID (type and number). • Community members supported to access relevant financial supports (number). • Type of engagement activities conducted (type and number).			
k)	Any budget allocation in the 2022-23 Budget	No			

<table>
<tr><td>a)</td><td>Name of the program</td><td colspan="4">REGIONAL ETHNIC COMMUNITIES' COUNCIL – MANAGED AND DELIVERED BY ETHNIC COMMUNITIES' COUNCIL OF VICTORIA</td></tr>
<tr><td>b)</td><td>Objective/s of the program</td><td colspan="4">• Maintain the seven Regional Ethnic Community Council (RECC) Working Groups to adapt to the emerging needs.
• Facilitate contact and relationship building between and amongst key stakeholders to ensure processes are streamlined.
• Distribute and or support emergency aid/relief.
• Target information sessions for multicultural communities.
• Distribute Rapid Antigen Tests (RATs) and culturally relevant communication.
• Enable Ethnic Community Council Victoria to build the capacity of Regional Ethnic Community Councils to engage with the emergency management sector and to respond to multicultural needs around emergencies, including COVID-19.</td></tr>
<tr><td rowspan="2">c)</td><td rowspan="2">Estimated expenditure for 2021-22 and forward estimates</td><td>2021-22</td><td>2022-23</td><td>2023-24</td><td>2024-25</td></tr>
<tr><td>$0.44 million</td><td></td><td></td><td></td></tr>
<tr><td>d)</td><td>Actual expenditure as at 30 April 2022</td><td colspan="4">$0.44 million</td></tr>
<tr><td>e)</td><td>Source of funding</td><td colspan="4">2021-22 State Budget: Future of Public Health – Local Place-Based Delivery with Central Support</td></tr>
<tr><td rowspan="2">f)</td><td rowspan="2">Number of applications received and number of total eligible applicants</td><td colspan="2">Number of applications received as at 30 April 2022</td><td colspan="2">Number of total eligible applicants as at 30 April 2022</td></tr>
<tr><td colspan="2">7</td><td colspan="2">7</td></tr>
<tr><td>g)</td><td>Number of successful applicants</td><td colspan="4">7</td></tr>
<tr><td>h)</td><td>Status of the program</td><td colspan="4">In progress</td></tr>
<tr><td>i)</td><td>Outcomes achieved as at 30 April 2022</td><td colspan="4">Engaged with multicultural communities in regional Victoria and deliver emergency aid/relief.</td></tr>
<tr><td>j)</td><td>Performance measures</td><td colspan="4">• Increased education of COVID-19 management in target communities, which contributes to improved community management of COVID-19, including:
  • Continued uptake of testing including PCR and RATs.
  • Increases in third doses, vaccinations of 5–11-year olds.
  • Continued observing of COVIDSafe behaviours.
• Support and coordinate distribution of emergency aid/relief to multicultural communities in regional Victoria.
• Increased education of COVID-19 related community needs among agencies and health services.
• Improved competency, knowledge, and skills of community leaders through the provision of relevant resources.</td></tr>
</table>

k)	**Any budget allocation in the 2022-23 Budget**	No

Capital assets

Question 10a – *PLEASE REFER TO EXCEL ATTACHMENT*

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 2022-23 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 REFER TO EXCEL ATTACHMENT*

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 2022-23

iv) Source of funding

v) Expenditure incurred as at 30 April 2022

vi) Number of jobs estimated to create - 2022-23 and 2023-24

Response

Note: 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 2022-23 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	2020-21 Actual ($ million)	2021-22 Budget ($ million)	2022-23 Budget ($ million)
Interest Expense	187	213	166
PPP related:	162	186	144
• Casey/Berwick Hospital	3	0	2
• Royal Women's Hospital	13	14	13
• Royal Children's Hospital	44	42	40
• Victorian Comprehensive Cancer Centre	76	73	33
• Bendigo Hospital	22	22	21
• Casey Hospital Expansion	2	2	2
• New Footscray Hospital	2	33	32
• Frankston Hospital	0	0	5
Total	**162**	**186**	**144**

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Line item	2020-21 Actual ($ million)	2021-22 Budget ($ million)	2022-23 Budget ($ million)
Other Operating Expenses	9,448	7,193	7,591
PPP related:	161	143	160
• Casey/Berwick Hospital	9	13	8
• Royal Women's Hospital	22	15	12
• Royal Children's Hospital	60	70	66
• Victorian Comprehensive Cancer Centre	30	5	33
• Bendigo Hospital	38	36	38
• Casey Hospital Expansion	3	4	4
• New Footscray Hospital	0	0	0
• Frankston Hospital	0	0	0
Total	**161**	**143**	**160**

b)

PPPs	2020-21 Actual ($ million)	2021-22 Budget ($ million)	2022-23 Budget ($ million)	2023-24 Estimated/Forecast ($ million)	2024-25 Estimated/Forecast ($ million)
• Casey/Berwick Hospital	11	13	10	21	18
• Royal Women's Hospital	35	28	25	25	27
• Royal Children's Hospital	104	113	106	99	101
• Victorian Comprehensive Cancer Centre	106	69	66	65	65
• Bendigo Hospital	60	59	59	60	64
• Casey Hospital Expansion	6	6	6	6	6
• New Footscray Hospital	2	33	32	66	90
• Frankston Hospital	0	0	5	17	57
Total	**324**	**320**	**310**	**358**	**429**

Alliance contracting – DoT only **(Not Applicable)**

Question 12

a) 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 2022-23 Budget	Delivery model (PPP, Alliance contracting or other)	Estimated completion date at the announcement	Revised estimated completion date	Explanation for variances in cost and timeliness of the project

b) 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

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

iv) expense category
v) expenses incurred

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 Vic Government ($ million)
Total cost				

Carryover funding for payments for non-financial assets

Question 13

For the line item 'payments for non-financial assets' for 2022-23 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 2021-22.

Response

Payments for non-financial assets	$ amount expected to be funded
$1,534 million	$481 million

Treasurer's advances

Question 14

For the 2021-22 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 – 2021-22	Amount expended as at 30 April 2022	Reasons why additional funding was required
			Total 2021-22			

Note: Nil –Treasurer's Advances are approved in-principle and will not be finalised until the end of the 2021-22 financial year.

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Savings initiatives from past budgets

Question 15

For each of the savings initiatives detailed in the 2019-20 Budget, 2020-21 Budget, 2021-22 Budget and 2022-23 Budget, please detail (on the same basis of consolidation as the budget papers):

a) how the Department will meet the various savings targets in 2022-23
b) the nature of the impact that these actions will have on the delivery of services and assets/infrastructure during 2022-23
c) the Department's savings target for 2022-23, with 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 2022-23	Impact of these actions on service delivery in 2022-23	Savings target for 2022-23 ($ million)	Explanation for variances to the original target
Savings and efficiencies and expenditure reduction measures in 2019-20 Budget	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Savings and efficiencies and expenditure reduction measures in 2020-21 Budget	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Savings and efficiencies and expenditure reduction measures in 2021-22 Budget	Reduction to expenditure due to the realignment of indexation on base funding with revised consumer price index forecasts and realignment of wage indexation with the Government's rebalanced wages policy.	Nil	23.8	Not Applicable
Savings and efficiencies and expenditure reduction measures in 2022-23 Budget	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Received 16 May 2022

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 2022-23 (including lapsing programs), please identify:

a) the amount expected to be spent under the program or initiative during 2022-23 at the time of the 2021-22 Budget
b) the amount currently to be spent under the program or initiative during 2022-23
c) 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 2022-23		The use to which the funds will be put
	At the time of the 2021-22 Budget	At the time of the 2022-23 Budget	

Note: No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2022-23 State Budget.

Performance measures – new

Question 17

For all new performance measures in the 2022-23 *Budget Paper No.3: Service Delivery*, please provide:

a) a description/purpose of the measure
b) 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)
c) how the target was set
d) the shortcomings of the measure
e) how the measure will enable the Committee to assess the impact of the service

Response

	Performance measure	NON-ADMITTED SERVICES
a)	**Description/purpose of the measure**	**Community palliative care episodes**
b)	**Assumptions and methodology underpinning the measure**	New performance measure for 2022-23 to enhance the measurement of access to community palliative care.
c)	**How target was set**	Estimated based on current activity that has been reported with an adjustment for the 2022-23 budget outcomes.
d)	**Shortcomings of the measure**	The measure describes the number of cases supported by community palliative care providers. It does not reflect duration and/or intensity of services provided, which may be provided to the individual with life limited illness and/or family members, carers and friends.
e)	**How the measure will enable the Committee to assess the impact of the service**	The measure will enable PAEC to assess the impact of Government investment in palliative care, which is increasingly being directed towards out-of-hospital care, consistent with patient preference.

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	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Mental health consumers who report a positive experience of care**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System and by including the voice of consumers to our performance reporting.
c)	How target was set	Target was set to align to the Statement of Priorities and is based on existing trends.
d)	Shortcomings of the measure	The measure does not take into account the response rate.
e)	How the measure will enable the Committee to assess the impact of the service	Commencement of reporting of consumer experience of care and shift emphasis away from clinical measures and acknowledges the views of service users to account for service impact.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Mental health carers who report a positive experience of care**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System and by including the voice of carers to our performance reporting.
c)	How target was set	Target was set to align to the Statement of Priorities and aligns to expectations for consumer experience measures.
d)	Shortcomings of the measure	The proposed target for the proportion mental health carers who report a positive experience of care is based on the target for consumer and carer positive experience of service. This target will require review based on the results of the first 2021 CES survey and subsequent results from responses to this question.
e)	How the measure will enable the Committee to assess the impact of the service	Commencement of reporting of consumer experience of care and shift emphasis away from clinical measures and acknowledges the views of service users to account for service impact.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Consumers who report they usually or always felt the service was safe**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System and by including the voice of consumers to our performance reporting.
c)	How target was set	Target was set to align to the Statement of Priorities and is based on existing trends
d)	Shortcomings of the measure	The measure does not take into account the response rate.
e)	How the measure will enable the Committee to assess the impact of the service	Commencement of reporting of consumer experience of care and shift emphasis away from clinical measures and acknowledges the views of service users to account for service impact.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Carers who report they usually or always felt their opinions as a carer were respected**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Target was set to align to the Statement of Priorities and aligns to expectations for consumer experience measures.
d)	Shortcomings of the measure	The proposed target for the proportion of carers responding that their opinion as a carer was respected is based on the target for consumer and carer positive experience of service. This target will require review based on the results of the 2021 CES survey and subsequent results from responses to this question.
e)	How the measure will enable the Committee to assess the impact of the service	Commencement of reporting of carer experience and shift emphasis away from clinical measures and acknowledges the views of service users to account for service impact.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Acute mental health inpatients readmitted within 28 days of discharge – Child/adolescent**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Aligns to existing measure. This is a disaggregation of an existing measure
d)	Shortcomings of the measure	Due to the nature of the measure, quarterly reporting of actuals will be approximately six weeks later than other measures as a result of reporting lag (i.e. 28 days post separation from the last day of reporting).
e)	How the measure will enable the Committee to assess the impact of the service	Unplanned readmissions indicate that the treatment received was incomplete or ineffective, or that follow-up care was inadequate to maintain the consumer's treatment outside of hospital.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Acute mental health inpatients readmitted within 28 days of discharge – Adult**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Aligns to existing measure. This is a disaggregation of an existing measure
d)	Shortcomings of the measure	Due to the nature of the measure, quarterly reporting of actuals will be approximately six weeks later than other measures as a result of reporting lag (i.e., 28 days post separation from the last day of reporting).
e)	How the measure will enable the Committee to assess the impact of the service	Unplanned readmissions indicate that the treatment received was incomplete or ineffective, or that follow-up care was inadequate to maintain the consumer's treatment outside of hospital.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Acute mental health inpatients readmitted within 28 days of discharge – Aged**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Aligns to existing measure. This is a disaggregation of an existing measure
d)	Shortcomings of the measure	Due to the nature of the measure, quarterly reporting of actuals will be approximately six weeks later than other measures as a result of reporting lag (i.e., 28 days post separation from the last day of reporting).
e)	How the measure will enable the Committee to assess the impact of the service	Unplanned readmissions indicate that the treatment received was incomplete or ineffective, or that follow-up care was inadequate to maintain the consumer's treatment outside of hospital.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Mental health-related emergency department presentations with a length of stay of less than four hours**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Aligns to Statement of Priorities and based on available evidence
d)	Shortcomings of the measure	None
e)	How the measure will enable the Committee to assess the impact of the service	Consumers that are not seen within this specified timeframe are more likely to have worse outcomes.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Separations from an acute inpatient unit where the consumer received post-discharge follow-up within seven days**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Uses available evidence and trends
d)	Shortcomings of the measure	Change in measure wording only. Lags by one month.
e)	How the measure will enable the Committee to assess the impact of the service	Timely follow-up of consumers post-discharge from an acute psychiatric episode is an indicator of a responsive community support system and co-ordination between admitted and non-admitted services.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Seclusions per 1,000 occupied bed days – child and youth**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Recommendation of the Royal Commission
d)	Shortcomings of the measure	None – disaggregation of an existing measure
e)	How the measure will enable the Committee to assess the impact of the service	Recommendation 54 in the Royal Commission's Final Report calls for the reduction of restrictive practices including seclusion with the ultimate aim of eliminating these practices.

