Questions taken on notice and further information agreed to be supplied by the Department of Health and Human Services

1. Please advise the number of disposals and acquisitions of public housing stock between 2009-10 and 2014-15.

(Page 5 of the Department of Health and Human Services transcript)

Social housing: acquisitions and disposals	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*
Total social housing acquisitions*	3,221	3,756	2,066	1,928	930	655
Total social housing disposals	1,164	1,650	1,251	857	589	468

*Budget paper performance measure

There was a large number of acquisitions from 2009–10 through to 2012–13 due to additional funding as part of the Nation Building and Jobs Plan - Social Housing federal funding announced in February 2009.

2. Please advise what equipment was not able to be purchased as a result of the $10 million scope reduction for the Victorian Comprehensive Cancer Centre. Has any or all of this equipment been purchased as part of an alternative arrangement?

(Page 8 of the Department of Health and Human Services transcript)

The scope reduction reflects a decision taken in 2011 as to items agreed to be removed from the scope should the stakeholder funding target not be achieved.

The scope reduction for the Victorian Comprehensive Cancer Centre resulted in some specific items of equipment not being procured and the revision of budget allowance for some types of equipment – for example – 'research equipment' – these were not specified as individual items.

$4.46 million of the directed $10 million scope reduction relates to equipment, in the following categories:

<u>Items with Budget Removed</u>

- Cancer Imaging – General X-ray
- Cancer Imaging – Interventional U/S
- Research Equipment – unallocated
- Allied Health – unallocated
- Furniture (Children's Table and Chairs)
- Radiotherapy & Imaging Accessories
- Surgical Lasers
- Pneumatic Tourniquet
- Ultrasound Scanner Systems

… /cont. p. 2

Items with Budget Reduced

- Anaesthetic Equipment
- Biomedical Engineering Equipment
- Patient Monitoring (including Defibrillators)
- Surgical Microscope

Peter Mac advise none of the equipment items above table have been procured under 'alternative arrangements'. In most instances the equipment listed above is no longer required, or existing equipment will be relocated and replaced when funding becomes available in due course.

3. Regarding the paramedic scholarships and the rural and regional call referral service that were not funded (see p.6 of the Department's response to the Committee's general questionnaire),

a. Was this due to redirecting the funds elsewhere?

b. If so, what were the funds redirected to?

(Page 15 of the Department of Health and Human Services transcript)

Funding for the rural and regional call referral service, and the Rural Sponsored Degree Program, was redirected to support implementation of the '340 officers' initiative.

4. Regarding block funding of activities for 2014-15:

a. How much funding had been anticipated for 2014-15?

Leading up to 2014-15, advice from the Administrator of the National Health Funding Pool indicated that Victoria would receive $425.729 million in Commonwealth block funding through National Health Reform for 2014-15. Advice from the Administrator was updated in January 2015 to reflect a revised estimate of $458.304 million in Commonwealth block funding.

b. How much funding was received in 2014-15?

The *2014-15 Administrator of the National Health Funding Pool Annual Report* confirms that Victoria received Commonwealth block funding of $458.210 million in 2014-15.

c. What activities did this fund?

(Pages 20-21 of the Department of Health and Human Services transcript)

Through the National Health Reform Agreement, in 2014-15 the Commonwealth contributed to the following block funded activities: small rural hospitals; teaching, training and research; non-admitted mental health; and other non-admitted services.

5. Regarding the whooping cough immunisation program:

a. What was the prevalence of whooping cough in 2013–14?

In the financial year 2013-14, there were 3,031 cases of whooping cough notified in Victoria across all ages. Of these, 64 cases were in infants aged less than 12 months. Compared with previous years this is not considered to be an epidemic period for whooping cough. It is important to note that the number of notifications is an underestimate of the total prevalence of whooping cough cases in Victoria because not every infection is diagnosed and not every case is notified.

b. How many children were immunised during 2014–15?

During the financial year 2014-15 approximately 71,000 children by the age of five years were fully immunised against whooping cough. This represents 93 per cent vaccine coverage for whopping cough for five-year olds.

c. What was the effect of the reinstatement of the whooping cough immunisation program on the prevalence of whooping cough in 2014–15?

