

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2024-25 Budget Estimates questionnaire

Department of Health

Contents

| | |
|---|-----|
| Contents | 1 |
| Questionnaire information..... | 3 |
| Major initiatives..... | 4 |
| Strategic issues | 27 |
| Revenue and expenditure – variances | 32 |
| Revenue initiatives – new and changed | 37 |
| Expenditure – new programs and initiatives (output and asset) | 38 |
| Expenditure – lapsing programs (output initiatives, including grants) | 44 |
| Public Private Partnerships – expenditure | 76 |
| Public Private Partnerships – expected and actual benefits | 78 |
| Major project contracting – DTP only | 86 |
| Performance measures – new..... | 92 |
| Performance measures – modifications..... | 94 |
| Performance measures – discontinued..... | 114 |
| Contractors | 124 |
| Consultants..... | 126 |
| Labour Hire arrangements | 131 |
| Enterprise Bargaining Agreements..... | 133 |
| Advertising – expenditure | 134 |
| Relationship between the Commonwealth and Victoria | 135 |
| Climate Change..... | 163 |
| Gender Responsive Budgeting | 166 |
| Community consultation on budget initiatives | 188 |
| Early Intervention Investment Framework | 189 |
| Victoria’s Housing Statement | 192 |
| Cyber security | 193 |
| Cyber security – DGS only..... | 196 |
| Health spending – DH only | 197 |
| Large scale infrastructure projects – DTF/DTP only | 200 |
| Economic forecast – DTF only | 201 |
| Grants – DTF only | 205 |
| Equity funding – DTF only..... | 208 |
| Land transfer duty – DTF only | 209 |
| Public Private Partnerships – modifications and accountability – DTF only | 210 |

Net Debt – DTF only..... 211
Medium term fiscal strategy – DTF only 214
Long term financial management objectives – DTF only 216
Gender Responsive Budgeting Unit – DTF only..... 218

Questionnaire information

The Committee's inquiry into the 2024-25 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 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 8 May 2024**.

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 9 should be sent (in the format received) to: paec@parliament.vic.gov.au.

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.

Machinery of government changes

For initiatives (including output, asset and savings initiatives) that have been subject to any prior machinery of government changes, the Department with responsibility for the initiative at the time of the 2024-25 Budget is the relevant reporting Department for this inquiry.

Specific guidance

Additional guidance is provided for particular questions in the questionnaire.

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

paec@parliament.vic.gov.au or 03 8682 2867.

Kathleen Hurley, Financial Analyst at kathleen.hurley@parliament.vic.gov.au

Charlotte Lever, Lead Analyst at charlotte.lever@parliament.vic.gov.au

Mathias Richter, Analyst at mathias.richter@parliament.vic.gov.au

Major initiatives

Question 1

What progress has been made in implementing the major initiatives/programs identified in the 2023-24 Budget for the Department. Please identify a minimum of five initiatives/programs.

Response

Note output funding amounts are taken from the published 23-24 BP3

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|----|---|---|----------------|---|---|--|
| 1. | Giving women's health the focus and funding it deserves | To strengthen the services and system available to support a life course approach to women's health, through ensuring availability of dedicated primary and specialist women's clinics providing evidence-based and patient-centred healthcare. | \$23.8m | <ul style="list-style-type: none"> Tranche 1 of 5 women's health clinics launched 2 April 2024 – sites are Northern Health, Royal Women's Hospital, Peninsula Health, Grampians Health and Barwon Health. Establishment of the Victorian Women's Health Advisory Council. Development of a Women's Health Outcomes Framework is underway. On track for allocation on \$1m in scholarships for Women's health clinics and Sexual and Reproductive Health hubs' workforce. Launch of the inquiry into women's pain. Inquiry's submissions and engage survey for clinicians, girls, women and their carers launched. Sexual and reproductive health hubs launched in Mitchell Shire, Mildura and the City of Whittlesea. Business case development for the Women's Health Research Institute is underway. | <p>8 new women's health services launched: 5 clinics in hospitals/health services and 3 hubs in community health centres.</p> <p>Public submissions via Engage Victoria invited on the Inquiry into Women's Pain.</p> | This initiative supports the DH strategic direction of 'Keeping people healthy and safe in the community'. |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|----|--|--|-------------------|---|---|--|
| | | | | <ul style="list-style-type: none"> On track for delivering additional 1200 laparoscopies to diagnose and treat endometriosis by June 2024. 12 Women's Health Support and Wellbeing Groups established in Victoria through funding provided to NGOs. Work on a Women's Health Dashboard has commenced. | | |
| 2. | Public fertility services care for more Victorians | Funding to extend public fertility care services to June 2026 and expand to deliver more treatment cycles every year once fully operational, enabling more Victorians to access services including those living in regional areas. | \$4.5m | <ul style="list-style-type: none"> First public fertility laboratory and egg and sperm bank at Royal Women's Hospital is operational. Network of satellite sites launched and operational, including Epping, Bendigo, Shepperton, Geelong, Sunshine, Mildura, Warrnambool, Ballarat and Heidelberg. Over 2,000 patients have started a treatment journey since program commencement. | Nil relevant BP3 measures but over 2,000 women have started a treatment journey since program commencement. | This initiative supports the DH strategic direction of 'Providing care closer to home'. |
| 3. | More support for mums, dads and babies | Responsive health care for mums, dads, babies and children. Capacity boost for maternal and child health care services. Improved access to services, better family engagement, early intervention. | \$15.5m | <ul style="list-style-type: none"> Phase 1 of additional Universal Maternal and Child Health care hours completed, with year one funding distributed to MCH services. Baby bundle continues to be provided to first-time parents. First funding rounds to Dads' group and multicultural story-time grant recipients completed. Funding provided to The Nappy Collective and Olivia's Place. | The nine initiatives that comprise the package are all on track or have been completed. | This initiative supports the DH strategic direction of 'Keeping people healthy and safe in the community'. |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|----|--|--|-------------------|---|--|---|
| | | | | <ul style="list-style-type: none"> First round funds for lactation consultation initiatives distributed. Funding provided to establish the Aboriginal dedicated Early Parenting Centre (EPC) in Frankston. Feasibility planning commenced for the Northcote EPC. | | |
| 4. | Supporting our GPs | Funding to increase primary care access through \$40,000 grants to incentivise doctors to undertake GP training. | \$16m | <ul style="list-style-type: none"> Program established. Service agreements in place with GP colleges and first payment instalment made for the 2024 intake. | <p>First payment instalments of \$10,000 made in March 2024 to first trainee cohort of 2024.</p> <p>A total of 304 grants have been awarded during the first round in 2024 (261 by the Royal Australian College of GPs (RACGP)) and 43 by the Australian College of Rural and Remote Medicine (ACRRM)). There will be another later in 2024 to award the remaining 96 grants for 2024 (400 total).</p> | This initiative supports the DH strategic direction of 'Providing care closer to home'. |
| 5. | Supporting the next generation of paramedics | To establish a new Paramedic Practitioner role in Victoria, providing | \$2.4m | <ul style="list-style-type: none"> Monash University is engaged to develop and deliver the new Paramedic Practitioner Master's program. | 30 scholarship students are undertaking a Paramedic | This initiative supports the DH strategic priority of 'A stronger and |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|----|---|--|-------------------|--|--|--|
| | | <p>government-funded scholarships to support further training, and deliver 25 paramedic practitioners on the road by the end of 2026.</p> <p>Funding for training and deployment of paramedic practitioners and Mobile Intensive Care Ambulance (MICA) paramedics and funding contribution to Australia's first Centre for Paramedicine to support education and training.</p> | | <ul style="list-style-type: none"> The Paramedic Practitioners Master's program commenced on 19 February 2024 with 30 scholarship students. Progress is underway on the service delivery model and scope of practice for Paramedic Practitioners to support the program. Business case for Centre for Paramedicine completed and DH working closely with Victoria University and Ambulance Victoria to progress development of the Centre. Planning for implementation of 40 MICA paramedics is ongoing. | <p>Practitioner qualification (Master of Paramedic Practitioner), commencing in the 2024 academic year.</p> <p>Implementation plan agreed between the Department of Health and Victoria University. Detailed project design underway. Funding for 2023-24 provided according to budgeted allocation.</p> | more sustainable health workforce'. |
| 6. | Backing pharmacists to boost our health system (Also referred to as the Community Pharmacist Statewide Pilot) | Deliver a 12-month pilot to test an expanded role for community pharmacists to provide some treatments for common low risk conditions. | \$18.9m | <ul style="list-style-type: none"> Legislative reforms to the Drugs Poisons and Controlled Substance (DPCS) Act (1981) received Royal Assent on 15 Aug 2023, and DPCS Regulations (2017) were made on 3 Oct 2023. Pilot launched on 27 Oct 2023 with services for urinary tract infections and oral contraceptive pills. | Nil BP3 measures. | This initiative supports the DH strategic priority 'Moving from competition to collaboration'. |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|----|--|--|---|---|--|---|
| | | | | <ul style="list-style-type: none"> Travel health and vaccinations were added in Nov 2023. Treatment for: herpes zoster (shingles) and acute exacerbation of mild plaque psoriasis went live from 1 March 2024. As at 20 February 2024 there were 729 participating pharmacies and over 3700 services were provided. | | |
| 7. | Hospital infrastructure delivery fund | Planning for the delivery of major investments at seven hospitals across the state to boost capacity, improve infrastructure and ensure high quality care. | \$320m TEI (asset) Estimated 23-24 expenditure \$78,506 (source BP4 23-24) | <ul style="list-style-type: none"> Project teams have been stood up for each of the seven projects. Planning and development activities have commenced across all seven. Austin Hospital upgrade business case completed. Northern Hospital upgrade business case completed. A bigger, better Monash Medical Centre business case completed. | Nil BP3 measures | This initiative supports the DH strategic direction of 'a safe and sustainable health, wellbeing and care system'. |
| 8. | Responses to the Royal Commission into Victoria's Mental Health System | 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 | \$153.1 million in 2023-24 (source: BP3 23-24, pp 55,66) | <ul style="list-style-type: none"> 15 Mental Health and Wellbeing Locals have been established with Local Services 7-15 (Tranche 2) having commenced operations in December 2023 with wellbeing supports via telehealth. Local Services 7-15 are progressively scaling up and are now offering outreach services. The first six are fully operational and accepting walk-ins. Three Children's Health and Wellbeing Locals were established in Brimbank Melton, Loddon and Southern Metropolitan Melbourne. | <i>Work is underway on 90 percent of Royal Commission's recommendations and eleven Commission recommendations have been acquitted in full.</i> | This initiative contributes to the Government's commitment to implement recommendations of the Royal Commission into Victoria's Mental Health System. |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|---|--|--|-------------------|---|---|---|
| | | | | <ul style="list-style-type: none"> Construction is progressing well on the Thomas Embling Bed Expansion. Mentally Healthy Workplaces Framework and supporting tools and resources have been published. Consortium to establish Transforming Trauma Victoria was appointed. Improving access and equity of service delivery. Construction completed of 22 new mental health beds at Royal Melbourne Hospital. Continued delivery of the 24 Hospital in the Home beds trial for a further two years at Royal Melbourne Health (as part of Orygen Specialist Program) and Barwon Health. Committed funding to operationalise 12 eating disorder beds at Victoria's first public Residential Eating Disorder Treatment Centre (RED-TC), to be operated by Alfred Health. Construction of the service is expected to be complete in the 24-25 Financial Year | | |
| 9 | Strengthening life-long Aboriginal health and wellbeing (Urgent Care Pathways) | Urgent Care Pathways (UCP) funding to Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver culturally informed, prevention focused | \$4.3m | <ul style="list-style-type: none"> Urgent Care Pathways funding allocated to seven ACCHOs following extensive consultation. | Nil (ACCHO reports that determine the extent that the performance measure was met will be provided to the department in July 2024). | This initiative supports the DH strategic direction of 'improving Aboriginal health and wellbeing'. It also addresses a key commitment of the Victorian |

| | Major initiatives/ programs | Objectives | Output (23/24) | Activities undertaken | Progress against performance measures as at 30 April 2024 | Progress achieved against key Government outcomes |
|--|--------------------------------|--|-------------------|-----------------------|--|---|
| | | episodes of care to Aboriginal Victorians | | | | Government under the National Agreement for Closing the Gap, Aboriginal Health and Wellbeing Partnership Forum Agreement and Action Plan (endorsed by Cabinet in March 2023) and the priorities under the Victorian Aboriginal Affairs Framework. |

Question 2

For each of the output initiatives detailed in the 2021-22 Budget, 2021-22 Budget Update, 2022-23 Budget, 2022 Victorian Economic and Fiscal Update, 2023-24 Budget and the 2023-24 Budget Update that have allocated funding in 2023-24 and 2024-25, please detail (on the same basis of consolidation as the budget papers):

- the original funding allocation for 2023-24 and 2024-25
- the current expected funding allocation for 2023-24 and 2024-25
- an explanation for any variances between the current funding and what was originally published in the budget papers when the initiative was announced. If machinery of government changes affected the implementation of these initiatives, please detail how.

Response

Table 1: Output Initiatives Original and Expected Funding Allocations

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|-----------------------------------|-------------------|--|--|--|--|--|----------------------------------|
| 2021-22 Budget¹ | 100 000 lives | 13.5 | 18.7 | Increase due to budget rephase from prior years. Elements of the program were delayed due to the COVID response. | 11.9 | 11.9 | |

¹ Department of Treasury and Finance, "Victorian Budget 2021/22 Creating Jobs, Caring for Victorians Service Delivery Budget Paper No. 3", 2021, p. 59, <https://www.dtf.vic.gov.au/2021-22-state-budget/2021-22-service-delivery>.

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|--|--|--|----------------------------------|
| | Driving shorter wait lists and better outcomes from elective surgery | 0.2 | 0.2 | | 0.1 | 0.1 | |
| | Enabling a high-quality, efficient public pathology system | 12.4 | 12.4 | | 13.9 | 13.9 | |
| | Healthshare | 41.6 | 41.6 | | 32.9 | 32.9 | |
| | Meeting demand for hospital services | 761.0 | 761.0 | | 780.1 | 780.1 | |
| | Modernising Victoria's health system through governance reform | 8.8 | 8.8 | | 9.3 | 9.3 | |
| | Public fertility care services for Victoria | 19.5 | 24 | Increase in budget is due to additional public fertility funding allocation in the 2023-24 Budget. | 22.7 | 22.7 | |
| | Ambulance demand | 25.9 | 25.9 | | 26.6 | 26.6 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|------------------------------|---|--|--|--|--|--|--|
| | Ambulance Victoria sustainability | 50.7 | 50.7 | | 51.6 | 51.6 | |
| | Victorian Fixated Threat Assessment Centre | 17.9 | 17.9 | | 18.3 | 18.3 | |
| | Responding to community-based healthcare demand | 1.0 | 1.0 | | 1.1 | 1.1 | |
| | Public health and local place-based delivery | 8.5 | 9.7 | Increase due to budget rephase from prior years. Planned enhancements were delayed, leading to rescheduling of work. | 4.7 | 5.2 | Increase due to budget rephase from prior years. Planned enhancements were delayed, leading to rescheduling of work. |
| 2021-22 Budget Update | NIL | NIL | NIL | NIL | NIL | NIL | NIL |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|-----------------------------------|--|--|--|---|--|--|----------------------------------|
| 2022-23 Budget² | A safe and engaged workforce | 1.7 | 1.7 | | 0.6 | 0.6 | |
| | Better at Home | 143.6 | 145.1 | Increase due to budget rephase from prior years. Project timelines for a component of this program were revised to account for a range of factors including the ongoing impacts of COVID-19 and floods. | 174.7 | 174.7 | |
| | COVID catch-up plan | 621.6 | 621.6 | | 44.9 | 44.9 | |
| | Enabling care and meeting demand for hospital services | 465.1 | 465.1 | | 289.1 | 289.1 | |

² Department of Treasury and Finance, "Victorian Budget 2022/23 Putting Patients First Service Delivery Budget Paper No. 3", 2022, pp 54-55, <https://www.dtf.vic.gov.au/2022-23-state-budget/2022-23-service-delivery>.

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|---|--|--|----------------------------------|
| | Equitable cancer care and prevention | 2.8 | 2.8 | | 4.2 | 4.2 | |
| | Funding for statutory bodies and reforms | 1.5 | 1.9 | Increase due to budget rephase from prior years. Funding was rephased to align with project milestones. | .. | .. | |
| | Providing additional bed capacity through modular facilities | 19.5 | 19.5 | | .. | .. | |
| | Supporting our maternity workforce | 5.2 | 5.2 | | .. | .. | |
| | Supporting our frontline ambulance services | 30.9 | 30.9 | | 27.6 | 27.6 | |
| | LGBTIQA+ Strategy implementation | 0.7 | 0.7 | | .. | .. | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|---|---|---|---|---|---|---|
| | Responding to community-based healthcare demand and delivering enhanced service responses | 0.8 | 0.8 | | .. | .. | |
| | Community Health Care: Supporting community sector jobs | 7.2 | 7.2 | | 6.2 | 6.2 | |
| | Better outcomes for substance use and addiction | 2.8 | 2.8 | | 1.4 | 1.4 | |
| | Investing in a thriving North Richmond | 0.2 | 0.2 | | 0.2 | 0.2 | |
| | Decriminalising the sex work industry | 1.4 | 1.4 | | .. | .. | |
| | Public health and local place-based delivery | 11.3 | 11.3 | | 1.7 | 1.7 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|---|---|---|---|---|---|
| | Standing with our health workforce – investing in our future health workforce | 32.0 | 32.0 | | 0.5 | 0.5 | |
| | Strengthening Victoria's interface with the National Disability Insurance Scheme | 39.3 | 39.3 | | .. | .. | |
| | Closing the gap – universal early years healthcare | 2.0 | 2.0 | | 2.1 | 2.1 | |
| | Contemporary information architecture for mental health and wellbeing | 0.2 | 0.2 | | 1.2 | 1.2 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|---|---|--|---|---|---|
| | Develop and expand high-quality and therapeutic bed-based services | 57.0 | 57.0 | | 62.5 | 62.5 | |
| | Improving safety in mental health intensive care areas | .. | .. | | 1.1 | 1.1 | |
| | Mental health and wellbeing legislative reforms | 10.9 | 10.9 | | 1.4 | 1.4 | |
| | Promoting good mental health and wellbeing in all communities | 7.8 | 7.8 | | 7.2 | 7.2 | |
| | Strengthening community-based services | 23.2 | 23.3 | Increase due to budget rephase from prior years. | 21.1 | 21.1 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|----------------------------------|--|--|----------------------------------|
| | Strengthening and supporting the mental health and wellbeing workforce | 94.6 | 94.6 | | 100.6 | 100.6 | |
| | Strengthening palliative care in the community | 14.0 | 14.0 | | .. | .. | |
| 2022 Victorian Economic and Fiscal Update³ | Improving access to emergency care | 4.8 | 4.8 | | .. | .. | |
| | Supporting decriminalisation of public intoxication | 20.1 | 20.1 | | .. | .. | |
| | Support for primary care to protect our hospitals | 24.0 | 24.0 | | .. | .. | |
| | Making it free to study nursing and midwifery | 74.5 | 74.5 | | 43.1 | 43.1 | |

³ Department of Treasury and Finance, "2022 Victorian Economic and Fiscal Update", 2022, p. 90, <https://www.dtf.vic.gov.au/economic-and-financial-updates/2022-victorian-economic-and-fiscal-update>.

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|-----------------------------------|---|--|--|----------------------------------|--|--|---|
| | Maternal and child health workforce package | 4.8 | 4.8 | | .. | 3.0 | Increase due to a budget rephase of \$3m in funding for the MCH system replacement project from 22-23 to 24-25 to better align to the project milestones. |
| 2023-24 Budget⁴ | Giving women's health the focus and funding it deserves | 23.8 | 23.8 | | 36.7 | 36.7 | |
| | Maintaining a PPE supply and stockpile | 45.3 | 45.3 | | .. | .. | |
| | Meeting the needs of Victorian public hospital services | 560.7 | 560.7 | | 574.8 | 574.8 | |

⁴ Department of Treasury and Finance, "Victorian Budget 2023/24 Doing What Matters Service Delivery Budget Paper No. 3", 2023, pp. 54-55, <https://www.dtf.vic.gov.au/2023-24-state-budget/2023-24-service-delivery>.

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|----------------------------------|--|--|----------------------------------|
| | More support for our nurses and midwives | 8.3 | 8.3 | | 31.2 | 31.2 | |
| | Pathways to Home | 9.1 | 9.1 | | .. | .. | |
| | Public fertility services care for more Victorian families | 4.5 | 4.5 | | 22.7 | 22.7 | |
| | Rare diseases and cancer: highly specialised therapies | 24.9 | 24.9 | | 25.5 | 25.5 | |
| | Safer digital healthcare program 2023-24 | 19.3 | 19.3 | | 19.783 | 19.783 | |
| | Supporting the next generation of paramedics | 2.4 | 2.4 | | 8.0 | 8.0 | |
| | System-wide improvements to support timely emergency care | 117.4 | 117.4 | | 44.3 | 44.3 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|----------------------------------|--|--|----------------------------------|
| | Backing pharmacists to boost our health system | 18.9 | 18.9 | | .. | .. | |
| | Doing what matters for local communities – community health | 0.2 | 0.2 | | .. | .. | |
| | Prevention and early intervention of chronic and preventable health conditions | 41.9 | 41.9 | | .. | .. | |
| | Community Health Care-Supporting Community Sector Jobs | 6.0 | 6.0 | | 6.4 | 6.4 | |
| | Supporting local communities and high-quality care for Victorians | 0.2 | 0.2 | | .. | .. | |
| | Supporting our GPs | 16.0 | 16.0 | | 16.0 | 16.0 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|---|--|--|----------------------------------|--|--|----------------------------------|
| | Targeted health support for children in care | 4.6 | 4.6 | | 8.7 | 8.7 | |
| | Alcohol and other drug treatment, support and harm reduction services | 51.2 | 51.2 | | 51.4 | 51.4 | |
| | Health based response to public intoxication | 25.4 | 25.4 | | 26.9 | 26.9 | |
| | Supporting workers through alcohol and other drug issues | 2.0 | 2.0 | | 5.0 | 5.0 | |
| | Public Health Victoria | 73.9 | 73.9 | | 51.3 | 51.3 | |
| | Victoria's Pandemic Program | 44.0 | 44.0 | | .. | .. | |
| | Maximising our health workforce | 15.3 | 15.3 | | .. | .. | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|--|--|----------------------------------|--|--|----------------------------------|
| | More support for mums, dads and babies | 15.5 | 15.5 | | 15.6 | 15.6 | |
| | Research boost to fight childhood cancer | .. | .. | | 7.2 | 7.2 | |
| | High quality and therapeutic bed based services | 45.2 | 45.2 | | 49.0 | 49.0 | |
| | Implementing the new Mental Health and Wellbeing Act | 23.6 | 23.6 | | 18.4 | 18.4 | |
| | Improving access and equity of service delivery | 28.0 | 28.0 | | 13.0 | 13.0 | |
| | Mental Health and Wellbeing Locals | 22.5 | 22.5 | | 25.5 | 25.5 | |
| | Mental health support for emergency service workers | 2.9 | 2.9 | | .. | .. | |
| | Priority suicide prevention and response efforts | 7.5 | 7.5 | | 5.0 | 5.0 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|--|---|---|---|---|---|---|
| | Strengthening and supporting the mental health and wellbeing workforce | 4.1 | 4.1 | | 4.2 | 4.2 | |
| | Mental health crisis and emergency responses | 5.8 | 5.8 | | 2.0 | 2.0 | |
| | Specialist forensic mental health services | 13.5 | 13.5 | | 20.6 | 20.6 | |
| | Community hospitals commissioning | 4.7 | 4.7 | | 9.7 | 9.7 | |
| | Better services for older people in aged care settings | 34.3 | 34.3 | | 3.9 | 3.9 | |

| | Output initiative | Original funding allocation for 2023-24 (\$ million) | Current expected funding allocation for 2023-24 (\$ million) | Explanation of variance (if any) | Original funding allocation for 2024-25 (\$ million) | Current expected funding allocation for 2024-25 (\$ million) | Explanation of variance (if any) |
|--|---|--|--|----------------------------------|--|--|----------------------------------|
| 2023-24 Budget Update⁵ | Drug Treatment and Rehabilitation: Supporting community sector jobs | 18.6 | 18.6 | | 19.3 | 19.3 | |

⁵ Department of Treasury and Finance, "Victorian Budget 2023/24 Doing What Matters 2023/24 Budget Update", 2023, p. 127, <https://www.dtf.vic.gov.au/2023-24-state-budget/2023-24-budget-update>.

Strategic issues

Question 3

In order of priority, please **list the five most significant strategic issues** that influenced the development of the Department's estimates for the 2024-25 financial year. Please describe how the Department will address these issues in 2024-25.

Response

| | Strategic issue | How the Department will address the issue in 2024-25 | What progress, if any, has been made as at 30 April 2024, if applicable |
|----|---|---|---|
| 1. | Financial sustainability | <p>The department will progress a range of initiatives aimed at meeting the needs of Victorian Public Hospital services.</p> <p>Price uplift and timelier release of the modelled budgets, which will entail a review of pricing structures and a recalibration of expected activity targets.</p> | Design of sector directives to enhance service efficiency and effectiveness (quality) and manage cost growth. |
| 2. | Workforce and building capacity/commissioning | <p>Workforce <i>Strengthening the sustainability of Victoria's health workforce</i> continues previous investments by the Victorian Government to increase supply and enhance support for healthcare workers. It will deliver initiatives that will progressively build a modern, co-ordinated, and affordable approach to health workforce.</p> <p><i>Growing the mental health workforce</i> builds on previous investments made by the Victorian Government to expand, support, and build the capability of the mental health and wellbeing workforce.</p> <p>Building hospital capacity and service commissioning Funding in 2024-25 will support the operationalisation of services at some new health infrastructure facilities and</p> | <p>Workforce Continued investment has resulted in the growth of the number of doctors, nurses and other staff in Victoria's public health system since 2015. From 2015 to 2023, the number of nurses and midwives in Victoria's public hospitals has grown by 33 per cent (12,040 additional FTE of nurses and midwives) and the number of doctors has increased by 59 per cent (5,567 additional FTE of doctors).</p> <p>Building hospital capacity and service commissioning Over many years, this government has invested in the refresh, expansion and building of hospital facilities, to meet the increasing and changing demands for acute hospital services by the Victorian community. This includes the Victorian Heart Hospital, The Royal Children's Hospital</p> |

| | Strategic issue | How the Department will address the issue in 2024-25 | What progress, if any, has been made as at 30 April 2024, if applicable |
|----|---|--|---|
| | | provide more accessible care at hospitals located in major growth areas. | Expansion, and the Royal Victorian Eye and Ear Hospital redevelopment. |
| 2. | System wide improvements to support timely emergency care | <p>The department will continue to progress a range of initiatives to ensure Victorians’ urgent health needs are met and to relieve pressure on emergency departments.</p> <p>The Better at Home program will continue to create additional inpatient capacity, by providing people with care at home.</p> <p>Funding in 2024-25 will support the continued growth of home-based virtual care across Victorian hospitals through this program.</p> <p>Funding will also support the continued operation of 29 Priority Primary Care Centres across Victoria as alternative services to emergency departments for patients to receive care for urgent, non-emergency issues.</p> <p>Services for Ambulance Victoria’s paramedics to connect patients to alternative care services at the point of call and infield will also be funded. These services include an expanded Secondary Triage Service allowing over 200 additional patients to be assessed each day, and the continuation of 22 Medium Acuity Transport Services which will free up emergency crews by 14 per cent.</p> <p>\$235 million over four years has been provided to expand the Victorian Virtual Emergency Department (VVED) to provide an average of 750 free virtual emergency care via</p> | <p>Ambulance Victoria’s Secondary Triage service connects around 20 per cent of all Triple Zero ambulance callers to alternative providers. Its Medium Acuity Transport Services have responded to 90 patients a day on average, freeing up emergency crews by 14 per cent.</p> <p>The Better at Home program provides home-based admitted care services to 15,000 Victorians annually.</p> <p>The Victorian Virtual ED (VVED) has seen 256,000 patients between October 2020 and February 2024. It helped 86 per cent of those patients avoid unnecessary trips to hospital. A further \$235 million over four years is being invested to double the VVED’s capacity so it can assist 1,000 patients every day.</p> <p>Improvements in the timeliness of emergency care have also been achieved through the Timely Emergency Care Collaborative. The Collaborative has implemented clinician-led improvements across emergency departments, inpatient wards and hospital-wide operational management functions.</p> <p>Between February 2023 and 2024, the Collaborative has:</p> <ul style="list-style-type: none"> reduced the average emergency department length of stay for admitted patients by 54 minutes and non-admitted patients by 16 minutes; |

| | Strategic issue | How the Department will address the issue in 2024-25 | What progress, if any, has been made as at 30 April 2024, if applicable |
|----|---|---|--|
| | | <p>video consultations per day in 2024-25 for adults and children experiencing non-life-threatening emergencies across Victoria. These services reduce pressure on physical emergency departments and Ambulance Victoria by providing an alternative to calling triple zero or presenting to an emergency department.</p> <p>The department will also commence a multi-year program to improve the timeliness of emergency care in partnership with 19 hospital sites. Improvements will focus on patient flow in emergency departments, including a specific focus on ensuring appropriate and timely care for elderly patients. It will also improve timely discharges of acute patients who no longer require hospital-based care, creating more capacity for new patients requiring admission from emergency departments.</p> <p>The above will be progressed alongside broader initiatives on improving health system capacity, financial sustainability and workforce supply.</p> | <ul style="list-style-type: none"> • reduced the average time from emergency department arrival to clinical decision to admit by 10 minutes; • reduced the average inpatient length of stay by four hours; and • increased the percentage of patients discharged before 12pm by 4 per cent. |
| 3. | Support and Harm reduction services for Alcohol and other drug treatments | <p>Funding is provided for a Statewide Action Plan to address alcohol and other drug related harms across Victoria. This includes the establishment of the Community Health Hub in the City of Melbourne, which will provide primary health and wrap around services, an enhanced outreach program, care coordination model, and hydromorphone trial. Funding also supports a statewide overdose prevention and response helpline, naloxone dispensing units, and provides funding to the community health sector to improve access to pharmacotherapy services.</p> | <p>Victoria's Take Home Naloxone program was launched on 30 November 2023.</p> <p>Through extensive collaboration with specialist pharmacotherapy networks and professionals, an initial review of ODT delivery and funding modelling has been undertaken.</p> |

| | Strategic issue | How the Department will address the issue in 2024-25 | What progress, if any, has been made as at 30 April 2024, if applicable |
|----|---------------------------------|--|--|
| | | <p>Collaboration with key stakeholders in the expansion of Take Home Naloxone (THN) and with Harm Reduction Victoria in the development of a comprehensive and flexible access and support model for Opioid Dependence Treatment (ODT) will continue.</p> | |
| 4. | Mental Health and clinical care | <p>The department will continue to progress a range of initiatives to improve and expand mental health clinical care.</p> <p>More mental health inpatient beds Government is delivering 179 more acute mental health beds across Victoria, exceeding the commitment and Royal Commission recommendation to deliver 170 new beds, including delivering additional specialist eating disorder and dual diagnosis beds.</p> <p>More beds will increase access to inpatient mental health care across Victoria and in areas of high need.</p> <p>More community mental health services The government has significantly increased community mental health services provided by area mental health services. These services provide specialist assessment, advice, treatment and support for people with acute mental health concerns.</p> <p>Local Mental Health and Wellbeing Services Local Services are a new community-based mental health and wellbeing service that offers care closer to home. They provide an easy way to get treatment, care and support for</p> | <p>More mental health inpatient beds The 2023-24 Budget funded:</p> <ul style="list-style-type: none"> • The operationalisation of 22 new mental health beds at Royal Melbourne Hospital in Melbourne CBD. • Continued delivery of the 24 Hospital in the Home beds trial for a further two years at Royal Melbourne Health (as part of Orygen Specialist Program) and Barwon Health. • 35 public acute mental health beds providing the Specialist Women’s Mental Health Service in partnership with Alfred Health, Goulburn Valley Health and Ramsay Health, a private provider that runs the Alfred Road Clinic and Shepparton Private Hospital. There will be 24 inpatient beds and six Hospital in the Home beds at the Alfred Road Clinic, and two inpatient beds and three Hospital in the Home beds at Shepparton Private Hospital. <p>Previous budgets have delivered:</p> <ul style="list-style-type: none"> • 16 new mental health beds at Barwon Health’s McKeller Centre in Geelong. • 30 new mental health beds at Northern Hospital in Epping. • 52 new beds at Western Health's Sunshine Mental Health and Wellbeing Centre, which were officially opened on 8th October 2023. |

| | Strategic issue | How the Department will address the issue in 2024-25 | What progress, if any, has been made as at 30 April 2024, if applicable |
|--|-----------------|---|--|
| | | <p>people aged 26 years and over who are experiencing mental health concerns – including people with co-occurring alcohol and drug treatment and care needs.</p> <p>Gender separation in high dependency units The department is upgrading high dependency units in inpatient facilities to allow for gender separation. This will make existing services safer.</p> | <p>Local Mental Health and Wellbeing Services 15 new Local Services have been established. The first six Local Services are fully operational and accepting walk-ins and the following nine are operational and increasing their service offering over time. As of April 2024, the second tranche of nine Local Services had commenced offering outreach services, in addition to telehealth which commenced in December 2023.</p> <p>Gender separation in intensive care areas Planning for updates across Health Services has been completed. Construction will occur across 14 health services, with some including multiple service locations. Construction is already completed for the Acute Adolescent Unit at the Monash Health Monash Medical Centre.</p> |

Revenue and expenditure – variances

Question 4

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 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 2023-24, the revised estimate for 2023-24 and the budget for 2024-25.