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	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Seclusions per 1,000 occupied bed days – adults and forensic**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Recommendation of the Royal Commission
d)	Shortcomings of the measure	None – disaggregation of an existing measure
e)	How the measure will enable the Committee to assess the impact of the service	Recommendation 54 in the Royal Commission's Final Report calls for the reduction of restrictive practices including seclusion with the ultimate aim of eliminating these practices.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Seclusions per 1,000 occupied bed days – aged**
b)	Assumptions and methodology underpinning the measure	This is a new measure created in line with the recommendations of the Royal Commission into Victoria's Mental Health System to better measure Government investment in mental health.
c)	How target was set	Recommendation of the Royal Commission
d)	Shortcomings of the measure	None – disaggregation of an existing measure
e)	How the measure will enable the Committee to assess the impact of the service	Recommendation 54 in the Royal Commission's Final Report calls for the reduction of restrictive practices including seclusion with the ultimate aim of eliminating these practices.
	Performance measure	DENTAL SERVICES
a)	Description/purpose of the measure	**Schools visited by Smile Squad**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure for 2022-23 to reflect the Victorian Government's priorities around dental care.
c)	How target was set	Target was set based on review of current status and estimate of what each measure is realistically expected to be. Due to very limited data available at present, the targets are estimates only and may require to be adjusted once we have more data to reassess.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	This indicator will enable the Public Accounts and Estimates Committee to assess the implementation progress of the Smile Squad school dental program in Victorian government schools.

	Performance measure	DENTAL SERVICES
a)	Description/purpose of the measure	**Students examined by Smile Squad**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure for 2022-23 to reflect the Victorian Government's priorities around dental care.
c)	How target was set	Target was set based on review of current status and estimate of what each measure is realistically expected to be. Due to very limited data available at present, the targets are estimates only and may require to be adjusted once we have more data to reassess.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	This indicator will enable the Public Accounts and Estimates Committee to assess the implementation progress of the Smile Squad school dental program in Victorian government schools.

	Performance measure	DENTAL SERVICES
a)	Description/purpose of the measure	**Students receiving treatment by Smile Squad**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure for 2022-23 to reflect the Victorian Government's priorities around dental care.
c)	How target was set	Target was set based on review of current status and estimate of what each measure is realistically expected to be. Due to very limited data available at present, the targets are estimates only and may require to be adjusted once we have more data to reassess.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	This indicator will enable the Public Accounts and Estimates Committee to assess the implementation progress of the Smile Squad school dental program in Victorian government schools.

	Performance measure	HEALTH PROTECTION
a)	Description/purpose of the measure	**Percentage of newborns having a newborn bloodspot screening test**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure, replacing the measure 'Number of persons participating in newborn bloodspot or maternal serum screening'. The change in measurement to percentage participation in the program rather than an absolute number provides a more accurate representation of performance which takes into consideration population growth.
c)	How target was set	The target was set based on historical analysis of performance against the proposed measure
d)	Shortcomings of the measure	The measure is limited to reporting on the screening rate for live births. There is a 3-month lag in obtaining live birth data.
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable the Public Accounts and Estimates Committee to monitor the proportion of live births that have a newborn bloodspot screening test.

	Performance measure	HEALTH PROTECTION
a)	Description/purpose of the measure	**Percentage of adolescents (aged 15) fully immunised for human papillomavirus (HPV)**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure, replacing the 2021-22 performance measure 'Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)'
c)	How target was set	This target is in line with benchmark 3 of the National Partnership on Essential Vaccines.
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the Committee to assess the impact of the service	This measure will enable the Public Accounts and Estimates Committee to monitor the progress of Victorian immunisation programs deliver of HPV vaccines in line with the National Partnership on Essential Vaccine Agreement (NPEV). An increase in vaccination rate for both adolescent boys and girls for HPV, relative to baseline is Benchmark 3 in the National Partnership Essential Vaccines (NPEV).

	Performance measure	SMALL RURAL SERVICES – ACUTE HEALTH
a)	Description/purpose of the measure	National Weighted Activity Unit (NWAU) **Eligible Separations**
b)	Assumptions and methodology underpinning the measure	This is a new performance measure, replacing the measure 'Separations'. The new measure will only measure activity eligible for funding under the national funding model.
c)	How target was set	This measure was estimated based on current level of activity reported.
d)	Shortcomings of the measure	The measure describes only the volume of activity, and does not reflect on acuity, demographic, timeliness of care or clinical factors. Current data collections do not enable reporting at that level
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable PAEC to understand the demand for and delivery of inpatient services funded by the State in small rural communities.

	Performance measure	SMALL RURAL SERVICES – ACUTE HEALTH
a)	Description/purpose of the measure	**Small Rural Urgent Care Presentations**
b)	Assumptions and methodology underpinning the measure	New performance measure for 2022-23 to enhance the measurement of demand for urgent care centres in small rural services.
c)	How target was set	This measure was estimated based on current level of activity reported.
d)	Shortcomings of the measure	The measure describes only the volume of activity, and does not reflect on acuity, demographic, timeliness of care or clinical factors. Current data collections do not enable reporting at that level.
e)	How the measure will enable the Committee to assess the impact of the service	The measure will enable PAEC to understand the demand for and delivery of emergency care in small rural communities.

Performance measures – modifications

Question 18

For all existing performance measures with an associated target that has been modified in the 2022-23 *Budget Paper No.3: Service Delivery*, please provide:

a) a description/purpose of the measure
b) the previous target
c) the new target and how it was set
d) the justification for changing the target
e) an explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome
f) the methodology behind estimating the expected outcome in the 2022-23 Budget.

Response

	Performance measure	ADMITTED SERVICES
a)	**Description/purpose of the measure**	**Palliative separations**
b)	**The previous target**	7,700
c)	**The new target and how it was set**	7,816
d)	**The justification for changing the target**	The higher 2022-23 target reflects the funding provided in the 2022-23 State Budget.
e)	**An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome**	The 2020-21 result of 7,500 is lower than the 2020-21 target of 7,700 due primarily to the impact of the COVID-19 pandemic on activities. The 2021-22 expected outcome of 8,100 is higher than the 2021-22 target of 7,700 due primarily to the impact of the COVID-19 pandemic.
f)	**The methodology behind estimating the expected outcome in the 2022-23 Budget**	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	ADMITTED SERVICES
a)	Description/purpose of the measure	**Total separations – all hospitals**
b)	The previous target	2,034,000
c)	The new target and how it was set	2,073,000
d)	The justification for changing the target	The higher 2022-23 target reflects the funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 1,868,000 is lower than the 2020-21 target of 2,034,000 due primarily to the impact of the COVID-19 pandemic on activities. The 2021-22 expected outcome of 1,919,000 is lower than the 2021-22 target of 2,034,000 due primarily to the impact of the COVID-19 pandemic
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	ADMITTED SERVICES
a)	Description/purpose of the measure	**National Weighted Activity Unit (NWAU) funded separations – all hospitals except small rural health services**
b)	The previous target	1,840,000
c)	The new target and how it was set	1,879,000
d)	The justification for changing the target	The higher 2022-23 target reflects the funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	Victoria moved to a new National Funding Model, and Weighted Inlier Equivalent Separations (WIES) will no longer apply to funding therefore the measure changed from 'WIES' to 'National Weighted Activity Unit (NWAU)-funded separations'. The WIES 2020-21 result of 1,357,000 is lower than the 2020-21 target of 1,461,000 primarily due to the impact of the COVID-19 pandemic on activities. The 2021-22 expected outcome of 1,646,000 is lower than 2021-22 target of 1,840,000 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	ADMITTED SERVICES
a)	Description/purpose of the measure	**Number of patients admitted from the elective surgery waiting list**
b)	The previous target	208,800
c)	The new target and how it was set	230,100
d)	The justification for changing the target	The higher 2022-23 target reflects the funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 163,628 is lower than the 2020-21 target of 203,020 primarily due to the impact of the COVID-19 pandemic, including restrictions that limited elective surgery in 2020 and 2021. The 2021-22 expected outcome of 164,168 is lower than the 2021-22 target of 208,800 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	ADMITTED SERVICES
a)	Description/purpose of the measure	**National Weighted Activity Unit (NWAU) funded emergency separations – all hospitals**
b)	The previous target	759,000
c)	The new target and how it was set	771,000
d)	The justification for changing the target	The higher 2022-23 target reflects the funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	Victoria moved to a new National Funding Model, and Weighted Inlier Equivalent Separations (WIES) will no longer apply to funding therefore the measure changed from 'WIES' to 'National Weighted Activity Unit (NWAU) funded separations'. The WIES 2020-21 result of 643,000 is lower than the 2020-21 target of 759,000 as overall activity has been impacted by COVID-19. The 2021-22 expected outcome of 603,000 is lower than the 2021-22 target of 759,000 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	EMERGENCY SERVICES
a)	Description/purpose of the measure	**Emergency presentations**
b)	The previous target	1,944,000
c)	The new target and how it was set	1,973,000
d)	The justification for changing the target	The higher 2022-23 target reflects additional funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2021-22 expected outcome of 1,791,000 is lower than the 2021-22 target of 1,944,000 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	HEALTH WORKFORCE TRAINING AND DEVELOPMENT
a)	Description/purpose of the measure	**Number of filled Victorian Rural Generalist Year 3 positions**
b)	The previous target	15
c)	The new target and how it was set	38
d)	The justification for changing the target	The higher 2022-23 target reflects the impact of counting additional procedural positions as part of this revised measure. This target has been revised from 'Number of filled rural generalist GP procedural positions' to specify more clearly the measured activity and to encapsulate a broader range of procedural positions in rural areas.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 39.5 is higher than the 2020-21 target of 15 due to the new Victorian Rural Generalist Program which has created additional procedural positions relevant to this measure. The 2021-22 expected outcome of 15 met the 2021-22 target of 15.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the final actual outcome for CY2021.