(Page 24 of the Department of Health and Human Services transcript)

The Parent Whooping Cough Vaccine Program recommenced on 1 June 2015. As the commencement of the program occurred 1 June 2015, it is not possible to measure the impact to the end of the financial year ending 30 June 2015.

Of interest, however, is the total number of whooping cough cases notified in infants aged less than 12 months. It declined to 26 cases between 1 June 2015 and 31 December 2015 compared with 81 cases in the same period for 2014.

6. For all reprioritisations affecting 2014-15 and its forward estimates, please advise:

a. the initiative or line item that funding was reprioritised from

The Department identifies funding for reprioritised programs as part of the annual budget build.

As part of the budget process savings are identified through a range of efficiencies in the Department and agencies. Similarly in a number of time-limited projects or initiatives are completed in any year freeing up funding that can be redeployed into either new projects or.

During the 2013-14 and 2014-15 budgets this approach was used to identify funding that was able to be redeployed to new initiatives. The New initiatives funded over 2013-14 and 2014-15 are included in part (c).

As funding is identified as part of the whole budget build process it is not possible to match individual sources to individual initiatives for smaller initiatives.

For the larger initiative:

Home and Community Care funding was sourced through previous State over matching.

A new funding model was introduced for health workforce undergraduate funding which redirected existing undergraduate funding combined this additional funding to introduce the new model.

NPA homelessness funding was sourced as part of the Housing budget process as described above.

b. the amount reprioritised

The amounts reprioritised and initiatives where the funding was reprioritised to are detailed in the table below (see part c.).

c. where that funding was reprioritised to.

(Page 25 of the Department of Health and Human Services transcript)

The amounts reprioritised and initiative where the funding was reprioritised to are detailed in the table below.

Department of Health and Human Services Initiatives funded from reprioritisation from 2014-15 and across the forward estimates				
BP3 Title	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Funding Type: Output	**$m**	**$m**	**$m**	**$m**
Right time right care – network for carers	0.07	Ongoing	Ongoing	Ongoing
Boosting community health services	3.08	3.15	3.23	Ongoing
HIV prevention – Community based rapid HIV testing	0.51	-	-	-
Home and community care	20.50	21.00	21.50	Ongoing
Improving cardiovascular disease health outcomes	5.81	5.47	5.60	Ongoing
Increasing the availability of information for senior Victorians	0.50	0.50	0.50	-
Infection prevention	2.50	-	-	-
Informing consumers about maternity care	0.16	-	-	-
Innovation and improvement funds	5.00	5.00	5.00	-
Skin cancer prevention – shade in public places	1.00	1.00	1.00	-
Training the future health workforce – GP proceduralists	0.74	0.76	0.78	Ongoing
Training the future health workforce – undergraduate	13.46	13.62	13.78	Ongoing
Gas heater servicing in public housing properties	1.83	1.88	1.93	Ongoing
Kids Under Cover	1.12	-	-	-
Government strategy to address ice use	0.30	0.10	0.10	0.10
ANZAC centenary 'Lest we Forget grants'	0.20	-	-	-
National Diabetes syringe scheme	0.97	1.21	1.49	1.82
National Partnership Agreement on Homelessness	21.40	16.47	13.80	9.20
Individualised support for people with a disability, their families and carers (to be reprioritised from the board and lodging model)	4.50	4.50	4.50	4.50
Total	**83.64**			
As per PAEC Question 21	83.35			
Difference – rounding	0.29			

7. Regarding the *Ice Action Plan*, please advise:

a. How many therapeutic day rehabilitation services have been provided during 2014-15?

b. Where are these services located?

(Pages 26-27 of the Department of Health and Human Services transcript)

The *Ice Action Plan* was announced in 2014-15 with funding for the therapeutic day rehabilitation services included in the 2015-16 Budget. Funding has been provided from 2015-16. The table below lists the nine providers of therapeutic day rehabilitation services and the primary local service areas.

Service provider	Local service area (LGA)
Ballarat Community Health	Ballarat, Horsham
Odyssey House Victoria	Wyndham, Melton, Maribyrnong
Goulburn Valley Alcohol and Drug Service	Greater Shepparton, Mitchell
Sunraysia Community Health	Mildura
Stepping Up Consortium	Greater Geelong
Western Regional Alcohol and Drugs	Warrnambool, Glenelg
UnitingCare Regen	Casey, Cardinia
Latrobe Community Health	Latrobe
The Salvation Army/Mind Australia	Greater Bendigo

While therapeutic day rehabilitations services are provided as a statewide service, service providers nominated the communities that they would primarily serve. Some providers adopt a flexible approach to delivery and may utilise a variety of sites to deliver services to best meet the needs of the client group.