Guidance

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

Response

| Line item | 2023-24 Budget (\$ million) | 2023-24 Revised estimate (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2023-24 Revised estimate |
|------------------------|-----------------------------|---------------------------------------|---|
| Output appropriations | 12,941 | 14,408 | The increase is primarily due to additional government funding for new policy initiatives, resulting in additional output appropriation for the department. |
| Special appropriations | 3,008 | 3,111 | The increase is primarily due to higher forecast gaming revenue and Mental Health and Wellbeing Levy estimates. |
| Grants | 8,835 | 8,590 | The decrease is primarily due to reduced Commonwealth National Health Reform funding as a result of the 2022-23 reconciliation outcome, offset by additional output appropriation, and changes to estimated grants revenue received by health portfolio agencies from other general government departments. |
| Employee benefits | 17,273 | 17,592 | The increase is primarily due to additional government funding for new policy initiatives, partially offset by reallocation of expenses to Other |

| Line item | 2023-24 Budget (\$ million) | 2023-24 Revised estimate (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2023-24 Revised estimate |
|---|-----------------------------|---------------------------------------|---|
| | | | operating expenses for payments to denominational health services and non-Government Organisations. |
| Grants and other transfers | 1,400 | 1,514 | The increase is primarily due to reallocation of funding from other operating expenses to grants to health portfolio agencies, transfer of funding to the Department of Justice and Community Safety for the revised funding model for the Emergency Services Telecommunications Authority (ESTA), and additional funding for new policy initiatives. |
| Other operating expenses | 7,654 | 8,149 | The increase is primarily due to additional government funding for new policy initiatives, and reallocation of expenses from Employee benefits by health portfolio agencies related to services delivered by denominational health services and non-Government Organisations. This is partially offset by the decrease in revised forecast consumption of personal protective equipment (PPE) and rapid antigen tests (RATs) held in inventory, and reallocation of expenses to Grants and other transfers. |
| Major components of 'other operating expenses' | | | |
| Assets provided free of charge | 287 | 12 | The decrease is due to the revised consumption estimates of remaining PPE and RATs held in inventory and accounted for by the Department. |
| Intra government supplies and consumables | 142 | 119 | The decrease is primarily due to reallocation of expenses to Grants and other transfers due to the implementation of a revised funding model for the Emergency Services Telecommunications Authority (ESTA). |
| Purchase of supplies and services | 7,179 | 7,972 | The increase is primarily due to additional government funding for new policy initiatives, and reallocation of expenses from Employee benefits for payments to denominational health services and non-Government Organisations. This is partially offset by the revised estimates for lower forecast PPE and RATs distributed to and consumed by health portfolio agencies. |
| Line item | 2023-24 Budget | 2024-25 Budget | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2024-25 Budget |

| Line item | 2023-24 Budget (\$ million) | | 2023-24 Revised estimate (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2023-24 Revised estimate |
|---|-----------------------------|--------------|---------------------------------------|---|
| | (\$ million) | (\$ million) | | |
| Output appropriations | 12,941 | 13,050 | | The increase is primarily due to additional government funding for new policy initiatives, partially offset by funding for initiatives lapsing in 2023-24. |
| Special appropriations | 3,008 | 3,217 | | The increase is primarily due to higher forecast gaming revenue and Mental Health and Wellbeing Levy estimates. |
| Interest | 179 | 205 | | The increase is due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies. |
| Grants | 8,835 | 8,734 | | The decrease is primarily due to changes to estimated grants received by health portfolio agencies from other general government departments. |
| Employee benefits | 17,273 | 17,645 | | The increase is primarily due to additional government funding for new policy initiatives and reallocation of expenses from Other operating expenses, partially offset by funding for initiatives lapsing in 2023-24. |
| Interest expense | 244 | 270 | | The increase is primarily due to interest accretion as construction progresses on Public Private Partnership (PPP) capital projects, partially offset by interest rate adjustments in relation to the quarterly service payments for PPP capital projects. |
| Other operating expenses | 7,654 | 6,935 | | The decrease is primarily due to the revised estimates for forecast consumption of PPE and RATS held in inventory, reallocation of expenses to Employee benefits and Grants and other transfers, and the transfer of funding for the Emergency Services Telecommunications Authority (ESTA) to the Department of Justice and Community Safety (DJCS). |
| Major components of 'other operating expenses' | | | | |
| Assets provided free of charge | 287 | 0 | | The decrease is primarily due to the revised forecast of RATS held in inventory for distribution to be fully expensed in 2023-24, and the cessation of distribution of PPE to other government departments. |

| Line item | 2023-24 Budget (\$ million) | 2023-24 Revised estimate (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2023-24 Revised estimate |
|---|---------------------------------------|---------------------------------------|---|
| Intra government supplies and consumables | 142 | 116 | The decrease is primarily due to the transfer of funding for the Emergency Services Telecommunications Authority (ESTA) to the Department of Justice and Community Safety (DJCS). |
| Purchase of supplies and services | 7,179 | 6,774 | The decrease is primarily due to the revised forecast consumption of PPE and RAT medical supplies and consumables in portfolio health agencies, reallocation of expenses to Employee benefits and Grants and other transfers, and funding for initiatives lapsing in 2023-24. |
| Line item | 2023-24 Revised estimate (\$ million) | 2024-25 Budget (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Revised estimate vs. 2024-25 Budget |
| Output appropriations | 14,408 | 13,050 | The decrease is primarily due 2024-25 funding of \$1.8 billion for the Funding our Hospitals initiative being held centrally as a contingency to be released to the department during the course of the year and higher forecast gaming revenue and Mental Health & Wellbeing Levy estimates received through special appropriations. This is partially offset by additional output appropriation for new government initiatives as part of the 2024-25 Budget. |
| Special appropriations | 3,111 | 3,217 | The increase is primarily due to higher forecast gaming revenue and Mental Health & Wellbeing Levy estimates. |
| Interest | 179 | 205 | The increase is due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies. |
| Grants | 8,590 | 8,734 | The increase is primarily due to increased Commonwealth grants under the National Health Reform Agreement and additional funding for new policy initiatives. |
| Interest expense | 223 | 270 | The increase is primarily due to interest accretion as construction progresses on Public Private Partnership (PPP) capital projects, partially offset by interest rate adjustments in relation to the quarterly service payments for PPP capital projects. |

| Line item | 2023-24 Budget (\$ million) | 2023-24 Revised estimate (\$ million) | Explanation for any variances greater than ±10% (or greater than \$100 million) 2023-24 Budget vs. 2023-24 Revised estimate |
|--|-----------------------------------|--|---|
| Other operating expenses | 8,149 | 6,935 | The decrease is primarily due to funding for initiatives lapsing in 2023-24, reallocation of expenses from Employee benefits in 2023-24 only, and the revised estimates for forecast consumption of PPE and RATs medical supplies and consumables in portfolio health agencies. |
| <i>Major components of 'other operating expenses'</i> | | | |
| Purchase of supplies and services | 7,972 | 6,774 | The decrease is primarily due to funding for initiatives lapsing in 2023-24, reallocation of expenses from Employee benefits in 2023-24 only, and the revised forecast consumption of PPE and RATs medical supplies and consumables in portfolio health agencies. |

Revenue initiatives – new and changed

Question 5

For all new revenue initiatives in the 2024-25 budget papers and for all existing revenue initiatives that have changed in the 2024-25 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative as used in the 2024-25 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 2024-25 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

Response

There are no revenue initiatives in the Department of Health funded in the 2024-25 Victorian State Budget.

Expenditure – new programs and initiatives (output and asset)

Question 6

For all new programs and initiatives (output and asset) in the 2024-25 budget papers, please provide the:

- name of the program/initiative
- objective(s) of the program
- budgeted expenditure in financial year 2024-25 on the program/initiative
- details of how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)

Response

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|--|---|---|----------------------------------|
| Support and treatment for eating disorders | <p>The overarching objectives of this initiative are to improve care and outcomes for those Victorians with an eating disorder, directly addressing the increasing prevalence of these conditions, particularly among girls and young women.</p> <p>Deliver 10 Early Intervention and Integration Leads in the highest need Area Services to improve integration across mental health, general medical and paediatric services in areas of need, providing consumers with improved care coordination and service continuity – an important care gap revealed through consultations undertaken for the development of the forthcoming Victorian Eating Disorders Strategy.</p> <p>Deliver an in-home intensive early engagement and treatment program at Alfred Health and at a second Infant, Child and Youth Area Service that will address and prevent young people requiring hospitalisation. The in-home program aims to support more than 750 young people and their families, avoiding hospitalisation and/or preventing readmission. The program is expected to reduce</p> | Output – 8.1 | Output appropriation |

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|---|--|---|------------------------------------|
| | <p>the financial burden on the public healthcare system and reduce negative impacts on young people with eating disorders.</p> <p>Deliver a community-based intensive Day Program for eating disorders in a regional location. Based on the established model of care from Monash Health’s highly successful day program, the program aims to improve quality of life, eating disorder symptoms, and care satisfaction, at a lower cost than inpatient care and with a reduced risk of emergency department presentation or inpatient unit readmission.</p> | | |
| <p>New Youth Prevention and Recovery Care (YPARC) beds</p> | <p>Funding is provided to open 20 newly constructed Youth Prevention and Recovery Care (YPARC) beds in Heidelberg and Traralgon, providing treatment, care and support to young people aged 16-25 experiencing mental health challenges and psychological distress.</p> <p>These facilities are part of a \$141 million capital investment to deliver new and refurbished YPARC beds across the state.</p> | <p>Output - \$0 (Funding provided from 25/26 to 27/28)</p> | <p>Output appropriation</p> |
| <p>Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship</p> | <p>Component A:</p> <p>The “Culture and Kinship” program will improve the physical and mental health and wellbeing of young Aboriginal people by strengthening their connection to Country, culture and community. Culture and Kinship will be delivered by Aboriginal Community Controlled Health Organisations (ACCHOs).</p> <p>Component B:The upkeep of the “Client and Case Management System (CMS) for ACCHOs.” CMS is a digital record keeping system</p> | <p>Output – 2.6</p> | <p>Output appropriation</p> |

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|---|---|---|----------------------------------|
| | <p>that provides ACCHOs with accurate data collection, security, and sovereignty. With a sophisticated CMS, ACCHOs will be able to provide efficient and high-quality health outcomes for their communities.</p> <p>Component C: Support for VACCHO to continue work on the implementation of a self-determined cultural safety accreditation scheme in health services, encompassing the development of culturally safe standards to enable better health outcomes for Aboriginal Victorians in public health services.</p> | | |
| Austin Hospital Emergency Department Upgrade | Funding is provided to expand capacity at the existing emergency department at Austin Hospital and reconfigure existing facilities to improve patient and clinical flows and provide enhanced clinical support functions. Capacity for adult emergency department cubicles will be boosted and a new paediatric emergency department zone will be created. | Asset – 0 | Capital appropriation |
| Ballarat Base Hospital mental health, alcohol and other drugs emergency department hub | Funding is provided for a mental health alcohol and other drugs emergency department hub at the Ballarat Base Hospital. It will be integrated into the new emergency department being delivered as part of the Ballarat Base Hospital Redevelopment to ensure people requiring urgent mental health and alcohol and other drugs support can access specialist, dedicated care when presenting at the emergency department. | Asset – 0 | Capital appropriation |
| Engineering infrastructure | Funding is provided to upgrade and replace critical engineering infrastructure in selected health services across Victoria to ensure compliance with regulatory requirements and continued delivery of | Asset – 20.0 | Capital appropriation |

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|--|---|---|---|
| replacement program 2024-25 | high-quality care. Funding covers a range of infrastructure items including boilers, air handling units, and fire risk management systems etc. | | |
| Harm reduction initiatives | <p>Funding is provided for a suite of initiatives to address alcohol and other drug related harms across Victoria. This includes the establishment of the Community Health Hub in the Melbourne CBD, which will provide primary health and wrap around services, an enhanced outreach program, care coordination model, and hydromorphone trial.</p> <p>Funding also supports a statewide overdose prevention and response helpline and naloxone dispensing units, as well as providing funding to the community health sector to improve access to pharmacotherapy services.</p> | Asset – 5.4 Output – 9.7 | Output appropriation Capital appropriation |
| Medical equipment replacement program 2024-25 | Funding is provided to continue to replace 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. | Asset – 35.0 | Capital appropriation |
| Mental Health Capital Renewal Fund | Funding is provided to the Mental Health Capital Renewal Fund to improve the quality and amenity of mental health and alcohol and other drugs facilities across Victoria. | Asset – 10.0 | Capital appropriation |
| Monash Medical Centre Redevelopment | Funding is provided to upgrade and expand Monash Medical Centre. This will expand capacity in operating theatres, intensive care unit, surgical and maternity in-patient services, and birthing suites. This expansion will deliver better access to quality care for people in the south-eastern suburbs. | Asset – 0 | Capital appropriation |

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|---|---|---|--|
| Northern Hospital Redevelopment | Funding is provided to redevelop the Northern Hospital with a new emergency department including a dedicated paediatrics zone, a mental health, alcohol and other drugs hub and additional in-patient beds. Investment will be made in key site infrastructure supporting the expanded hospital including engineering services, improvements to hospital entrances, car parks and nearby roadways as well as new Ambulatory Care and Administration unit. | Asset – 0 | Capital appropriation |
| Quadra scanner Paula Fox Melanoma and Cancer Centre | Funding is provided to purchase and fit-out a quadra scanner in the Paula Fox Melanoma and Cancer Centre located at The Alfred campus Prahran. This will improve image quality and help in the diagnosis and treatment of cancers, infections, and diseases. | Asset – 24.0 | Capital appropriation Commonwealth funding Third party contribution |
| Safer digital healthcare | Funding supports replacement of critical ageing IT infrastructure that would otherwise leave health services vulnerable to cyber-attacks or unplanned operational disruptions due to hardware failures. | Asset – 15.4 | Capital appropriation |
| Sustaining statewide health service delivery at The Alfred | Funding is provided to deliver a program of works across The Alfred campus to help maintain the delivery of high-quality critical clinical services such as operating theatres and intensive care and in-patient units. | Asset – 3.5 | Capital appropriation |
| Timely Emergency Care | To support operational priorities for Ambulance Victoria and Emergency Departments, improving care and outcomes. | Output - 77.6 | Output appropriation |
| TelePROMPT | This investment will continue the TelePROMPT program for a further two years. This program connects paramedics at the scene of a mental health crisis with mental health expertise via telehealth. This helps to better understand the patient's mental | Output - 0.7 | Output appropriation |

| Name of the program/initiative | Objective(s) of the program | Budgeted expenditure in financial year 2024-25 on the program/initiative (\$ million) | Details of how it will be funded |
|---|--|---|----------------------------------|
| | health needs and options for referral, helping to reduce unnecessary transport to hospital Emergency Departments. | | |
| Meeting demand for Maternal and Child Health services | Deliver universal Maternal and Child Health services to all Victorian families with children from birth to school age. | Output – 7.8 | Output appropriation |
| Growing the Mental Health and Wellbeing Locals workforce | Funding is provided to support workforce needs across the newly established Mental Health and Wellbeing Locals by building a pipeline of clinical and wellbeing graduates within each service. | Output – 3.1 | Output 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 the financial year 2023-24, where funding is to be extended in the 2024-25 Budget, please provide the:

- a) name of the program
- b) objective(s) of the program
- c) expenditure in the financial years 2023-24 and 2024-25 (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) confirmation that an evaluation of the program has been conducted as per *Section 6.1 Evaluating lapsing programs* of the Resource Management Framework.⁶ Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation in the questionnaire response.
- f) evidence of the continued need for the program, and Government’s role in delivering it
- g) evidence of the program’s progress toward its stated objectives and expected outcomes, including the alignment between the program, its output (as outlined in *Budget Paper No. 3: Service Delivery*), departmental objectives and any government priorities
- h) evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- i) extent and level of efficiencies realised in the delivery of the program
- j) information about the nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts
- k) 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’.

Response:

⁶ Department of Treasury and Finance, *The Resource Management Framework*, Melbourne, 2023, pp. 139-140

| | | |
|---|---|---------|
| Name of the program | Public Sector Residential Aged Care Service (PSRACS) Supplementary Funding (Continued as a component of “Strengthening Public Sector Residential Aged Care”) | |
| Objective(s) of the program | The objective of the Supplementary funding is to support the delivery of quality care within PSRACS and the implementation of the <i>Safer Patient Care Act (2015)</i> in PSRACS. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$30.487m | \$31.2m |
| Details of how the program will be funded | Appropriation from the Victorian State Government. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. The evaluation of the lapsing supplementary funding was undertaken in 2023/24 by KPMG. | |
| Evidence of the continued need for the program and the Government’s role in delivering it | Supplements support the financial viability of health services delivering residential aged care including maintaining staffing ratios in accordance with the <i>Safe Patient Care Act (2015)</i> . | |
| Evidence of the program’s progress toward its stated objectives and expected outcomes | Budget Paper 3 (BP3) bed days maintained. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | BP3 bed days maintained. Funds are allocated to PSRACS via Service Agreement Management Systems (SAMs) payments. | |
| Extent and level of efficiencies realised in the delivery of the program | Supplements support the financial viability of health services delivering residential aged care including maintaining nursing ratios in accordance with the <i>Safe Patient Care Act (2015)</i> . | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | PSRACS will not be able to fund the nursing ratios in accordance with the <i>Safe Patient Care Act (2015)</i> . PSRACS may have to take beds offline which would impact hospital discharge flow and negatively affect the local communities as people may not be able to access local PSRACS bed. | |
| Evidence that the further funding reflects the actual cost required to deliver the program | As per the evaluation undertaken, the supplements assist PSRACS to maintain quality and safe care and fund the costs to maintain nursing ratios in accordance with the <i>Safe Patient Care Act (2015)</i> . | |

| | | |
|---|---|----------------------------------|
| Name of the program | Home and Community Care Program for Younger People (HACC_PYP) (Continued as a component of “Supports for people with disability outside of the NDIS”) | |
| Objective(s) of the program | Funding continues services to 8,700 HACC-PYP clients and delivery of 6,500 community based allied health assessments which support people with a disability to access allied health for disability related health needs through the NDIS. HACC-PYP services support people from birth to 65 years, and Aboriginal people to 50 years, to live independently in their home if their capacity to do so is at risk due to chronic illness, mental health issues, disability, or other conditions where they need one-off, intermittent, or ongoing support. HACC-PYP supports people with a disability not eligible for the NDIS and maintains Victoria’s commitment to maximising its contribution to the scheme. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$21.536m (HACC-PYP) \$7.885m (NDIS AHAs) | \$23.1m (HACC-PYP and NDIS AHAs) |
| Details of how the program will be funded | Appropriation from the Victorian State Government | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. The evaluation was conducted by Deloitte. | |
| Evidence of the continued need for the program and the Government’s role in delivering it | HACC-PYP: Needs government investment to ensure vulnerable Victorians who are ineligible for the NDIS can receive the support they require to live independent healthy lives. NDIS Allied Health Assessments (AHA): A significant proportion of the 1.1 million Victorians with disability will need support to access the NDIS through the NDIS AHAs for an assessment of their eligibility or review of the NDIS plan. | |
| Evidence of the program’s progress toward its stated objectives and expected outcomes | HACC-PYP: Budget Paper 3 target achieved. It has reduced the need for more costly and acute services such as those provided by hospitals, residential care, and mental health services by supporting clients to remain living independently at home. | |

| | |
|--|--|
| Name of the program | Home and Community Care Program for Younger People (HACC_PYP) (Continued as a component of “Supports for people with disability outside of the NDIS”) |
| | NDIS AHA: NDIS AHAs improved equitable access to AHAs and by extension NDIS applications for priority populations, but full realisation of its intended objectives have been impacted by COVID-19 and other external pressures |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | HACC-PYP: Program was delivered in scope. NDIS AHA: Service providers have utilised funding in line with program’s aim to support the preparation and submission of clinical health assessments for people attempting to access allied health supports through the NDIS. Further work to be led by the Department of Health in 2024-25 will inform further system improvements. |
| Extent and level of efficiencies realised in the delivery of the program | HACC-PYP reduced the need for formal and informal care through the provision of community-based supports. The lapsing evaluation report highlighted benefits including reducing emergency presentations and reduced hospital admissions. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | HACC-PYP: Ceasing program will likely see vulnerable, eligible Victorians end up with poorer health outcomes and result in an increase in health and hospital service utilisation. Likely to result in negative impacts on the current service sector workforce. NDIS AHA: Discontinuation would see vulnerable Victorians unable to complete or access an AHA which is required to support their NDIS access request, plan review or update application for a NDIS package. This would likely result in negative community impacts and an increased burden on the health sector. |
| Evidence that the further funding reflects the actual cost required to deliver the program | HACC-PYP: Program improvements were recommended to support program sustainability. |

| | | |
|---|---|----------------------|
| Name of the program | Priority Primary Care Centres (PPCC) (continued as a component of Timely Emergency Care) | |
| Objective(s) of the program | PPCCs are GP-led services which aim to increase access to primary care for people requiring urgent care, but not an emergency response. PPCCs also aim to help reduce primary care type presentations to emergency departments (ED). | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 \$23.997m (noting a Commonwealth offset of 12.726 via Federation Funding Agreement for Urgent Care) | 2024-25 \$34.439m |
| Details of how the program will be funded | Appropriation from the Victorian State Government | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | The Centre for Evaluation and Research Evidence (CERE) has undertaken a lapsing program evaluation. The evaluation covers the period from establishment in September 2022 to June 2023. The final report is being finalised. | |
| Evidence of the continued need for the program and the Government's role in delivering it | PPCCs address a gap between regular GP care and ED care, seeking to correct a failing primary care system. They provide access to primary care in community settings at no cost to the patient. Difficulties in accessing same day appointments with GPs for urgent conditions, and with accessing appointments after hours, are contributing factors to patients presenting to EDs. Services provided at PPCCs are within the defined urgent care inclusion criteria. More than half of those attending a PPCC indicated that they would have presented to an ED if the PPCC had not been available. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | As of March 2024, PPCCs had provided care for more than 300,000 patients, now averaging about 6,000 visits each week, half of whom would have attended an ED had the PPCC not existed (derived from patient survey data). Local and statewide referral pathways are established between the PPCCs and GP practices, emergency departments, Ambulance Victoria and virtual triage services such as Nurse on Call. The level of patient satisfaction with the services is very high (patient survey data). | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | All 25 PPCCs were established within budget and within the expected timeframe. An additional four PPCCs are operational including three PPCCs previously operating as GP Respiratory Clinics but expanded their scope and a PPCC established in inner Melbourne under the Federation Funding Agreement with the Commonwealth for Medicare Urgent Care Clinics. This brings the total number of clinics to 29. PPCCs are open after hours and have diagnostics on site or nearby. They provide short term care for people with low acuity conditions such as fractures, burns and | |

| | |
|---|---|
| Name of the program | Priority Primary Care Centres (PPCC) (continued as a component of Timely Emergency Care) |
| | mild infections. The six Victorian Primary Health Networks (PHNs) have been engaged to commission the PPCCs and monitor the services. The PHNs are well placed to undertake this role as they have experience and expertise in commissioning primary care services. Governance arrangements include a time limited Project Advisory Group that informed implementation and an ongoing Clinical Reference Group which has informed the inclusion criteria, referral pathways and other clinical considerations. |
| Extent and level of efficiencies realised in the delivery of the program | Existing GP practices were commissioned to operate as PPCCs, using their existing infrastructure, systems and workforce. Clinics operate under a hybrid funding model, with the State providing a monthly operational grant and patient consultations billed to the Medicare Benefit Scheme (MBS). The operational grant provides incentives for existing GP practices to participate, reducing the business risk for the providers and supporting the sustainability of the program. The average cost of a visit to a PPCCs is currently <\$220 per visit (based on state funds – not MBS). In comparison a non-admitted ED presentation costs \$674 per patient (projection based on 2020-21, National Health Cost Data Collection). Accordingly, the estimated saving in avoided health expenditure is up to \$51 million to date. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Ceasing the program would impact direct service provision. It is likely that a high proportion of people currently seeking care at PPCCs would seek care from other parts of the health system including attending EDs. Ceasing the initiative would also disrupt collaboration and referral pathways between PPCCs, health services, Ambulance Victoria and other service providers. |
| Evidence that the further funding reflects the actual cost required to deliver the program | The provision of establishment and operational grants has facilitated the commissioning and operation of the clinics. As the program matures and throughput and associated MBS revenue increases, a revised tiered funding model will be implemented from 2024-25. This model takes account of the expected MBS revenue that clinics will receive. |

| | | |
|---|---|----------------------|
| Name of the program | Victoria's Secondary Triage Service (Continued as a component of Timely Emergency Care) | |
| Objective(s) of the program | Funding will retain 43 referral service triage practitioner positions. These additional 43 referral service triage practitioner positions are supporting approximately 200 patients per day, allowing more patients to receive appropriate clinical care while avoiding an emergency ambulance dispatch, and supporting broader workload management within the referral service. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 \$13.120m | 2024-25 \$13.448m |
| Details of how the program will be funded | Appropriation from the Victorian State Government | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. | |
| Evidence of the continued need for the program and the Government's role in delivering it | Around 20 percent of triple zero calls do not need an emergency ambulance response. Secondary Triage Services reduce the number of unnecessary emergency ambulance responses and preserves emergency ambulance resource capacity and availability to respond to those in the community with time-critical healthcare needs by diverting some triple zero calls to alternate services providers. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | Additional Secondary Triage resources are allowing over 200 additional patients to be assessed each day and reducing the number of emergency ambulance responses by around 80 per day – improving ambulance resource availability and community access to services. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | These additional resources are monitored through established governance and risk management practices. | |
| Extent and level of efficiencies realised in the delivery of the program | When compared to providing an emergency ambulance response, the Secondary Triage resources generate efficiencies in the order of \$23.3 million. | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Should the program cease, the capacity of Secondary Triage Services would reduce. This may result in either extended wait times for further assessment by nurses and paramedics in Secondary Triage Services or emergency ambulances being dispatched to patients who could be better care for by other alternatives. | |
| Evidence that the further funding reflects the actual cost required to deliver the program | Further funding is equal to previously allocated funding with indexation applied at 2.5 per cent. | |

| | | |
|---|--|-----------|
| Name of the program | Medium Acuity Transport Services (MATS) (Continued as a component of Timely Emergency Care) | |
| Objective(s) of the program | Continuation of 22 lapsing MATS crews across the state. MATS crews, free up emergency ambulance crews to respond to time critical emergencies. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$25.790m | \$26.435m |
| Details of how the program will be funded | Appropriation from the Victorian State Government. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. Evaluation undertaken by Ambulance Victoria's Centre for Research and Evaluation. | |
| Evidence of the continued need for the program and the Government's role in delivering it | MATS provides dedicated resources to respond to lower acuity cases, helping to improve availability of emergency resources. Funding provided supports responses to community service obligation patients, for which government is responsible for payment of services delivered. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | Each day MATS attend around 90 lower acuity emergency cases. This improves emergency ambulance resource availability to respond to time-critical Code 1 cases. During the evaluation period emergency resources attended almost 14 per cent fewer Code 2 and 3 cases. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | MATS have been operating since September 2021. Funding provided in 2024-25 maintains previous levels to continue operations of 22 MATS teams across the state. MATS are monitored through existing governance and risk management practices. | |
| Extent and level of efficiencies realised in the delivery of the program | Each day MATS attend around 90 lower acuity emergency cases. This improves emergency ambulance resource availability to respond to time-critical Code 1 cases. During the evaluation period emergency resources attended almost 14 per cent fewer Code 2 and 3 cases. | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Evaluation shows that should MATS cease, emergency resource availability would be reduced, and statewide Code 1 performance was forecast to decrease by 2 per cent. | |

| | |
|--|--|
| Name of the program | Medium Acuity Transport Services (MATS) (Continued as a component of Timely Emergency Care) |
| Evidence that the further funding reflects the actual cost required to deliver the program | Further funding is equal to previously allocated funding with indexation applied at 2.5 per cent. |

| | | |
|---|--|-----------|
| Name of the program | Northern Health Tower (Continued as a component of Opening and operating hospital facilities) | |
| Objective(s) of the program | Maintain operation of Northern Health's Tower wards 1 and 2 at full capacity to meet unavoidable demand. Continued operation of these wards will ensure this demand can continue to be met and ensure families can get the care they need close to home. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$40.0m | \$31.022m |
| Details of how the program will be funded | Appropriation from the Victorian Government and additional Commonwealth funding. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | Not applicable. Program relates to funding health services for provision of services. | |
| Evidence of the continued need for the program and the Government's role in delivering it | <p>The Northern Growth Corridor covers a region 20km to 50 km from central Melbourne. This corridor is expected to accommodate significant population and employment growth. By 2031, the corridor is forecast to have around 137,000 residents, an increase of approximately 70 per cent from 2020.</p> <p>Northern Health also has the busiest Emergency Department (ED) in the state and requires sufficient ward capacity to accommodate and improve patient flow and Ambulance Victoria transfers.</p> <p>In 2020-2021 Northern Health had, 103,283 Emergency Department Presentations, in 2021-2022 110, 888 Emergency Department Presentations (7.3% increase on prior year) and 35,575 Virtual Emergency Presentations and 2022-2023 112,477 emergency Department presentations (1.4 % increase on prior year) and 103,389 Virtual Victorian Emergency Department Presentations.</p> | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | <p>Northern Health experiences consistent demand and utilisation of services located in the Towers, including surgical theatres, an ICU, and wards 1 and 2.</p> <p>The utilisation of the tower wards and theatres has seen improvements in planned surgery waiting times across two urgency categories, with Northern Health performing better than statewide averages across all three urgency categories</p> <p>Northern Health category 1 patients have a median waiting time of 9 days, improved from same-time last year (12 days) and are the equal best performer in peer group (range from 11 - 15 days waiting time). Category 2 patients have a median waiting time of 46 days, improved from same-</p> | |