	Performance measure	AGED SUPPORT SERVICES
a)	Description/purpose of the measure	**Clients accessing aids and equipment**
b)	The previous target	22,658
c)	The new target and how it was set	24,881
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 25,702 is greater than the 2020-21 target of 15,000 as the result includes over 6,000 oxygen and continence clients from the previous year, and it also reflects the demand for lower cost subsidies, aids/equipment and repairs. Additional funding of $1.5 million Commonwealth Lymphoedema Compression Garments Program ($0.5 million) and National Disability Insurance Scheme (NDIS) Out of Scope ($1 million) has enabled additional clients to be assisted, contributing to result. The 2021-22 expected outcome of 22,658 met the 2021-22 target of 22,658.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AGED SUPPORT SERVICES
a)	Description/purpose of the measure	**Applications for aids and equipment acknowledged in writing within 10 working days**
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 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 100 per cent is higher than the 2020-21 target of 90 per cent which is a positive result demonstrating timeliness and efficiency in responding to applicants. The 2021-22 expected outcome of 95 per cent is higher than the 2021-22 target of 90 per cent which means most people who apply for aids and equipment have a written acknowledgement in writing within 10 working days.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE EMERGENCY SERVICES
a)	Description/purpose of the measure	**Community Service Obligation emergency road and air transports**
b)	The previous target	283,447
c)	The new target and how it was set	295,810
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 299,047 is higher than the 2020-21 target of 270,480 due to significantly increased demand in Quarter 4 following reduced activity associated with the Government's response to the COVID-19 pandemic. The 2021-22 expected outcome of 286,275 met the 2021-22 target of 283,447.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE EMERGENCY SERVICES
a)	Description/purpose of the measure	**Statewide emergency air transports**
b)	The previous target	5,071
c)	The new target and how it was set	5,274
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 4,208 is lower than the 2020-21 target of 4,829 because air activity is entirely demand driven. Activity below target represents lower demand for air services. The 2021-22 expected outcome of 3,669 is lower than the 2021-22 target of 5,071 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE EMERGENCY SERVICES
a)	Description/purpose of the measure	**Statewide emergency road transports**
b)	The previous target	506,828
c)	The new target and how it was set	527,101
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 518,498 is higher than the 2020-21 target of 482,597 despite activity being significantly impacted by the government's response to the COVID-19 pandemic, demand outside of lockdown periods has been substantially above previous years. The 2021-22 expected outcome of 527,101 met the 2021-22 target of 506,828 (variance of less than five per cent).
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE EMERGENCY SERVICES
a)	Description/purpose of the measure	**Treatment without transport**
b)	The previous target	88,587
c)	The new target and how it was set	92,130
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result 81,819 met the 2020-21 target of 84,087 (variance of less than five per cent). The 2021-22 expected outcome of 90,987 met the 2021-22 target of 88,587.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE NON-EMERGENCY SERVICES
a)	Description/purpose of the measure	**Community Service Obligation non-emergency road and air transports**
b)	The previous target	240,569
c)	The new target and how it was set	240,738
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 237,864 met the 2020-21 target of 229,943 (variance of less than five per cent) The 2021-22 expected outcome of 236,129 met the 2021-22 target of 240,569 (variance of less than five per cent).
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE NON-EMERGENCY SERVICES
a)	Description/purpose of the measure	**Statewide non-emergency air transports**
b)	The previous target	2,538
c)	The new target and how it was set	2,617
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 2,650 was higher than the 2020-21 target of 2,434 due to demand for services. This is an entirely demand-driven activity. The 2021-22 expected outcome of 310,134 is higher than the 2021-22 target of 295,925 as a result of higher demand.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	AMBULANCE NON-EMERGENCY SERVICES
a)	Description/purpose of the measure	**Statewide non-emergency road transports**
b)	The previous target	295,925
c)	The new target and how it was set	316,214
d)	The justification for changing the target	The higher 2022-23 target reflects funding provided in the 2022-23 State Budget.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 313,367 is higher than the 2020-21 target of 281,733 despite activity being significantly impacted by the government's response to COVID-19, Ambulance Victoria's commissioned response to COVID-19 in aged care settings and demand outside of lockdown periods has been substantially above previous years. The 2021-22 expected outcome of 310,134 is higher than the 2021-22 target of 295,925 as a result of higher demand.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Clinical inpatient separations**
b)	The previous target	28,747
c)	The new target and how it was set	29,616
d)	The justification for changing the target	The higher 2022-23 target reflects additional funding provided in the 2022-23 Budget for additional acute beds.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 27,361 met the 2020-21 target of 27,488 (variance of less than five per cent). The 2021-22 expected outcome of 27,470 met the 2021-22 target of 28,747 (variance of less than five per cent).
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Total community service hours (child and adolescent)**
b)	The previous target	266,000
c)	The new target and how it was set	340,000
d)	The justification for changing the target	The higher 2022-23 target reflects the impact of funding provided in the 2021-22 and 2022-23 Budgets.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 235,000 is greater than the 2020-21 target of 219,000 which is a positive result, despite the Mental Health Enterprise Bargaining Agreement (EBA) 2020 negotiation placing protected industrial action on the collection, recording or documenting of clinical and administrative information, which was expected to impact the delivery of this measure. The 2021-22 expected outcome of 266,000 met the 2021-22 target of 266,000.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Total community service hours (adult)**
b)	The previous target	1,185,000
c)	The new target and how it was set	1,304,000
d)	The justification for changing the target	The higher 2022-23 target reflects the impact of funding provided in the 2021-22 and 2022-23 Budgets.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 958,000 is lower than the 2020-21 target of 1,103,000 due to the impact of Mental Health EBA 2020 negotiations on the reporting of adult clinical community hours, resulting in a reduced result. The 2021-22 expected outcome of 864,000 is lower than the 2021-22 target of 1,185,000 primarily due to the impact of Mental Health Enterprise Bargaining Agreement (EBA) 2020 negotiations on the reporting of adult clinical community hours, resulting in a reduced result.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

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	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Total community service hours (aged)**
b)	The previous target	154,000
c)	The new target and how it was set	196,000
d)	The justification for changing the target	The higher 2022-23 target reflects the impact of funding provided in the 2021-22 and 2022-23 Budgets.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 119,000 is lower than the 2020-21 target of 126,000 due primarily to the impact of Mental Health Enterprise Bargaining Agreement (EBA) 2020 negotiations on the reporting of adult clinical community hours, resulting in a reduced result. The 2021-22 expected outcome of 112,000 is lower than the 2021-22 target of 154,000 due primarily to the impact of Mental Health Enterprise Bargaining Agreement (EBA) 2020 negotiations on the reporting of adult clinical community hours, resulting in a reduced result.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Registered community clients**
b)	The previous target	85,863
c)	The new target and how it was set	90,362
d)	The justification for changing the target	The higher 2022-23 target reflects the impact of funding provided in the 2021-22 and 2022-23 Budgets.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 75,397 met the 2020-21 target of 77,221 (variance of less than five per cent). The 2021-22 expected outcome of 85,863 met the 2021-22 target of 85,863.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Occupied Sub-acute bed days**
b)	The previous target	186,771
c)	The new target and how it was set	198,094
d)	The justification for changing the target	The higher 2022-23 target reflects additional funding provided in the 2022-23 Budget for additional sub-acute beds.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 196,034 met the 2020-21 target of 186,771. The 2021-22 expected outcome of 195,288 met the 2021-22 target of 186,771 (variance of less than five per cent).
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH CLINICAL CARE
a)	Description/purpose of the measure	**Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards**
b)	The previous target	18
c)	The new target and how it was set	19
d)	The justification for changing the target	The higher 2022-23 target reflects an expected increase in designated mental health services.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 18 met the 2020-21 target of 18. The 2021-22 expected outcome of 18 met the 2021-22 target of 18.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH COMMUNITY SUPPORT SERVICES
a)	Description/purpose of the measure	**Client Support Units**
b)	The previous target	44,157
c)	The new target and how it was set	6,406
d)	The justification for changing the target	The lower 2022-23 target reflects the cessation of the Mental Health Community Support Services Individual Client Support Packages as part of the transition to the National Disability Insurance Scheme (NDIS).
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 2,703 is lower than the 2020-21 target of 37,297 due to the transition of funding committed to individualised client support packages to the NDIS. The 2021-22 expected outcome of 23,792 is lower than the 2021-22 target of 44,157 due primarily to the transition of funding committed to individualised client support packages to the NDIS.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	MENTAL HEALTH COMMUNITY SUPPORT SERVICES
a)	Description/purpose of the measure	**Clients receiving community mental health support services**
b)	The previous target	1,800
c)	The new target and how it was set	391
d)	The justification for changing the target	The lower 2022-23 target reflects the cessation of the Mental Health Community Support Services Individual Client Support Packages as part of the transition to the National Disability Insurance Scheme (NDIS).
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 3,180, is higher than the 2020-21 target of 1,800 as a higher-than-expected number of clients who have engaged with mental health community support services during this period. This may be due to the impact of the COVID-19 pandemic. The 2021-22 expected outcome of 1,800 met the 2021-22 target of 1,800.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	The expected outcome has been determined using the best available evidence using a combination of year-to-date data and analysis of previous years data.

	Performance measure	COMMUNITY HEALTH CARE
a)	Description/purpose of the measure	**Service delivery hours in community health care**
b)	The previous target	1,060,000
c)	The new target and how it was set	1,064,000
d)	The justification for changing the target	The 2022-23 target is higher than the 2021-22 target due to the transfer of service delivery hours from the Small Rural Services - Primary Health output to the Community Health Care Output No net loss in total service delivery hours across these outputs.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 1,080,000 met the 2020-21 target of 1,060,000. The 2021-22 expected outcome of 1,060,000 met the 2021-22 target of 1,060,000.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	DENTAL SERVICES
a)	Description/purpose of the measure	**Persons treated**
b)	The previous target	376,150
c)	The new target and how it was set	332,150
d)	The justification for changing the target	The lower 2022-23 target reflects the additional one-off funding provided in 2021-22.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 323,637 met the 2020-21 target of 332,150 (variance of less than five per cent). The 2021-22 expected outcome of 376,150 met the 2021-22 target of 376,150.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	SMALL RURAL SERVICES – ACUTE HEALTH
a)	Description/purpose of the measure	**Small rural weighted activity unit**
b)	The previous target	350,000,000
c)	The new target and how it was set	315,000,000
d)	The justification for changing the target	The lower 2022-23 target reflects the transfer of service delivery hours from the 'Small Rural Services – Acute Health' output to the 'Admitted Services' output.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 308,000,000 is lower than the 2020-21 target of 350,000,000 due to the reduction in activity as a result of the COVID-19 pandemic continues to impact small rural health services. The 2021-22 expected outcome of 322,000,000 is lower than the 2021-22 target of 350,000,000 primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

	Performance measure	SMALL RURAL SERVICES – HOME AND COMMUNITY CARE SERVICES
a)	Description/purpose of the measure	**Home and Community Care for Younger People – hours of service delivery**
b)	The previous target	55,000
c)	The new target and how it was set	51,000
d)	The justification for changing the target	The 2022-23 target has been reduced due to the redistribution of service delivery hours from the 'Small Rural Services - Home and Community Care Services' output to the 'Home and Community Care Services' output. No net loss in total service delivery hours across these outputs.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 45,922 is lower than the 2020-21 target of 55,000. The variance is due to the decrease in ability to provide some services due to the impact of COVID-19 while alternative services being delivered cannot be reported in the client database. The 2021-22 expected outcome of 46,480 is lower than the 2021-22 target of 55,000. The variance is due to the decrease in ability to provide some services due to the impact of COVID-19 while alternative services being delivered cannot be reported in the client database.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported actual Q1 and Q2 actual activity extrapolated out for Q3 and Q4.