8. Regarding the 4.6 per cent increase in employee benefits between 2012-13 and 2013-14:

a. How much of this increase is attributable to increased activity at health services?

b. How much of this increase is attributable to increases under EBAs?

(Page 29 of the Department of Health and Human Services transcript)

Employee benefits grew 4.58 per cent from 2012-13 to 2013-14. Of this growth in employee benefits, 2.34 per cent was due to growth in Full Time Equivalent staffing, which is directly related to service growth in funded activities. The balance was due to a 0.25 percent increase in the superannuation guarantee levy, the impact of enterprise bargaining agreements and productivity improvements.

9. Please provide staff numbers for the combined DOH and DHS and the new DHHS for 30 June 2013, 30 June 2014 and 30 June 2015, disaggregated by both VPS level (including EO) and region (including Lonsdale St).

(Page 30 of the Department of Health and Human Services transcript)

The Department of Health and Human Services (the department) recruits on a needs basis within strict budget guidelines to meet its service delivery objectives. It is for this reason that the department continues to build a highly dedicated and professional workforce. The demographic profile at each period reflects the classification and location profile required in order for the department to deliver these objectives.

Staff numbers for the combined Department of Health and Department of Human Services and the new Department of Health and Human Services for 30 June 2013, 30 June 2014 and 30 June 2015 (disaggregated by both Victorian Public Service level – including Executive Officer, head office and region) is listed as follows:

- The increase in Full Time Equivalent staffing is also reflective of Machinery of Government changes which, at 30 June 2015, included 56 Full Time Equivalent staff from Sports and Recreation Victoria (although they were not included in the 30 June 2014 or 30 June 2013 levels).
- Almost 80 per cent of the department's employees work in regional locations, mainly in service delivery roles.

Table 1: Workforce FTE by Location

Table 1	2012-13	2013-14	2014-15
	FTE Total	FTE Total	FTE Total
Location			
Central	2,438.6	2,454.8	2,593.0
East	2,000.2	2,039.1	1,992.1
North	2,650.6	2,663.2	2,696.5
South	1,820.6	1,830.3	1,820.9
West	2,047.7	2,025.5	2,082.6
Total	**10,957.7**	**11,012.9**	**11,185.1**

Table 2: Workforce FTE by Classification

Table 2	2012-13	2013-14	2014-15
	FTE Total	FTE Total	FTE Total
Classification			
EX01	6.0	6.0	6.0
EX02	47.8	47.8	55.0
EX03	62.0	65.7	62.7
Other	7,261.3	7,287.0	7,334.4
Senior Technical Specialist	15.0	15.6	17.0
VPS-1	23.4	15.9	8.1
VPS-2	385.4	340.0	338.2
VPS-3	535.4	515.4	527.3
VPS-4	715.4	711.4	741.8
VPS-5	1,207.8	1,232.9	1,274.8
VPS-6	698.2	775.3	819.7
Total	**10,957.7**	**11,012.9**	**11,185.1**

Notes

- Data has been aggregated as though the Department of Health and Human Services existed from 30.6.2013
- Data which creates the annual report profiles have been used in this profile
- Former Department of Health locations have been mapped to reflect the current location structure of the Department of Health and Human Services

10. Regarding the *Community Facility Funding Program*:

a. How much remained in this fund that was subsequently used to partly fund the new *Community Sports Infrastructure Fund*?

The Community Facility Funding Program was fully allocated in the 2014-15 financial year, as such no funding from this fund was used to partly fund the Community Sports Infrastructure Fund.

b. How much of the *Community Sports Infrastructure Fund* had been committed through election commitments in 2014-15?

(Page 33 of the Department of Health and Human Services transcript)

No funding was committed in the 2014-15 financial year from the Community Sports Infrastructure Fund, including for election commitments. Program funding commenced in 2015-16, and funding will be committed to projects within specified categories following an application process.

11. Regarding the $300,000 integrity in sport program:

a. Please advise the achievements and outcomes of the program.