| | |
|--|---|
| Name of the program | Northern Health Tower (Continued as a component of Opening and operating hospital facilities) |
| | time last year (113 days) and are performing well compared to peer group (results range from 39-122.5 days). |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | Northern Health's tower wards are funded to activity. Services are required to deliver activity within the prescribed scope (via admitted services) and are required to report activity accordingly. No anomalies have been identified in reporting to date. Program funded activity included in Budget Paper 3 (BP3) activity and performance reporting. Performance domains, including high quality and safe care, strong governance, leadership and culture, and financial management, continue to be monitored. |
| Extent and level of efficiencies realised in the delivery of the program | Most admission pathways in the tower wards come via the Emergency Department (ED) or Planned/Emergency Surgery pathways. Northern Health has demonstrated consistent high performance (compared to peers) in Timely Access to Care indicators since the opening of the two tower wards. Of note, there has been steady improvement in planned surgery patients being admitted within clinically recommended time since 2021. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Ceasing funding of these two wards would result in closure of 64 in-patient beds (7.5% of hospital capacity). This would result in deteriorations in planned surgery performance and ED performance. Closure of the beds has not been considered. |
| Evidence that the further funding reflects the actual cost required to deliver the program | Total expenditure for the two tower wards is \$31.022 million per year (plus indexation), this includes all expenses and overheads as costed by Northern Health. |

| | | |
|---|--|---------|
| Name of the program | New Footscray Hospital (Continued as a component of Opening and operating hospital facilities) | |
| Objective(s) of the program | Funding to support the transition to open the new Footscray Hospital that was committed to and designed to meet demand for hospital services across the western suburbs, ensuring these communities can get the care they need closer to home. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$0 | \$9.0m |
| Details of how the program will be funded | Appropriation from the Victorian Government. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | No evaluation completed – funding of \$9.0m in 2024-25 will support dedicated resources to deliver operational change and transition. | |
| Evidence of the continued need for the program and the Government’s role in delivering it | <p>2024-25 funding of \$9.0m will support the transition costs from the old site of Footscray Hospital to the new Footscray Hospital.</p> <p>In August 2018, a Business Case Addendum (BCA) was prepared by the Department of Health seeking investment from government to deliver the recommended first stage of the new Footscray Hospital.</p> <p>Approval of the BCA and subsequent public announcement by government noted that the project would deliver and support:</p> <ul style="list-style-type: none"> • 26 additional mental health beds and 6 palliative care beds • almost 15,000 patients to be treated per annum • 9,500 more procedures per annum • almost 20,000 more ED presentations seen per annum • 155,000 more Outpatient consultations per annum. | |
| Evidence of the program’s progress toward its stated objectives and expected outcomes | <p>The New Footscray Hospital is currently being built and is expected to be operational from September 2025. A smooth transition from construction to a fully operational health facility is paramount.</p> <p>The 2024-25 funding is new funding to primarily support dedicated resources to deliver operational change and transition of clinical services, planning for the physical relocation of staff and patients, automated dispensing implementation and the ICT commissioning. 2024-25 funding of \$9.0m will support the transition costs from the old site to the new Footscray Hospital.</p> | |
| | | |

| Name of the program | New Footscray Hospital (Continued as a component of Opening and operating hospital facilities) |
|--|--|
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | 2024-25 is the first year of funding for the program. |
| Extent and level of efficiencies realised in the delivery of the program | <p>The 2024-25 funding of \$9.0 million will support the transition costs from the old site of Footscray Hospital to the new Footscray Hospital, therefore no efficiencies will be realised in the delivery of the \$9.0 million.</p> <p>The 2024-25 funding is new funding to primarily support dedicated resources to deliver operational change and transition of clinical services, planning for the physical relocation of staff and patients, testing automated dispensing implementation and the ICT commissioning.</p> |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | <p>If funding ceases, the New Footscray Hospital operational opening will be delayed. Removal of funding will reduce health service capacity to meet acute demand in the West region.</p> <p>Activities required leading up to handover of the building to Western Health, and the process of preparing a new clinical or service area for occupation are not completed impacting operational readiness and commencement.</p> |
| Evidence that the further funding reflects the actual cost required to deliver the program | 2024-25 is the first year of funding for the program. |

| | | |
|---|--|-----------|
| Name of the program | Latrobe Regional Health Stage 3A (Continued as a component of Opening and operating hospital facilities) | |
| Objective(s) of the program | Maintain operation of Latrobe Regional Health's Stage 3A redevelopment at 50 per cent capacity. Continued operation of these wards will ensure this demand can continue to be met and ensure families can get the care they need close to home. The expansion helps to meet the region's increasing and complex health needs. It is part of our master plan for delivering improved health services throughout the Gippsland region. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$9.230m | \$10.640m |
| Details of how the program will be funded | Appropriation from the Victorian Government and additional Commonwealth funding | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | No evaluation completed – activity funded for direct clinical services upon opening of new build in April 2024, and at 50 per cent capacity in 2024-25. Evaluation to occur through 2024-25 by assessing if health service has provided the additional activity sought and funded by the department. This will be undertaken through the usual performance monitoring processes to which all health services are subject. | |
| Evidence of the continued need for the program and the Government's role in delivering it | 2024-25 funding will support continued operation at 50 per cent capacity of the Latrobe Regional Hospital Stage 3A Expansion, which when operating at 100 per cent capacity will support: <ul style="list-style-type: none"> • Expanded maternity unit • Three operating suites • 44 inpatient beds • 14 medical and surgical beds • Six new intensive care unit beds • A new emergency resuscitation bay • Medical imaging and pathology unit • A six-bed emergency department hub providing dedicated care for mental health, alcohol and other drugs presentations. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | Continued demand and utilisation of services. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line | Funding was provided to commence operations at 50 per cent capacity from April 2024 on completion of the build, which occurred according to the expected timeframe. | |

| | |
|---|---|
| Name of the program | Latrobe Regional Health Stage 3A (Continued as a component of Opening and operating hospital facilities) |
| with appropriate governance and risk management practices | |
| Extent and level of efficiencies realised in the delivery of the program | Build provides an additional 65 Points of Care (POC), increasing full capacity from 136 to 201 POC. Operations have commenced at 50 per cent capacity in 23-24 and with the intention to maintain this level in 2024-25, in line with need. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Funding allows operationalisation of health infrastructure facilities previously committed to by the Government in the 2014-15 State Budget. Removal of funding will reduce health service capacity to meet acute demand in the Gippsland region. Beds would need to be closed, creating gaps in the health system that cannot be absorbed elsewhere. |
| Evidence that the further funding reflects the actual cost required to deliver the program | Agreed new funding of \$10.640m in 2024-25 in addition to the lapsing \$9.225m provided in 2023-24, to total \$19.9m funding in 2024-25 is required to allow for lift and shift of some existing services and uplift of approximately 40 per cent operationalisation of the additional points of care created in this build. Total expenditure for full capacity is \$41m per year, this includes all expenses and overheads as costed by Latrobe Regional Health. |

| | | |
|---|--|----------|
| Name of the program | Palliative care | |
| Objective(s) of the program | Continuation of regional and rural palliative care community and consultancy services supporting 4,620 new palliative care patients per year. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$14m | \$8.869m |
| Details of how the program will be funded | Appropriation from the Victorian Government, additional Commonwealth funding and internal reprioritisation. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | No evaluation completed – activity funded for direct clinical services. Evaluation planned for 2024-25. | |
| Evidence of the continued need for the program and the Government’s role in delivering it | 2023-24 activity is consistent with the previous 2 financial years reflecting funding is required to support Victoria’s healthcare system to respond to the continued demand for community palliative care (home-based palliative care). | |
| | Government aspires for all Victorians to be healthy, safe, access health services as close to home as possible and lead the life they value. Providing for continuation of lapsing palliative care commitments enables Victorians to access specialist home-based palliative care in their local government area, reduces pressure on admitted services and provides a foundation to strengthen regional and rural palliative care workforce. | |
| Evidence of the program’s progress toward its stated objectives and expected outcomes | <p>Delivery of non-admitted palliative care services enables continuity of care for patients exiting hospital and provides a mechanism for people to maintain work, family and social interactions, while managing their life-limiting illness. For those close to death with a preference to die at home, it provides an avenue for them to remain at home with family until the end. Palliative care deaths at home grow each year reflecting that the majority of people, if given the choice, would choose to die at home.</p> <p>Nationally reported outcome data illustrates Victorian non-admitted palliative care services are some of the highest-ranking services relating to readiness for care and symptom management.</p> | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | Funding was allocated in health service modelled budgets from 1 July 2023 as per the expected timeframe. This enabled services to retain contracted staff and plan for service delivery across the fiscal year. All services have delivered activity within the prescribed scope (non-admitted services) and reported activity accordingly. | |

| Name of the program | Palliative care |
|---|--|
| Extent and level of efficiencies realised in the delivery of the program | Improvement work is undertaken across Victorian health services to reduce duplication and maximize throughput. Length-of-stay has remained consistent over the last two years. Further work to be led by the Department of Health in 2024-25 will inform system improvements and improve patient/carer outcomes. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Cessation of all non-admitted palliative care services will move demand back to hospitals (admitted services) and significantly increase emergency department presentations. |
| Evidence that the further funding reflects the actual cost required to deliver the program | Funding is based on existing costs of program delivery. Further work to be led by the Department of Health in 2024-25 will inform further efficiencies and their impact on resourcing. |

| | | |
|---|--|---------------------------------------|
| Name of the program | Safer digital healthcare | |
| Objective(s) of the program | The Safer Digital Healthcare Program uplifts health service cyber security resilience in an efficient and cost-effective manner, through procurement of centralised cyber security tools and services, provision of security awareness training, regular assessment of health services and health sector cyber security controls, and critical incident response. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | Output - \$19.3m Asset - \$15m | Output - \$19.8m Asset - \$15.375m |
| Details of how the program will be funded | Victorian State Budget output and asset funding | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. The independent evaluation was commissioned in 2023. | |
| Evidence of the continued need for the program and the Government's role in delivering it | The Activity Based Funding system does not support health services with the cyber software and ICT upgrades required to establish cyber secure services. The program delivers centralised procurement of licenses and support for advanced cyber security tools, operation of a Security Operations Centre service, and rollout of a health service Disaster Recovery service for digital systems. Health services do not have the capability and capacity, are not funded to, and have never undertaken these activities. Without continued funding, these licenses will lapse, and protections will cease. The evaluation of the Safer Digital Healthcare program found: "There is critical need for the Safer Digital Healthcare Program to counter increased risk of cyber-attacks on Victorian Health Services". | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | The 2023 independent evaluation of Safer Digital Healthcare found the Program to be appropriately targeted, cost-efficient, and effective in reducing the risk to and impact of cyber-attacks in the sector. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | The Safer Digital Healthcare evaluation found there has been increased maturity in cyber security and risk management through the Cyber Assurance Program, particularly through the rollout of leading cyber security protections, the adoption of a standardised control framework and strong incident management processes. | |

| Name of the program | Safer digital healthcare |
|---|--|
| | There was demonstrated evidence of appropriate governance and risk management practices across the Program, with project management and implementation approaches observed across most constituent projects. |
| Extent and level of efficiencies realised in the delivery of the program | The Safer Digital Healthcare evaluation found the efficiency of the Program has several highlights including, but not limited to economies of scale through centralised coordination, such as through procurement of cyber tools by the department on behalf of health services, a strong application of lessons learnt, and by providing standardised cybersecurity controls, assessment mechanisms, advisories, and expertise. |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | There is a high risk that in the absence of the Safer Digital Healthcare Program, health services would not be able to meet the required level of cybersecurity and ICT operational capacity and capability and would be vulnerable to increased cyber security threats. |
| Evidence that the further funding reflects the actual cost required to deliver the program | The Safer Digital Healthcare evaluation found that the total funding required for the ongoing operation of all essential streams of work into the 2024-25 financial year to be more than the budget allocated in 2023-24. This is reflected in the 2024-25 Budget as funding has been increased in line with inflation to keep pace with the growing cost of cyber security tools and asset replacement costs. |

| | | |
|---|---|------------|
| Name of the program | Maintain public hospital services (Continued as a component of Opening and operating hospital facilities) | |
| Objective(s) of the program | Maintain existing baseline services and support emergency surgery, unplanned sub-acute services, and emergency departments. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$181.60m | \$186.140m |
| Details of how the program will be funded | Appropriation from the Victorian Government and additional Commonwealth funding | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | Not applicable. Program relates to funding health services for provision of services. | |
| Evidence of the continued need for the program and the Government's role in delivering it | Program provides funding to support delivery of acute patient services and treatments. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | Program funded activity included in BP3 activity and performance reporting. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | Funding fully allocated and included in Health Service financial reporting. | |
| Extent and level of efficiencies realised in the delivery of the program | Not applicable as funding supports delivery of health service activity. | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | If ceased Health Service funded activity would need to reduce and likely impact on services with corresponding reduction in expenditure. | |
| Evidence that the further funding reflects the actual cost required to deliver the program | Cost of patient services reported in cost data and financial expenditure. Funding for this program allocated in line with funding models. | |

| | | |
|---|---|--|
| Name of the program | Strengthening the sustainability of Victoria's health workforce (Continued as Supporting our health workforce) | |
| Objective(s) of the program | <p>This funding will deliver two core programs:</p> <ul style="list-style-type: none"> Registered Undergraduate Students of Nursing/Midwifery program. (RUSON/M program) - to ensure these formative roles are provided with the necessary supports and enable health services to continue the RUSON/M employment model. Transition to Practice: Graduate Nurses and Midwives program. (Transition to Practice program) - to ensure health services can increase their graduate intake to meet workforce demand. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | <p style="text-align: center;">2023-24</p> <p>RUSON/M program \$28.7m</p> <p>Transition to Practice program \$39.13m that includes: Recurrent funding of \$32.34m for 1590 placements</p> <p>\$6.79m in 23/24 from the Making it Free program that provided top up to fund additional places.</p> | <p style="text-align: center;">2024-25</p> <p>\$55.2m is provided for initiatives to support the nursing and midwifery workforces including RUSON/M, nurse practitioner development, transition to practice support and capability development resources for nurses and midwives in regional Victoria.</p> |
| Details of how the program will be funded | Appropriation from the Victorian Government | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | <p>RUSON/M program An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. Formal evaluation completed by Centre for Evaluation and Research Evidence</p> <p>Transition to Practice program No formal evaluation has been completed. However, an evaluation process will be established as part of the parameters of the ongoing program.</p> | |

| | |
|---|--|
| Name of the program | Strengthening the sustainability of Victoria's health workforce (Continued as Supporting our health workforce) |
| Evidence of the continued need for the program and the Government's role in delivering it | <p>RUSON/M program The programs have effectively increased immediate capacity of Victoria's nursing and maternity workforce and created a pathway to meet future workforce and health service demand. Ongoing support from the Victorian Government is needed as nursing and midwifery vacancy rates remain constant, despite the range of other government initiatives in place to address workforce needs.</p> <p>Transition to Practice program Currently available Training and Development funding for graduate nurse and midwife positions does not cover all positions offered by health services and does not extend to transition-to-practice program positions for enrolled nurse graduates. With the cessation of funding streams that provided top-up funding, it will be a challenge for health services to maintain or increase their graduate intakes which are a critical component to the supply pipeline and required to address existing shortages.</p> |
| Evidence of the program's progress toward its stated objectives and expected outcomes | <p>RUSON/M program The RUSONM-to-graduate pipeline evaluation concluded that it is effective at increasing workforce capacity, with 69 per cent of previous RUSON/Ms now in graduate practice, and 96 per cent of current RUSONs and 100% of current RUSOMs intending to complete their graduate year in a public health service. The model has proven to be highly valued by health services and contributes to positive patient experiences, improves workload management for existing nurses and midwives by enabling them to work to the top of their scope, and improves work-readiness of new graduates.</p> <p>Transition to Practice program The program successfully delivered 1925 (FTE) early graduate nursing and midwifery positions in the public system in 2023-24. It has increased the overall number of nursing and midwifery graduate places and helped graduates make the transition from student to practitioner as competent, confident and accountable professionals.</p> |

| Name of the program | Strengthening the sustainability of Victoria's health workforce (Continued as Supporting our health workforce) |
|--|--|
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | <p>RUSON/M program The RUSON/M program evaluation found that health service funding adhered to program guidelines, delivered within agreed timelines and that initiative was delivered within budget. It also found that health services exceeded the RUSON recruitment target (102 per cent), and maternity services exceeded the RUSOM recruitment target (225 per cent).</p> <p>Transition to Practice program This program provides additional support to increase the overall number of nursing and midwifery graduate places. The recurrent funding in 2023-24 provided 1591 FTE places and additional funded places have been required to align with graduate demand. In recent years the Nursing and Midwifery Workforce Development Fund, Making It Free to Study Nursing and Midwifery, and Maximising Our Health Workforce initiatives have provided the top-up funding required.</p> |
| Extent and level of efficiencies realised in the delivery of the program | <p>RUSON/M program The RUSON/M program evaluation found that the department demonstrated efficiency and economy in the delivery of the program.</p> <p>Transition to Practice program This program is a key component of the nursing and midwifery workforce supply pipeline. As workforce demand is growing, health services will need to continue to increase the number of graduate positions they offer. Efficiencies realised have not been evaluated and will need to form part of an evaluation process that will be established as part of the parameters of the program moving forward.</p> |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | <p>RUSON/M program Evaluation found that cessation will put workforce supply and retention at risk. It would also remove an established pipeline, reduce nursing and midwifery workforce capacity and reduce the amount of contact time patients receive.</p> <p>Transition to Practice program The programs are a key component of the nursing and midwifery workforce supply pipeline. Without additional support on top of recurrent funding, health services will find it difficult to maintain or increase their graduate intakes which will disrupt the supply pipeline and fail to</p> |

| | |
|---|---|
| <p>Name of the program</p> | <p>Strengthening the sustainability of Victoria's health workforce (Continued as Supporting our health workforce)</p> |
| | <p>address existing shortages. Failure to support transition to practice could impact retention of staff who may feel inadequately prepared to transition from student to workforce.</p> |
| <p>Evidence that the further funding reflects the actual cost required to deliver the program</p> | <p>RUSON/M program The funding is based on current costs of program delivery and builds on the efficiencies realised as the RUSON/M programs have matured over time.</p> <p>Transition to Practice program Further funding reflects the existing costing for the recurrent transition to practice program. It uses the existing 2023-24 unit price which is indexed each financial year. In 2023-24 this was \$20,329 per funded FTE.</p> |

| | | |
|---|--|---------|
| Name of the program | Unlocking sex and gender gaps (Continues as Preventative health support for Victorian women) | |
| Objective(s) of the program | Grants to 12 women's health NGOs to deliver programs across statewide (23 per cent), regional Victoria (31 per cent), and rural Victoria (46 per cent). | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$9.7m | \$9.1m |
| Details of how the program will be funded | Appropriation from the Victorian Government | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation of this program was included as required as part of the business case submitted for consideration in the 2024-25 budget process. As a component of a business case prepared for Cabinet consideration, this is Cabinet in Confidence and unable to be provided. Externally evaluated by Cube. | |
| Evidence of the continued need for the program and the Government's role in delivering it | Modifiable risk factors, that may be addressed by organisational environments, behavioural interventions and improving access to health services, are a significant contributor to preventable chronic disease in Australia. Nine out of 10 preventable deaths in Australia are associated with chronic disease. Investment in health promotion and prevention is an effective strategy to reduce demand on health services as well as improve individual and population health outcomes. Prevention efforts need to be sustainably financed if they are to have a real and lasting impact on population health. | |
| Evidence of the program's progress toward its stated objectives and expected outcomes | As per evaluation findings – a significant number of new and expanded health promotion initiatives was delivered. Data demonstrates that skills, awareness and knowledge of the workforce and consumers have improved. | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | Confirmed in the evaluation. | |
| Extent and level of efficiencies realised in the delivery of the program | Appropriate use of funds confirmed in the evaluation. | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | Without this funding, fewer health promotion initiatives will be delivered, leading to poorer health outcomes and rising health care, social and economic costs to the government and society. | |

| | |
|--|---|
| Name of the program | Unlocking sex and gender gaps (Continues as Preventative health support for Victorian women) |
| Evidence that the further funding reflects the actual cost required to deliver the program | The delivery of health promotion initiatives and employment of 80 health promotion workforce, i.e. women, is the actual costs – not-for-profit organisations are delivering these services. |

| | | |
|---|---|----------|
| Name of the program | Consultation Liaison Psychiatry Service (Continued as a component of “Bed Based services”) | |
| Objective(s) of the program | Continue the uplift in hospital consultation liaison. Uplift funding has enhanced health service capacity to provide appropriate psychiatric assessments, advice, guidance and support to acute general hospital inpatient settings. Continuation of uplift funding is necessary to enable further time to progress negotiations with the Commonwealth. | |
| Expenditure in the financial years 2023-24 and 2024-25 (and where relevant, future years) (\$ million) | 2023-24 | 2024-25 |
| | \$4.966m | \$5.090m |
| Details of how the program will be funded | Additional Commonwealth funding and internal reprioritisation. | |
| Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation | An evaluation has not been undertaken as this is a standard part of mental health care in hospitals. | |
| Evidence of the continued need for the program and the Government’s role in delivering it | Continuation of uplift funding is necessary to enable further time to progress negotiations with the Commonwealth on how consultation liaison will be treated under the national activity-based funding model. | |
| Evidence of the program’s progress toward its stated objectives and expected outcomes | Uplift funding has enhanced health services’ capacity to provide more psychiatric assessments, advice, guidance, and support to acute general hospital inpatient settings | |
| Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices | The funding enables a continued uplift. Consultant Psychiatrists will deliver additional mental health assessments and supports to patients in general ward settings in line with their scope of practice and clinical governance frameworks within the health service. | |
| Extent and level of efficiencies realised in the delivery of the program | The funding has enabled additional consultation liaison activity to be delivered. This supports reducing the likelihood of a deterioration in the mental health of patients in a general ward and avoid a second admission into a mental health inpatient setting. Instead, consumers can be connected to community-based supports as part of their discharge plan from hospital. | |
| Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts | There will be a reduction in consultation liaison supports provided. The number of Consultant Psychiatrists may reduce and/or staff diverted to alternative services. There are no strategies to minimise this impact. | |
| Evidence that the further funding reflects the actual cost required to deliver the program | Consultation liaison activity hours are priced in line with the standard price for community mental health activity. | |

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 2023-24, please provide the:

- a) name of the program
- b) objective(s) of the program
- c) expenditure in the financial year 2023-24
- 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

| | |
|--|--|
| Name of the program | Networked response to COVID-19 |
| Objective(s) of the program | To enable Victoria to continue to respond and recover from the COVID-19 pandemic. This includes state-wide COVID-19 surveillance, legal support for critical legal proceedings, frontline outbreak management, and policy support for ongoing COVID-19 inquiries. |
| Expenditure in the financial year 2023-24 (\$ million) | \$44M |
| Reasons why the program was established | To provide a public health response to the COVID-19 pandemic in Victoria in line with National Cabinet decisions and the <i>National COVID-19 Management Plan</i> . |
| Details of who and how many used the program and evidence of the outcomes achieved | Impact is state-wide. |
| Reasons why further funding is not being sought | Victoria has shifted to managing COVID-19 to be consistent with other common communicable diseases (such as influenza) as part of an enduring health response. |
| Nature of the impact of ceasing the program | <ul style="list-style-type: none"> • Victoria will continue to report COVID-19 cases as part of its obligation to report notifiable disease management of COVID-19. Surveillance will be based on hospitalisation data. • In line with community support provided for the management of other communicable diseases, community based COVID-19 programs and grants will cease to operate from 30 June 2024. |

| | |
|--|---|
| Name of the program | Networked response to COVID-19 |
| Strategies that are being implemented to minimise any negative impacts | Surveillance and management of COVID-19 has been embedded as part of usual business of the department and sector. |

| | |
|--|--|
| Name of the program | Pathways to Home - Continued support for patients with disability to transition home. |
| Objective(s) of the program | The objective of the program was to assist medically fit, National Disability Insurance Scheme (NDIS) participants to leave hospital and to have care in the community while they wait for their NDIS plans and arrangements to be formalised. |
| Expenditure in the financial year 2023-24 (\$ million) | Estimated expenditure of \$4.3 million, with final expenditure subject to reconciliation after 30 June 2024. |
| Reasons why the program was established | Pathways to Home was established in response to system pressures arising from the COVID-19 pandemic. The program relocates this cohort out of hospital and into community, where they are cared for in a more appropriate environment for their needs, while freeing up hospital beds to allow additional patients to be treated. |
| Details of who and how many used the program and evidence of the outcomes achieved | Between October 2021 and April 2024, the Pathways to Home program has transitioned 198 patients out of hospital and into the community, freeing up approximately 10,200 hospital bed days. |
| Reasons why further funding is not being sought | Funding to continue the Pathways to Home is not being sought as demand has significantly declined (reducing by 63 per cent in 2023-24), likely driven by improved NDIS processing times. While further funding to support the program has not been sought, health services remain able to subcontract with disability services to transition patients out of hospital, where appropriate. |
| Nature of the impact of ceasing the program | Health services will no longer have access to flexible funding, which has been used for health service program management, home modifications and/or equipment purchases, and to supplement the cost of care in the community. |
| Strategies that are being implemented to minimise any negative impacts | Partnerships between health services and disability providers have been established over the course of this program. Processes for subcontracting care and governance arrangements have been embedded into routine practice and health services have the ability to continue to subcontract care in the community for this patient cohort using activity-based funding. |

| | |
|---------------------|--|
| Name of the program | Pathways to Home - Continued support for patients with disability to transition home. |
| | Health services will continue to have access to a housing brokerage service to support them to source available and appropriate care in the community. The State will continue to work with the Commonwealth on future NDIS reforms required to address issues facing people with disability. |

| | |
|--|--|
| Name of the program | Central Immunisation Records Victoria - Protecting the health of priority populations |
| Objective(s) of the program | Central Immunisation Records Victoria (CIRV), a digital vaccination data platform, was established to support management of immunisation services for Victorian local government and health services. CIRV replaced Victoria's fragmented legacy immunisation Information and Communication Technology (ICT) system, Immunisation Program System (ImPS). |
| Expenditure in the financial year 2023-24 (\$ million) | \$73.9 million provided for Public Health Victoria via the 2023-2024 State Budget Outcomes contributed to CIRV operational costs. Expenditure to 30 June 2024 supported: <ul style="list-style-type: none"> • Cloud infrastructure costs • Level 3 technical support – internal and vendors • CIRV enhancements |
| Reasons why the program was established | The CIRV project was established to replace Victoria's fragmented legacy immunisation ICT system, known as the Immunisation Program System (ImPS), provisioned to local government and health services. |
| Details of who and how many used the program and evidence of the outcomes achieved | CIRV has been deployed to more than 70 councils and several health services. The CIRV platform holds over two million clients, and in 2023, recorded 251,462 vaccinations. The CIRV Booking Portal engaged 30,689 public users and facilitated 33,323 immunisation bookings as of 31 December 2023 (as part of a staged onboarding process). |
| Reasons why further funding is not being sought | The significant costs required to maintain the platform did not justify ongoing investment. Immunisation providers (local councils and health services) will use alternative platforms to manage their immunisation program and report vaccinations to the Australian Immunisation Register. |

| | |
|--|--|
| Name of the program | Central Immunisation Records Victoria - Protecting the health of priority populations |
| Nature of the impact of ceasing the program | Councils and health services that use CIRV will transition to alternative digital data platforms to support the recording and reporting of vaccination encounters to the Australian Immunisation Register. |
| Strategies that are being implemented to minimise any negative impacts | <p>The department will support the sector during the transition.</p> <p>Councils and health services will continue to have access to the Australian Immunisation Register.</p> <p>The State will continue to work with the Commonwealth to address ICT issues required to support Victorian immunisation service delivery.</p> |

Capital asset expenditure.

Question 9

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 2024-25 budget cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

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'.

Response

Please see Excel Worksheet for response

Public Private Partnerships – expenditure

Question 10

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 2024-25 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.