	Performance measure	SMALL RURAL SERVICES – PRIMARY HEALTH
a)	Description/purpose of the measure	**Service delivery hours in community health care**
b)	The previous target	91,500
c)	The new target and how it was set	87,400
d)	The justification for changing the target	The lower 2022-23 target reflects the transfer of service delivery hours from the 'Small Rural Services – Primary Health' output to the 'Community Health Care' output No net loss in total service delivery hours across these outputs.
e)	An explanation of why the target was not met in 2020-21, if applicable and the 2021-22 expected outcome	The 2020-21 result of 106,115 is higher than the 2020-21 target of 91,500 due to the permissible use of funds from other outputs to provide community health services according to local need. The 2021-22 expected outcome of 91,500 met the 2021-22 target of 91,500.
f)	The methodology behind estimating the expected outcome in the 2022-23 Budget	Expected 2021-22 outcome is based on the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

Employees

Question 19

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2021, 30 June 2022 and 30 June 2023:

a) broken down into employee classification codes
b) broken down into categories of on-going, fixed term or casual
c) according to their gender identification
d) 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) **Department of Health**

Classification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE[1] Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1.0	0.0	Not Available	Not Available	Not Available	Not Available
Executives	166.8	4.1	Not Available	Not Available	Not Available	Not Available
Senior Medical Adviser	25.0	0.6	Not Available	Not Available	Not Available	Not Available
Senior Technical Specialist	33.6	0.8	Not Available	Not Available	Not Available	Not Available
VPS Grade 6	833.1	20.4	Not Available	Not Available	Not Available	Not Available
VPS Grade 5	1194.6	29.2	Not Available	Not Available	Not Available	Not Available
VPS Grade 4	1275.5	31.2	Not Available	Not Available	Not Available	Not Available
VPS Grade 3	378.5	9.2	Not Available	Not Available	Not Available	Not Available
VPS Grade 2	84.7	2.1	Not Available	Not Available	Not Available	Not Available
VPS Grade 1	17.9	0.4	Not Available	Not Available	Not Available	Not Available
Other (Please specify)[2]	83.0	2.0	Not Available	Not Available	Not Available	Not Available
Total	**4,093.6**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

[1] Full-Time Equivalent Staff (FTE), the number of all active public service employees of the department, employed in the last full pay period in June of the current reporting period
[2] Other' classification group may include solicitors, nurses, trade assistants, scientists, external auditors
Note: There may be rounding errors due to data being formatted to one decimal place

b)

Category	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	1865.6	45.6	Not Available	Not Available	Not Available	Not Available
Fixed-term	2228.0	54.4	Not Available	Not Available	Not Available	Not Available
Total	**4093.6**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

c)

Identification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	2,526.8	61.7	Not Available	Not Available	Not Available	Not Available
Women	1,566.9	38.3	Not Available	Not Available	Not Available	Not Available
Self described	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Total	**4,093.6**	**100.00**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

d) **Data in the table below represents the Department of Health, Statutory Bodies and the Administrative Offices excluding Safer Care**

Identification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	11[1]	0.6	Not Available	Not Available	Not Available	Not Available
People who identify as having a disability	88[1]	5.0	Not Available	Not Available	Not Available	Not Available
Total	**99[1]**	**5.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

[1] This is an estimation only, based on the percentage of staff who identified as Aboriginal or Torres Strait Islander and/or as having a disability in the People Matter Survey 2021

a) **Mental Health Reform Victoria**

Classification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE[1] Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Executives	5.0	18.7	Not Available	Not Available	Not Available	Not Available
VPS Grade 6	7.7	28.8	Not Available	Not Available	Not Available	Not Available
VPS Grade 5	9.0	33.7	Not Available	Not Available	Not Available	Not Available
VPS Grade 4	5.0	18.7	Not Available	Not Available	Not Available	Not Available
Total	**26.7**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

Note: There may be rounding errors due to data being formatted to one decimal place

b)

Category	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	5.0	18.7	Not Available	Not Available	Not Available	Not Available
Fixed-term	21.7	81.3	Not Available	Not Available	Not Available	Not Available
Total	**26.7**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

c)

Identification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	5.8	21.7	Not Available	Not Available	Not Available	Not Available
Women	20.9	78.3	Not Available	Not Available	Not Available	Not Available
Self described	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Total	**26.7**	**100.00**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

a) **Safer Care Victoria**

Classification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Executives	5.5	4.1	Not Available	Not Available	Not Available	Not Available
Senior Medical Adviser	1.0	0.7	Not Available	Not Available	Not Available	Not Available
Senior Technical Specialist	1.7	1.3	Not Available	Not Available	Not Available	Not Available
VPS Grade 6[1]	23.7	17.7	Not Available	Not Available	Not Available	Not Available
VPS Grade 5	65.4	48.8	Not Available	Not Available	Not Available	Not Available
VPS Grade 4	31.6	23.6	Not Available	Not Available	Not Available	Not Available
VPS Grade 3	5.2	3.9	Not Available	Not Available	Not Available	Not Available
Total	**134.0**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

[1] There were three VPS-6 employees acting as executives under long-term acting arrangements
Note: There may be rounding errors due to data being formatted to one decimal place

b)

Category	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	105.9	79.0	Not Available	Not Available	Not Available	Not Available
Fixed-term	28.2	21.0	Not Available	Not Available	Not Available	Not Available
Total	**134.0**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

c)

Identification	As at 30-06-2021		As at 30-06-2022		As at 30-06-2023	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	14.5	10.8	Not Available	Not Available	Not Available	Not Available
Women	119.5	89.2	Not Available	Not Available	Not Available	Not Available
Self described	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Total	**134.0**	**100.0**	**Not Available**	**Not Available**	**Not Available**	**Not Available**

Received 16 May 2022

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 2021-22 financial year, and expected in the 2022-23 and 2023-24 financial years?

b) For the 2020-21 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) For the 2020-21 financial year, please detail:
   i. the number of jobs that were advertised on the Jobs Skills Exchange (JSE) platform
   ii. the number of jobs that were successfully filled through the JSE
   iii. the number of jobs that were advertised on the JSE but not able to be filled through the JSE
   iv. the number of jobs that were advertised on the JSE but not able to be filled through the JSE that were awarded to contractors/consultants/labour hire arrangements
   v. the alternative methods used by the Department to fill jobs that were advertised on the JSE but not able to be filled through the JSE (for example advertisements on the careers.vic.gov.au/any external jobs boards)
   vi. the number of jobs that were advertised on the JSE that were not filled and why (for example they were abandoned)
   vii. the estimated savings realised by the JSE.

d) Where the 2020-21 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.

e) For the 2021-22 and 2022-23 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
2021-22	**Identified in 2021-22:** Public Health coronavirus (COVID-19) workforce streams include: • 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. **Business as usual workforce streams include:** • 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

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2022-23	**Expected priorities for 2022-23:** • 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). • Business case development • Service system design, particularly in mental health • Project management • Information security and cyber security • Process improvement
2023-24	**Expected priorities for 2023-24:** • 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). • Business case development • Service system design • Project management • Data analytics • Information security and cyber security • Process improvement

b)

	Contractors	Consultants	Labour Hire Arrangements
FTE Number	Full Time Equivalent (FTE) not available. Contractors, Consultants and Labour-hire arrangements are usually short term, project specific and not captured/recorded as an FTE or fraction of an FTE. Additionally, the cost/effort required to capture/record such data, if such data were available, is not currently warranted.		
Corresponding expense*	$1,473,561,986	$47,778,380	$38,816,458
*** Note**	The figures provided reflect actual expenditure by the Department of Health and Human Services, as per Department of Health 2020-21 Annual Report.		
Occupation category	**Typical Contractors Occupation Categories included:**		
	• Information Communications and Technology • Marketing and Media • Community Services • Construction • Education and Training • Engineering • Health and Allied Health • Legal • Nursing and Aged Care • Other • Research • Trades and Services	• Health Services • Consulting and Strategy • Information Communications and Technology • Education and Training • Engineering • Health and Allied Health • Research	• Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management

Received 16 May 2022

c)

Financial year 2020-21	Number of jobs	Alternative methods (Examples: careers.vic.gov.au, external jobs boards)
Total number of jobs advertised on the JSE	27*	Careers.Vic; Seek; and Koori Mail
JSE jobs successfully filled	18	Not Applicable
Jobs listed on the JSE but unable to be filled through the JSE	9	
Jobs listed on the JSE but unable to be filled through the JSE and awarded to contractor/consultant/labour hire arrangement	Not Available**	Not Applicable
Jobs advertised on the JSE that were not filled/pursued	Not Available**	Not Applicable
	Savings	
Total estimated savings of JSE ($)	Not Available**	Not Applicable

* This number represents the number of roles advertised exclusively on the JSE. For the 2020-21 FY, the Department of Health and Human Services was pursuing an aggressive recruitment strategy due to COVID-19 response staffing requirements, and most often advertised concurrently on JSE and externally to maximise the number of suitable candidates for critical roles

** The department is unable to provide further information as the requested data is not available

d) **For 2020-21**

Expense type	Estimated/forecast costs for 2020-21 financial year	Actual costs for 2020-21 financial year*	Variance	Explanation
Contractor	Financial delegates are responsible for the decision to engage contractors (including labour hire) and consultants, which cannot be forecast in advance. The department therefore cannot accurately forecast future expenditure.	$1,473,561,986	Not relevant	**Note:** Estimated/forecast for 2020-21 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.
Consultant		$47,778,381	Not relevant	
Labour Hire Arrangement		$38,816,458	Not relevant	

*** Note:** The figures provided reflect actual expenditure by the Department of Health and Human Services, as per Department of Health 2020-21 Annual Report

e)

2021-22	Labour hire	Professional services
FTE Number	Not available	Not available
Corresponding estimated/forecast expense	**$18,079,435** – as at 31 March 2022 (2021-22 Expenditure to date against State Purchase Contract for Staffing Services)	**$439,243,155** – as at 31 March 2022 (2021-22 Expenditure to date for enduring, exempt and not enduring Professional Services as per Department of Premier and Cabinet Administrative Guideline)
Occupation category	**Typical Labour hire Occupation Categories include:** • Administration • Clerical • Customer Services • Health and allied services • Information Communications and Technology • Payroll • Project manager • Senior management	**Typical Professional services Occupation Categories include:** • Health services • Consulting and Strategy • Education and Training • Health and allied services • Information Communications and Technology • Marketing and Media • Legal • Research and Evaluation
2022-23	**Labour hire**	**Professional services**
FTE Number	Contractors, Consultants (i.e., professional services) and Labour-hire arrangements are usually short term, project specific and not captured/recorded as a Full Time Equivalent (FTE) or fraction of an FTE. In addition, engaging contractors, consultants and labour-hire providers is highly dependent on project needs and gaps that may arise. Accordingly, an estimate is not able to be accurately calculated. However, the department continues to monitor its use of such providers to minimise reliance on such providers.	
Corresponding estimated/forecast expense	**Not available** Financial delegates are responsible for the decision to engage contractors (including labour hire), which cannot be forecast in advance. The department therefore cannot accurately forecast future expenditure.	**Not available** Financial delegates are responsible for the decision to engage contractors (including professional services), which cannot be forecast in advance. The department therefore cannot accurately forecast future expenditure.