Some of the key achievements of the program are:

- analysis into betting markets in Victorian sport, providing a better understanding of the scope and breadth of betting occurring at the sub-elite level
- research into how national level initiatives on promoting integrity have impacted Victorian sub-elite and community level sporting competitions
- the Victorian Sport Integrity Capability Analysis, which found that there is a general lack of awareness and understanding of integrity in sport issues in sub-elite and community level sport. The analysis was presented to stakeholders at the Sport Minister's forum (July 2015).

The Department is currently working with a group of sports to pilot integrity self-assessment tools for use by sub-elite and community level sports organisations to help identify and address potential integrity vulnerabilities within their sports. This increased capacity will improve the integrity framework for Victorian sport.

b. Please advise whether the program is continuing.

(Pages 33-34 of the Department of Health and Human Services transcript)

The program itself was funded for one year only (2014-15), however, due to a carryover of some funding activity has continued into the 2015-16 financial year.

12. The department reported that the 2009 Victorian Bushfire Appeal trust account had a balance of $6.0 million. Please advise what the Department anticipates will happen with the trust fund.

(Page 35 of the Department of Health and Human Services transcript)

The balance of the 2009 Victorian Bushfire Appeal trust account, as at 29 February 2016, is $3,228,463.62. The Victorian Bushfire Appeal Fund Independent Advisory Panel, chaired by Pat McNamara, continue to meet and assess the progress of the Fund, and will make any decisions regarding the use of undisbursed funds. The account will be closed and the Victorian Bushfire Appeal Fund itself will be deregistered with the Australian Charities and Not-for-profits Commission once all funds have been disbursed from the trust.

13. Please provide further detail on the data and methodology used for the current performance measure on client satisfaction with the Office of Disability.

(Page 35 of the Department of Health and Human Services transcript)

The measure 'Client Satisfaction with advice provided' was designed to reflect delivery of two specific time-limited programs - Disability Action Plan training and a Community Awareness Campaign.

Since the programs have concluded the measure has reported 100 per cent client satisfaction as no complaints have been received about the performance of the Office of Disability from external stakeholders.

The Department is currently reviewing this measure as part of its annual performance measures review process and will consider the feedback from Public Accounts and Estimates Committee in this review.

14. Regarding the line item 'other income'[1] in the operating statement, please advise:

a. The major components of this item.

b. How and why each component has varied over time and against expectations.

c. How this item may assist hospital funding in future.

(Pages 35-36 of the Department of Health and Human Services transcript)

The category of other income predominately relates to the hospital portfolio.

The major components of this item are: donations, both of a capital and general nature; fundraising; research revenue; salary recoveries from private and denominational hospitals; and, non-salary recoveries from external organisations (such as private hospitals and universities).

The majority of the salary recoveries relate to medical staff on rotation from public hospitals to private hospitals and denominational hospitals.

The nature of non-salary recoveries includes such things as specialised diagnostic testing provided to private hospitals, revenues related to joint ventures and income for special projects.

This category is also used to record a range of miscellaneous revenue items such as outpatient pharmaceutical benefit income and reimbursements from the Commonwealth for the headspace program.

The revenue from these sources fluctuates and is difficult to estimate as it is does not follow a consistent pattern.

[1] Reference is to the 2013-14 and 2014-15 Financial and Performance Outcomes Questionnaire for **Department of Human Services, p.19**

15. Please advise why the Victorian palliative care satisfaction survey is not being continued.

(Pages 36-37 of the Department of Health and Human Services transcript)

The agreement between the Department of Health and Human Services and Palliative Care Victoria to administer the Victorian Palliative Care Satisfaction Survey ended in December 2014.

In its place, Victoria will adopt a Patient and Carer Experience Survey as the principal method of capturing patients' self-reported experience of their encounters with Victorian palliative care services. This will provide a better a statewide measure of how consumers and carers feel about their palliative care experiences and identify areas for improvement.

The survey questions will be based on international research and build on Victoria's previous work in relation to patient experience data.

It is anticipated the palliative care patient and carer experience survey questions will align with the Victorian Health Experience Survey to reduce health service duplication of effort.

Survey questions will be developed in consultation with stakeholder groups and will be validated through cognitive testing with local consumers.

The survey will enable health services and funded palliative care agencies to improve their consumer focus on improvement activity.