Response

| Line item | 2022-23 Actual (\$ million) | 2023-24 revised Budget (\$ million) | 2024-25 Budget (\$ million) | Related project(s) |
|-----------------------------------|--------------------------------|--|--------------------------------|---------------------------------------|
| Interest Expense | | | | |
| | 2 | 2 | 2 | Casey/Berwick Hospital |
| | 16 | 11 | 10 | Royal Women's Hospital |
| | 40 | 38 | 36 | Royal Children's Hospital |
| | 70 | 60 | 53 | Victorian Comprehensive Cancer Centre |
| | 21 | 21 | 21 | Bendigo Hospital |
| | 2 | 2 | 2 | Casey Hospital expansion |
| | 30 | 54 | 84 | New Footscray Hospital |
| | 8 | 19 | 44 | Frankston Hospital |
| Total PPP-related interest | 189 | 208 | 252 | |
| Other operating expenses | | | | |
| | 9 | 20 | 18 | Casey/Berwick Hospital |
| | 19 | 17 | 21 | Royal Women's Hospital |
| | 86 | 66 | 70 | Royal Children's Hospital |
| | 39 | 27 | 29 | Victorian Comprehensive Cancer Centre |
| | 52 | 53 | 58 | Bendigo Hospital |
| | 4 | 4 | 5 | Casey Hospital expansion |
| | 0 | 0 | 0 | New Footscray Hospital |
| | 0 | 0 | 0 | Frankston Hospital |

| Line item | 2022-23 Actual (\$ million) | 2023-24 revised Budget (\$ million) | 2024-25 Budget (\$ million) | Related project(s) |
|---|--------------------------------|--|--------------------------------|--------------------|
| Total PPP-related other operating expenses | 210 | 187 | 201 | |
| TOTAL | 399 | 395 | 453 | |

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

Response

| PPPs | 2022-23 Actual (\$ million) | 2023-24 revised Budget (\$ million) | 2024-25 Budget (\$ million) | 2025-26 Estimated/Fo recast (\$ million) | 2026-27 Estimated/Fo recast (\$ million) | 2027-28 Estimated/Fo recast (\$ million) |
|---------------------------------------|-----------------------------------|--|-----------------------------------|---|---|---|
| Casey/Berwick Hospital | 12 | 22 | 19 | 12 | 11 | 11 |
| Royal Women's Hospital | 35 | 28 | 31 | 36 | 36 | 32 |
| Royal Children's Hospital | 126 | 104 | 106 | 113 | 118 | 117 |
| Victorian Comprehensive Cancer Centre | 109 | 87 | 83 | 93 | 77 | 73 |
| Bendigo Hospital | 73 | 74 | 78 | 87 | 88 | 83 |
| Casey Hospital expansion | 6 | 6 | 6 | 8 | 8 | 7 |
| New Footscray Hospital | 30 | 54 | 84 | 144 | 142 | 143 |
| Frankston Hospital | 8 | 19 | 44 | 100 | 132 | 126 |
| Total | 399 | 395 | 453 | 592 | 613 | 591 |

Public Private Partnerships – expected and actual benefits

Question 11

For Public Private Partnerships (PPP) projects in operation and in procurement and delivery, please provide detail on:

- a) the expected benefits of the PPP project in the uncommissioned (planning and construction) stages
- b) the value of the expected benefits of the PPP project in the uncommissioned stages to the State
- c) the actual/existing benefits of the PPP projects in its commissioned (operations and maintenance) stage
- d) the value of the actual/existing benefits of the PPP projects in its commissioned stage per year

Response:

The PPP contracting model delivers the following benefits to the State:

- reduced operational exposure and obtaining increased certainty of outcome, due to the efficient allocation of risks
- competition and performance-based contracts with measures for poor or non-delivery
- sustainable infrastructure by focusing on asset value maintenance, ensuring long-term viability
- reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing reliance on public funds

As new, purpose-built health facilities, all the PPP delivered projects deliver a range of general benefits including:

- a modern facility that supports the delivery of accessible, cost effective and high-quality patient services
- efficiently operating facility, capable of achieving health service plan targets and sustaining service levels into the future
- achievement of State sustainability policies/objectives including greenhouse gas and peak energy reduction, water conservation and waste minimisation
- enhanced patient safety and improved clinical outcomes
- flexible infrastructure capable of adapting to new technologies, clinical practice changes, changes in government policy and funding arrangements
- integration of teaching, training and research linking clinical areas, with health services, universities, and research institutions

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|--|---|--|---|---|
| Royal Women's Hospital (April 2005) ⁷ | <p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at April 2005) is 0.67 per cent, or \$2.46 million, less under PPP delivery⁸ • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. • Provided full integration of up-front design and construction costs with ongoing service delivery, operational, maintenance and refurbishment costs was incorporated into the PSC | \$2.46 million as at April 2005 | The contracted scope was delivered with construction completion on time and budget ⁹ . | Not available |
| Royal Children's Hospital (February 2008) | <p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at February 2008) is 6.9 per cent, or \$70 million, less under PPP delivery¹⁰ • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the | \$70 million as at February 2008 | The contracted scope was delivered with construction completion on time and budget. | Not available |

⁷ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.2, accessed 4 April, 2024.

⁸ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.37, accessed 4 April, 2024.

⁹ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership \(audit.vic.gov.au\)](#), p.56, accessed 4 April, 2024.

¹⁰ [080228-RCH Project Summary_FINAL \(dtf.vic.gov.au\)](#) p.7, accessed 4 April 2024.

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|--|--|--|---|---|
| | <p>asset and services performance continue to be fit for purpose for the contract term.</p> <ul style="list-style-type: none"> Enhanced amenity from expanded food and retail operations, gymnasium, hotel, childcare facilities, consulting suites. These additional facilities will be transferred back to the State for nil consideration at Project expiry. A significant annual guaranteed payment to RCH from the retail precinct plus upside sharing if actual retail performance exceeds forecast. Various Environmentally Sustainable Development (ESD) initiatives. | | | |
| Victorian Comprehensive Cancer Centre (May 2012) | <p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at May 2012) is 0.67 per cent, or \$9.3 million, less under PPP delivery¹¹. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. enhanced user amenities including 16 serviced apartments, with 18 beds, to be used as country patient and family overnight accommodation, | \$9.3 million as at May 2012 | The contracted scope was delivered with construction completion on time and budget. | Not available |

¹¹ [VCCC-Project-Summary.pdf \(dtf.vic.gov.au\)](#), p15, accessed 4 April 2024.

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|--|---|--|---|---|
| | landscaped roof-top garden/function area, greater choice of retail outlets. <ul style="list-style-type: none"> private sector provision of the cyclotron space and equipment and commercial production of isotopes in joint venture with Peter MacCallum Cancer Centre. | | | |
| Bendigo Hospital (October 2013) | Value for money benefits <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at October 2013) is 15.5 per cent, or \$203.9 million, less under PPP delivery¹² The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Enhanced user amenities, such as multi-deck car parking, childcare and conference centres, low-cost family accommodation | \$203.9 million at October 2013 | The contracted scope was delivered with construction completion on time and budget. | Not available |
| Casey Hospital (2002) and Casey Hospital Expansion Project (November 2017) | Value for money benefits <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at 8 September 2017) is 1.3 per cent, or \$2.1 million, less under PPP delivery¹³ | \$2.1 million as at November 2021 | The contracted scope was delivered with construction completion on time and budget. | Not available |

¹² [Bendigo Hospital - Project summary.pdf \(dtf.vic.gov.au\)](#), p14, accessed 4 April 2024.

¹³ [Casey-Hospital-Expansion-Project-Summary-November-2017.pdf \(dtf.vic.gov.au\)](#) p. 21, accessed 4 April 2024.

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|-----------------------------------|--|--|--|---|
| | <ul style="list-style-type: none"> The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Innovative program allowing commissioning of the hospital in four stages for progressive and earlier use prior to the approved completion date. | | | |
| New Footscray Hospital (May 2021) | <p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at May 2021) is 15.0 per cent, or \$582 million, less under PPP delivery.¹⁴ <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> Designed to enable the future electrification of the hospital to support Victoria’s transition to a carbon neutral economy. Compliance with 5 Star NABERS water and energy targets and 5 Star Green Star including capacity to collect and reuse 90 per cent of roof rainwater. 90.39 per cent local content on project¹⁵ | \$582 million as at May 2021 | Delivery of the government policy benefits is being monitored by the project team and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal . | New Footscray Hospital (May 2021) |

¹⁴ [New Footscray Hospital - Project Summary.pdf \(dtf.vic.gov.au\)](#), p.28, accessed 4 April 2024.

¹⁵ Ibid, p 24

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|--------------------------------|---|--|--|---|
| | <ul style="list-style-type: none"> • Indigenous procurement 1.45% of Design and Construct price. • Disabled procurement 0.15% of Design and Construct price. • Disadvantaged procurement 0.2% of Design and Construct price. • Indigenous employment 2% of hours in Development phase and 2.5% of hours in Operating phase. • Disabled employment 1.04% of hours in Development 2% of hours in Operating Phase. • Disadvantaged employment 1.04% of hours in Development 2% of hours in Operating Phase. • Public Housing Tenant Employment Program – Minimum 6 public housing tenants in Development Phase. | | | |
| Frankston Hospital (June 2022) | <p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at June 2022) is 0.5 per cent, or \$10.5 million, less under PPP delivery¹⁶. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. | \$10.5 million as at June 2022 | Delivery of the government policy benefits is being monitored by the project team and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal . | Not applicable |

¹⁶ [Frankston Hospital Redevelopment Project Summary FINAL.pdf \(df.vic.gov.au\)](#), p28, accessed 4 April 2024.

| PPP | Expected benefits in uncommissioned (planning and construction) phases | Value of expected benefits to the State (\$ million) | Actual/existing benefits of commissioned (operations and maintenance) stage | Value of actual/existing benefits per year (\$ million) |
|---------------------|--|--|---|---|
| | <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> • All-electric energy solution, supporting Victoria's net zero by 2050 target. • Project will support up to 1,700 jobs in construction and new job opportunities for healthcare workers, as well as attracting new investment through ancillary and specialist health services relocating to the area. • 91.6 per cent local content on project¹⁷ • Indigenous procurement 1.6% of Design and Construct price • Disabled procurement 0.18% of Design and Construct price • Social enterprise procurement 0.36 of D&C price • Indigenous employment 2.2% of hours in Development phase and 2.0% of hours in Operating phase • Disadvantaged employment Indirect participation in Development Phase through social enterprise. • Public Housing Tenant Employment Program – Minimum 6 public housing tenants in Development Phase – 4 in Operating Phase. | | | |
| New Melton Hospital | Benefits will be defined after finalisation of the procurement process. | Not applicable | Not applicable as project has not commenced construction. | Not applicable |

¹⁷ Ibid p23

DH

Major project contracting – DTP only

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 in the 2024-25 Budget
 - 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 in the 2024-25 Budget
 - vi) Cost/benefit analysis – please specify if a cost/benefit analysis has been undertaken for the project, and if so, what the cost/benefit ratio is and whether the analysis is publicly available and if so, where/how it can be accessed.

Response

Not applicable

- b) What is the owner's cost (i.e. cost to the Government) of delivering the projects via alliance contracting 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.¹⁸

Please provide the following details:

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

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

Response

¹⁸ PricewaterhouseCoopers Australia, *Collaborative Contracting*, March 2018, p. 9.

Not applicable

Savings initiatives

Question 13

For each of the savings initiatives detailed in the 2023-24 Budget,¹⁹ please detail:

- the Department's saving target for 2023-24 and 2024-25
- a breakdown of how the Department will meet the various savings targets in 2023-24 and 2024-25
- the impact that these actions will have on the delivery of services and assets/infrastructure during 2023-24 and 2024-25.

Response

| Initiative | Savings target for 2023-24 (\$ million) | Breakdown of how the Department met various savings targets in 2023-24 | Impact these actions had on the delivery of services and assets/infrastructure in 2023-24 | Savings target for 2024-25 (\$ million) | How the Department will meet various savings targets in 2024-25 | Impact these actions will have on delivery of services and assets/infrastructure in 2024-25 |
|--|---|--|---|---|---|---|
| <i>Labor's Financial Statement Savings</i> | 6.2 | Reduction in the use of consultancy, labour hire and discretionary professional services. | No impacts on frontline service delivery or asset/infrastructure projects. | 19.4 | Reduction in the use of consultancy, labour hire and discretionary professional services. | No anticipated impacts on frontline service delivery or asset/infrastructure projects. |
| Whole of Government savings and efficiencies | 24.8 | Savings have been achieved through effective cost management strategies implemented across the Department, including a reduction in FTE. | No impacts on frontline service delivery or asset/infrastructure projects. | 49.6 | Savings are the full financial year and ongoing benefit from cost management strategies implemented across the Department from 2023-24, including a reduction in FTE. | |

¹⁹ Department of Treasury and Finance, *Budget Paper No. 3: 2023-24 Service Delivery*, Melbourne, 2023, p. 118.

DH

Question 14

For each of the savings initiatives detailed in the 2024-25 Budget, please detail (on the same basis of consolidation as the budget papers):

- a) the Department's saving target for 2024-25
- b) how the Department will meet the various savings targets in 2024-25
- c) the impact that these actions will have on the delivery of services and assets/infrastructure during 2024-25.

Response

| Initiative | Savings target for 2024-25 (\$ million) | Savings target for 2025-26 (\$ million) | Savings target for 2026-27 (\$ million) | Savings target for 2027-28 (\$ million) | How the Department will meet various savings targets | Impact these actions will have on delivery of services and assets/infrastructure |
|---|---|---|---|---|---|---|
| Savings and efficiencies and expenditure reduction measures in 2024-25 Budget | 106.4 | 121.0 | 120.7 | 102.9 | The Department will be providing further details to Government on implementation of the savings, however the target is expected to be met by measures that do not materially impact frontline services. | Minimal anticipated impacts on frontline service delivery or asset/infrastructure projects. |

Use of funds saved from other programs or initiatives

Question 15

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2024-25 (including lapsing programs), please identify:

- a) the amount expected to be spent under the program or initiative during 2024-25 at the time of the 2023-24 Budget
- b) the amount currently to be spent under the program or initiative during 2024-25
- 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

No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2024-25 State Budget.

| Program/initiative that has been reprioritised, curtailed or reduced | The amount expected to be spent under the program or initiative during 2024-25 (\$ million) | | The use to which the funds will be put |
|--|---|-----------------------------------|--|
| | At the time of the 2023-24 Budget | At the time of the 2024-25 Budget | |
| | | | |
| | | | |
| | | | |
| | | | |

Performance measures – new

Question 16

For all new performance measures in the 2024-25 Budget Paper No. 3: Service Delivery, please provide:

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

Response

| | |
|--|---|
| New performance measure name | <i>Percentage of treatment events ending in the reference period where a significant treatment goal is achieved</i> |
| Description/purpose of the measure | This measure indicates successful treatment outcomes for clients through the achievement of one or more significant treatment goals as a proportion of all treatment events. |
| Assumptions and methodology underpinning the measure | Number of treatment events ending in the reference period where a significant treatment goal is achieved, as a percentage of the total number of treatment events in the same reference period. |
| How target was set | Target was set using an average of the expected outcomes from previous 4 years using the measure methodology. |
| Shortcomings of the measure | This measure only includes state funded activity so those who achieved a significant treatment goal in a non-state funded activity are not included. |
| How the measure will enable assessment of the impact of the service | A percentage target better demonstrates the success of the program compared with the previous number target. |

| | |
|--|---|
| New performance measure name | <i>Number of ACCOs who have transitioned to self-determined, outcomes-based funding</i> |
| Description/purpose of the measure | Monitor the sustainability and flexibility of funding to self-determining Victorian Aboriginal Community Controlled Organisations (ACCOs). Stages 2 to 4 will focus on reporting changes, identifying priority outcomes for ACCOs and development of a single program funding stream and associated BP3 measures. |
| Assumptions and methodology underpinning the measure | This measure is under development |
| How target was set | This measure is under development |
| Shortcomings of the measure | This measure is under development |
| How the measure will enable assessment of the impact of the service | ACCOs provide a range of holistic person-centred services to Aboriginal community. This measure assesses the Department of Health's commitment to transitioning ACCOs to longer-term, self-determined outcomes-based funding. It counts the number of ACCOs that have transitioned to outcomes-based funding. |

Performance measures – modifications

Question 17

For all existing performance measures with an associated target that has been modified in the 2024-25 *Budget Paper No. 3: Service Delivery*, please provide:

- a description/purpose of the measure
- the previous target
- the new target and how it was set
- the justification for changing the target
- an explanation of why the target was not met in 2022-23, if applicable and the 2023-24 expected outcome
- the methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget.

Response

| Performance measure | NWAW funded emergency separations – all hospitals |
|--|---|
| Description/purpose of the measure | National weighted activity unit funded emergency separations for all hospitals |
| The previous target | 774 |
| The new target and how it was set | 710 The new 2024-25 target is lower than the 2023-24 target due to remodelling demand for emergency services against prior years' performance, offset by the expectation that demand for emergency departments will continue to increase |
| The justification for changing the target | The new 2024-25 target is lower than the 2023-24 target due to remodelling demand for emergency services against prior years' performance, offset by the expectation that demand for emergency departments will continue to increase |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than the target due to activity not returning to pre-COVID-19 levels. While demand in emergency departments is high, the number of emergency admissions remains below pre-COVID-19 demand. Total bed days for emergency separations were higher than all previous years. Expected outcome for 2023-24 is 683.3 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year-to-date data has been extrapolated to estimate the 2023-24 expected outcome |

| Performance measure | Number of patients admitted from the planned surgery waiting list |
|--|--|
| Description/purpose of the measure | The number of patients who have been admitted for the awaited procedure that addresses the clinical condition for which they were added to the planned surgery waiting list. |
| The previous target | 240,000 |
| The new target and how it was set | 200,000 |
| The justification for changing the target | The 2024-25 target is lower than the 2023-24 target to reflect the cessation of the COVID-19 Catch up Plan, following significant reductions in the planned surgery waitlist. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is lower than the 2023-24 target due to continued demand pressures on health services post-pandemic, including higher than forecast demand for emergency surgery and increased demand on emergency departments and inpatient beds. The expected EOY result does not include patients who have been diverted from the planned surgery waiting list to receive non-surgical/alternative care. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Planned Care Recovery and Reform Program's digital twin forecasting model. |

| Performance measure | Sub-acute care separations |
|--|--|
| Description/purpose of the measure | Number of sub-acute separations in public hospitals. |
| The previous target | 39,600 |
| The new target and how it was set | 37,900 |
| The justification for changing the target | The 2024-25 target is lower than the 2023-24 target due to remodelling demand for sub-acute care against prior years' performance. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than target due to longer average stays, workforce pressures and other events (floods, COVID-19 surges). Total bed days for sub-acute separations were higher than all previous years and may reflect catch-up from care deferred during the COVID-19 pandemic Expected outcome for 2023-24 is 36,181 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year-to-date data has been extrapolated to estimate the 2023-24 expected outcome |

| Performance measure | Community palliative care episodes |
|--|---|
| Description/purpose of the measure | Number of new palliative care community episodes (admissions) in the financial year |
| The previous target | 18,980 |
| The new target and how it was set | 15,500 Target updated to reflect expected outcome. |
| The justification for changing the target | Target revised down due to a reduction in funding. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than the target as this was the first year of reporting against this new BP3 measure. There are still some data gaps, which potentially impact the true activity. Data quality issues are being addressed to ensure accuracy of reporting in future years Expected outcome for 2023-24 is 15,600 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results Count of all new community palliative care VINAH episodes commencing in 2023-24. Excludes multiple episodes for the same client for the reporting year. |

| Performance measure | Emergency presentations |
|--|---|
| Description/purpose of the measure | The number of emergency department presentations. This is a simple output measure of the total volume of patients seen in the emergency department, not adjusted for urgency (triage category) or severity. (insert) |
| The previous target | 2,017 |
| The new target and how it was set | 1,948 |
| The justification for changing the target | The lower 2024-25 target reflects changes in activity influenced by government initiatives to provide appropriate care outside of emergency departments., offset by the expectation that demand for emergency departments will continue to increase |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | Met target in 2022-23 (within 5% variance) The 2023-24 expected outcome is lower than the 2023-24 target due to demand management strategies, including activity through the Victorian Virtual Emergency Department |

| | |
|--|---|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for the 2023-24 expected outcomes is based on the trend for Q1,Q2 and Q3 results in 2023-24. Methodology for 2024-25 reflected the 2023-24 expected outcomes plus growth in ED presentations reflective of actual presentations over the last two years |
|--|---|

| Performance measure | Children participating in the Smiles 4 Miles oral health promotion program |
|--|---|
| Description/purpose of the measure | Number of pre-school children participating in the Smiles 4 Miles program implemented in early childhood services. The purpose of this measure is to represent oral health promotion activity in early childhood services and reach of the program. |
| The previous target | 49,000 |
| The new target and how it was set | 60,000. Based on recent annual performance. |
| The justification for changing the target | The higher 2024-25 target is due to increased funding that will improve capacity of staff and expand promotional materials to be able to reach more children in early childhood services, increasing the program's coverage. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2022-23 result was higher than the target, which was partly due to the extension of Smiles 4 Miles to the Free Kinder program (up to 15 hours per week for three year olds). The 2023-24 expected outcome is higher than the 2023-24 target due to increased funding of staff and promotional materials, boosting the program's reach to more children in early childhood services. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year-to-date data has been extrapolated to estimate the 2023-24 expected outcome. |

| Performance measure | Schools visited by Smile Squad |
|---|---|
| Description/purpose of the measure | This represents the number of schools where students attending have been serviced (received at least one valid service item) during the reporting period. |
| The previous target | 200 |
| The new target and how it was set | 575. Based on recent annual performance. |
| The justification for changing the target | The initial target was set at the implementation stage of the program, where there was no historical data to inform target setting. |

| | |
|--|--|
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The target was not met in 2022-23 due to the continued impact of the COVID-19 pandemic on the projected rollout of the program to schools. The 2023-24 expected outcome is higher than the target due to continued uplift in activity. This is a positive result. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Expected outcome for the 2023-24 target is based on recent uplift in activity. |

| Performance measure | Women screened for breast cancer by BreastScreen Victoria |
|--|--|
| Description/purpose of the measure | Number of breast screen appointments delivered by Breast Screen Victoria |
| The previous target | 267,000 |
| The new target and how it was set | 282,000 based on expansion of number of permanent clinics to deliver additional breast cancer screening through new and existing services across Victoria. |
| The justification for changing the target | Increased investment in 2022-23 State Budget through the equitable cancer care and prevention initiative. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | In 2022-23, BreastScreen Victoria screened 266,571 women for breast cancer, just short of BP3 target of 267,000 breast screens. Expected 2023-24 outcome is 282,000. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Expected outcome for balance of 23-24 year based on forward appointments. |

| Performance measure | Funded post graduate nursing and midwifery places at Diploma and Certificate level |
|--|--|
| Description/purpose of the measure | Count of funded post graduate nursing and midwifery places at Diploma and Certificate level. |
| The previous target | 970 |
| The new target and how it was set | 832. The lower 2024-25 target reflects the cessation of one-off funding in 2023-24 for some components from the 'Making it free to study nursing and midwifery'. |
| The justification for changing the target | The top up funding received from the 'Making it free to study nursing and midwifery' funding stream has ceased. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is 970. |

| | |
|--|--|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | For this measure, data is collected annually. Estimate is based on pro-rata of target. |
|--|--|

| Performance measure | Students examined by Smile Squad |
|--|--|
| Description/purpose of the measure | Number of students who have received an examination by Smile Squad. |
| The previous target | 50,000 |
| The new target and how it was set | 58,000 |
| The justification for changing the target | Continued uplift in activity as the program reaches full capacity. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | Results exceeded target in 2022-23. Expected to meet target in 2023-24. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Expected outcome for the 2023-24 target is based on recent uplift in activity. |

| Performance measure | Funded positions in formal nursing and midwifery graduate programs |
|--|--|
| Description/purpose of the measure | Count of the number of funded positions in formal nursing and midwifery graduate programs each financial year. |
| The previous target | 1,925. This previous target reflects additional funding provided in the 2023-24 Budget. |
| The new target and how it was set | The baseline target from Training and Development funding is 1590 positions. The new target of 1590 positions is based on recurrent funding. |
| The justification for changing the target | The recurrent Training and Development funding for 1,590 graduate nurse and midwife positions. Top-up funding has been used from other funding streams have been used in recent years to align with graduate demand however these have now ceased. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | Target was met in 22-23. Expected outcome in 2023-24 is 1,925. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | For this measure, data are collected annually. Estimate is based on pro-rata of target. |

| Performance measure | Students receiving treatment by Smile Squad |
|--|---|
| Description/purpose of the measure | Count of the number of individual students that have received treatment (excluding comprehensive oral examinations) at least once during the reporting period. Each individual student must have already received a comprehensive oral examination prior to follow-up treatment. Each student is only counted once during the reporting period. |
| The previous target | 7,500 |
| The new target and how it was set | 15,000. Based on recent annual performance. |
| The justification for changing the target | The initial target was set at the implementation stage of the program, where there was no historical data to inform target setting. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | In 2022-23, the result was higher than the target. This is a positive result. The 2023-24 expected outcome is higher than the 2023-24 target due to continued uplift in activity. This is a positive result. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Expected outcome for the 2023-24 target is based on recent uplift in activity. |

| Performance measure | Number of consumers accessing clinical mental health services – older persons |
|--|--|
| Description/purpose of the measure | Counts of consumers as a key measure of overall activity of the clinical mental health service system. |
| The previous target | 8,854 |
| The new target and how it was set | 9,033, based on the number of proportional cohort consumers accessing services in the previous financial year (2022-23). |
| The justification for changing the target | Updated target to reflect 2022-23 system activity. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Adoption of target as expected outcome, as the target was set on outcomes from the previous year. |

| Performance measure | Percentage of community cases newly opened |
|--|--|
| Description/purpose of the measure | New cases as a proportion of total cases. Case managed clients account for the bulk of the workload of community mental health services, and this is an indicator of throughput. |
| The previous target | 50 per cent |
| The new target and how it was set | 55 per cent, as an average of outcomes over previous six years. |
| The justification for changing the target | DTF requested target adjustment to reflect performance over the past two years |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A, the 2023-24 Expected outcome is 57 per cent. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on based on an average of the previous 6 performance periods. |

| Performance measure | Statewide non-emergency air transports |
|--|--|
| Description/purpose of the measure | The total number of non-emergency air transports (by fixed wing craft) – statewide |
| The previous target | 3,333 |
| The new target and how it was set | 3,400 |
| The justification for changing the target | Target changed to reflect the expected outcome for 2023-24 |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | Air activity is demand driven. Activity above target represents higher demand for air services. Expected outcome for 2023-24 is 3,572 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome is based on actual results between Q1-Q3 of 2023-24. Methodology for 2024-25 target is based on 2023-24 actual results between Q1-Q3 and considers previous years' activity. |

| Performance measure | Treatment without transport |
|--|---|
| Description/purpose of the measure | The total number of ambulance attendances where a patient was treated at scene, but not transported - statewide |
| The previous target | 119,877 |
| The new target and how it was set | 130,000 Target based on 2023-24 expected outcome. |
| The justification for changing the target | The higher target reflects the 2023-24 expected outcome |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is higher than the target, which reflects Ambulance Victoria's increased focus on demand management strategies (including the use of the Victorian Virtual ED) to maximise resource availability and limit the number of responses to cases which do not require emergency transport. The expected outcome for 2023-24 is 131,926 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q1-Q3 results. |

| Performance measure | Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards |
|--|--|
| Description/purpose of the measure | The percentage of audited cases that meet with clinical practice guidelines. Community Emergency Response Teams (CERT) are units without transport facilities that are crewed by Ambulance Victoria trained volunteers to provide an on-call response to Code 1 incidents. A team is despatched simultaneously with an ambulance to initiate and provide treatment until an ambulance arrives. |
| The previous target | 90 |
| The new target and how it was set | 95 |
| The justification for changing the target | New target reflects the 2023-24 expected outcome |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is slightly higher than the 2022-23 target, which is a positive result. The expected outcome for 2023-24 is 100 |

| | |
|--|--|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q1-Q3 results. |
|--|--|

| Performance measure | Percentage of admissions with a preadmission contact – inpatient |
|--|--|
| Description/purpose of the measure | Measure of the extent to which the treatment and care of patients in a community setting can identify the early signs of a need for an inpatient admission and the capacity of the system to admit patients in a timely way. |
| The previous target | 61 per cent |
| The new target and how it was set | 63, derived from an average of outcomes over previous seven years. |
| The justification for changing the target | Target adjustment to reflect current performance. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A. 70 per cent. The 2023-24 expected outcome is higher than the 2023-24 target due to the impacts of new or updated models of care across the system |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results. |

| Performance measure | Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic) |
|--|--|
| Description/purpose of the measure | The rate of mental health inpatients who are subjected to seclusion. The intent is that the rate is as low as possible, and ideally zero. |
| The previous target | 8 |
| The new target and how it was set | 6 The lower target reflects the Royal Commission's recommendation. |
| The justification for changing the target | Changes in line with Royal Commission recommendation 54 to reduce targets every 2 years. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is lower than the 2023-24 target and continues the trend towards zero seclusion of consumers, which is a positive outcome. 2023-24 expected outcome is 7. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results. |

| Performance measure | Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS) |
|--|---|
| Description/purpose of the measure | The rate of child and adolescent mental health inpatients who are subjected to seclusion. The intent is that the rate is as low as possible, and ideally zero. |
| The previous target | 5 |
| The new target and how it was set | 3 The lower target reflects the Royal Commission’s recommendation |
| The justification for changing the target | Changes in line with Royal Commission recommendations 54) |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is higher than the 2023-24 target due to a small number of consumers requiring additional support in a couple services. The 2023-24 expected outcome is 7. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results. |

| Performance measure | Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons) |
|--|---|
| Description/purpose of the measure | The rate of older mental health inpatients who are subjected to seclusion. The intent is that the rate is as low as possible, and ideally zero. |
| The previous target | 5 |
| The new target and how it was set | 3 and in line with Royal Commission recommendation 54 |
| The justification for changing the target | Changes in line Royal Commission recommendation 54 |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | Expected outcome for 2023-24 is 0.4 The 2022-23 outcome was lower than the target and this is a positive result. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results. |

| Performance measure | Clinical inpatient separations |
|--|--|
| Description/purpose of the measure | Clinical inpatient separations' includes all separations ('separation' includes discharge, care type transfer, or death) from a hospital for patients who are recorded as admitted patients according to the relevant national definition. It excludes separations from mental health residential (including PARCs) services. |
| The previous target | 31,165 |
| The new target and how it was set | 31,599 |
| The justification for changing the target | The higher 2024-25 target reflects the increased funding and demand for mental health services. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than the target because of due to bed closures due to capital works, reduced full-time equivalent staff numbers, a lack of supported/settled housing options available within the community to support safe separations, and a lack of appropriate allied health services/social supports for consumers once they separate from a service. The expected outcome for 2023-24 is 26,842 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Number of community service hours (adult) |
|--|---|
| Description/purpose of the measure | A key measure of overall activity of community clinicians. Total recorded service hours of contact between clinicians and registered and unregistered adult consumers, their family or carer, or other agency involved in their care. |
| The previous target | 1,304 |
| The new target and how it was set | 1,318 |
| The justification for changing the target | The higher 2024-25 target reflects funding uplift provided as part of the 2021-22 Budget |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The expected outcome for 2023-24 is 1,379 |

| | |
|--|--|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |
|--|--|

| Performance measure | Number of community service hours (aged) |
|--|---|
| Description/purpose of the measure | A key measure of overall activity of community clinicians. Total recorded service hours of contact between clinicians and registered and unregistered older adult consumers, their family or carer, or other agency involved in their care. |
| The previous target | 196 |
| The new target and how it was set | 199 The higher 2024-25 target reflects funding uplift provided as part of the 2021-22 Budget. |
| The justification for changing the target | The higher 2024-25 target reflects funding uplift provided as part of the 2021-22 Budget. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than the target due to services struggling with their existing community-based facilities and needing to seek larger premises prior to recruiting additional staff. Several services have reported data integrity issues however processes are being implemented to ensure accurate reporting. The expected outcome for 2023-24 is 177 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Number of community service hours (child and adolescent) |
|---|--|
| Description/purpose of the measure | A key measure of overall activity of community clinicians. Total recorded service hours of contact between clinicians and registered and unregistered child and adolescent consumers, their family or carer, or other agency involved in their care. |
| The previous target | 340 |
| The new target and how it was set | 355 The higher 2024-25 target reflects funding uplift provided as part of the 2021-22 Budget. |
| The justification for changing the target | The higher 2024-25 target reflects funding uplift provided as part of the 2021-22 Budget. |

| | |
|--|---|
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is lower than the target due to services struggling with their existing community-based facilities and needing to seek larger premises prior to recruiting additional staff. Several services have reported data integrity issues, however processes are being implemented to ensure accurate reporting The expected outcome for 2023-24 is 329 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Number of consumers accessing clinical mental health services - adult |
|--|--|
| Description/purpose of the measure | Counts of adult consumers as a key measure of overall activity of the clinical mental health service system. |
| The previous target | 67,746 |
| The new target and how it was set | 69,717 |
| The justification for changing the target | The higher 2024-25 target reflects the increased funding and demand for mental health services. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A The expected outcome is 67,746 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Adoption of target as expected outcome, as the target was set on outcomes from the previous year. |

| Performance measure | Number of consumers accessing clinical mental health services – child and adolescent |
|--|---|
| Description/purpose of the measure | Counts of child and adolescent consumers as a key measure of overall activity of the clinical mental health service system. |
| The previous target | 13,762 |
| The new target and how it was set | 14,937 |
| The justification for changing the target | The higher 2024-25 target reflects the increasing demand for mental health services |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A The expected outcome for 2023-24 is 13,762 |