Occupation category	Typical Labour hire Occupation Categories include: • Administration • Clerical • Customer Services • Health Services • Information Communications and Technology • Payroll • Project manager • Senior management	Typical Professional services Occupation Categories include: • Health Services • Consulting and Strategy • Education and Training • Health and allied services • Information Communications and Technology • Marketing and Media • Legal • Research and Evaluation

Received 16 May 2022

Enterprise Bargaining Agreements

Question 21

a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2022-23 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 2022-23 employee benefits.

Response

a)
There is one enterprise agreement that will be settled during the 2022-23 year that affects the department, that being the Maternal and Child Health (MCH) Nurses (Department of Health) Agreement 2021.
The estimated Full-Time Equivalent (FTE) of the workforce that will be covered by the enterprise agreement is 26 FTE.

b)
The effect of this enterprise agreement on the whole of department estimates of 2022-23 employee benefits is negligible, due to the very small number of Full-Time Equivalent (FTE) covered by this enterprise agreement.

Received 16 May 2022

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 2022-23 and across the forward estimates, including the following:

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

Response

We are currently awaiting the outcome of the Annual Advertising Plan for FY 2022-23. This is expected before end of June 2022 and will provide clarity around an approved envelope for campaigns.
The Department of Health Communications team and agencies were briefed on the reform narrative and each of the proposed campaigns reflects one of the major health reform pillars.
It is expected that there will be around 50 campaigns (including agencies) with a major focus on the following topics:

- preventing disease before it starts
- promoting new services
- encouraging Victorians to catch-up on care missed during the pandemic
- attracting and retaining the best healthcare workers
- providing flexibility to respond to emerging needs impacting the health system.

Question 22b

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

i) the budget allocated to the Department in 2022-23

ii) actual cost as at 30 April 2022 (from the 2021-22 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	Outcomes achieved
2021-22	43,427,000	39,962,517	In 2021-22, the Department of Health continued to respond proactively, promoting the dedicated COVID-19 website 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. There have been 17 COVID-19 advertising campaigns executed during 2021-22. These campaigns are divided into two categories: 1. Ongoing campaigns: focused on creating behaviour change or maintaining critical public health behaviours, such as getting vaccinated or information on how to manage COVID-19 at home 2. Operational campaigns: provide instructions or information to Victorians as a result of policy changes in the current COVID-19 environment, such as restrictions. These include necessary public health updates and information on support payments and changes to Victorians' legal obligations as a result of Chief Health Officer directions or ministerial pandemic orders. These wide-reaching advertising campaigns have run across free to air TV, digital video, radio, digital audio, social, various digital advertising platforms, search, print and out of home. Campaign list: Restrictions, Zones, Victorian Travel Permits, Border Bubble, Road Map, Workers Support Payment, Exposure Sites, Testing, Voices for Vaccine, Your Vaccination is Your Ticket, Uncle Jack Charles, Fab Jab, COVID-19 at Home, 5-11-year old vaccination, Third Dose, Save 000, Culturally and Linguistically Diverse (CALD) community campaign.

2021-22	43,427,000	39,962,517	These wide-reaching advertising campaigns have run across free to air TV, digital video, radio, digital audio, social, various digital advertising platforms, search, print and out of home. Campaign list: Restrictions, Zones, Victorian Travel Permits, Border Bubble, Road Map, Workers Support Payment, Exposure Sites, Testing, Voices for Vaccine, Your Vaccination is Your Ticket, Uncle Jack Charles, Fab Jab, COVID-19 at Home, 5-11-year old vaccination, Third Dose, Save 000, Culturally and Linguistically Diverse (CALD) community campaign. All 17 campaigns were run by the Department of Health, were broad reaching and used major marketing channels: television, radio, outdoor advertising, print and digital. With a specific focus on ensuring all communities were aware of the latest COVID-19 information, each campaign had an emphasis on connecting with Aboriginal Victorians and Culturally and Linguistically Diverse (CALD) communities. Campaign materials were translated and shared in relevant paid channels and through community networks. When possible, assets were translated into Auslan, and Vision Australia radio was included in media plans to help ensure information reached Victorians with a disability. Campaign materials pointed people to coronavirus.vic.gov.au which was kept up to date in 57 languages (in line with community needs). **Note:** These amounts include budget and expenditure for Culturally and linguistically diverse (CALD) communities provided below.

2022-23	No budget information available	Not Applicable	The Department of Health does not have a forward forecast of advertising expenditure in the 2022–23 State 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 2022-23, which includes the department's proposed campaign advertising activity. The department's actual campaign expenditure for 2022-23 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 2022-23 has not yet been finalised, the department will undertake advertising in 2022–23 to support the Victorian Government's response to the COVID-19 pandemic as needed.
Culturally and linguistically diverse (CALD) communities			
2021-22	This is part of the overall budget provided above as budget was not specifically segregated into categories such as CALD communities.	This is part of the overall expenditure provided above as expenditure is not specifically segregated into categories such as CALD communities.	All advertising campaigns have been adapted and translated for Culturally and linguistically diverse (CALD) audiences. More than 5,000 pieces of public health information have been translated. CALD media channels used include print, out of home, online, social media and radio. Each of the COVID-19 advertising campaigns was supported with information translated on the coronavirus website in 57 languages. Advertising was supplemented with intense community engagement activity. This included providing multicultural community leaders with stakeholder packs of translated campaign assets to help them share information Since 1 July 2021 there have been nearly 1.5million sessions (1,489,704) on the translated pages. The top five pages have been: Filipino Education (131,000 sessions), Hindi COVID-19 vaccine (94,000), English health advice and restrictions (75,000), Arabic language landing page (68,000) and Vietnamese landing page (65,000). Fact sheets and videos were also translated with the top three downloads related to the pandemic leave and test isolation payment information.
2022-23	No budget information available	Not Applicable	The Department of Health does not have a forward forecast of advertising expenditure in the 2022–23 budget or across the forward estimates available at present. The Department of Health is awaiting the outcomes of the Victorian Government's Annual Advertising Plan (AAP) process for 2022-23, which includes the department's proposed campaign advertising activity. The department's actual campaign expenditure for 2022-23 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 2022-23 has not yet been finalised, the department will undertake advertising in 2022–23 to support the government's response to the COVID-19 pandemic as needed.

Relationship between the Commonwealth, National Cabinet and Victoria

Question 23

a) What impact have developments at the Commonwealth level had on the Department's 2022-23 Budget?

Response

There are a number of intergovernmental agreements (IGAs) due to expire on 30 June 2022. Ongoing funding beyond 2021-22 was announced in the 2022-23 Commonwealth Budget for two intergovernmental agreements. Information about relevant agreements is provided in the table below:

IGAs expiring in 2021-22 with a financial impact in 2022-23	Funding allocated for 2022-23 in the 2022-23 Commonwealth Budget ($m)
National Partnership on Public Dental Services for Adults (Extension) – This Inter-Governmental Agreement (IGA) is due to expire on 30 June 2022 however the Commonwealth budget provided funding to extend this agreement for a further year (until 2023-24). Under the current agreement and its extensions, Victoria will receive up to $26.9 million. per year. The negotiation of this extension will take place after the federal election. See link to agreement: National Partnership on Public Dental services for Adults | Federal Financial Relations	$26.9 million
National Bowel Cancer Screening Program – participant follow-up function – This Inter-Governmental Agreement (IGA) is due to expire on 30 June 2022, however, the Commonwealth budget provided funding to extend this agreement for a further two years (until 30 June 2024). Under the extension, Victoria will receive $1.949 million in 2022-23 and $2.058 million in 2023-24. This funding is lower than the current agreement, in which Victoria received $2.206 million in 2020-21 and $2.196 in 2021-22. The negotiation of this extension will take place after the federal election. See link to agreement: national-bowel-cancer-screening-program-participant-follow-function	$1.9 million

Received 16 May 2022

A number of new Inter-Governmental Agreements (IGAs) with the Commonwealth were agreed in 2021-2022, or are currently under negotiation, and expected to be agreed in 2022. This will result in additional Commonwealth funding being received by the Victorian Government to implement specific health projects in 2022-23 and in future years. New IGAs agreed or under negotiation are listed in the table below:

New IGAs agreed or under negotiation in 2021-22 with a financial impact in 2022-23	Funding allocated for 2022-23 in the 2022-23 Commonwealth Budget
Regional Cancer Treatment Centre for Radiation Therapy – This agreement is in the early stages of negotiation, with a proposed start date of 1 July 2022 and a proposed end date of 20 June 2025. This agreement will facilitate the establishment of a radiation oncology consult outreach service in East Gippsland region. The service will be supplemented by telehealth consults and a local skin radiotherapy treatment service, all supported by more modern medical imaging. The Commonwealth signed this agreement prior to caretaker and the Victorian Government has countersigned the agreement. The Commonwealth will provide a total financial contribution to Victoria of $4.45 million between 2021-2022 to 30 June 2025, or when the capital projects are completed. Victoria will provide an estimated in-kind contribution of $830,000.	$4.4 million
Inter-Governmental Agreement (IGA) on National Digital Health – This IGA provides funding arrangements to support the Australian Digital Health Agency and to contribute to the incremental transformation of the way health information is used to plan, manage and deliver healthcare services through the implementation of a world-class digital health capability in Australia. This agreement was due to expire on 30 June 2022; however, Victoria has accepted the Commonwealth's offer to extend this agreement by 12 months to 2022-2023. The extension maintains existing funding levels for the Australian Digital Health Agency, with Victoria's contribution for 2022-23 at $8,114,100 million. Victorian funding is available and committed via the recurrent budget allocation to cover the additional year. The 12-month extension provides an opportunity for the Commonwealth, States and Territories to consolidate and drive the implementation of the National Health Reform Agreement priorities. The Commonwealth has allocated $32.3 million in 2022-23 to continue the IGA (with funding being provided directly to the Australian Digital Health Agency) with the States and Territories. These funds are matched by States and Territories.	No Commonwealth funding provided to Victoria
Aged Care Assessment Program (ACAP) and Regional Assessment Service (RAS) – This IGA is due to expire on 30 June 2022. The Commonwealth funds the Aged Care Assessment Program (ACAP) program and Regional Assessment Service (RAS). Under the ACAP program, Aged Care Assessment Teams (ACATs) carry out comprehensive assessments. Aged Care Assessment Teams are comprised of medical, nursing and allied health professionals. The Regional Assessment Service provides holistic assessments of the care needs of frail, older Victorians in their home environment and refer these clients for entry level Commonwealth Home Support Program services. The current value of the RAS agreement (2019-2022) is $104.4 million; the ACAS agreement (2018-2022) is $126.7 million. The value of the 2022-2023 extension period is approximately $35.3 million (plus two per cent) for RAS and $32.4 million (plus two per cent) for ACAS.	The department is awaiting draft variations from the Commonwealth for review