| | |
|--|---|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Adoption of target as expected outcome, as the target was set on outcomes from the previous year. |
|--|---|

| Performance measure | Percentage of admissions with a preadmission contact – inpatient |
|--|--|
| Description/purpose of the measure | Measure of the extent to which the treatment and care of patients in a community setting can identify the early signs of a need for an inpatient admission and the capacity of the system to admit patients in a timely way. |
| The previous target | 61 |
| The new target and how it was set | 63 |
| The justification for changing the target | The higher 2024-25 target reflects the improvement impact of new or updated models of care |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The result is higher than the target due to continuous improvement processes to deliver high-quality prevention and early intervention recovery-focused care. The expected outcome for 2023-24 is 70 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Client support units provided by community mental health support services |
|--|--|
| Description/purpose of the measure | The total client support units reported for specific community mental health support services over the nominated period. |
| The previous target | 6,406 |
| The new target and how it was set | 600, set by updating the methodology to only count support units for appropriate funded program inclusion. |
| The justification for changing the target | The lower 2024-25 target reflects the updated methodology for funded program inclusion. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is higher than the 2023-24 target due to a counting error including incorrect programs. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Clients receiving community mental health support services |
|--|--|
| Description/purpose of the measure | Average number of clients reported as receiving community mental health support services over four quarters. |
| The previous target | 391 |
| The new target and how it was set | 3,300, Updated target to reflect average outcomes over previous four years. |
| The justification for changing the target | The higher 2024-25 target better reflects the demand for mental health services and resolution of a counting error on relevant programs. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2023-24 expected outcome is higher than the 2023-24 target due to a lower-than-expected number of clients transitioning to the NDIS. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results per budget team. |
| Performance measure | Needles and syringes provided through the Needle and Syringe program |
| Description/purpose of the measure | Number of needles and syringes provided through the needle and syringe program. |
| The previous target | 10,170 |
| The new target and how it was set | 10,960, it was set by assessing the average outcomes over previous seven years. |
| The justification for changing the target | Updated target to reflect average outcomes over previous seven years. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | 10,798 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Number of telephone, email, website contacts and requests for information on alcohol and other drugs |
|--|---|
| Description/purpose of the measure | Number of telephone, email, website contacts and requests for information on alcohol and other drugs. |
| The previous target | 4200 |
| The new target and how it was set | 6000, target to reflect average outcomes over previous four years. |
| The justification for changing the target | Updated target to reflect average outcomes over previous four years. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | 9912 |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Methodology for 2023-24 expected outcome based on Q2 results |

| Performance measure | Percentage of treatment events ending in the reference period where a significant treatment goal is achieved |
|--|--|
| Description/purpose of the measure | This measure indicates successful treatment outcomes for clients through the achievement of one or more significant treatment goals. It only includes state-funded activity. |
| The previous target | N/A |
| The new target and how it was set | 50, set by looking at averages of previous 4 years using new methodology. |
| The justification for changing the target | N/A |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | N/A |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | N/A |

| Performance measure | Aged care assessments |
|--|---|
| Description/purpose of the measure | Number of completed aged care assessments |
| The previous target | 59,000 |
| The new target and how it was set | New measure to be confirmed following execution of new bilateral agreement for aged care assessment. |
| The justification for changing the target | Negotiations with the Commonwealth for the delivery of aged care assessments for 2024-2025 are ongoing. Performance measures have not yet been set. Performance measures will be confirmed following execution of the new agreement with the Commonwealth. Funding is transitioning from block funding to a fee for service model. Future KPIs anticipated to include demand and timeliness measures. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The 2022-23 target was not met (55,872) due to national staffing shortages and ongoing uncertainty of Commonwealth reforms. The 2023-24 target is expected to be met (59,000). |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year to date data has been extrapolated to estimate the 2023-2024 expected outcome. |

| Performance measure | Average waiting time (calendar days) from referral to assessment |
|--|---|
| Description/purpose of the measure | Timeliness- Average waiting time (calendar days) from referral to assessment. |
| The previous target | 16 |
| The new target and how it was set | New measure to be confirmed following execution of new bilateral agreement for aged care assessment. |
| The justification for changing the target | Negotiations with the Commonwealth for the delivery of aged care assessments for 2024-2025 are ongoing. Performance measures have not yet been set. Performance measures will be confirmed following execution of the new agreement with the Commonwealth. Funding is transitioning from block funding to a fee for service model. Future KPIs anticipated to include demand and timeliness measures. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | The target was met in 2022-23. The expected outcome for 2023-24 outcome is 20 days. The 2023-24 expected outcome is lower than the 2023-24 target due to increased demand for assessments and national workforce shortages. |

| Performance measure | Average waiting time (calendar days) from referral to assessment |
|--|---|
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year to date data has been extrapolated to estimate the 2023-2024 expected outcome. |

| Performance measure | Percentage of high-priority clients assessed within the appropriate time in all settings |
|--|--|
| Description/purpose of the measure | Timeliness |
| The previous target | 90 per cent |
| The new target and how it was set | New measure to be confirmed following execution of new bilateral agreement for aged care assessment. |
| The justification for changing the target | Negotiations with the Commonwealth for the delivery of aged care assessments for 2024-2025 are ongoing. Performance measures have not yet been set. Performance measures will be confirmed following execution of the new agreement with the Commonwealth. Funding is transitioning from block funding to a fee for service model. Future KPIs anticipated to include demand and timeliness measures. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | This target was met for 2022-23 and is expected to be met (90 per cent) in 2023-24. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year to date data has been extrapolated to estimate the 2023-2024 expected outcome. |

| Performance measure | Percentage of low-priority clients assessed within the appropriate time in all settings |
|---|--|
| Description/purpose of the measure | Timeliness |
| The previous target | 90 per cent |
| The new target and how it was set | New measure to be confirmed following execution of new bilateral agreement for aged care assessment. |
| The justification for changing the target | Negotiations with the Commonwealth for the delivery of aged care assessments for 2024-2025 are ongoing. Performance measures have not yet been set. Performance measures will be confirmed following execution of the new agreement with the Commonwealth. Funding is transitioning from block funding to a fee for service model. Future KPIs anticipated to include demand and timeliness measures. |

| | |
|--|---|
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | This target was not met (58 per cent) in 2022-23 due to the impact of the COVID-19 pandemic on activities and national staffing shortages. The 2023-24 expected outcome (67 per cent) is lower than the 2023-24 target due to increased demand for assessments and national workforce shortages. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year to date data has been extrapolated to estimate the 2023-2024 expected outcome. |

| Performance measure | Percentage of medium-priority clients assessed within the appropriate time in all settings |
|--|--|
| Description/purpose of the measure | Timeliness |
| The previous target | 90 per cent |
| The new target and how it was set | New measure to be confirmed following execution of new bilateral agreement for aged care assessment. |
| The justification for changing the target | Negotiations with the Commonwealth for the delivery of aged care assessments for 2024-2025 are ongoing. Performance measures have not yet been set. Performance measures will be confirmed following execution of the new agreement with the Commonwealth. Funding is transitioning from block funding to a fee for service model. Future KPIs anticipated to include demand and timeliness measures. |
| An explanation of why the target was not met in 2022-23, if applicable, and the 2023-24 expected outcome | This target was met (99 per cent) in 2022-23 and is expected to be met (99 per cent) in 2023-24. |
| The methodology behind estimating the 2023-24 expected outcome in the 2024-25 Budget | Year to date data has been extrapolated to estimate the 2023-2024 expected outcome. |

Performance measures – discontinued

Question 18

For performance measures that are identified as to be discontinued in the 2024-25 *Budget Paper No. 3: Service Delivery*, please provide:

- a description/purpose of the measure and the year the measure was introduced
- the previous target
- when the target was last modified and reasons for modification
- the justification for discontinuing the measure, including any further information that is not available in *Budget Paper No. 3*
- any performance measures that will replace the discontinued measure in part or full.

Response

| Performance measure | Perinatal and child mortality reports received, reviewed and classified |
|---|--|
| Description/purpose of the measure and year introduced | To measure the percentage of perinatal and child mortality notifications received and classified by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) and the department. The <i>Public Health and Wellbeing Act 2008</i> requires all health service providers to submit data and information on all obstetric, perinatal, child and adolescent births and deaths in Victoria to the CCOPMM. Prompt reporting means that case review and classification can be completed, preventability of death ascertained by CCOPMM, and reporting and clinical risk mitigation strategies can be implemented by the department. Introduced in 2017-18. |
| The previous target | 100 |
| When the target was last modified and reason for modification | 2021-22; changed from 95 per cent to 100 per cent to reflect historical performance and desired outcome. |
| The justification for discontinuing the measure | This performance measure is proposed to be discontinued as it does not measure quality or safety of care, but rather compliance with a process. |
| Performance measures that will replace the discontinued measure | Not applicable. |

| Performance measure | Additional student clinical placement days. |
|---|---|
| Description/purpose of the measure and year introduced | To measure additional student clinical placement days. This measure is separated from other clinical placement days due to distinct funding as part of the Boosting our healthcare workforce initiative. Introduced in 2021-22. |
| The previous target | 80,000 |
| When the target was last modified and reason for modification | Not applicable. |
| The justification for discontinuing the measure | This was a temporary measure with one-off funding until 2023-24. |
| Performance measures that will replace the discontinued measure | Not applicable. |

| Performance measure | Number of nurse practitioner candidates supported |
|---|---|
| Description/purpose of the measure and year introduced | To measure the number of additional nurse practitioner candidates supported. Introduced in 2023-24. |
| The previous target | 50 |
| When the target was last modified and reason for modification | Not applicable. |
| The justification for discontinuing the measure | This was a temporary measure with one-off funding until 2023-24. |
| Performance measures that will replace the discontinued measure | Not applicable. |

| Performance measure | Patient reported hospital cleanliness |
|---|--|
| Description/purpose of the measure and year introduced | The measure identifies how adult inpatients experience cleanliness in Victorian public health services which was considered to be an indicator of patient safety in the health service. Introduced in 2017-18. |
| The previous target | 70 |
| When the target was last modified and reason for modification | Not applicable. |
| The justification for discontinuing the measure | This performance measure has been discontinued as it does not measure quality or safety of care, but rather compliance with a process. |
| Performance measures that will replace the discontinued measure | Not applicable. |

Employees

Question 19

The *COVID Debt Repayment Plan* outlined a plan to reduced Victorian Public Service (VPS) levels by 3,000 to 4,000 roles in 2023-24. For the Department, please detail:

- a) the number of VPS (including executive) roles reduced in 2023-24
- b) the number of roles planned for reduction in 2024-25
- c) Total budgeted savings under the *Plan* for 2023-24
- d) Total actual savings in 2023-24 (\$ million)
- e) Number of roles reduced by VPS/Executive classification (Please list each level and actual FTE)
- f) the functions within the Department that were most impacted or expected to be impacted by the reduction of roles
- g) the impact of role reductions on service delivery

Response

| | Question | Response |
|----|--|--|
| a) | The number of VPS (including executive) roles reduced in 2023-24 | The department will be reporting on workforce data as part of its Annual Report 2023-24* |
| b) | The number of roles planned for reduction in 2024-25 | The department will be providing further details to Government on implementation of the savings: however, the target is expected to be met by measures that do not impact frontline services |
| c) | Total budgeted savings under the <i>Plan</i> for 2023-24 | Refer to table 1 below |
| d) | Total actual savings in 2023-24 (\$ million) | The department will be reporting on workforce data as part of its Annual Report 2023-24* |
| e) | Number of roles reduced by VPS/Executive classification (Please list each level and actual FTE) | The department will be reporting on workforce data as part of its Annual Report 2023-24* |
| f) | The functions within the Department that were most impacted or expected to be impacted by the reduction of roles | The department will be reporting on workforce data as part of its Annual Report 2023-24* |

| | | |
|----|---|--|
| g) | The impact of role reductions on service delivery | The target is expected to be met by measures that do not materially impact frontline services. |
|----|---|--|

**Note: Departments can elect to disclose \$ savings in a footnote or otherwise as part of their annual report*

Table 1

Department of Health savings and efficiencies in the 2023-24 budget

| Budget paper 3 line item | 2023-24 |
|---------------------------|---------|
| COVID debt repayment plan | 24.8 |
| | 24.8 |

*Reflects gross savings

Question 20

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2023, 30 June 2024 and 30 June 2025:

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

Guidance

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

Response

a)

| Classification | As at 30-06-2023 | | As at 30-04-24* | | As at 30-06-2025 | |
|------------------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|--------------------|
| | (Actual FTE Number) | (% of total staff) | (Actual FTE Number) | (% of total staff) | (Forecast FTE Number) | (% of total staff) |
| Secretary | 1.0 | 0.03% | 1.0 | 0.04% | N/A | N/A |
| EO1 (SES3) | 10.8 | 0.36% | 8.0 | 0.36% | N/A | N/A |
| EO2 (SES2) | 58.8 | 1.94% | 35.8 | 1.59% | N/A | N/A |
| EO3 (SES1) | 136.8 | 4.51% | 86.5 | 3.84% | N/A | N/A |
| Senior Medical Advisor (SMA) | 16.6 | 0.55% | 10.1 | 0.45% | N/A | N/A |
| STS (VPS-7) | 23.8 | 0.78% | 17.0 | 0.76% | N/A | N/A |
| VPS Grade 6 | 846.0 | 27.88% | 626.5 | 27.85% | N/A | N/A |
| VPS Grade 5 | 1,056.2 | 34.81% | 811.4 | 36.07% | N/A | N/A |
| VPS Grade 4 | 491.2 | 16.19% | 338.9 | 15.07% | N/A | N/A |
| VPS Grade 3 | 231.3 | 7.62% | 199.6 | 8.87% | N/A | N/A |
| VPS Grade 2 | 77.3 | 2.55% | 58.1 | 2.58% | N/A | N/A |
| VPS Grade 1 | 0.3 | 0.01% | 1.0 | 0.04% | N/A | N/A |
| Other (Please specify)* | 84.0 | 2.77% | 55.4 | 2.46% | N/A | N/A |
| Total | 3,034.1 | 100.00% | 2,249.3 | 100.00% | N/A | N/A |

Note:

- 30 June 2023 – Source data – Department of Health Annual Report 2022-2023 (page 81 to 83). Available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and excludes Safer Care Victoria
- There may be rounding errors in FTE tables due to data being formatted to one decimal place
- *Other classification includes solicitors, nurses and scientists
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees
- Actual number of FTE as of 30 April 2024, provided instead of 30 June 2024 projections due to the significant Machinery of Government changes as result of the Victorian Health Building Authority joining the Victorian Infrastructure Development Authority on the 2 April 2024. Source data – OurInsights, data excludes Victorian Health Building Authority and Safer Care Victoria
- Projections for 30 June 2025 are unavailable pending further analysis e.g. impact of MOG changes, planned lapsing of fixed term contracts etc.

b)

| Category | As at 30-06-2023 | | As at 30-04-2024 | | As at 30-06-2025 | |
|--------------|---------------------|--------------------|---------------------|--------------------|-----------------------|--------------------|
| | (Actual FTE Number) | (% of total staff) | (Actual FTE Number) | (% of total staff) | (Forecast FTE Number) | (% of total staff) |
| Ongoing | 1,927.3 | 63.52% | 1,664.1 | 73.98% | N/A | N/A |
| Fixed term | 1,101.8 | 36.31% | 579.0 | 25.74% | N/A | N/A |
| Casual | 5.1 | 0.17% | 6.2 | 0.28% | N/A | N/A |
| Total | 3,034.1 | 100.00% | 2,249.3 | 100.00% | N/A | N/A |

Note:

- 30 June 2023 – Source data – Department of Health Annual Report 2022-2023 (page 81 to 83). Available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and excludes Safer Care Victoria
- Actual number of FTE as of 30 April 2024, provided instead of 30 June 2024 projections due to the significant Machinery of Government changes as result of the Victorian Health Building Authority joining the Victorian Infrastructure Development Authority on the 2 April 2024. Source data – OurInsights, data excludes Victorian Health Building Authority and Safer Care Victoria
- There may be rounding errors in FTE tables due to data being formatted to one decimal place

- *Other classification includes solicitors, nurses and scientists
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees
- Data as at 30 June 2023 includes 12 FTE WorkCover employees in the Ongoing category count.
- Data as at 30 April 2024 includes 10.6 FTE WorkCover employees in the Ongoing category count.
- Projections for 30 June 2025 are unavailable pending further analysis e.g. impact of MOG changes, planned lapsing of fixed term contracts etc.

c)

| Identification | As at 30-06-2023 | | As at 30-04-2024 | | As at 30-06-2025 | |
|-----------------|---------------------|--------------------|---------------------|--------------------|-----------------------|--------------------|
| | (Actual FTE Number) | (% of total staff) | (Actual FTE Number) | (% of total staff) | (Forecast FTE Number) | (% of total staff) |
| Men | 1,077.6 | 35.51% | 793.8 | 35.29% | N/A | N/A |
| Women | 1,911.9 | 63.02% | 1,429.7 | 63.56% | N/A | N/A |
| Self-described* | 44.7 | 1.47% | 25.8 | 1.15% | N/A | N/A |
| Total | 3,034.1 | 100.00% | 2249.3 | 100.00% | N/A | N/A |

- Note: 30 June 2023 – Source data – Department of Health Annual Report 2022-2023 (page 81 to 83). Available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and excludes Safer Care Victoria
- There may be rounding errors in FTE tables due to data being formatted to one decimal place
- Actual number of FTE as of 30 April 2024, provided instead of 30 June 2024 projections due to the significant Machinery of Government changes as result of the Victorian Health Building Authority joining the Victorian Infrastructure Development Authority on the 2 April 2024. Source data – OurInsights, data excludes Victorian Health Building Authority and Safer Care Victoria
- For 30 April 2024, self-described included 21.2 FTE where gender identification was not provided or disclosed
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees
- Projections for end June 25 unavailable – not possible to anticipate recruitment outcomes on gender

d)

| Identification | As at 30-06-2023 | | As at 30-04-24 | | As at 30-06-2025 | |
|---|---------------------|--------------------|---------------------|--------------------|-----------------------|--------------------|
| | (Actual FTE Number) | (% of total staff) | (Actual FTE Number) | (% of total staff) | (Forecast FTE Number) | (% of total staff) |
| People who identify as Aboriginal or Torres Strait Islander | 26.1 | 0.86% | 25.0 | 1.11% | N/A | N/A |
| People who identify as having a disability | 60.6 | 2.00% | 47.7 | 2.12% | N/A | N/A |

Note:

- 30 June 2023 – Source data – SAP/OurInsights, data excludes Safer Care Victoria
- FTE tables are formatted to one decimal place which may cause rounding errors
- Actual number of FTE as of 30 April 2024, provided instead of 30 June 2024 projections due to the significant Machinery of Government changes as result of the Victorian Health Building Authority joining the Victorian Infrastructure Development Authority on the 2 April 2024. Source data – OurInsights, data excludes Victorian Health Building Authority and Safer Care Victoria
- The department generally uses People Matter Survey (PMS) results to measure composition of the workforce of people with disability, aligned to whole-of-government reporting for *Getting to Work: Victorian Public Sector Disability Employment Action Plan*. From the 2023 PMS, 185 respondents identified as a person with disability. This represents 9.0% of total respondents from the 2023 PMS. Staff numbers reported using PMS data is greater than actual SAP/OurInsights data as PMS is an anonymous survey and employees with a disability may be more willing to identify as a person with a disability in circumstances where they may remain anonymous.
- While DH is committed to inclusion in its workforce composition, not possible to project for 30/6/25

Workforce capability and capacity

Question 21A

What are the main gaps in the Department's capability and capacity identified in the 2023-24 financial year, and expected in the 2024-25 and 2025-26 financial years?

Response

| Financial year | Main gaps in capability and capacity |
|----------------|--|
| 2023-24 | <p>The Department of Health (department) undertook a significant transformation in late 2023 and early 2024, as part of implementing the 2023-2024 Victorian State Budget Allocations saving requirements. The department's new structure was designed to best align resourcing and effort to the priorities outlined in the department's strategic plan. Some organisational capability gaps were identified in that process and are being addressed, including through strategic recruitment and learning and development programs.</p> <p>The organisational capability and capacity gaps identified in the 2023-2024 financial year and being addressed include:</p> <ul style="list-style-type: none"> • Writing skills – an uplift in capability to improve the drafting of policy proposals, reports, and briefings. • Aboriginal health and wellbeing – the department is seeking to increase its Aboriginal health and wellbeing team to support work underway to improve cultural safety in health service delivery and to deliver other priority projects under the Aboriginal Health and Wellbeing Partnership Agreement. • Lived experience – The department is implementing a range of public and mental health reforms, where lived experience will help to enhance the empathy and understanding of healthcare professionals, enabling the delivery of more patient centred care approaches and services that reflect the needs of patients and the Victorian community. |
| 2024-25 | <p>As the department continues to embed and operationalise its new structure, it is anticipated that the above capability and capacity gaps will reduce throughout 2024-2025, with targeted interventions such as recruitment guided by diligent workforce planning approaches, ongoing regular assessment of the changing capability needs of the department, and a priority focus on initiatives to uplift the skills of our workforce, such as writing skills. Consideration is also being given to additional capability need in the Artificial Intelligence / Diagnostics space.</p> |
| 2025-26 | <p>As noted above, given the speed at which innovation in health technology is occurring, the department may require new capabilities relating to Artificial Intelligence / Diagnostics which may enable the automation of some work. For example, data analysis and to increase productivity. This will continue to be assessed and addressed in the financial year 2025-26.</p> |

Contractors

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.

Question 21B

- For the 2022-23 financial year please outline: what the Department spent on contractors, the relevant occupation categories for those contractors, and the total number of contractor arrangements
- For the 2023-24 financial year please outline: the Department's expected spend on contractors, the relevant occupation categories for those contractors, and the total number of contractor arrangements
- For the 2024-25 financial year please outline: the Department's anticipated spend for contractors, and what the anticipated occupation categories are for contractor arrangements.

Response

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|------------------------------|--|--|--|
| Spend | \$537,036,317 | \$375,594,290 | Contractor spend is allocated based on a budget request and assessment process. Financial delegates are responsible for the decision to engage contractors, which cannot be forecast in advance. The department therefore cannot accurately forecast anticipated future expenditure. |
| Occupation categories | Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Information Communications and Technology Facilities Management Specialised Services Health Services HR Services Marketing and Advertising | Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Information Communications and Technology Facilities Management Specialised Services Health Services HR Services Marketing and Advertising | Not known |

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|--|---|---|-----------------------|
| | <ul style="list-style-type: none"> • Drugs & Pharmaceutical Products • Logistics • Property • Laboratories and Research | <ul style="list-style-type: none"> • Drugs & Pharmaceutical Products • Logistics • Property • Maintenance, Repairs and Operations | |
| Total number of contractor arrangements | 776 vendors engaged under various arrangements | 556 vendors engaged under various arrangements | Not known |

Consultants

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.

Question 21C

- a) For the 2022-23 financial year, please outline the Department's total spend on consultants and completed consultancy projects
- b) For the 2022-23 financial year please outline: the **top five** Department consultancy projects that were completed by spend, the actual outcomes achieved by the listed **top five**, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- c) For the 2023-24 financial year please outline: the Department's expected spend on consultants, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- d) For the 2024-25 financial year please outline: the Department's anticipated spend for consultants, and what the anticipated occupation categories are for consultant arrangements.

Response

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) | | | | | | | | | | | | | | | | | | |
|---------------|--|--------------------------------|------------------------|--------------------------------|------|---|-----------|------|--|-----------|---------------|--|-----------|------|-----------------------------------|-----------|---------------|---|-----------|------------------------------------|---|
| Spend | <p>\$7,481,003 (excluding GST)</p> <p>Top five consultancy engagements by spend (completed in financial year 2022-23):</p> <table border="1"> <thead> <tr> <th>Consultant</th> <th>Purpose of consultancy</th> <th>Expenditure 2022-23 (excl GST)</th> </tr> </thead> <tbody> <tr> <td>KPMG</td> <td>Design, Mental health and wellbeing access policy and triage tool</td> <td>\$694,632</td> </tr> <tr> <td>KPMG</td> <td>Development, Health workforce strategy – phase 2</td> <td>\$492,669</td> </tr> <tr> <td>Ernst & Young</td> <td>Review, Department of Health information and communication technology review</td> <td>\$378,742</td> </tr> <tr> <td>KPMG</td> <td>Review, Commercial billing review</td> <td>\$369,126</td> </tr> <tr> <td>HealthConsult</td> <td>Analysis, Enhanced Health Data COVID Data Sharing Project</td> <td>\$339,292</td> </tr> </tbody> </table> <p>In 2022-23, there were 32 consultancy engagements with recorded expenditure. 27 of these were either ongoing into 2023-24 or had a recorded 2022-23 expenditure of less than \$339,292 and have therefore been excluded from the table above. This includes one engagement with a recorded expenditure in 2022-23 of \$856,406, which is not included in the table as the engagement was not completed in 2022-23. Details of all consultancy engagements for 2022-23 are available in the department’s Annual Report.</p> | Consultant | Purpose of consultancy | Expenditure 2022-23 (excl GST) | KPMG | Design, Mental health and wellbeing access policy and triage tool | \$694,632 | KPMG | Development, Health workforce strategy – phase 2 | \$492,669 | Ernst & Young | Review, Department of Health information and communication technology review | \$378,742 | KPMG | Review, Commercial billing review | \$369,126 | HealthConsult | Analysis, Enhanced Health Data COVID Data Sharing Project | \$339,292 | <p>\$2,221,338 (excluding GST)</p> | <p>Consultancy spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and is allocated based on a budget request and assessment process. The Secretary is responsible for the decision to engage consultants, where a budget request has been approved. Business needs for consultancy services cannot accurately be forecast in advance. The department therefore cannot forecast anticipated future expenditure.</p> |
| Consultant | Purpose of consultancy | Expenditure 2022-23 (excl GST) | | | | | | | | | | | | | | | | | | | |
| KPMG | Design, Mental health and wellbeing access policy and triage tool | \$694,632 | | | | | | | | | | | | | | | | | | | |
| KPMG | Development, Health workforce strategy – phase 2 | \$492,669 | | | | | | | | | | | | | | | | | | | |
| Ernst & Young | Review, Department of Health information and communication technology review | \$378,742 | | | | | | | | | | | | | | | | | | | |
| KPMG | Review, Commercial billing review | \$369,126 | | | | | | | | | | | | | | | | | | | |
| HealthConsult | Analysis, Enhanced Health Data COVID Data Sharing Project | \$339,292 | | | | | | | | | | | | | | | | | | | |

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|-----------------|---|-------------------------------|-----------------------|
| Outcomes | <p>Actual outcomes achieved for the top five consultancy engagements by spend in the 2022-23 financial year included:</p> <p>Mental health and wellbeing access policy and triage tool: Development of a proposed access policy and updated triage guidelines to provide practical guidance for service providers and support a new operating model for the mental health and wellbeing system, ensuring Victorians receive timely treatment, care and support. This directly supports the implementation of recommendations in the Royal Commission into Victoria's Mental Health System.</p> <p>Health workforce strategy – phase 2: Delivery of a series of structured engagements with Victoria's health workforce, including forums, workshops, individual discussions and a sector-wide survey. More than 500 participants from over 200 organisations engaged in these direct consultations, while a further 3,987 participants completed the survey. These consultations, and the thematic analysis arising from these consultations, directly led to the development of the recently published Victorian Health Workforce Strategy.</p> <p>Department of Health information and communication technology review: Defining strategic context and current state to inform ICT review, supporting the identification of future state</p> | Not applicable | Not applicable |

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|------------------------------|---|--|--|
| | <p>recommendations that included ICT leadership and operating model, strategic planning, information management, project lifecycle, technology landscape, cybersecurity and vendor and contract management. These recommendations supported improved efficiency and effectiveness of ICT delivery, ensuring the department is fit for purpose in delivering its vision and strategic goals.</p> <p>Commercial billing review: This involved a survey of health services and deeper dive analysis of private practice across four domains - compliance, commercial governance, financial governance and monitoring and oversight. This informed the department's updates to relevant chapters of the <i>MBS billing in Victorian public hospitals: Interpretive guidelines for best practice</i> to describe the department's expectations for monitoring private arrangements, which was communicated to health service Chief Executive Officers.</p> <p>Enhanced Health Data COVID Data Sharing Project: Delivery of a final report summarising key jurisdictional COVID data sharing projects, and the governance and technical enablers of these projects, with recommendations for improving cross-jurisdictional linkage and data sharing. This ultimately supported the National Health Reform Agreement discussions.</p> | | |
| Occupation categories | <p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology | <p>Typical Consultancy Occupation Categories include:</p> | <p>Typical Consultancy Occupation Categories include:</p> |

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|--|--|--|--|
| | <ul style="list-style-type: none"> • Specialist policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support | <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Specialist policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support | <ul style="list-style-type: none"> • Information, data and technology • Specialist policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support |
| Total number of consultant arrangements | 32 | Year to date: 14 | Not Known |

Labour Hire arrangements

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.

Question 21D

- For the 2022-23 financial year please outline: what the Department spent on labour hire arrangements the relevant occupation categories for those labour hire arrangements, and the total number of labour hire arrangements
- For the 2023-24 financial year please outline: the Department's expected spend on labour hire arrangements (the relevant occupation categories for those labour hire arrangements, and the total number of labour hire arrangements)
- For the 2024-25 financial year please outline: the Department's anticipated spend for labour hire arrangements, and what the anticipated occupation categories are for those labour hire arrangements.

Response

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|------------------------------|---|---|--|
| Spend | \$ 16,991,441 (excluding GST) | \$ 8,867,970 (excluding GST) | Labour Hire spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and is allocated based on a budget request and assessment process. Financial delegates are responsible for the decision to engage labour hire, which cannot be forecast in advance. The department therefore cannot accurately forecast anticipated future expenditure. |
| Occupation categories | Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services | Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services | Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services Information Communications and Technology |

| | 2022-23 | 2023-24 (as at 31 March 2024) | 2024-25 (Anticipated) |
|---|--|--|---|
| | <ul style="list-style-type: none"> • Information Communications and Technology • Payroll • Project manager • Senior management | <ul style="list-style-type: none"> • Information Communications and Technology • Payroll • Project manager • Senior management | <ul style="list-style-type: none"> • Payroll • Project manager • Senior management |
| Total number of labour hire arrangements | Not available | Not available | Not known |

Enterprise Bargaining Agreements

Question 22

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2024-25 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 2024-25 employee benefits.

Response

a)

The Victorian Public Service Agreement 2020 nominally expired on 20 March 2024 with negotiations for a new agreement continuing.

This agreement covers 93 per cent* of the department's employees.

The enterprise agreement covering the remainder of the department's workforce does not pass its nominal expiry date until 15 November 2025 (Maternal and child health nurses (Department of Health) agreement 2021).

* Excludes Victorian Health Building Authority.

b)

The Victorian Public Service Agreement outcome will be expected to comply with government wages policy. On 4 April 2023, the Premier and Minister for Industrial Relations announced details of a revised wages policy which provides for wage increases of up to 3 per cent per annum. In addition to annual wage increases, there is also the ability for workers to obtain a lump-sum sign on bonus equal to up to 0.5 per cent of overall agreement costs. It is expected a Wages Policy compliant outcome would add a further 3.5 per cent per annum to the 2024-25 employee benefits. Consistent with wages policy any further additional costs must be offset with equivalent productivity improvements and efficiencies.

Advertising – expenditure

Question 23

Please provide a list of forecasted/budgeted advertising expenditure for the Department and its portfolio agencies in 2024-25 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

Advertising planned for 2024-25

The Department of Health does not have a forward forecast of advertising expenditure in the 2024-25 budget. As part of the whole of Victorian government advertising approval process, the department contributes to the Annual Advertising Plan that captures anticipated advertising activity for each department and its portfolio agencies for the forthcoming financial year. This enables all campaign advertising proposed by government departments and agencies to be carefully considered and assessed to ensure alignment with government strategic priorities. To ensure expenditure data is accurate and useful, the government's annual advertising expenditure is published at the end of each year, only after advertising placements and expenditure is confirmed and finalised.

Reporting on advertising expenditure for 2024-25

As in previous years, at the conclusion of 2024-25, the government will publish an annual report on total government advertising expenditure for that year. Previous years' advertising expenditure reports can be found at www.vic.gov.au/advertising-plans-and-spend. Finally, departments and agencies are also required to publish within their annual report's details of expenditure on individual advertising campaigns with advertising costs greater than \$100,000. As in previous years, expenditure on major advertising campaigns undertaken by DH in 2024-25 will be published in the department's 2024-25 annual report.

Recruitment advertising

Global recruitment response is the same as the Advertising planned response above, as the department participates in the Whole of Victorian Government Annual Advertising Plan process. In addition to the planned advertising response, advertising for the recruitment of positions within the department and its portfolio agencies is undertaken on an as needs basis for individual positions.

Relationship between the Commonwealth and Victoria

Question 24

What impact, if any, have changes to federal/state capital funding agreements and Commonwealth Government policy initiatives have had on the Department's 2024-25 Budget?

Response

Capital response

Victoria's intergovernmental agreements which provide Commonwealth funding for capital projects, spanning 2023-24 and 2024-25, are outlined in the table below. Variations to milestone dates for some of these projects are being reviewed with the Commonwealth, but there will be no impact on the 2024-25 State Budget.

| Program | Projects funded | Commonwealth funding amount |
|--|--|-----------------------------|
| Community Health and Hospitals Program | Geelong Women's and Children's Hospital (Barwon Health) | \$50 million ²⁰ |
| | Paediatric Emergency Facilities for Geelong, Maroondah, Frankston, and Casey hospitals | \$40 million ²¹ |
| | Swan Hill District Hospital Emergency Department | \$30 million ²² |
| | Goulburn Valley Health Cancer Centre | \$30 million ²³ |
| | Aikenhead Centre for Medical Discovery | \$20 million ²⁴ |

²⁰ [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](https://federalfinancialrelations.gov.au), p.3, accessed 8 April 2024

²¹ [ibid](#)

²² [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](https://federalfinancialrelations.gov.au), p.4, accessed 8 April 2024

²³ HYPERLINK "https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2024-01/CHHP%20Vic%20original_0.pdf" [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](#), p.3, accessed 8 April 2024

²⁴ [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](https://federalfinancialrelations.gov.au), p.5, accessed 8 April 2024

| Program | Projects funded | Commonwealth funding amount |
|---|--|------------------------------|
| | Wodonga Hospital — Mental Health Rehabilitation Unit and an expanded range of consulting clinical suites | \$14.5 million ²⁵ |
| | Redevelopment of Rosebud Hospital 2 | \$5 million ²⁶ |
| | Expand cancer infrastructure in the West Gippsland Region | \$4.5 million ²⁷ |
| Community Health and Hospitals Program Victoria's Eating Disorder Initiative | Residential Eating Disorder Treatment facility to be run by Alfred Health | \$13 million ²⁸ |
| Community Health and Hospitals Program – Victoria Fighting Cancer – Regional Cancer Treatment Centres for Radiation Therapy | Central Gippsland Health Service (Sale) | \$3.15 million ²⁹ |
| | Bairnsdale Regional Health Service. | \$1.30 million ³⁰ |

Commonwealth-State health agreements and policy initiatives

The 2024-25 Commonwealth budget is expected to be released on Tuesday 14 May 2024 – it is not yet clear if there will be further announcements from this budget that will impact the 2024-25 Victorian State budget.

Further information is provided below regarding new agreements under negotiation, extensions/variations to current agreements and negotiations expected to commence in the coming months. These may impact the 2024-25 Victorian State budget.

New agreements

Below are Commonwealth-State Federal Funding Agreements (FFAs) for Victoria that are currently under negotiation in new policy/reform areas:

²⁵ HYPERLINK "https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2024-01/CHHP%20Vic%20original_0.pdf" [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](#), p.4, accessed 8 April 2024

²⁶ [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](#), p.5, accessed 8 April 2024

²⁷ [Community Health and Hospitals Program - Victoria schedule \(federalfinancialrelations.gov.au\)](#), p. 4, accessed 8 April 2024

²⁸ [Signed Letters + FFAs - MS23-000687.pdf \(federalfinancialrelations.gov.au\)](#), accessed 8 April 2024

²⁹ [Regional Cancer Treatment Centres for Radiation Therapy.pdf \(federalfinancialrelations.gov.au\)](#), Accessed 8 April 2024

³⁰ *ibid*

- *Smoking and Vaping Cessation Activities FFA* - the intent of this FFA is to provide funding to Quitline and other quit services (as relevant) in each state and territory to meet demand for smoking and vaping cessation support. Funding to Victoria is expected to be \$2.715 million over four years from 2023-24.
- *Expansion of Colonoscopy Triage Services FFA* – this FFA supports states and territories to expand existing direct access to colonoscopy triage models for participants of the National Bowel Cancer Screening Program who return a positive bowel cancer screening result to improve access to public diagnostic colonoscopy services. Funding to Victoria is expected to be \$1.81 million over two years from 2023-24.

Extensions/variations for existing agreements

The following FFAs expired on 30 June 2023 or will expire on 30 June 2024 and are in the process of being extended or varied for additional years by the Commonwealth:

- *Public Dental Services for Adults 2023-25 FFA extension* – this FFA will support the delivery of additional dental services to eligible adult dental patients for an additional two years to 30 June 2025. Funding to Victoria is \$53.76 million over two years from 2023-24 to 2024-25 (\$26.88 million per annum).
- *Essential Vaccines FFA variation* – the objective of this FFA is to protect the public from the spread of vaccine preventable diseases through the cost-effective and efficient delivery of immunisation programs under the National Immunisation Program (NIP). The current FFA expires on 30 June 2024 and is being extended by an additional year. Funding to Victoria for 2024-25 is estimated to be \$28.9 million.
- *Access to HIV Treatment for people who are not eligible for Medicare FFA variation* – this FFA supports the delivery of HIV care and treatment to people living with HIV in Australia who are not eligible for Medicare. In May 2023, the Commonwealth increased the national funding amount under this FFA from \$12.5 million annually to \$15 million annually based on updates to modelling and estimated costs and the FFA has been varied to reflect this. The varied FFA provides Victoria with an additional \$853,500 over two years.
- *Project Agreement for Lymphoedema Compression Garment Scheme extension* – the current FFA contributes to improving access to compression garments by eligible patients in Victoria. Commonwealth funding of \$6.0 million nationally over three years from 2024–25 is outlined in the 2023-24 Commonwealth Mid-Year Economic and Fiscal Outlook (MYEFO). State and territory splits are unknown at this stage.
- *Aged Care Assessment Program (ACAP) and Regional Assessment Service (RAS)* – these intergovernmental agreements are due to expire on 30 June 2024, with the Commonwealth implementing a new aged care single assessment model as of 1 July 2024. The Commonwealth is currently undertaking bilateral negotiations and an open tender for the provision of aged care assessment.
- *Department of Veterans' Affairs Hospital Services Deed of Variation 2023-25* – this intergovernmental agreement allows provision of, and payment for, the treatment of veterans and other entitled persons who elect to access public hospital services. The proposed agreement is effectively a rollover from the current arrangements.

Negotiations are expected to commence in the coming months for the following FFAs:

- *Improving Cancer Outcomes - Eliminating Cervical Cancer in Australia (new)* - The Commonwealth will provide \$48.2 million nationally over four years from 2023-24 to implement the National Strategy for the Elimination of Cervical Cancer in Australia, improve the current human papillomavirus (HPV) vaccination rates and increase cervical screening participation and self-collection. Commonwealth budget estimates from the 2023-24 MYEFO indicate states and territories will receive \$21.8 million nationally through an FFA from 2024-25 to support implementation. State and territory splits are unknown at this stage.
- *Strengthening Medicare* – at the 6 December 2023 National Cabinet meeting, First Ministers agreed to a package of Strengthening Medicare measures to take pressure off hospitals, valued at \$1.2 billion over four years commencing in 2023-24. Through this package, the Commonwealth will fund and implement, with states and territories, the health-related recommendations from the Independent Review of Health Practitioner Regulatory Settings (Kruk Review); boost funding for Medicare Urgent Care Clinics; and support older Australians through avoided hospital admission and earlier discharge from hospital. Funding to states and territories is expected to be allocated on a mix of needs basis and population share. State and territory splits are unknown at this stage. (Source [Meeting of National Cabinet – the Federation working for Australia | Prime Minister of Australia \(pm.gov.au\)](#))

Source for active agreements: via the [Federal Financial Relations](#) website

Source for agreements under negotiation or being extended/varied: [Budget documents | Budget 2023–24](#)

Service delivery

Question 25

- a) Please provide the total estimated cost to the department (if any) of the Machinery of Government changes made since July 2023?

Response

Two machinery of government changes occurred within the financial year. In February 2024 the medical research output group transferred to the Department of Jobs, Skills, Industry and Regions. In April 2024 the Victorian Health Building Authority transferred to the Victorian Infrastructure Delivery Authority (VIDA).

There were no applicable costs associated with these changes.

- b) Please complete the table below detailing the impacts of any machinery of government changes on the department since July 2023.

Response

| | |
|---------------------------------|--|
| Impact to the department | The machinery of government changes were managed internally and included transferring contracts, transferring staff, and configuring systems and processes to ensure appropriate levels of privacy, secrecy, and security. The department continues to share services and systems with VHBA where required to enhance efficiency and effectiveness as well as minimise disruption to service delivery and engagement with relevant sectors. The establishment of VIDA allows for the sharing of expertise and resources across the Victorian Government's biggest infrastructure builds. For DH, this means that, as the client, the health-building projects VIDA undertakes will benefit from the experience and skills across government. |
| Impact to departmental outputs | The Medical Research output transferred to the Department of Jobs, Skills, Industry and Regions on 1 February 2024. |
| Impact to departmental agencies | N/A |
| Impact to portfolios | The department's responsibilities in relation to the Disability, Ageing and Carers portfolio ended when that portfolio was discontinued on 2 October 2023. The Children portfolio became a portfolio supported by the department on 2 October 2023. The Ageing portfolio became a portfolio supported by the department on 2 October 2023. |

| | |
|---|---|
| | Support for the Medical Research portfolio transferred to the Department of Jobs, Skills, Industry and Regions from 1 February 2024. |
| Impact to statutory authorities | Services provided at two public entities in the Health portfolio - the Queen Elizabeth Centre, and the Tweddle Child and Family Health Service – are overseen by the Minister for Children. |
| Estimated cost and date changes are anticipated to be fully implemented | Not applicable re costs. |
| New portfolio responsibilities and/or how responsibilities are shared, if relevant | <p>The Minister for Health Infrastructure is now a Responsible Minister for VIDA, as legislative responsibility for the Health Infrastructure portfolio, established by the General Order dated 2 October 2023, will become the ‘joint and several’ responsibility of DH and VIDA.</p> <p>The Minister for Health Infrastructure and Secretary to DH will continue to be responsible for the health infrastructure budget, with arrangements to be made for the transfer of appropriations to Department of Transport and Planning (DTP). The Minister for Transport Infrastructure and the Secretary to DTP will continue to be responsible for the transport infrastructure budget.</p> <p>Services provided at the Queen Elizabeth Centre, and the Tweddle Child and Family Health Service are overseen by the Minister for Children. The Minister for Health remains responsible for the public entities themselves, under the <i>Health Services Act, 1988</i>.</p> <p>Under the General Order of 2 October 2023, the Minister for Children and the Minister for Health share responsibility for the <i>Child Wellbeing and Safety Act 2005</i>. Some parts of this Act are also shared with the Minister for Education.</p> |
| * Where the machinery of government change has no impact on the department, please type N/A where appropriate in the table above. | |

Question 26

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 2024-25 Budget. Where responsibility for outputs, initiatives or performance measures is shared, please clearly outline what is shared and how responsibility is divided between Ministers or portfolios.

Please also indicate in the response where changes have occurred in the output structure since the 2023-24 Budget.

Response

| | | Changes (if any) since 2023-24 Budget |
|---------------------|--|---|
| Minister* | Thomas | |
| Portfolio | Health | |
| Output(s) | <ul style="list-style-type: none"> • Admitted Services • Community Health Care • Dental Services • Public Health • Emergency Services • Health Workforce Training and Development • Non-admitted Services • Small Rural Services | <p>Creation of output – “Public Health” via consolidation of the following outputs:</p> <ul style="list-style-type: none"> - Health Protection - Health Advancement - Emergency Management <p>Creation of output – “Small Rural Services” via consolidation of the following outputs:</p> <ul style="list-style-type: none"> - Small Rural Services – Acute Health - Small Rural Services – Aged Care - Small Rural Services – Home and Community Care - Small Rural Services – Primary Health |
| Objective(s) | <ul style="list-style-type: none"> • keep people healthy and safe in the community • provide care closer to home • keep innovating and improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger and more sustainable workforce | Wording adjustments to align with Department of Health's Strategic Plan |

| | | Changes (if any) since 2023-24 Budget |
|-------------------------------|--|---|
| Minister* | Thomas | |
| Portfolio | Health <ul style="list-style-type: none"> a safe and sustainable health, wellbeing and care system. | |
| Objective indicator(s) | Objective indicators are not allocated to individual ministerial portfolios. | Objective indicators published in Strategic Plan, Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | Admitted Services <ul style="list-style-type: none"> Number of patients admitted from the planned surgery waiting list National Weighted Activity Unit (NWAU) funded emergency separations – all hospitals National Weighted Activity Unit (NWAU) funded separations – all hospitals except small rural health services Palliative separations Perinatal mortality rate per 1,000 of babies of Aboriginal mothers, using rolling three-year average Sub-acute care separations Total separations – all hospitals Eligible newborns screened for hearing deficit before one month of age Hand hygiene compliance Healthcare worker immunisation – influenza Intensive Care Unit central line associated blood stream infections (CLABSI) per 1,000 device days Major trauma patients transferred to a major trauma service | Renamed measures <i>Number of patients admitted from elective surgery waiting list</i> changed to <i>Number of patients admitted from the planned surgery waiting list</i> <i>Non-urgent (category 3) elective surgery patients admitted within 365 days</i> Changed to: <i>Non-urgent (category 3) planned surgery patients admitted within 365 days</i> <i>Semi-urgent (Category 2) elective surgery patients admitted within 90 days</i> Changed to: <i>Semi-urgent (Category 2) planned surgery patients admitted within 90 days</i> <i>Urgent (Category 1) elective surgery patients admitted within 30 days</i> |

| | | Changes (if any) since 2023-24 Budget |
|------------------|--|---|
| Minister* | Thomas | |
| Portfolio | Health | |
| | <ul style="list-style-type: none"> Percentage of patients who reported positive experiences of their hospital stay Public hospitals accredited Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days Unplanned readmission after hip replacement surgery Unplanned readmission after knee replacement surgery Unplanned readmission after paediatric tonsillectomy and adenoidectomy Unplanned readmission after treatment for acute myocardial infarction Unplanned readmission after treatment for heart failure Non-urgent (Category 3) planned surgery patients admitted within 365 days Semi-urgent (Category 2) planned surgery patients admitted within 365 days Urgent (Category 1) planned surgery patients admitted within 30 days <p>Community Health Care</p> <ul style="list-style-type: none"> Number of ACCOs who have transitioned to self-determined, outcomes-based funding Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians Service delivery hours in community health care Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements <p>Dental Services</p> <ul style="list-style-type: none"> Children participating in the Smiles 4 Miles oral health promotion program | <p>Changed to: <i>Urgent (Category 1) planned surgery patients admitted within 30 days</i></p> <p><i>Total funded FTE (early graduate) allied health positions in public system</i> changed to: <i>Funded FTE in formal allied health transition-to-practice programs</i></p> <p><i>Total funded FTE (early graduate) medical positions in public system</i> Changed to: <i>Funded FTE in formal PGY1 and PGY2 transition-to-practice programs</i></p> <p><i>Total funded FTE (early graduate) nursing and midwifery positions in public system</i> Changed to: <i>Funded positions in formal nursing and midwifery graduate programs</i></p> <p>Discontinued measures <i>Patient reported hospital cleanliness</i></p> <p><i>Perinatal and child mortality reports received, reviewed and classified</i></p> <p><i>Additional student clinical placement days</i></p> |

| | | Changes (if any) since 2023-24 Budget |
|------------------|---|--|
| Minister* | Thomas | |
| Portfolio | Health | |
| | <ul style="list-style-type: none"> • Persons treated • Priority and emergency clients treated • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours • Waiting time for dentures • Waiting time for general dental care <p>Emergency Services</p> <ul style="list-style-type: none"> • Emergency presentations • Emergency patients re-presenting to the emergency department within 48 hours of previous presentation • Emergency patients that did not wait for treatment • Patients' experience of emergency department care • Emergency Category 1 treated immediately • Emergency patients treated within clinically recommended 'time to treatment' • Emergency patients with a length of stay of less than four hours • Proportion of ambulance patient transfers within 40 minutes <p>Public Health</p> <ul style="list-style-type: none"> • Number of education or monitoring visits of smoke-free areas • Number of education or monitoring visits of tobacco or e-cigarette retailers • Number of sales to minors test purchases undertaken | <p><i>Number of nurse practitioner candidates supported</i></p> <p>New measures:</p> <p><i>Number of ACCOs who have transitioned to self-determined, outcomes-based funding</i></p> |

| | | Changes (if any) since 2023-24 Budget |
|------------------|--|---------------------------------------|
| Minister* | Thomas | |
| Portfolio | Health | |
| | <ul style="list-style-type: none"> • Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program • Local Government Authorities with Municipal Public Health and Wellbeing Plans • Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities • Number of people trained in emergency management • Inspections of cooling towers • Inspections of radiation safety management licenses • Number of HIV and sexually transmissible infections tests conducted at PRONTO! • Percentage of Aboriginal children fully immunised at 60 months • Percentage of Aboriginal mothers that smoked during pregnancy • Percentage of newborns having a newborn bloodspot screening test • Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening • Women screened for breast cancer by BreastScreen Victoria • Calls to food safety hotlines that are answered • Immunisation coverage – at five years of age • Immunisation coverage – at two years of age • Percentage of adolescents (aged 15) fully immunised for Human papillomavirus (HPV) • Public health emergency response calls dealt with within designated plans and procedure timelines | |

| | | Changes (if any) since 2023-24 Budget |
|------------------|---|---------------------------------------|
| Minister* | Thomas | |
| Portfolio | Health | |
| | <ul style="list-style-type: none"> • Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification • Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ) • Infectious disease outbreaks responded to within 24 hours • Participation rate of women in target age range screened for breast cancer • Percentage of food recalls acted upon within 24 hours of notification <p>Health Workforce Training and Development</p> <ul style="list-style-type: none"> • Clinical placement student days (allied health) • Clinical placement student days (nursing and midwifery) • Clinical placement student days (medicine) • Funded post graduate nursing and midwifery places at Diploma and Certificate level • Number of filled Victorian Rural Generalist Year 3 positions • Number of undergraduate nursing and midwifery scholarships supported • Scholarships for refresher programs and re-entry to practice courses for nurses and midwives • Sign-on bonuses for nursing and midwifery graduates • Funded FTE in formal allied health transition-to-practice programs • Funded FTE in formal PGY1 and PGY2 transition-to-practice programs | |

| | | Changes (if any) since 2023-24 Budget |
|---|---|---------------------------------------|
| Minister* | Thomas | |
| Portfolio | Health | |
| | <ul style="list-style-type: none"> • Funded positions in formal nursing and midwifery graduate programs • Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services <p>Non-Admitted Services</p> <ul style="list-style-type: none"> • Community palliative care episodes • Health Independence program direct contacts • Patients treated in Specialist Outpatient Clinics – unweighted • Post-acute clients not readmitted to acute hospital • Health Independence program clients contacted within three days of referral <p>Small Rural Services</p> <ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • NWAU Eligible Separations • Small Rural Urgent Care Presentations • Percentage of health services accredited • Small rural available bed days • Residential care services accredited • Service delivery hours in community health care | |
| * Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above. | | |

| | | Changes (if any) since 2023-24 Budget |
|-------------------------------|---|--|
| Minister* | Thomas | |
| Portfolio | Ambulance Services | |
| Output(s) | <ul style="list-style-type: none"> Ambulance Services | Creation of output – “Ambulance Services” via consolidation of the following outputs: <ul style="list-style-type: none"> Ambulance Emergency Services Ambulance Non-Emergency Services |
| Objective(s) | <ul style="list-style-type: none"> keep people healthy and safe in the community provide care closer to home keep innovating and improving care improve Aboriginal health and wellbeing move from competition to collaboration a stronger and more sustainable workforce a safe and sustainable health, wellbeing and care system. | Wording adjustments to align with Department of Health’s Strategic Plan |
| Objective indicator(s) | Objective indicators are not allocated to individual minister portfolios. | Objective indicators published in Strategic Plan and Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | Ambulance Services <ul style="list-style-type: none"> Community Service Obligation emergency road and air transports Statewide emergency air transports Statewide emergency road transports Treatment without transport Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards Audited cases statewide meeting clinical practice standards Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly | Performance measures relocated under new output |

| | | Changes (if any) since 2023-24 Budget |
|---|---|---------------------------------------|
| Minister* | Thomas | |
| Portfolio | Ambulance Services | |
| | <ul style="list-style-type: none"> • Proportion of patients very satisfied or satisfied with overall services delivered by paramedics • Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population • Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide • Community Service Obligation non-emergency road and air transports • Statewide non-emergency air transports • Statewide non-emergency road transports • Audited cases statewide meeting clinical practice standards | |
| * Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above. | | |

| | | Changes (if any) since 2023-24 Budget |
|---|--|--|
| Minister* | Thomas | |
| Portfolio | Health infrastructure | |
| Output(s) | Nil | |
| Objective(s) | Not Applicable | |
| Objective indicator(s) | Objective indicators are not allocated to individual ministerial portfolios. | Objective indicators published in Strategic Plan and Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | Not Applicable | |
| * Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above. | | |

| | | Changes (if any) since 2023-24 Budget |
|---------------------|---|---|
| Minister* | Stitt | |
| Portfolio | Mental Health | |
| Output(s) | <ul style="list-style-type: none"> • Drug Services • Mental Health Clinical Care • Mental Health Community Support Services | Creation of output – “Drug Services” via consolidation of the following outputs: <ul style="list-style-type: none"> - Drug Prevention and Control - Drug Treatment and Rehabilitation |
| Objective(s) | <ul style="list-style-type: none"> • keep people healthy and safe in the community • provide care closer to home • keep innovating and improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger and more sustainable workforce • a safe and sustainable health, wellbeing and care system. | Wording adjustments to align with DH’s Strategic Plan |

| | | Changes (if any) since 2023-24 Budget |
|-------------------------------|--|--|
| Minister* | Stitt | |
| Portfolio | Mental Health | |
| Objective indicator(s) | Objective indicators are not allocated to individual minister portfolios | Objective indicators published in Strategic Plan and Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | <p>Drug Services</p> <ul style="list-style-type: none"> • Number of needles and syringes provided through the Needle and Syringe program • Number of phone contacts from family members seeking support • Number of telephone, email, website contacts and requests for information on alcohol and other drugs • Percentage of new licenses and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information • Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt • Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks • Number of clients on the Pharmacotherapy program • Number of commenced courses of treatment through community-based drug treatment services • Median wait time between assessment and commencement of treatment • Median wait time between intake and assessment • Number of drug treatment activity units provided in community-based services • Number of drug treatment activity units provided in residential-based services | <p>Renamed measures</p> <p><i>Needles and syringes provided through the Needle and Syringe program</i> Changed to: <i>Number of needles and syringes provided through the Needle and Syringe program</i></p> <p><i>Commenced courses of treatments – community-based drug treatment services</i> Changed to: <i>Number of commenced courses of treatment through community-based drug treatment services</i></p> <p><i>Number of drug treatment activity units – community-based service</i> Changed to: <i>Number of drug treatment activity units provided in community-based services</i></p> <p><i>Number of drug treatment activity units – residential services</i> Changed to: <i>Number of drug treatment activity units provided in residential-based services</i></p> <p><i>Workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy Requirements</i></p> |

| | | Changes (if any) since 2023-24 Budget |
|------------------|--|--|
| Minister* | Stitt | |
| Portfolio | Mental Health | |
| | <ul style="list-style-type: none"> • Number of treatment events ending in the reference period where a significant treatment goal is achieved • Percentage of new clients accessing services (with no access in prior five years) • Percentage of residential rehabilitation clients remaining in treatment for ten days or more • Percentage of residential withdrawal clients remaining in treatment for two days or more • Percentage of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements <p>Mental Health Clinical Care</p> <ul style="list-style-type: none"> • Clinical inpatient separations • Number of community service hours (adult) • Number of community service hours (aged) • Number of community service hours (child and adolescent) • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child and adolescent • Number of consumers accessing clinical mental health services – older persons • Percentage of community cases newly opened • Percentage of occupied bed days (residential) • Percentage of occupied bed days (sub-acute) • Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards | <p>Changed to: <i>Percent of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements</i></p> <p><i>Bed days</i> Changed to: <i>Number of occupied bed days in community mental health support services providing</i></p> <p><i>Client Support Units</i> Changed to: <i>Client support units provided by community mental health support services</i></p> <p><i>Clients on the Pharmacotherapy program</i> Changed to: <i>Number of clients on the Pharmacotherapy program</i></p> <p>New measures: <i>Percentage of treatment events ending in the reference period where a significant treatment goal is achieved.</i></p> |

| | | Changes (if any) since 2023-24 Budget |
|------------------|---|---------------------------------------|
| Minister* | Stitt | |
| Portfolio | Mental Health | |
| | <ul style="list-style-type: none"> • Percentage of admissions with a preadmission contact – inpatient • Percentage of consumers followed up within seven days of separation – inpatient (adult) • Percentage of consumers followed up within seven days of separation – inpatient (CAMHS) • Percentage of consumers followed up within seven days of separation – inpatient (older persons) • Percentage of consumers who rated their overall experience of care with a service in the last three months as positive • Percentage of families/carers reporting a ‘very good’ or ‘excellent’ overall experience of the service • Percentage of families/carers who report they were ‘always’ or ‘usually’ felt their opinions as a carer were respected • Percentage of mental health consumers reporting they ‘usually’ or ‘always’ felt safe using this service • Percentage of mental health-related emergency department presentations with a length of stay of less than four hours • Percentage of new consumers accessing services (with no access in prior five years) • Percentage of re-admissions within 28 days of separation – inpatient (older persons) • Percentage of re-admissions within 28 days of separation – inpatient (adult) • Percentage of re-admissions within 28 days of separation – inpatient (CAMHS) | |

| | | Changes (if any) since 2023-24 Budget |
|---|--|---------------------------------------|
| Minister* | Stitt | |
| Portfolio | Mental Health | |
| | <ul style="list-style-type: none"> Rate of seclusion episodes per 1,000 occupied bed days – inpatient (adult and forensic) Rate of seclusion episodes per 1,000 occupied bed days – inpatient (CAMHS) Rate of seclusion episodes per 1,000 occupied bed days – inpatient (older persons) Percentage of departures from emergency departments to a mental health bed within eight hours <p>Mental Health Community Support Services</p> <ul style="list-style-type: none"> Number of occupied bed days in community mental health support services providing Client support units provided by community mental health support services Clients receiving community mental health support services | |
| * Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above. | | |

| | | Changes (if any) since 2023-24 Budget |
|---------------------|--|--|
| Minister* | Stitt | |
| Portfolio | Ageing | |
| Output(s) | <ul style="list-style-type: none"> Aged and Home Care Home and Community Care Program for Younger People | Creation of output – “Aged and Home Care” via consolidation of the following outputs: <ul style="list-style-type: none"> Residential Aged Care Aged Care Assessment Aged Support Services |
| Objective(s) | <ul style="list-style-type: none"> keep people healthy and safe in the community provide care closer to home keep innovating and improving care | Wording adjustments to align with Department of Health’s Strategic Plan |

| | | Changes (if any) since 2023-24 Budget |
|-------------------------------|---|--|
| Minister* | Stitt | |
| Portfolio | Ageing | |
| | <ul style="list-style-type: none"> • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger and more sustainable workforce • a safe and sustainable health, wellbeing and care system. | |
| Objective indicator(s) | Objective indicators are not allocated to individual minister portfolios. | Objective indicators published in Strategic Plan and Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | Aged and Home Care <ul style="list-style-type: none"> • Aged care assessments • Average waiting time (calendar days) from referral to assessment • Percentage of high-priority clients assessed within the appropriate time in all settings • Percentage of low-priority clients assessed within the appropriate time in all settings • Percentage of medium-priority clients assessed within the appropriate time in all settings • Clients accessing aids and equipment • Personal alert units allocated • Victorian Eyecare Service (occasions of service) • Clients satisfied with the aids and equipment services system • Funded research and service development projects for which satisfactory reports have been received • Applications for aids and equipment acknowledged in writing within 10 working days • Available bed days • Residential care services accredited | N/A |

| | | Changes (if any) since 2023-24 Budget |
|---|--|---------------------------------------|
| Minister* | Stitt | |
| Portfolio | Ageing | |
| | Home and Community Care Program for Younger People <ul style="list-style-type: none"> • Home and Community Care for Younger People – hours of service delivery • Home and Community Care for Younger People – number of clients receiving a service | |
| * Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above. | | |

| | | Changes (if any) since 2023-24 Budget |
|-------------------------------|--|--|
| Minister* | Blandthorn | |
| Portfolio | Children | |
| Output(s) | Maternal and Child Health and Early Parenting Services | |
| Objective(s) | <ul style="list-style-type: none"> • keep people healthy and safe in the community • provide care closer to home • keep innovating and improving care • improve Aboriginal health and wellbeing • move from competition to collaboration • a stronger and more sustainable workforce • a safe and sustainable health, wellbeing and care system. | Wording adjustments to align with Department of Health's Strategic Plan |
| Objective indicator(s) | Objective indicators are not allocated to individual ministerial portfolios. | Objective indicators published in Strategic Plan and Outcomes Framework and Budget Paper 3 2024-25 |
| Performance measure(s) | Maternal and Child Health and Early Parenting Services <ul style="list-style-type: none"> • Hours of additional support delivered through the Enhanced Maternal and Child Health program • Total number of Maternal and Child Health Service clients (aged zero to one year) • Children aged zero to one month enrolled at maternal and child health services from birth notifications | |

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate in the table above.