Minister Hunt wrote to Minister Foley in July 2021 advising of the Commonwealth's intention to extend the current assessment arrangements for 12 months to 30 June 2023 to support the transition to the new single assessment workforce on 1 July 2023. The department is awaiting draft variations from the Commonwealth for review.	
National Partnership on COVID-19 Response – Revised Vaccine Schedule C - Coordination and Delivery of a Safe and Effective COVID19 Vaccine – The Revised Schedule C under the National Partnership Agreement on COVID-19 Response reflects the recalibration in the States' role in April 2021 and gives effect to National Cabinet's decision for the Commonwealth to contribute 50 per cent of the genuine net additional costs incurred by States from 21 April 2021. The revised Vaccine Schedule does not explicitly cover all of Victoria's operational costs associated with the vaccine program. Victoria is considering signing the revised Vaccine Schedule and is seeking a Commonwealth contribution to 50 per cent of the genuine net additional costs (incurred from 21 April 2021) through bilateral negotiations.	IGA currently under negotiation with the Commonwealth
National Partnership Agreement on COVID-19 Response: Aged Care Schedule D – The Aged Care Schedule to the National Partnership Agreement on COVID-19 response provides Commonwealth funding to jurisdictions for aged care COVID-19 expenses incurred from 1 July 2020. The current value of the Schedule to Victoria is $8.8 million in 2021-22 in retrospective Infection Prevention and Control (IPC) costs and future Infection Prevention and Control (IPC) training costs. The Schedule also applies for any aged care expenses in future outbreaks. Under the Schedule the Commonwealth provides financial assistance to enable the States to: • deliver additional targeted Infection prevention and control (IPC) training to enhance Residential Aged Care Facility (RACF) staff IPC skills • undertake prevention, preparedness and response activities to address a COVID-19 outbreak in Residential Aged Care Facilities (RACFs), including establishing a dedicated aged care emergency response capability to respond to COVID-19 outbreaks and supporting RACFs to uplift IPC capacity by providing IPC training.	Funding is provided monthly based on estimates provided by States and reconciled against actual costs incurred in delivering the activity during the quarterly reconciliation process
Access to Human Immunodeficiency Virus (HIV) treatment for people ineligible for Medicare – The Commonwealth is providing funding to support the delivery of Human Immunodeficiency Virus (HIV) care to all people living with HIV in Australia who are not eligible for Medicare. The total is $37.4 million over three years (2023-24 to 2025-26). Funds commence flowing to jurisdictions in 2023-24. Victoria is budgeted to receive $3.7 million and a total of $11 million (2023-24 to 2025-26).	$3.7 million
Stillbirth autopsies and investigations – This agreement expires on 31 August 2022, or on completion of project. This agreement supports the delivery of projects which will increase the rate of stillbirth autopsies and investigations. The Commonwealth provided $83,000 in total funding to Victoria over 2021-22. This agreement is a short-term project-based agreement that will not be up for renewal.	Funding provided in 2021-22

	Bilateral Schedule on Mental Health and Suicide Prevention: Victoria – Victoria signed the Bilateral Agreement with the Commonwealth on 8 April 2022, securing a total Commonwealth contribution of $247.86 million for mental health supports and suicide prevention over the next five years (to 2025-26). In 2022-23, Victoria will receive $36.89m in Commonwealth payments to Victoria and receive a total Commonwealth contribution of $53.3m in 2022-23. The Bilateral Agreement supports the approach recommended by the *Royal Commission into Victoria's Mental Health System* and will ensure Victoria can work in an enduring and unified way with the Commonwealth Government to deliver landmark reforms and support critical workforce shortages by reviewing skilled immigration processes and streamlining training, accreditation and registration pathways. The Bilateral Agreement will also help drive partnerships at the community level between Medicare funded mental health services, and the new layer of services that will support the 'missing middle' – Infant Child and Family Hubs, enhanced headspace services, and Adult and Older Adult Local Mental Health and Wellbeing Services.	No figure provided in 2022-23 Commonwealth Budget as the Bilateral was not signed. Bilateral has since been signed. Victoria will receive a total Commonwealth investment of $53.3 million in 2022-23 of which $36.89 million in Commonwealth payments will be received directly.

b) What impact have developments at the National Cabinet level had on the Department's 2022-23 Budget?

Response

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 COVID-19 pandemic and other priorities requiring a nationally consistent approach.
The Commonwealth and State and Territory governments individually remain responsible for the implementation of decisions arising from the National Cabinet in their jurisdiction, including funding decisions.
The National Cabinet's response to COVID-19 is expected to evolve from a health and crisis management focus to driving Australia's economic recovery and jobs creation.
The Commonwealth contributes funding to in-scope COVID-19 response related activity through the National Partnership on COVID-19 response.

See: https://www.federalfinancialrelations.gov.au/content/npa/health/national-partnership/covid19-npa.pdf and additional commentary in response to Question 23(a).

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 2022-23 Budget.

Please also indicate in the response where changes have occurred in the output structure since the 2021-22 Budget.

Response

		Changes (if any) since 2021-22 Budget
Minister	**Foley**	
Portfolio	**Health**	
Output(s)	• Admitted Services • Non-admitted Services • Emergency Services • Health Workforce 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	• 'Acute Training and Development' has been renamed to 'Health Workforce Training and Development' to clarify given abolition of output groups
Objective(s)	Victorians are healthy and well	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	

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Performance measure(s)	All performance measures listed in the above outputs.	**One measure is discontinued without replacement as funding will not continue after 30 June 2022:** • Health workers trained in information sharing and family violence risk assessment and risk management **Three new measures replacing proposed discontinued measures:** • 'Percentage of newborns having a newborn bloodspot screening test' is replacing 'Number of persons participating in newborn bloodspot or maternal serum screening' • 'Percentage of adolescents (aged 15) fully immunised for HPV' is replacing 'Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)' • 'NWAU Eligible Separations' is replacing 'Separations' **Five new measures:** • Community palliative care episodes • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Small Rural Urgent Care Presentations **Two renamed measures:** • 'Number of filled Victorian Rural Generalist Year 3 positions' is renamed from 'Number of filled rural generalist GP procedural positions' • 'Immunisation coverage – At five years of age (per cent)' is renamed from 'Immunisation coverage – at school entry (per cent)'

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		Changes (if any) since 2021-22 Budget
Minister	**Foley**	
Portfolio	**Ambulance Services**	
Output(s)	• Ambulance Emergency Services • Ambulance Non-Emergency Services	
Objective(s)	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 2021-22 Budget
Minister	**Merlino**	
Portfolio	**Mental Health**	
Output(s)	• Mental Health Clinical Care • Mental Health Community Support Services	
Objective(s)	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.	**Three new measures disaggregating existing measure 'Percentage of clients readmitted (unplanned) within 28 days':** • Percentage of acute mental health inpatients readmitted within 28 days of discharge – Child/adolescent • Percentage of acute mental health inpatients readmitted within 28 days of discharge – Adult • Percentage of acute mental health inpatients readmitted within 28 days of discharge – Aged **Three new cohort-specific measures of seclusion rates are replacing one proposed discontinued measure 'Seclusions per 1,000 occupied bed days':** • Percentage of seclusions per 1,000 occupied bed days – child and youth • Percentage of seclusions per 1,000 occupied bed days – adults and forensic • Percentage of seclusions per 1,000 occupied bed days – aged

Performance measure(s)	All performance measures listed in the above outputs.	**Six other new measures:** • Percentage of mental health consumers who report a positive experience of care • Percentage of mental health carers who report a positive experience of care • Percentage of consumers who report they usually or always felt the service was safe • Percentage of carers who report they usually or always felt their opinions as a carer were respected • Percentage of mental health-related emergency department presentations with a length of stay of less than four hours • Percentage of separations from an acute inpatient unit where the consumer received post-discharge follow-up within seven days

		Changes (if any) since 2021-22 Budget
Minister	**Carbines**	
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	• Aged Support Services have been transferred partially to the Department of Families, Fairness and Housing
Objective(s)	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.	

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	Albury Wodonga Health	GG
Health	Alexandra District Health	GG
Health	Alfred Health	GG
Health	Alpine Health	GG
Ambulance Services	Ambulance Victoria	GG
Health	Austin Health	GG
Health	Bairnsdale Regional Health Service	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	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	Dental Health Services Victoria	GG
Health	Dhelkaya Health	GG
Health	East Grampians Health Service	GG
Health	East Wimmera Health Service	GG
Health	Eastern Health	GG
Health	Echuca Regional Health	GG
Health	Gippsland Southern Health Service	GG

Health	Goulburn Valley Health	GG
Health	Grampians Health	GG
Health	Great Ocean Road Health	GG
Health	Health Purchasing Victoria	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; The	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	Melbourne Health	GG
Health	Mildura Base Public Hospital	GG
Health	Monash Health	GG
Health	Moyne Health Services	GG
Health	NCN Health	GG
Health	Northeast Health Wangaratta	GG
Health	Northern Health	GG
Health	Omeo District Health	GG
Health	Orbost Regional Health	GG
Health	Peninsula Health	GG
Health	Peter MacCallum Cancer Institute	GG
Health	Portland District 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	Swan Hill District Health	GG
Health	Tallangatta Health Service	GG
Health	Terang and Mortlake Health Service	GG
Health	The Queen Elizabeth Centre	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	Timboon and District Healthcare Service	GG
Health	Tweddle Child and Family Health Service	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	Victorian Pharmacy Authority	GG
Health	West Gippsland Healthcare Group	GG
Health	West Wimmera Health Service	GG
Health	Western District Health Service	GG
Health	Western Health	GG
Health	Yarram and District Health Service	GG
Health	Yarrawonga Health	GG
Health	Yea & District Memorial Hospital	GG
Health	Ballarat General Cemeteries Trust	PNFC
Health	Geelong Cemeteries Trust	PNFC
Health	Greater Metropolitan Cemeteries Trust	PNFC
Health	Remembrance Parks - Central Victoria	PNFC
Health	Southern Metropolitan Cemeteries Trust	PNFC
Health	Mental Health Tribunal	GG

Climate change strategy – reduction of greenhouse gas emissions

Question 26

a) Please provide details of initiatives in the 2022-23 Budget that will reduce the Department's/Court Services Victoria's greenhouse gas emissions.

b) Does the Department/Court Services Victoria have internal targets for reducing greenhouse gas emissions? If yes, please provide details, quantifying where possible and outlining actions that will be taken in the 2022-23 year onwards.

c) Please specify the initiatives in the 2022-23 Budget that will contribute to Victoria's Climate Change Strategy. Please outline the budget allocation, ways in which the initiatives will contribute to Victoria's Climate Change Strategy and the year the initiative will likely realise benefits.