Question 27

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 |
|---------------------------------|--|---|
| Ambulance Services | Ambulance Victoria | Statutory public entity (Ambulance Services Act, 1986) |
| Children | Northcote Early Parenting Centre Aboriginal Dedicated Early Parenting Centre (Frankston Early Parenting Centre) Shepparton Early Parenting Centre | TBC – pending establishment Aboriginal Community Controlled Health Organisation TBC – pending establishment |
| Health / Mental Health / Ageing | Alfred Health (incl. Paula Fox Melanoma and Cancer Centre) Albury Wodonga Health Alexandra District Hospital Alpine Health Austin Health Bairnsdale Regional Health Service Barwon Health Bass Coast Health Beaufort and Skipton Health Service Beechworth Health Service Benalla Health Bendigo Health Care Group Boort District Health | Statutory public entity (Health Services Act, 1988) |

| Ministerial Portfolio | Name of agency/entity/body | Category of agency/entity/body |
|-----------------------|--|--------------------------------|
| | Calvary Bethlehem Melbourne | |
| | Casterton Memorial Hospital | |
| | Central Gippsland Health Service | |
| | Central Highlands Rural Health | |
| | Cohuna District Hospital | |
| | Colac Area Health | |
| | Corryong Health | |
| | Dental Health Services Victoria | |
| | Dhelkaya Health | |
| | Eastern Health | |
| | East Grampians Health Service | |
| | East Wimmera Health Service | |
| | Echuca Regional Health | |
| | Gippsland Southern Health Service | |
| | Goulburn Valley Health | |
| | Grampians Health | |
| | Great Ocean Road Health | |
| | HealthShare Victoria | |
| | Heathcote Health | |
| | Hesse Rural Health Service | |
| | Heywood Rural Health | |
| | Inglewood and Districts Health Service | |

| Ministerial Portfolio | Name of agency/entity/body | Category of agency/entity/body |
|-----------------------|--|--------------------------------|
| | Kerang District Health | |
| | Kooweerup Regional Health Service | |
| | Kyabram District Health Service | |
| | Latrobe Regional Hospital | |
| | Mansfield District Hospital | |
| | Maryborough District Health Service | |
| | Melbourne Health | |
| | Mercy Public Hospitals Inc. | |
| | Mildura Base Public Hospital | |
| | Monash Health | |
| | Moyne Health Services | |
| | NCN Health | |
| | Northeast Health Wangaratta | |
| | Northern Health | |
| | Omeo District Health | |
| | Orbost Regional Health | |
| | Peninsula Health | |
| | Peter MacCallum Cancer Centre | |
| | Portland District Health | |
| | Robinvale District Health Services | |
| | Rochester and Elmore District Health Service | |
| | Rural Northwest Health | |

| Ministerial Portfolio | Name of agency/entity/body | Category of agency/entity/body |
|------------------------------|---|---------------------------------------|
| | Seymour Health South Gippsland Hospital South West Healthcare St Vincent's Health Swan Hill District Health Tallangatta Health Service Terang and Mortlake Health Service The Queen Elizabeth Centre The Royal Children's Hospital The Royal Victorian Eye and Ear Hospital The Royal Women's Hospital Timboon and District Healthcare Service Tweddle Child and Family Health Service Western Health West Gippsland Healthcare Group West Wimmera Health Service Western District Health Service Yarram and District Health Service Yarrawonga Health Yea and District Memorial Hospital | |
| Health | Safer Care Victoria | Administrative office |
| Health | Ramsay Health Care | Private healthcare service |
| Health | Victorian Comprehensive Cancer Centre Ltd | Joint venture (VCCC Alliance) |

| Ministerial Portfolio | Name of agency/entity/body | Category of agency/entity/body |
|--|--|--|
| Health | BreastScreen Victoria | Incorporated Association / public entity (Improving Cancer Outcomes Act, 2014) |
| Health Infrastructure / Transport Infrastructure | Victorian Infrastructure Delivery Authority (incorporates the Victorian Health Building Authority) | Administrative office of the Department of Transport and Planning |
| Mental Health | Mental Health Tribunal | Statutory public entity (Mental Health and Wellbeing Act, 2022) |
| Mental Health | Victorian Institute of Forensic Mental Health (incl. Thomas Embling Hospital) | Statutory public entity (Mental Health and Wellbeing Act, 2022) |
| Mental Health | Victorian Collaborative Centre for Mental Health and Wellbeing | Statutory public entity (Mental Health and Wellbeing Act, 2022) |
| Medical Research | Aikenhead Centre for Medical Discovery | Joint venture partnership |
| Emergency Services | Triple Zero Victoria | Statutory public entity (Triple Zero Victoria Act, 2023) |

Climate Change

Question 28

- a) Please specify the initiatives in the Department's/Court Services Victoria's (CSVs) 2024-25 Budget that will contribute to Victoria's Climate Change Strategy. Please also outline the budget allocation, the ways in which the initiatives will contribute to Victoria's Climate Change Strategy and the year the initiative will likely realise benefits.
- There has been much progress in driving change and reducing carbon emissions in Victoria's healthcare sector. For example, Victoria's Whole of Government Emissions Reduction Pledge will see all government operations, including all public hospitals, powered by 100 per cent renewable electricity by 2025.
 - Through the Victorian Health Building Authority's *Guidelines for Sustainability in Capital Works (the guidelines)*, the Department of Health will embed sustainability, carbon reduction and climate adaptation requirements into all capital projects funded through the 2024-25 State Budget. The guidelines detail business as usual, minimum requirements for design and construction practices for all capital project works and support the transition to all-electric public healthcare buildings when building new hospitals.
 - 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 emissions. Enhanced features 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, future-proofing carpark infrastructure to enable charging stations to be installed, and the adoption of an all-electric energy source to take advantage of the whole of Victorian government renewable electricity supply contract commencing 2025.
 - The Victorian Health Building Authority will continue to deliver the energy efficiency and solar program over 2024-25, including completing energy audits, implementation of energy efficiency works and the installation of solar at health services.
 - The Victorian Health Building Authority is updating its land acquisition processes to embed consideration of longer-term climate-related risks into the decision-making process for purchasing land.
 - The department is also investing in healthcare models that deliver care closer to home for consumers. As well as improving care experiences and outcomes, these models provide climate change co-benefits through a reduction in transport-related fossil fuel emissions and road congestion. An example is the Victorian Virtual Emergency Department (VVED) which provides consumers, paramedics and other clinicians with access to emergency trained doctors in the virtual equivalent of a physical emergency department. VVED provides access to care for non-life-threatening emergencies (Category 4 and 5) across Victoria 24 hours a day, 7 days a week. February 2024 data shows that the VVED sees around 550 Victorians per day. 86% of patients do not require transport to a physical emergency department.

Response

| Initiatives in 2024-25 Budget that contribute to Climate Change Strategy | Budget allocation in 2024-25 Budget | How will the initiative contribute to Victoria's Climate Change Strategy | Year likely to realise benefits |
|--|-------------------------------------|--|---------------------------------|
| Nil | Nil | Nil | Nil |

b) *The Climate Change Act 2017*, Part 3, section 17, requires decision makers from some Departments/CSV to have regard to climate change.

- i. What is the most significant challenge for the Department in complying with section 17?
- ii. What guidance does the Department have in place to assist decision makers to comply with the *Climate Change Act 2017*?
- iii. What work is planned and budget allocated in 2024-25 to facilitate compliance of the Department with section 17?

Response

| | | |
|------|--|--|
| i. | Most significant challenge with compliance | Noting that for the Department of Health section 17 of the <i>Climate Change Act 2017</i> only applies to decisions made and actions taken under the <i>Public Health and Wellbeing Act 2008</i> . To fully comply with section 17, decision makers need knowledge of the likely impacts of their decisions on climate change. While the impacts of public health interventions on emissions are broadly understood, a stronger evidence base of quantified and costed current and future impacts would assist decision makers to make more informed decisions. |
| ii. | Guidance in place to assist decision makers | The <i>Victorian Public Health and Wellbeing Plan 2024-2027</i> recognises that climate change is a leading threat to health and wellbeing and 'tackling climate change and its impacts on health' is included as a key priority in the plan. This priority area aims to increase action to reduce greenhouse gas emissions across systems at the scale and pace required, create resilient and safe communities that are adapting to the public health impacts of climate change, and to share successes and promote good practice examples of climate action. The department has developed the resource <i>Tackling climate change and its impacts on health through municipal public health and wellbeing planning: Guidance for local government</i> to assist local government in meeting their legislative obligations to have regard to climate change when preparing municipal public health and wellbeing plans, in line with the <i>Climate Change Act 2017</i> and <i>Public Health and Wellbeing Act 2008</i> . |
| iii. | Work planned/budget allocation to facilitate compliance in 2024-25 | The department will support Victorian local councils in 2024-25 to have regard to climate change when they develop their 2025-2029 municipal public health and wellbeing plans, including through provision of updated guidance. |

- c) Under *FRD 24 Reporting of environmental data by government entities*, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Does the Department/CSV 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 2024-25 year onwards to achieve these targets.

Response

| Internal targets for reducing greenhouse gas emissions | Actions to be taken in 2024-25 and onward to achieve these targets |
|--|---|
| The Victorian Government has committed to use 100 per cent renewable electricity from 2025 for all its operations, including public hospitals. | The Department of Health and HealthShare Victoria are working with the Department of Energy, Environment and Climate Action (DEECA) to facilitate the transition to 100 per cent renewable electricity. |

Gender Responsive Budgeting

Question 29

- a) Please list the programs/initiatives (output and asset) from the 2024-25 Budget for which the Department has undertaken a gender impact assessment and describe the main outcomes or results of the gender impact assessment process for each program/initiative. Please also advise what percentage of the Department’s 2024-25 output and asset initiatives have been subject to a gender impact assessment.
- b) Please list any other programs/initiatives (output and asset) in the 2024-25 Budget where Gender Responsive Budgeting (GRB) processes or principles were applied/considered by the Department. Please detail: the initiative, how GRB was applied/considered and the outcome of this consideration.
- c) Please list what evaluations of the Department’s programs/initiatives have been undertaken from a gender perspective and what the key findings of the evaluations were.
- d) What further work is being undertaken by the Department in 2024-25 to embed GRB?

Response

a)

| Initiative | Outcome/result of gender impact assessment |
|--|--|
| Strengthening Public Sector Residential Aged Care Service (PSRACS) | The overall gender impact meets the requirements of the <i>Gender Equality Act (2020)</i> by acknowledging the historical economic and psychosocial disadvantages experienced by all genders particularly women, and others impacted by various intersectionalities. It demonstrates a commitment to the benefits of accessibility of public sector care and is community strengthening. |

| Initiative | Outcome/result of gender impact assessment |
|--|--|
| Supports for people with disability outside of the NDIS | <p>HACC PYP appears to provide a positive gender impact, in addition to supporting substantial supports to people with disability and other vulnerable people it relieves some of the caring burden which disproportionately falls on women.</p> <p>Additionally, program guidelines will focus on a number of priority cohorts. In future, the selection of some priority cohorts to highlight in reporting should support monitoring of access by these client groups.</p> <p>Overall, the gender impact of the NDIS AHA is unknown however they are likely to have a neutral gender impact.</p> |
| Timely emergency care | <p>Across all components the overall gender impact is neutral to positive.</p> <p>Consideration is given to gender norms, roles, and relations for people of different genders and how they affect access to and control over emergency healthcare resources, as well as the causes of gender-based health inequities.</p> |
| - Meeting demand for Maternal and Child Health services | <p>The gender impact assessment was positive and illustrated the investments alignment with the principles of the <i>Gender Equality Act (2020)</i>, in continuing to provide sustainable services for Victorian families and children.</p> |
| Opening and operating hospital facilities - Northern Health Tower | <p>As a registered public entity, Northern Health must align with the <i>Gender Equality Act (2020)</i>.</p> <p>The Department of Health funds public health services to provide care and ensure that programs are in place to provide support and ensure that all groups (staff and patients) are provided with a safe and equitable environment. It does not have a direct interface with the provision of care or recruitment of staff for new hospital services.</p> <p>Victorian population health survey provides an insight into health experience. Health Services are also required to undertake similar surveys.</p> |
| Opening and operating hospital facilities - New Footscray Hospital | <p>As a registered public entity, Western Health must align with the <i>Gender Equality Act (2020)</i>.</p> <p>The Department of Health funds public health services to provide care and ensures that programs are in place to provide support and ensure that all groups (staff and patients) are provided with a safe and</p> |

| Initiative | Outcome/result of gender impact assessment |
|--|--|
| | <p>equitable environment. It does not have a direct interface with the provision of care or recruitment of staff for new hospital services.</p> <p>Victorian population health survey provides an insight into health experience. Health Services are also required to undertake similar surveys.</p> |
| Opening and operating hospital facilities - Latrobe Regional Health Stage 3A | <p>As a registered public entity, Latrobe Regional Health must align with the <i>Gender Equality Act (2020)</i>.</p> <p>The Department of Health funds public health services to provide care and also ensures that programs are in place to provide support and ensure that all groups (staff and patients) are provided with a safe and equitable environment. It does not have a direct interface with the provision of care or recruitment of staff for new hospital services.</p> <p>Victorian population health survey provides an insight into health experience. Health Services are also required to undertake similar surveys</p> |
| Supports - Healthy Mothers Healthy Babies Program | <p>As registered public entities, the community health services that deliver the Healthy Mothers Healthy Babies program must align with the <i>Gender Equality Act (2020)</i>.</p> <p>The gendered nature of pregnancy leads to challenges for the Healthy Mothers Healthy Babies program to achieve gender equity for program access. The program does not exclude other genders and does provide support and linkage for other family members to necessary services.</p> <p>The gendered nature of the program better enables effective engagement with vulnerable women experiencing disadvantage and discrimination through other intersectionality's, such as, age, disability, ethnicity and religion.</p> <p>There is possible scope for the greater inclusion of other genders within or alongside the program to support family stability with the arrival of a new baby.</p> <p>Further investigation into the opportunities for increased gender inclusive options into the Healthy Mothers Healthy Babies antenatal program can be undertaken during 2024-25 as part of an extensive program evaluation.</p> |
| Tailored care for refugees and asylum seekers - Support for Asylum Seekers | <p>This initiative enables more people seeking asylum to access primary care and mental health support, as well as casework, emergency relief, and homelessness assistance.</p> |

| Initiative | Outcome/result of gender impact assessment |
|--|--|
| Tailored care for refugees and asylum seekers - Tailored programs for refugees | This initiative enables refugees to access culturally responsive health care, referrals, and health on arrival, with resultant health and wellbeing benefits. Women from refugee backgrounds may have had limited or interrupted access to health care prior to arrival in Victoria. |
| Trans and Gender-Diverse healthcare | The initiative improves access to trans and gender diverse communities, to improve health and mental health outcomes. It delivers multidisciplinary gender affirming care, including peer-navigation, to trans and gender diverse people. The initiative also provides training for Victorian health practitioners. |
| Palliative care | The Department of Health funds public health services to provide admitted and non-admitted palliative care. It does not have a direct interface with the provision of care. The department is scoping work to inform a refresh or update of the End of Life and Palliative Care policy framework. This work will apply an intersectional lens to the policy framework to inform improvements that facilitate equity of access across the population, gender, cultural and priority population groups. |
| Pregnancy Support - Public egg and sperm bank | In the 2021-22 budget funding was provided to establish and operate Victoria's first public egg and sperm bank as part of the Public Fertility Care program, at Royal Women's Hospital. The 2024-25 budget contains further funding for the bank. The egg and sperm bank aims to increase access to fertility care for people of all genders requiring the support of donor services and will particularly benefit single people and LGBTIQ+ families. Gender Impact Assessment completed as part of budget planning assessed the program as having an overall positive impact. |
| Securing the supply of blood and blood products for Victoria's hospitals | The National Blood Agreement pays for blood products to be used in the Health System. It does not have a direct interface with provision of care. Therefore, no Gender Impact Assessment has been undertaken. |
| Safer digital healthcare | <p>While Cyber security is delivered by a predominantly male Information and media telecommunications workforce, the Program is used by predominantly female health care and social assistance staff.</p> <p>Current Australian Bureau of Statistics data shows that the industry sector with the lowest average wages, highest proportion of females employed, and second highest wage disparity is <i>Health care and social assistance</i>.</p> <p>The Program will progress in accordance with the Department of Health and Victorian Public health <i>Gender Equality Action Plans</i>. The Program will report <i>program team resource gender composition</i> by function annually.</p> |

| Initiative | Outcome/result of gender impact assessment |
|---|---|
| Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship | <p>To improve the health & wellbeing of Aboriginal Victorians, this initiative is underpinned by the principles of the <i>Gender Equality Act 2020</i>. The initiative is self-determined by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Aboriginal Community Controlled Health Organisation (ACCHO) sector with the support of the Department of Health.</p> <p>Culture and Kinship supports self-determination and cultural models of care which the funding recipients, the ACCHOs, will ensure the needs of Aboriginal Victorians of all genders are met. The Client and Case Management System allows VACCHO to further develop a digital record keeping system that will provide efficient and effective health outcomes to all Aboriginal people, including Aboriginal people with disabilities and of different ages, genders, sexual orientations or religions.</p> |
| Opening and operating hospital facilities | <p>The gender impact assessment is generally positive. This initiative seeks funding to maintain the delivery of existing health services provided to the Victoria community, including gender-based services and activities. This funding supports the equitable practices at health services designed to reduce gender-based barriers through continuation of existing funding and maintain the delivery of existing services.</p> |
| Supporting our health workforce | <p>This initiative seeks to build a modern, coordinated, and affordable approach to health workforce. While key recommendations include promoting an inclusive culture and fostering flexible workplaces, health services are already taking steps to implement gender equity plans. As registered public entities, health services must align with the <i>Gender Equality Act (2020)</i>.</p> <p>As the workforce is under a devolved governance model the Department has oversight of health services with equitable practices through flexible policies that contribute to an inclusive culture, addressing gender-based barriers and ensuring equal opportunities for staff working in those health services.</p> |
| Protecting the health of priority populations - SunSmart Program | <p>The overall impact is gender neutral. Population level data is collected on the proportion of Victorians who use sun protective behaviours and are sunburnt and includes a gendered analysis. This data indicates that men demonstrate poorer sun protective behaviours and both genders report similar rates of sunburn, with females slightly higher.</p> <p>With gendered differences in skin cancer incidence, mortality and sun protective behaviours, there is the opportunity for SunSmart program in schools, early childhood, and workplaces to consider how policies and resources can be gender and culturally sensitive.</p> |

| Initiative | Outcome/result of gender impact assessment |
|---|--|
| Protecting the health of priority populations - Peer-led sexual health and wellbeing | The overall impact is gender neutral in that the initiative strongly considers gender, disability and cultural identity in the development and delivery of services. The initiative aims to reduce gender inequity by maintaining low rates of sexually transmitted infections and blood borne viruses and improving mental health in a population that is disproportionately female and transgender and gender diverse. |
| Protecting the health of priority populations - HIV treatment for Medicare ineligible individuals | The overall gender impact of this policy is neutral/positive in that it takes into account intersectionality and will enable women impacted by HIV to access critical medication. However, given it is based on HIV demographics, this means that men will mostly benefit. |
| Preventative health support for Victorian women | The whole program of work was subject to a gender impact assessment, which demonstrated positive outcomes. Women's health promotion organisations will deliver health promotion information, informed by women's lived experience, to women, and provide capacity building to professionals regarding gender determinants of inequitable health outcomes, alongside intersectionality. Gender equality will also be promoted by employing women from different socio-demographic backgrounds across the state, leading to improving financial security of women and contributing to higher productivity. Improving women's health will also have a positive impact on the health and wellbeing of children and families. |
| Improving Cancer Outcomes | <p>The overall gender impact of the proposed solution is positive.</p> <p>The gender impact assessment findings support the continued focus for the Victorian Comprehensive Cancer Centre (VCCC) on integrating consumer and equity perspectives to improve research, education and care practices, ensuring practices of the cancer healthcare support teams reflect the lived experience of diverse cancer survivors and are more likely to be relevant and effective. Improved equity outcomes through improved data, improved tools and training for researchers and clinicians, and the creation of good practice guidelines, will have positive impacts across the work of the VCCC Alliance and throughout the cancer sector. The proposed Care-Plus project will help to increased access to and earlier availability of palliative care in regional areas which will ease the time, monetary and physical cost of caregiving, which is disproportionately borne by women. The proposed Central Resources Component will also support women to increase skills, knowledge and qualifications which will contribute to strengthening their career trajectory toward leadership positions in the cancer research and care workforce.</p> |
| Mental Health and Wellbeing Hubs | <p>The overall gender impact across both components (Local Services and MHW Hubs) is positive.</p> <p>Early data suggests that Local Services are accessed by people of various genders, with over 50 percent of consumers being women. Similarly, data has indicated the MHW Hubs have been accessed by people of</p> |

| Initiative | Outcome/result of gender impact assessment |
|--------------------|---|
| | <p>diverse cultural backgrounds (53 per cent), ages, and sexual orientations, with 13.5 per cent identifying as from the LGBTIQ+ community.</p> <p>Local Services benefit people of different genders as they provide integrated treatment, care and support that is responsive to the individual needs of the consumer and their families, carers and supporters. This includes tailoring specific services based on a co-designed model of care, allowing for flexible access (walk-in, telehealth, online, outreach), engaging with trusted local community groups, having a peer workforce and also a workforce that reflects the community.</p> <p>In addition to mental health and wellbeing supports being offered free of charge and without the need for a referral, Local Services and MHW Hubs are encouraged to prioritise people of culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander people; people from refugee backgrounds; people seeking asylum; LGBTIQ+ communities; people who are experiencing homelessness; neurodiverse people; and people engaged in the justice system. This reduces barriers for consumers, families, carers and supporters and provides an equitable, accessible and culturally safe and responsive service that is free from stigma and discrimination.</p> <p>Early evaluation conducted by the department's Centre for Evaluation and Research Evidence (CERE) indicates the first six Local Services are supporting the target population as intended. Further evaluation for Local Services is underway and is due for completion in 2025.</p> |
| Bed based services | <p>Consultation liaison provides mental health services to patients in general ward settings who have a primary medical condition but may require mental health support. There are currently 15 specialist adult eating disorder beds in Victoria: Austin Health (five beds), Melbourne Health (eight beds), and Monash Health (two beds). Uplift funding for these beds will support improved models of care needed to address the increasing complexity of patients.</p> <p>All genders are expected to benefit from these initiatives, noting:</p> <ul style="list-style-type: none"> • it is estimated that women experience higher rates of psychological distress than men implying they will have higher usage of consultation liaison services • the prevalence of eating disorders is higher among women and a more likely to use this service. |
| TelePROMPT | <p>This initiative aims to improve outcomes by connecting paramedics on the scene of a mental health crisis in the community with a mental health clinician via telehealth.</p> |

| Initiative | Outcome/result of gender impact assessment |
|--|---|
| | <p>A gender impact assessment was completed for this initiative. The overall gender impact of the TelePROMPT program was assessed as positive.</p> <p>An evaluation of the TelePROMPT pilot program found that the service was accessed by women at a slightly higher rate (58.3 per cent of referrals).</p> |
| Growing the new Mental Health and Wellbeing Locals Workforce | <p>A gender impact assessment was completed for this initiative. The overall gender impact is considered positive.</p> <p>As the initiatives are applicable to anyone who is in the mental health and wellbeing workforce, it will benefit all workers regardless of their gender or other background. Addressing systemic workforce issues will benefit all workers, and the community and people who use mental health and wellbeing services.</p> <p>Providing more job opportunities and career pathways will benefit those who are entering the mental health and wellbeing workforce. It considers the wellbeing of all workers in the sector, a majority of whom identify as female (according to the Royal Commission and internal surveys).</p> |
| Supporting the Mental Health Tribunal | <p>The overall gender impact is positive. Lapsing operational costs were allocated to ensure the Tribunal can meet unavoidable demand for its non-discretionary statutory functions, with funding including the achievement of parity of pay across all member categories.</p> |
| Specialist alcohol and other drug services for Aboriginal Victorians | <p>AOD Support Package:</p> <p>A gender impact assessment was completed for this initiative and was assessed as positive. The initiative will provide improved access to services and early interventions via their workplace. The 28-day rehabilitation model of care will also better support women to receive short-term intensive treatment while maintaining work and personal responsibilities. Moving forward, a gender impact assessment will continue to inform the model of care as it is developed.</p> <p>Specialist AOD for Aboriginal Victorians:</p> <p>Gender impact assessment outcome was positive.</p> <p>First Nations women access drug treatment services at an equal rate to men. This is higher than the ratio of women to men in the general treatment population.</p> |

| Initiative | Outcome/result of gender impact assessment |
|--|---|
| Community mental health and wellbeing programs | <p>Strong Brother Strong Sister</p> <p>The gender impact is expected to be positive as the needs of males and females are considered explicitly in this program in line with Aboriginal ways of knowing, being and doing.</p> <p>Yarning Safe N Strong</p> <p>The gender impact is expected to be neutral to positive as the service is available to all and run by Aboriginal and Torres Strait Island staff who are able to respond appropriately in line with Aboriginal ways of knowing, being and doing.</p> <p>LGBTIQA+ Aftercare</p> <p>The gender impact is expected to be positive. This is a new service that has not yet been established. A co-design process is underway, led by and with LGBTIQA+ communities, to inform the model of care and specifications for service delivery.</p> <p>Peer call-back service</p> <p>The gender impact is expected to be positive. This is based on information provided during consultation with people with lived and living experience of suicide, as well as carers, supporters and families of people experiencing suicidal thoughts and behaviours or suicidal distress. The proposed peer call-back service will provide positive benefits to the Victorian community, and in particular women who are often the primary carers.</p> <p>Caring roles can disproportionately impact women. 70 per cent of primary carers - including those caring for people experiencing suicidal thoughts or distress- are women and 10 per cent of Victorian carers are under 25 years of age³¹</p> |
| Support and treatment for eating disorders | <p>The Gender Impact Assessment (GIA) highlighted that eating disorders predominantly affect women, therefore this initiative will ensure woman, particularly adolescent females receive early intervention.</p> <p>The initiative seeks to address increasing acuity and eating disorder presentation rates and better support people experiencing eating disorders by: coordinating a mental health led, integrated, statewide eating disorders response; investing in innovative early intervention community-based models of care; improving</p> |

³¹ Recognising and Supporting Victoria's carers – Victorian Carer Strategy 2018-22 (<https://www.carersvictoria.org.au/media/1091/dhhs-victorian-carer-strategy.pdf>)

| Initiative | Outcome/result of gender impact assessment |
|---|---|
| | <p>access to early intervention and intensive community-based treatments; and supporting consumers and their families, carers, and supporters as they journey through the eating disorders system of care.</p> <p>Through undertaking research for the GIA, it was found that while eating disorders affect people of all genders and ages, women, particularly female adolescents, make up almost two-thirds (63 per cent) of the affected population. More than a third (37 per cent) of Australians with an eating disorder are male, however, stigma, stereotypes, and a lack of understanding contribute to underdiagnosis among males, leading to their limited use of services.</p> <p>Traditional gender norms may contribute to stigma for men seeking help for eating disorders, as it may be perceived as inconsistent with societal expectations of masculinity. Likewise, the "thin ideal" perpetuated by the media may deter females from accessing services.</p> <p>All services will be operated in line with the <i>Gender Equality Act (2020)</i> and Sexual Safety Policy, which will be managed by the Health Services that deliver the services. Intersectionality will be taken into account by tailoring treatments to the individual to make it easier for all genders to access eating disorder treatment and support.</p> |
| Funding our hospitals | The overall gender impact is neutral. |
| Streamlined and sustainable linked data to improve outcomes and reduce costs | A GIA has not been completed. This position has been discussed and agreed with the Gender Responsive Budget team in DTF. Therefore, this initiative is not included in the computation of percentage initiatives that are subject to a GIA. |
| <p>Asset initiatives as follows:</p> <ul style="list-style-type: none"> • Austin Emergency Department Upgrade • Ballarat Base Hospital Mental Health Alcohol and Other Drugs Emergency department hub • Bendigo Hospital Day Rehabilitation Centre – Additional Funding • Casey Hospital Emergency Department Expansion | <p>The Victorian Health Building Authority (VHBA) has undertaken an overarching GIA that encompasses its suite of budget initiatives.</p> <p>There are six key recommendations for the overarching GIA of VHBA initiatives:</p> <p>1. Informed decision making through consultations with key stakeholders and alignment to state and health service policies</p> <p>Health infrastructure should be informed by consultations with key stakeholders (e.g. consumers, clinicians), relevant state and health service policies (e.g. recommendations from the Royal Commission into Victoria’s Mental Health System, Victoria’s Universal Design Policy, National Women’s Health Strategy 2020-30 and</p> |

| Initiative | Outcome/result of gender impact assessment |
|--|--|
| <ul style="list-style-type: none"> • Community Hospitals • Engineering Infrastructure Replacement Program 2024-25 • Medical Equipment Replacement Program 2024-25 • Mental Health Capital Renewal Fund • Monash Medical Centre Redevelopment • Northern Hospital Redevelopment • Royal Children's Hospital Emergency Department Expansion – Additional Funding • Quadra Scanner Paula Fox Melanoma and Cancer Centre • Sustaining statewide health service delivery at The Alfred | <p>Victoria’s LGBTIQ+ strategy 2022-32). This will ensure that the consumer’s voice and government priorities are considered during the build.</p> <p>2. Enable physical and psychological safety through adequate and suitably placed security features</p> <p>Safety is a critical feature of health infrastructure as it impacts services access, health outcomes and patient and workforce experience. Key safety considerations include adequate lighting and availability of duress/emergency information and alarms, security personnel stations and culturally safe workspaces/clinical spaces.</p> <p>3. Support privacy through suitable clinical spaces that feature gender separation, soundproofing and noise minimisation</p> <p>Privacy plays an important role in patient experience. Key features include adequate space, gender separation of bedrooms/bathrooms and rooms that support private conversations and minimise sounds from adjacent rooms and medical equipment.</p> <p>4. Enhance accessibility through infrastructure that enables navigation and access to clinical spaces supporting diverse needs</p> <p>Improved accessibility to health services may provide benefits to several disadvantaged patient cohorts. Key considerations include access to public transport, parking, ramps, change rooms/breastfeeding rooms, signage/navigation support, gender inclusive bathrooms, multifaith spaces, bariatric rooms and equipment, and inclusive parenting rooms.</p> <p>5. Promote inclusive procurement and governance by applying Victoria’s Building Equality Policy and through equal gender representation at project committees</p> <p>Gender inclusivity can ensure that diverse needs are considered at all stages of infrastructure development. This can be achieved by applying Victoria’s Building Equality Policy to relevant infrastructure procurement activities and embedding gender inclusive governance (e.g. equal gender representation at infrastructure project committees and including gender equality principles as agenda items at all meetings).</p> <p>An overarching GIA has been undertaken for the Engineering Infrastructure Replacement Program and the Medical Equipment Replacement Program.</p> |

| Initiative | Outcome/result of gender impact assessment |
|------------|--|
| | <ol style="list-style-type: none"> 1. GIAs were completed across all programs. The individual programs cover the replacement of extreme risk critical equipment across health services. 2. Gender costs and benefits are difficult to quantify, as women make up 78 per cent of the public health workforce³² in Victoria it is expected that timely and appropriate replacement of equipment will benefit women across the workforce. 3. The medical equipment program supports replacement of acute-medical equipment across public health services in Victoria and many of these services support all genders. 4. Equipment funded through the program will be considered to ensure it is suitable for all genders, including women where it relates to specialised equipment. |

| | Proportion of initiatives subject to Gender Impact Assessment (as percentage) |
|---------------|---|
| Output budget | 100 per cent |
| Asset budget | 100 per cent |

b)

| Initiative | How GRB was considered | Outcome of GRB consideration |
|------------|------------------------|------------------------------|
| N/A | N/A | N/A |

³² Department of Health (2023). Public Health Workforce.

c)

| Programs/initiatives that have been evaluated from a gender perspective | Key findings of the evaluation |
|---|--------------------------------|
| N/A | N/A |

d)

Further work being undertaken by the Department in 2024-25 to embed GRB

The department will continue to build capability to implement Gender Responsive Budgeting (GRB) and GIA when developing or reviewing all policies, programs and services that have a direct and significant impact on the public.