Response

a)

Through its *Guidelines for sustainability in capital works, t*he Department of Health has embedded sustainability, carbon reduction and climate adaptation requirements into all capital projects funded through the 2022-23 State Budget. The guidelines detail business as usual, minimum requirements for design and construction practices for all capital project works. Beyond the business-as-usual requirements the guidelines provide advice on how the dedicated 2.5 per cent Sustainability and Environmentally Sustainable Design project budget can be used to enhance environmental performance and reduce greenhouse gas emission. Enhanced features can include but are not limited to, high efficiency heating and cooling systems, improved building design requiring less energy to heat and cool, installation of solar panels and the adoption of an all-electric energy source to take advantage of the whole of Victorian government renewable electricity supply contract commencing 2025.

b)

The Department of Health has a target to source five per cent of public hospital total electricity use from behind-the-meter solar by June 2023. Behind-the-meter solar is generally located on the facilities roof and provides electricity directly to the facility, thereby reducing the amount of electricity that needs to be purchased from the grid. Sourcing five per cent of electricity from behind-the-meter solar could avoid around 9,000 tonnes of carbon emissions per annum. The department is currently sourcing close to three per cent of its hospital electricity demand from behind-the-meter solar, which is avoiding some 6,750 tonnes of carbon emissions per annum.
Throughout 2022-23 the Department of Health will continue to invest in energy efficiency and solar to reduce the carbon emissions from public hospitals, through its $40 million energy efficiency and solar program. This investment is expected to install sufficient solar to meet the target of sourcing five per cent of public hospital total electricity demand from behind-the-meter solar by June 2023.

c)

The Department of Health and the Department of Families, Fairness and Housing have recently released the *Health and human services climate change adaptation action plan 2022-2026*. Along with other system-based plans developed in accordance with Victoria's Climate Change Act 2017, the department's plan supports a key objective of Victoria's Climate Change Strategy – to deliver a climate resilient Victoria.
The Department of Health and the Department of Families, Fairness and Housing will continue working with the Department of Treasury and Finance in implementing the Zero Emissions Vehicles (ZEV) project, which will implement charging facilities and new ZEV across department sites and health services.
The New Melton Hospital will be designed to be Victoria's first all-electric hospital powered by 100 per cent renewable electricity. This supports Victorian Government's commitment to reduce carbon emissions from its operations and reduce gas use across the State's public health portfolio. The hospital's design will focus on sustainability initiatives such as maximising on-site solar generation, high-performing facades, efficient plant and equipment, and integration of green spaces within the hospital precinct.

Initiative	2022-23 Budget $ million	How does it contribute to Victoria's Climate Change Strategy?	Financial year these benefits will be realised
New Melton Hospital (Cobblebank)	$900-$1000[3] The TEI and estimated completion date will be disclosed following the completion of procurement processes.	The New Melton Hospital will be designed to be Victoria's first all-electric hospital powered by 100 per cent renewable electricity. This supports the Victorian Government's commitment to reduce carbon emissions from its operations and reduce gas use across the State's public health portfolio. The hospital's design will focus on sustainability initiatives such as maximising on-site solar generation, high-performing facades, efficient plant and equipment, and integration of green spaces within the hospital precinct.	Year of completion is TBC as noted in BP4, p. 66. The TEI and estimated completion date will be disclosed following the completion of procurement processes.

[3] 2022-23 State Budget, p. 66

Gender Responsive Budgeting

Question 27

a) Please list the programs/initiatives from the 2022-23 Budget for which the Department has undertaken a gender impact assessment. Please describe the main outcomes or results of the gender impact assessment process for each program/initiative.

b) If relevant, please list any other programs/initiatives in the 2022-23 Budget where Gender Responsive Budgeting (GRB) processes or principles were applied/considered. Please detail: the initiative, how GRB was applied/considered, the outcome of this consideration.

Response

a)

Initiative	Outcome/result of gender impact assessment
Better at Home Expansion	Two opportunities to respond to gender inequality were identified: • The Better at Home program will implement a grants program for health services to pilot innovative preventative health models. These preventative models will target a range of groups that experience health inequity, including sex and gender diverse people. • Moving care out of hospital and into people's homes can reduce carer burden due to reduced travel, parking, workplace leave, childcare and other costs associated with visiting people in hospital. As women are over-represented as carers, the Better at Home program is likely to disproportionately impact on women in a positive way.
Advancing Aboriginal employment in Victoria's health system	A broad Gender Impact Assessment (GIA) was undertaken for the Aboriginal health worker Employee Assistance Program. As a component of self-determination and Aboriginal ways of Knowing, Being and Doing, a co-design of the program will be undertaken which will identify and support strategies regarding gender impact across the broad description of gender. Additionally, similar to the broader health sector, a large number of the Aboriginal health sector's workforce are women, who will directly benefit from the program.
Public Health	A Gender Impact Assessment has been completed by Public Health Division in accordance with the *Gender Equality Act 2020* for the development of the Victorian Sexual Reproductive Health and Viral Hepatitis Strategy. Gender and intersectionality are at the core of the strategy, ensuring that any related programs and services promote inclusiveness, diversity and respect for human and reproductive rights of individuals and

	population groups. Sex and gender influence health – the risk of developing certain diseases, the way people present with disease, how well people respond to treatments, and health seeking behaviour. The strategy was developed and varied to meet the needs of persons of different genders and to aims promote gender equality through: • Inclusion of the word **women's** in the *Victorian women's sexual and reproductive health plan 2022-2030* to acknowledge the unique challenges faced by women in this space, while also acknowledging its application to gender diverse individuals. • The women's plan also aligns with *Safe and Strong: A Victorian Gender Equality Strategy*, with tailored actions for women in all different stages of life from adolescence to midlife and beyond. • Outlining priority populations in the strategy and plans based on analysis of disease notification data by sex, age and risk behaviours; and inclusion of actions directly targeting these populations, for example, men who have sex with men. • A data gap was identified regarding gender and gender diversity with notifiable conditions forms recording and reporting sex but not gender in the Public Health Event Surveillance System. As a result, the strategy will explore addressing this gap through research to ensure that our interventions are evidence informed and drive targets/outcomes under each plan. • Identification of trans and gender diverse people as a priority population to be targeted by the strategy, as shaped by data showing the impact of the human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive health issues on these groups and barriers they face to accessing services and information. • Specific reference to, and consideration of **men's** and **women's** business, in the *Victorian Aboriginal sexual and reproductive health plan 2022-2030*' arising from consultation with Aboriginal Victorians. The plan outlines the need for cultural separation of **men's** and **women's** business as integral to addressing sexual, reproductive health and viral hepatitis issues, sensitively balanced with the understanding of how these health issues intersect with the continuum of genders and sexualities. As an outcome of the GIA, a further commitment has been made to complete additional, detailed GIAs for any policies, programs, changes to services provided, or implementation funding arising from the strategy's priority actions and activities.

b)

Initiative	How GRB was considered	Outcome of GRB consideration
Future of Public Health	Consultation to inform program specific Gender Impact Assessments (GIAs) will occur as part of developing implementation pathways for targeted programs and interventions should funding be made available. All programs that receive funding will be analysed by sex and gender and other aspects of diversity to understand and monitor impact and value of interventions, to ensure equity of outcomes.	Not Applicable
Barwon Women's and Children's Hospital	This project will address forecast demand for Women's and Children's health services in the Greater Geelong and Surf Coast region, enhance the effectiveness of the existing hospital facility, and enable the delivery of a contemporary model of care. There are twice the number of women who are of reproductive age compared to the regional average, who will benefit from this investment. GIAs have not yet been undertaken for asset initiatives funded through the 2022-23 State Budget. The department is working with the Gender Equality Office to identify an approach to include Gender Impact Assessments as key milestones in its program management process.	Not Applicable

Improving safety in mental health intensive care areas	A key focus of this initiative will be ensuring the needs and safety of a broad range of consumers are addressed through the upgrades. This includes women and people who are trans and gender diverse. Safer environments enable the healing and recovery of vulnerable consumers and contribute to more flexible, accessible, and responsive Mental Health Intensive Care Areas. Gender impact is the primary motivation for this project. GIAs have not yet been undertaken for asset initiatives funded through the 2022-23 State Budget. The department is working with the Gender Equality Office to identify an approach to include Gender Impact Assessments as key milestones in its program management process.	Not Applicable

Implementation of previous recommendations made by the Committee

Question 28

Please provide an update on the status of the implementation of each of the below:

a) Committee recommendations that were made in the *Report on the 2020-21 Budget Estimates* and supported by the Government.
b) Committee recommendations that were made in the *Report on the 2021-22 Budget Estimates* and supported by the Government.

Please populate the below table according to each department's supported recommendations.

Response

Update on the implementation of recommendations made in the *2020-21 Budget Estimates Report*

Department	Recommendation supported by Government	Actions taken at the time of 2022-23 Budget Estimate questionnaire	Update on status of implementation
RECOMMENDATION 3: The Department of Health and the Department of Families, Fairness and Housing report on the status and source(s) of funds used to meet the cost of all output and asset COVID-19 response initiatives announced prior to the 2020–21 Budget.	Support	The Department of Health (DH) captures costs relating to specific COVID-19 response initiatives announced prior to the 2020-21 Budget. These are reported in the PAEC questionnaire and to Department of Treasury and Finance. Internal reporting on COVID-19 initiatives is also undertaken on a monthly basis as an addendum to normal internal monthly reporting arrangements.	The Department of Health (DH) continues to capture costs relating to specific COVID-19 response initiatives. These costs are reported in the PAEC Questionnaire and to the Department of Treasury and Finance. Internal reporting on COVID-19 initiatives is undertaken on a monthly basis as an addendum to normal internal monthly reporting arrangements.

RECOMMENDATION 4: The Department of Health and the Department of Families, Fairness and Housing report on the nature and impact of all internal reprioritisation of funds to meet the cost of COVID-19 response initiatives.	Not Support	This recommendation is not supported as it is not possible to accurately capture the nature and impact of internal reprioritisation of effort. Funds have not specifically been reprioritised to meet the cost of COVID-19. However, staff and effort has been redirected to the COVID-19 response as needed. It is not possible to accurately calculate this effort and then attribute to what business as usual tasks this would otherwise have been directed toward.	No change or update to response provided previously. The department is not able to calculate accurately the costs associated with staff and effort that has been redirected to the COVID-19 response. Funds have not been specifically reprioritised to meet the cost of COVID-19 versus what is attributed to non-COVID-19 'business as usual' tasks.
RECOMMENDATION 5: The Department of Health review the impact of the Government's investments in all elective surgery blitzes initiated in response to COVID-19 and where possible revise the targets for associated performance measures to better reflect the intended impact of these investments.	Support	The 2022-23 State Budget, Budget Paper 3 Performance Measure 'Number of patients admitted from the elective surgery waiting list' (p. 223) has been increased to reflect the impact of additional elective surgery blitz funding. The previous 2021-22 target was increased in line with previous budget outcomes for Elective Surgery. The 2022-23 target has been further increased in line with 2022-23 budget outcomes.	Implemented
RECOMMENDATION 6: The Department of Health and Department of Families, Fairness and Housing report the status of all capital investments since 2019–20 for the department's portfolios (including mental health).	Support	The Department of Health (DH) supports reporting the status of capital investments for the department's portfolios (including mental health). The department will continue to report this status via questionnaire responses to the PAEC Budget Estimates and PAEC Financial and Performance Outcomes inquiries and via State Budget Paper 4.	The department will continue to report this status via questionnaire responses to the PAEC Budget Estimates and PAEC Financial and Performance Outcomes inquiries and via State Budget Paper 4.

RECOMMENDATION 7: Ambulance Victoria should report the progress of all actions addressing the causes and incidence of discrimination and harassment towards women and other vulnerable groups in the workplace in its 2020 21 Annual Report.	Support-in-Principle	In December 2020, Ambulance Victoria engaged the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to undertake an independent review into workplace equality within organisation. Volume 1 of the report was released in November 2021 with 24 recommendations focussing on concerns related to safety, respect and trust. Volume 2 was released on 31 March 2022 and contains a further 19 recommendations, focusing on equality, fairness and inclusion at Ambulance Victoria. Ambulance Victoria accepts all 43 of the VEOHRC's recommendations. Ambulance Victoria is developing an implementation plan by mid-2022, outlining its plans for responding to the VEOHRC's recommendations. Progress on delivering the recommendations from the VEOHRC review will be included in Ambulance Victoria's 2021-22 Annual Report. The Department of Health and Minister for Ambulance Services will also receive regular updates on the progress of work to implement the recommendations. The implementation of the VEOHRC's recommendations is led by a new Equality and Workplace Reform Executive Director, with oversight from an Equality and Workplace Reform Steering Committee and a 14 member staff reference group. Key actions implemented already include: • Improving safety and harm prevention through enhancing staff wellbeing and support service, fitting privacy locks in	Ambulance Victoria has also engaged the VEOHRC to advise, guide and audit implementation of the recommendations. The VEOHRC will audit Ambulance Victoria's progress by measuring compliance with the Equal Opportunity Act 2010 (Vic). This will be completed by November 2023.

		rest and recline spaces in 100 branches, commencing work to develop a best practice restorative engagement scheme, and beginning recruitment of Workplace Equality Contact Officers • Establishing interim arrangements to improve report and complaint management, appointing an interim Director to build a new reporting and complaint management process co-designed with staff • Appointing an inaugural Executive Director of the Equality and Workplace Reform Division within Ambulance Victoria, undertaking reflective practice workshops with more than 60 leaders and developing training about the *Equal Opportunity Act 2010 (Vic).* Ambulance Victoria has also engaged the VEOHRC to advise, guide and audit implementation of the recommendations. The VEOHRC will audit Ambulance Victoria's progress by measuring compliance with the Equal Opportunity Act 2010 (Vic). This will be completed by November 2023.	

Update on the implementation of recommendations made in the *2021-22 Budget Estimates Report*

Department	Recommendation supported by Government	Actions taken at the time of 2022-23 Budget Estimate questionnaire	Update on status of implementation
RECOMMENDATION 4: The Department of Health update the relevant Mental Health target to accurately reflect the expected impact of the investment of $2.2 billion outlined in the 2021–22 Budget.	Support-in-Principle	Finding 26 noted that targets relating to 'occupied residential bed days' and 'occupied sub-acute bed days' remained unchanged in the 2021–22 Budget. They remain unchanged as the budget does not provide for immediate operationalisation of any additional services against these targets in 2021-22. Targets will be increased for the 2022-23 budget as finalisation of capital works and bed availability is complete and services become operational. Other targets within the total $2.2 billion Mental Health Clinical Care Output have been adjusted in 2021-22 to reflect the further investment following outcomes of the Royal Commission Final Report.	Completed – targets have been adjusted to reflect budget outcomes and completion of beds.

DTF/DOT only – Large scale infrastructure projects **(Not Applicable)**

Question 29

For the North-East Link, Melbourne Airport Rail, West Gate Tunnel, Suburban Rail Loop and the Level Crossing Removal Program please provide the information requested in the tables below regarding expenditure and outcomes.

Response

Expenditure

Project name	
Total estimated investment at announcement	
Actual cost of the program to date (i.e. cost since announcement)	
Amount allocated to the project/program in the 2022-23 Budget	
Amount forecast for the project/program in 2023-24	
Amount forecast for the project/program in 2024-25	
Amount forecast for the project/program in 2025-26	
How the Department will report on expenditure in relation to the project/program as it progresses	

Outcomes

Project name	
The outcomes achieved by the project/program to date	
The anticipated outcomes of the project/program in 2022-23 and across the forward estimates	
How the Department will report on the outcomes achieved by the project/program as it progresses.	

DTF only – Economic forecast **(Not Applicable)**

Question 30

Budget Paper No.2: Strategy and Outlook, Table 2.1, provides forecasts for the following indicators:

- real gross state product
- employment
- unemployment rate
- consumer price index
- wage price index
- population.

Variance analysis

a) For each of the above indicators, please provide a detailed explanation for the variance when comparing the same year in the 2021-22 Budget and the 2022-23 Budget, including the assumptions used to forecast the specific indicator.

Trend analysis

b) For each of the above indicators, when comparing one year to the next in the 2022-23 Budget, please explain the reason for the variance and provide details for any improvement or deterioration for the indicator.

a)

Economic indicator	
Year for which variance relates	
Forecast/projection in 2021-22	
Forecast/projection in 2022-23	
Variance	
Reason for variance	

b)

	2020-21 Actual	2021-22 Forecast	2022-23 Forecast	2023-24 Forecast	2024-25 projection	2025-26 projection
Real gross state product						
Variance						
Explanation for any variance year over year						
Employment						
Variance						
Explanation for any variance year over year						
Unemployment rate						
Variance						
Explanation for any variance year over year						
Consumer price index						
Variance						
Explanation for any variance year over year						
Wage price index						
Variance						
Explanation for any variance year over year						
Population						
Variance						
Explanation for any variance year over year						

Received 16 May 2022

DTF only – Grants **(Not Applicable)**

Question 31

Budget Paper No.4: Statement of Finances, Table 4.3, details the expected total grant revenue to be received by Victoria in 2021-22 by grant type.

For the 'General purpose grants – goods and services tax' line item if there is a variance:

a) between the 2021-22 budget figure in the 2021-22 Budget and the 2021-22 revised figure in the 2022-23 Budget, please explain the:
   i. reason for the variance
   ii. impact of the variance on Victoria
   iii. action taken in response to expected changes in the value of general purpose grants.

b) from year to year in the 2022-23 Budget please explain the:
   i. reason for any variance
   ii. impact of the variance on Victoria
   iii. action taken in response to expected changes in the value of general purpose grants.

Response

a)

Line item	2021-22 budget	2021-22 revised	Variance 2021-22 budget vs. 2021-22 revised	Impact on Victoria	Action taken
General purpose grants - goods and services tax					

b)

	2021-22 Budget revised	2022-23 budget	2023-24 estimate	2024-25 estimate	2025-26 estimate
General purpose grants - goods and services tax					
Variance					
Reason for any variance year over year					
Impact of the variance on Victoria					
Action taken in response to expected changes in the value of general purpose grants					

Question 32 **(Not Applicable)**

Budget Paper No.4: Statement of Finances, Table 4.5, lists Commonwealth grants for specific purposes, with detailed tables by expenditure category, Tables 4.6 to 4.12.

For each line item of the detailed tables by expenditure labelled 'Other' in the 2022-23 Budget, for both years listed (2021-22 Budget and 2022-23 Budget) that has a value exceeding $10 million, please provide details of the grants to which they relate.

Response

Table number	Grant details	2021-22 Budget	2022-23 Budget

DTF only – Equity funding **(Not Applicable)**

Question 33

Does the Government expect to receive equity funding as an alternative to traditional grant payments made by the Commonwealth over 2022-23 and the forward estimates? If so, please detail which projects will receive this funding and the amount.

Response

DTF only – Land transfer duty **(Not Applicable)**

Question 34

Budget Paper No.4: Statement of Finances, Table 4.2, provides taxation revenue forecasts across the forward estimates broken down by source.

For the 'Land transfer duty' line item if there is a variance greater than 5 per cent (positive or negative) or greater than $50 million (positive or negative) when comparing:

Variance analysis

a) the same year in the 2021-22 Budget and the 2022-23 Budget, please explain the reason for the variance for each year.

Trend analysis

b) one year to the next in the 2022-23 Budget please explain the reason for the variance.

Response

a)

Year for which variance relates	
Budget/estimate in 2021-22 Budget	
Budget/estimate in 2022-23 Budget	
Variance	
Reason for variance	

b)

	2021-22 revised	2022-23 budget	2023-24 estimate	2024-25 estimate	2025-26 estimate
Land transfer duty					
Variance					
Explanation for the variance year over year					

DTF only – Public Private Partnerships – modifications and accountability **(Not Applicable)**

Question 35

Please detail all Public Private Partnerships (PPP) currently under construction in the 2022-23 year as per the 2022-23 Budget, which in comparison to the 2021-22 Budget have changed their:

- name
- scope
- Total Estimated Investment (by greater than 5 per cent (positive or negative))
- timelines (including estimated completion date and key stages/milestones of the project)
- which government entity and portfolio is responsible for delivery of the project or components of the project.

Please provide an explanation for these changes.

Response

	2021-22 Budget	2022-23 Budget	Explanation for change
Name			
Scope			
Total Estimated Investment			
Timelines			
Government entity and portfolio responsible for delivery			
Name			
Scope			
Total Estimated Investment			
Timelines			
Government entity and portfolio responsible for delivery			

DTF only – Net Debt **(Not Applicable)**

Question 36

Budget Paper No.2: Strategy and Outlook, Table 1.1, provides general government fiscal aggregates for net debt and net debt to gross state product (GSP).

Variance analysis

a) For the 'Net debt' and 'Net debt to GSP' line items, please explain the reason for the variance when comparing the same year in the 2021-22 Budget and the 2022-23 Budget.

Trend analysis

b) For the 'Net debt' and 'Net debt to GSP' line items, when comparing one year to the next in the 2022-23 Budget, please explain the reason for the variance, including the major projects that contributed to any variance in net debt.

Response

a)

Year for which variance relates	
Forecast/estimate in 2021-22	
Forecast/estimate in 2022-23	
Reason for variance	

b)

	2021-22 budget	2022-23 estimate	2023-24 estimate	2024-25 estimate	2025-26 estimate
Net debt					
Variance					
Explanation for any variance year over year					
List of major projects that contributed					
Net debt to GSP					
Variance					

Explanation for any variance year over year					

DTF only – Medium term fiscal strategy **(Not Applicable)**

Question 37

The 2020-21 *Budget Paper No.2: Strategy and Outlook* outlined a medium term fiscal strategy involving four steps:

- Step 1: creating jobs, reducing unemployment and restoring economic growth;
- Step 2: returning to an operating cash surplus;
- Step 3: returning to operating surplus; and
- Step 4: stabilising debt levels.

a) How will DTF measure the effectiveness of the fiscal strategy?

b) For the following components, please quantify and provide the financial year this is expected to be realised:

- operating cash surplus
- operating surplus
- debt levels

Response

a)

b)

	$ million	Financial year
Operating cash surplus		
Operating surplus		
Debt levels		

DTF only – Gender Responsive Budgeting Unit **(Not Applicable)**

Question 38

a) What have been the main achievements of the Gender Responsive Budgeting Unit in relation to the development of the 2022-23 Budget?

b) How is the performance of the Gender Responsive Budgeting Unit being tracked or measured in the 2022-23 year?