The department will do this in FY2024-25 by:

- Centrally tracking and monitoring the number of GIAs completed by division and budget cycle via the department’s Gender Equality Dashboard. This dashboard is available to all staff via the department’s Gender Equality SharePoint page.
- Promoting department and Gender Equality Commission Gender responsive budgeting tools and resources.
- Continuing to update and promote the department’s GIA and GRB guidance material.
- Continuing to deliver GIA training to all staff monthly.
- Continuing to collaborate with DTF to deliver just-in-time GRB training free to all staff in December and January ahead of budget submissions and, promote existing video-recorded GRB training available.
- Continuing internal collaboration between Budget and Strategy and Diversity, Equity and Inclusion teams, to provide GRB and GIA guidance and support to program areas when completing budget submissions and GIAs.

Implementation of PAEC recommendations

Update on status of implementation

Question 30

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

- Committee recommendations that were made in the *Report on the 2022-23 Budget Estimates* and supported by the Government.
- Committee recommendations that were made in the *Report on the 2023-24 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 *2022-23 Budget Estimates Report*

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|---------------------------|--|--|------------------------------------|
| Department of Health (DH) | Recommendation 5 The Victorian Agency for Health Information publish and retain on its website past elective surgery data sets, beyond the last five quarters, to ensure trends over time can be tracked | On 28 November 2023, the Minister for Health approved the extension of the time series of all publicly reported measures on the Victorian Health Services Performance website. This will include planned (elective) surgery measures. Results will also be available on a monthly basis (as opposed to the current quarterly results). Work has commenced to implement the system changes needed to support this reform. <i>It is anticipated that this work will be completed by September 2025 to coincide with the first reports for 2025-26.</i> | In progress |
| DH | Recommendation 9 In the context of the unprecedented pressures on the healthcare system as a result of the COVID-19 pandemic, the Department of Health regularly monitor and review its mental health and wellbeing supports for the Victorian public healthcare | <i>SCV Healthcare Worker Wellbeing Centre</i> <ul style="list-style-type: none"> In February 2021, Safer Care Victoria established a healthcare worker wellbeing centre as part of the government's \$9.8 million healthcare worker wellbeing package. SCV partnered with the Institute for Healthcare Improvement to implement the IHI Joy in Work framework and support frontline healthcare workers, managers and executives to create system and local level changes. | Ongoing |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|---|---|------------------------------------|
| | workforce to ensure they are responsive to the dynamic challenges faced by the sector | <ul style="list-style-type: none"> • This initiative includes consideration of measurement and monitoring of wellbeing initiatives at the system level and for local teams across Victoria. • A first phase evaluation of the program was concluded in December 2022. It found a reduction in burnout of 13.2%. • A second phase of the initiative is currently underway, which aims to scale and spread lessons learnt from phase one further across the system. 36 health service teams across Victoria are participating in this program – 44% of which are in rural and regional areas. • This directly benefits over three thousand healthcare workers at private and public health services, including clinical and non-clinical staff. • The Centre has also provided advice on system measurement of wellbeing, including externally validated measures. As a result, three additional measures have now been included in the Performance Monitoring Framework, for ongoing monitoring. • A full evaluation of the outcomes of the Healthcare Worker Wellbeing Centre is scheduled for June 2024. <p><i>Mental Health Workforce Safety and Wellbeing Committee</i></p> <ul style="list-style-type: none"> • In 2022, the Mental Health Workforce Safety and Wellbeing Committee was established. A key function of the Committee is the systemic monitoring of workforce wellbeing through an annual personnel survey to monitor wellbeing and staff burnout. • The Committee is jointly chaired by the Department and WorkSafe Victoria. • The Committee uses the Mental Health Workforce Personnel Survey results as an input to provision of advice to the Department on how to improve mental health worker wellbeing. | |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|---|--|------------------------------------|
| | | <p><i>Ongoing monitoring wellbeing of the Victorian healthcare workforce</i></p> <ul style="list-style-type: none"> • Individual health services monitor the wellbeing of their workforces and ensure appropriate supports are in place. • This involved local monitoring and assessment. In addition, health services participate in the Statewide People Matter Survey. The survey covers a range of wellbeing and culture matters and in 2022 a specific question regarding burnout was added to the survey. • People Matter Survey results are provided to both the individual service and the Department. • At a systems level, the Department monitors the progress of health services, including by assessing People Matter Survey results. • There are regular meetings between the Department and individual health services, and the outcomes from this monitoring and associated improvement activity is a feature of those meetings. <p><i>Nursing and Midwifery Health Program Victoria (NMHPV)</i></p> <p>The Nursing and Midwifery Health Program Victoria (NMHPV) was established to provide additional access to one-on-one psychological support services for Victorian nurses and midwives. Funding was provided in 22-23 for four years. The NMHPV program is an independent support service for nurses, midwives and students of nursing and midwifery, experiencing a range of health-related problems (e.g. substance abuse, mental health). The additional funding supports an expansion in the number of episodes of care/contacts to the service for nurses and midwives.</p> | |
| DH | Recommendation 11: The Department of Health institute a performance measure to assess the wait times for residential and withdrawal rehabilitation beds in the public system for inclusion in the 2023–24 Budget | Current AOD performance measures for residential services include measures that report on median wait times for AOD services (between assessment and commencement of treatment, and between intake and assessment), and percentage of residential rehabilitation clients remaining in treatment for ten days or more and withdrawal clients | In progress |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|---|--|------------------------------------|
| | | <p>remaining in treatment for two days or more. Data quality to report median wait times for a sub-cohort, in this case the rehabilitation clients, is currently being assessed based on existing data collection issues identified in the Victorian Alcohol and Drug Collection (VADC) (as per VAGO's 2022 audit of the VADC). As such, the recommended measures won't be included in the 24-25 Budget.</p> | |
| DH | <p>Recommendation 12: The Department of Health review the existing performance measures under the Drug Treatment and Rehabilitation output to add further relevant quantity and quality measures, and to ensure targets for existing measures are sufficiently challenging</p> | <p>A 2022 VAGO audit of the Victorian Alcohol and Drugs Data Collection (VADC) recommended DH undertake a number of changes and improvements to support better measurement across the AoD system. VAGO's audit identified the VADC inadequately reflects service activity due to the collection challenges and data supply from services. DH is looking at how this and related AOD collections can be improved to better support and update AOD quality and quantity performance measures, including updating relevant targets supported through effective data supply.</p> | In progress |
| DH | <p>Recommendation 13: The Department of Health report on the actual outcomes of Victoria's mental health and wellbeing workforce strategy 2021–2024 every two years, to align with the update and review process of the strategy</p> | <ul style="list-style-type: none"> • The Mental Health and Wellbeing Workforce Strategy 2021-2024 was released in December 2021. • Implementation of the workforce strategy is well underway. • DH has reported these key outcomes from the strategy: <ul style="list-style-type: none"> ○ More than 2,100 FTE in workforce roles have been commissioned since the release of the Royal Commission into Victoria's Mental Health System interim report across lived experience, medical, allied health and nursing roles. ○ There has been a significant increase in available training roles across nursing, lived experience, medical, psychology, social work, occupational therapy, speech pathology, dietetics, exercise physiology, physiotherapy and clinical pharmacy disciplines, in both graduate and transition programs. | In progress |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|--|---|------------------------------------|
| | | <ul style="list-style-type: none"> ○ The Victorian Mental Health Capability Framework has been released. The framework outlines the skills, knowledge and capabilities for a reform-orientated mental health and wellbeing workforce. ○ A range of pilots have been implemented across the state to test innovative workforce models and approaches, including to support response to diverse communities. ○ Nearly 400 scholarships for mental health workers in allied health, lived experience and nursing workforces have been funded to support improved capabilities of the workforce. ○ The Mental Health Workforce Safety and Wellbeing Committee has been established in partnership with WorkSafe. The Committee focuses on improving physical safety and psychological wellbeing of the workforce. ○ An international attraction campaign to support relocation of international mental health workers has been undertaken. ● Government has retimed the release of a subsequent workforce strategy to reflect changing sector needs and progress against the reform agenda. | |
| DH | <p>Recommendation 14: The Department of Health report on the net increase of mental health workers achieved by profession in the Mental Health and Wellbeing Outcomes and Performance Framework</p> | <p>The Mental Health and Wellbeing Outcomes and Performance Framework has been developed and is pending final approvals prior to publication. It incorporates outcomes and indicators regarding the mental health workforce including by drawing on the annual Mental Health and Alcohol and Other Drug (AOD) Workforce Census. Whilst draft measures have been proposed that may track some degree of FTE for workforce types, finalised measures have not been confirmed and will be validated as part of the framework implementation, which has yet to commence.</p> <p>DH is completing analysis and preparing to report on the 2023 Mental Health Alcohol and Other Drug (AOD) Workforce Census findings, which</p> | In progress |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|--|---|------------------------------------|
| | | includes the net increase of the workforce, and is preparing for 2024 data collection. | |
| DH | Recommendation 15: The Department of Health include performance measures in the 2023–24 Budget to assess the outcomes achieved under the Mental Health Community Support Services output that reflect recommendations of the Royal Commission into Victoria’s Mental Health System and government investment in this space. | The current Mental Health Community Support Services output measures will be reviewed as part of the implementation of the Mental Health Outcomes and Performance Framework, with any changes to be proposed for inclusion in the 2025-26 budget papers. Work to date has focused on reviewing measures in the Mental Health Clinical Care group. | In progress |

Update on the implementation of recommendations made in the 2023-24 Budget Estimates Report

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|---|---|------------------------------------|
| DH | Recommendation 4 Post-review, the Department of Health develop new performance measures for the Ambulance Non-Emergency Services output for inclusion in the 2024–25 Budget. This should include performance information relating but not limited to timeliness, quality, regulatory compliance, access and supply. | The Review into non-emergency patient transport is now complete and being considered by government. DH will develop new monitoring and performance measures to align with the government’s response to the Review’s recommendations. Given this, no new measures have been set for inclusion in the 2024-25 Budget. | In progress |
| DH | Recommendation 5 The Department of Health publish on its website the location of the nine new sexual and reproductive hubs and explain how | DH has updated a consumer-facing webpage on the sexual and reproductive health hubs and is available here: Women's sexual and reproductive health hubs - Better Health Channel . | Completed |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|---|---|------------------------------------|
| | these hubs will fulfil gaps in sexual and reproductive services and respond to demand for these services. | The website lists locations of the current hubs and the services they deliver. As new hubs are established, they will be uploaded to the website. | |
| DH | <p>Recommendation 6</p> <p>The Department of Health regularly report to the community on how the establishment of sexual and reproductive health hubs reduce the barriers to accessing sexual and reproductive health care, including how they reduce the financial burden of this care.</p> | <p>The Department provides supported media releases when the establishment of a new hub is announced. DH's website will continue to be updated as new hubs are established.</p> <p>The Department's website has been updated to clarify services offered by hubs and potential costs associated with services.</p> <p>The Department continues to report against the Victorian Auditor General's Office report titled <i>Supporting sexual and reproductive health</i>.</p> | Completed |
| DH | <p>Recommendation 7</p> <p>The Department of Health regularly report on the progress of the Hospital Infrastructure Delivery Fund on the Victorian Health Building Authority website, including relevant due diligence and feasibility studies related to all public hospital projects.</p> | The Victorian Health Building Authority currently publishes project updates on all funded projects in delivery. This will include the seven hospital redevelopments once they receive full construction funding and enter delivery. | Ongoing |
| DH | <p>Recommendation 8</p> <p>The Victorian Health Building Authority publish dedicated information about the progress of construction of the one new and six expanded/upgraded hospitals listed in the 2023–24 Budget.</p> | The Victorian Health Building Authority currently publishes construction progress and updates on dedicated project pages of all funded projects in delivery. This will include the seven hospital redevelopments once they receive full construction funding and enter delivery. | Ongoing |
| DH | <p>Recommendation 9</p> <p>The Department of Health publish its progress towards the Whole of Government Emissions Reductions Pledge in percentage</p> | DH reports on greenhouse gas emissions and energy usage in its annual report in accordance with the requirements of <i>Financial Reporting Directive 24 Reporting of environmental data by government entities</i> (FRD24). | Complete |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|--|--|------------------------------------|
| | <p>terms and the percentage share of each energy type used in its operations each financial year in its annual report.</p> | <p>The current Whole of Victorian Government Emissions Reduction Pledge is a commitment to a number of initiatives to reduce total government emissions by 2.7 Mt CO₂-e by 2025 compared to 2018-19 levels. It has no specific targets or baselines for individual departments to report against. Energy consumption data is reported MWh and MJ/TJ as required by FRD 24.</p> <p>DH is working with Victorian Government colleagues to prepare for the implementation of 100% renewable electricity in 2025 which (across government) will significantly progress achievement against the 2.7 mega tonne greenhouse gas savings in the Whole of Victorian Government Emissions Reduction Pledge.</p> | |
| DH | <p>Recommendation 10</p> <p>The Department of Health update its Environmental sustainability strategy for the next five years, including 2023–24.</p> | <p>Climate Health Victoria (CHV) was established in February 2024. This unit will lead improvements in climate change and sustainability performance across the health sector.</p> <p>CHV will initially focus on strategic actions to improve climate change mitigation and adaptation performance. Other sustainability issues (including waste, purchasing, water conservation etc.) will be examined through this lens and priorities guided by advice from the health sector.</p> <p>Implementation of the Environmental Sustainability Strategy 2018-19 to 2022-23 has seen its key directions relating to leadership and climate change adaptation integrated into the Health and Human Services Climate Change Adaptation Action Plan, with other outcomes including an increase in hospital water and energy ratings and creation of a sustainability category within the Victorian Public Healthcare Awards. CHV will engage with the sector on a new strategy in the coming year.</p> <p>A review of the past Environmental Sustainability Strategy is currently being finalised.</p> | In progress |

| Department | Recommendation supported by Government | Actions taken at the time of 2024-25 Budget Estimate questionnaire | Update on status of implementation |
|------------|--|--|------------------------------------|
| DH | <p>Recommendation 12</p> <p>The Department of Health report on the number of workforce positions recruited as part of the Alcohol and other drug treatment, support and harm reduction services initiative in its forthcoming annual reports.</p> | <p>DH collects annual headcount and FTE data for the AOD sector through the annual Mental Health and AOD workforce census. Where appropriate relevant data is then reported in the Department’s annual report.</p> | In progress |
| DH | <p>Recommendation 13</p> <p>The Department of Health address the shortcomings identified by the Committee in two new performance measures introduced in 2023–24 with further, or altered, performance measures for inclusion in the 2024–25 Budget.</p> | <p><i>The identified measures:</i></p> <ul style="list-style-type: none"> • <i>Health Protection – Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ)</i> • <i>Health Workforce Training and Development – Sign-on bonuses for nursing and midwifery graduates.</i> <p>DH will consider reviewing the effectiveness of demonstrating performance for these two measures as part of the 2025-26 Budget.</p> | In progress |
| DH | <p>Recommendation 14</p> <p>The Department of Health develop new performance measures that reflect the increased investment in sexual and reproductive health for inclusion in the 2024–25 Budget.</p> | <p>DH will consider the inclusion of performance measures to reflect the increased investment in sexual and reproductive health as part of the 2025-26 Budget.</p> | In progress |

Community consultation on budget initiatives

Question 31

With regard to the new initiatives in the 2024-25 Budget, which relevant and interested community groups and stakeholders did the department consult or engage with? Please detail the budget initiatives' consultation related to and the final outcomes of consultation.

Response

| Community group consulted | Budget initiative/s consultation related to | Final outcome of the consultation |
|---|---|--|
| Alfred Health (CEO and senior executive) | Sustaining statewide health service delivery at The Alfred | Agreement on infrastructure priorities: <ul style="list-style-type: none"> • Fire safety • Air handling • Potable water • Heating and cooling systems • External fabric • Electrical |
| Victorian Aboriginal Community Controlled Health Organisation | Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship | Identification of scope and prioritisation of Aboriginal Health and Wellbeing Forum Agreement and Action Plan actions to be supported |

Early Intervention Investment Framework

Question 32

a) Please list all initiatives in the 2024-25 Budget for the department that were subject to an early intervention investment framework proposal:

Early Intervention Initiatives ^{(a)(b)(c)(d)}

| Output initiative | Service Delivery Funding 5 years \$ million |
|---|--|
| Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship | 9.8 |
| Timely emergency care | 34.4 |
| Supports for people with disability outside of the NDIS | 23.1 |
| Support and treatment for eating disorders | 19.8 |
| Improved data capability to support early intervention investment (<i>DH and DGS</i>) | 11.7 |

Source: 2024-25 Budget Paper No.3: Service Delivery, Table B.1: Early Intervention investments p. 211

Notes:

- (a) Funding amounts presented in this table correspond to service delivery. The sum of service delivery and enabler funding components match the funding allocated in Chapter 1.
- (b) Table may not add due to rounding.
- (c) Only the Priority Primary Care Centres component of the *Timely emergency care* initiative align with EIIF. Only funding for relevant components is included in the table.
- (d) Enabler funding includes funding for components that support the delivery of services. Key enabler components include funding for Eating Disorders Victoria and for Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship.

- b) What are the avoided costs expected as a result of the initiatives
- i. Over 2024-25 and the forward estimates (if known)?
 - ii. Over the medium term (e.g. the next 5 to 15 years) (if known)?
 - iii. Over the long term (e.g. the next 16-30 years) (if known)?

Response

Avoided costs estimates are only available over 10 years (not over 4 or 15+ years as per the specific request)

| Initiative | Question 32 (b ii) | |
|---|---|---|
| | Avoided costs (\$ million, 10 years) | Economic benefits (\$ million, 10 years) |
| Aboriginal Health in Aboriginal Hands: Strengthening cultural safety and supporting culture and kinship | 5-10 | <20 |
| Timely emergency care | 30-35 | <20 |
| Supports for people with disability outside of the NDIS | <5 | 20-40 |
| Support and treatment for eating disorders | 15-20 | 20-40 |
| Improved data capability to support early intervention investment (<i>DH and DGS</i>) | n/a | n/a |

- c) What are the expected outcome measures associated with the initiatives?

Response

We have not included a response to 32 (c) because under the EIIIF Outcome measures are not made public with annual reporting informing budget deliberations each year.

| Outcome measure | Associated EIIIF initiative | Baseline result | 2024-25 expected outcome | 2025-26 expected outcome | 2026-27 expected outcome | 2027-28 expected outcome |
|-----------------|-----------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Nil | Nil | Nil | Nil | Nil | Nil | Nil |

Note: The department and Department of Treasury and Finance will work together to confirm and finalise outcome measures, baselines and targets for the Continuation of home and community care programs for younger people and NDIS Allied Health Assessments initiative ahead of the 2024-25 Annual Outcomes Report.

Victoria's Housing Statement

Question 33

- a) Please list the Department's output and asset initiatives in the 2024-25 Budget that will deliver on outcomes outlined in *Victoria's Housing Statement: The decade ahead 2024-2034*.³³

Response

Not applicable

- b) What will be the impact of the initiatives on
- i. Housing affordability
 - ii. Victoria's planning system
 - iii. Housing supply
 - iv. The regulation of rental properties
 - v. Social housing supply

Response

Not applicable

³³ Department of Premier and Cabinet, *Victoria's Housing Statement: The decade ahead 2024-2034*, Melbourne, 2023, <https://content.vic.gov.au/sites/default/files/2023-09/DTP0424_Housing_Statement_v6_FA_WEB.pdf>

Cyber security

Question 34

- a) What actions has the department taken over 2023-24, and plans to take over 2024-25, to improve cyber security and mitigate the risk of a cyber-attack or data breach?

Response

| Financial Year | Cyber security and cyber-attack risk mitigation measures planned by department |
|----------------|--|
| 2023-24 | <p>In 2023-24, the department corporate and health sector cybersecurity programs continued to provide strong cybersecurity protections to Victoria's digital health assets and services, including by:</p> <ul style="list-style-type: none"> • improving cyber resilience through reduction in the number of at-risk ICT assets; • increasing the visibility of cyber security maturity; • supporting health services to detect emerging vulnerabilities; • reducing the number of health service outage days caused by a critical incident; • increasing the number of health services with an operational disaster recovery service; • upscaling of anti-virus and cyber security protections; and • increasing the number of health cyber security compromise attempts blocked/mitigated. |
| 2024-25 | <p>In 2023, the department commissioned an independent evaluation of the Program. The evaluation found the health sector cybersecurity program to be appropriately targeted, cost-efficient, and effective in reducing the risk to and impact of cyber-attacks in the sector. In 2024-25, the Victorian State Budget is providing \$19.8 million to support health sector cyber security capability uplift and \$15.4 million to replace critical ageing IT infrastructure that would otherwise leave health services vulnerable to cyber-attacks, which impact patient privacy and disrupt care provision.</p> |

b) What resources in terms of funding levels and staffing has the department assigned to cyber security for 2023-24 and 2024-25?

Response

| Financial Year | Department cyber security funding (\$million) | Staff (Equivalent FTE) |
|----------------|---|------------------------|
| 2023-24 | \$19.3 million Output, \$15 million Asset | 4.2 |
| 2024-25 | \$19.8 million Output, \$15.4 million Asset | 4.2 |

If the department (or any of the department's agencies) have experienced a cyber attack or data breach since 2021:

Yes, there have been 91 significant cyber-security incidents with varying levels of consequence. The most consequential three incidents are captured below.

c) What was the impact of this data breach on the department/agency's resources, staffing, services provided to the community and ongoing support to individuals impacted by the cybersecurity event?

Response

| Cyber-attack/data breach | Impact on department/agency resources | Impact on staffing | Impact on services provided by department/agency to community | Ongoing support to individuals impacted by cyber-attack or data breach |
|---|--|--|---|---|
| Health sector - Eastern Health (March 2021) | Cyber-attack: main clinical system, corporate files and email system unavailable | Manual processes in place whilst systems unavailable. This resulted in many hours of data entry catchup required when systems were restored. | Some clinical services were delayed. | All delayed clinical services were caught up ensuring no patient missed clinical service. |
| Health sector - Royal Women's Hospital (October 2023) | Patient information stolen | NA | NA | Affected patients notified and support services provided. |

| | | | | |
|---|------------------------------------|----|----|----|
| Health sector - St Vincent's Health (December 2023) | Non-sensitive business data stolen | NA | NA | NA |
|---|------------------------------------|----|----|----|

d) What measures were implemented after the event to improve cyber security?

Response

- Eastern Health's cybersecurity tools were replaced with department sponsored next generation tools.
- The Royal Women's Hospital has since taken steps to increase the resilience of its digital systems against cyber-attack.
- St Vincent's Health has since taken steps to increase the resilience of its digital systems against cyber-attack.

Cyber security – DGS only

Question 35

Victoria's Cyber Strategy 2021: A Cyber Safe Victoria comprises three core missions:

1. the safe and reliable delivery of government services
2. a cyber safe place to work, live and learn
3. a vibrant cyber economy

- a) For 2023-24 and 2024-25, what are the priorities, actions and anticipated target state once the actions are completed DGS has planned to improve cyber security across government services and prevent possible cyber attacks and data breaches?

Response

Not applicable

- b) Has a Mission Delivery Plan (an annual update of the Cyber Strategy) for 2024-25 been prepared, and if yes, when will this be made publicly available?

Response

Not applicable

- c) If not, what actions is DGS taking to inform the community of measures it is implementing to protect against cyber-crime and data breaches?

Response

Not applicable

Health spending – DH only

Question 36

a) When comparing one year to the next from 2020-21 to the forecast for 2025-26, please state the amount of funding provided to each of the below service types. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending for the service type:

- Primary and community health
- Ambulance services
- Public hospitals
- Services for mental health

Guidance

The Committee notes that for the purposes of this question, the Committee uses the definitions of services in the sector as used in the Productivity Commission, Report on Government Services. See: <https://www.pc.gov.au/ongoing/report-on-government-services/2022/health> (accessed 15 December 2022).

Response

| (a) | 2020-21 (\$ million) Actual Expenditure | 2021-22 (\$ million) Actual Expenditure | 2022-23 (\$ million) Actual Expenditure | 2023-24 (\$ million) Expected Outcome 24- 25 Budget Papers (b) | 2024-25 (\$ million) Target 24- 25 Budget Papers (c) | 2025-26 (\$ million) (d) | Reason for any year-on-year variances +/- 5% |
|------------------------------|--|--|--|---|--|--------------------------------|---|
| Acute health services | 17,929.7 | 18,687.3 | 19,796.1 | 19,211.2 | 19,751.6 | TBD | Rising expenditure reflects increased government investment |
| Ambulance services | 1,189.2 | 1,404.0 | 1,482.8 | 1,458.6 | 1,438.2 | TBD | Rising expenditure reflects increased government investment |

| (a) | 2020-21 (\$ million) Actual Expenditure | 2021-22 (\$ million) Actual Expenditure | 2022-23 (\$ million) Actual Expenditure | 2023-24 (\$ million) Expected Outcome 24- 25 Budget Papers (b) | 2024-25 (\$ million) Target 24- 25 Budget Papers (c) | 2025-26 (\$ million) (d) | Reason for any year-on-year variances +/- 5% |
|---|--|--|--|---|--|--------------------------------|---|
| Mental health | 2,059.4 | 2,113.4 | 2,551.0 | 2,857.4 | 2,977.7 | TBD | Rising expenditure reflects increased government investment |
| Ageing, Aged and Home Care | 832.0 | 818.4 | 798.8 | 785.0 | 700.9 | TBD | The lower 2024-25 target reflects Commonwealth funding for Aged Care Assessment Services not yet confirmed. |
| Primary, Community and Dental Health * | 758.8 | 981.2 | 828.6 | 794.9 | 770.6 | TBD | Fluctuation in expenditure reflects pandemic requirements |
| Small rural services | 733.0 | 731.0 | 778.7 | 788.1 | 792.2 | TBD | Rising expenditure reflects increased government investment |
| Public Health (e) | 1,484.4 | 2,484.1 | 877.7 | 539.7 | 403.9 | TBD | Fluctuation in expenditure reflects pandemic requirements |
| Drug Services | 305.2 | 341.5 | 329.1 | 373.6 | 376.3 | TBD | Rising expenditure reflects increased government investment |

(a) Expenditure has been reported by departmental output group

(b) Expected 2023-24 outcome as per the published budget. See 2024-25 Budget Paper 3 Service Delivery page 133

(c) 2024-25 figures are the published budget. See 2024-25 Budget Paper 3 Service Delivery page 133

(d) Forecast output budget for 2025-26 is not available

(e) The Public Health Output includes Clinical Trial program expenditure previously reported under Medical Research Output following the 1 February 2024 Machinery of Government to the Department of Jobs, Skills, Industry, and Regions

* The Primary, Community and Dental Health output group includes the Community Health Care, Maternal and Child Health and Early Parenting Services, and Dental Services outputs (see 2024-25 Budget Paper 3 Service Delivery)

b) Please explain how DH's 'Victorian public health and wellbeing outcomes framework' is used to inform funding allocations.

Response

N/A

c) How much did the Victorian Government spend overall on health in 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending.

Response

| Year | Total health spending (\$ million) | Reason for any year-on-year variances +/- 5% |
|---------|---------------------------------------|---|
| 2020-21 | 25,291.7 | Rising expenditure reflects increased government investment |
| 2021-22 | 27,560.9 | |
| 2022-23 | 27,442.7 | |
| 2023-24 | TBD | |
| 2024-25 | TBD | |

Large scale infrastructure projects – DTF/DTP only

Question 37

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.

Expenditure – response

| | |
|---|--|
| Project name | |
| Total estimated investment at announcement | |
| Total estimated investment in the 2024-25 Budget | |
| Actual cost of the program to date (i.e. cost since announcement) | |
| Amount allocated to the project/program in the 2024-25 Budget | |
| Amount forecast for the project/program in 2025-26 | |
| Amount forecast for the project/program in 2026-27 | |
| Amount forecast for the project/program in 2027-28 | |
| How the Department will report on expenditure in relation to the project/program as it progresses | |
| Cost/benefit ratio of the project/program | |

Outcomes – response

| | |
|---|--|
| Project name | |
| The outcomes achieved by the project/program to date | |
| The anticipated outcomes of the project/program in 2024-25 and across the forward estimates | |
| How the Department will report on the outcomes achieved by the project/program as it progresses | |

Economic forecast – DTF only

Question 38

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 2023-24 Budget, the 2023-24 Budget Update and the 2024-25 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 2024-25 Budget, please explain the reason for the variance and provide details for any improvement or deterioration for the indicator.

Response

a)

| | |
|--|--|
| Economic indicator | |
| Year for which variance relates | |
| Forecast/projection in 2023-24 Budget | |
| Forecast/projection in 2023-24 Budget Update | |
| Assumptions used to forecast indicator | |
| Variance | |
| Reason for variance | |

| | |
|--|--|
| Economic indicator | |
| Year for which variance relates | |
| Forecast/projection in 2023-24 Budget | |
| Forecast/projection in 2024-25 Budget | |
| Assumptions used to forecast indicator | |
| Variance | |
| Reason for variance | |

| | |
|--|--|
| Economic indicator | |
| Year for which variance relates | |
| Forecast/projection in 2023-24 Budget Update | |
| Forecast/projection in 2024-25 Budget | |
| Assumptions used to forecast indicator | |
| Variance | |
| Reason for variance | |

b)

| | 2022-23 Actual | 2023-24 Forecast | 2024-25 Forecast | 2025-26 Forecast | 2026-27 Projection | 2027-28 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 | | | | | | |

Grants – DTF only

Question 39

Budget Paper No. 5: Statement of Finances, Table 4.3, details the expected total grant revenue to be received by Victoria in 2023-24 by grant type.

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

- a) between the 2023-24 budget figure in the 2023-24 Budget and the 2023-24 revised figure in the 2024-25 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 2024-25 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 | 2023-24 budget | 2023-24 revised | Variance 2023-24 budget vs. 2023-24 revised | Impact on Victoria | Action taken |
|---|----------------|-----------------|---|--------------------|--------------|
| General purpose grants - goods and services tax | | | | | |

b)

| | 2023-24 revised | 2024-25 budget | 2025-26 estimate | 2026-27 estimate | 2027-28 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 40

Budget Paper No. 5: Statement of Finances, Table 4.5, lists Commonwealth grants for specific purposes, with detailed tables by expenditure category in Tables 4.6 to 4.12.

For each line item of the detailed tables by expenditure labelled 'Other' in the 2024-25 Budget, for both years listed (2023-24 revised Budget and 2024-25 Budget) that has a value exceeding \$10 million, please provide details of the grants to which they relate.

Response

| Table number | Grant details | 2023-24 revised Budget (\$ million) | 2024-25 Budget (\$ million) |
|--------------|---------------|-------------------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Equity funding – DTF only

Question 41

Does the Government expect to receive equity funding as an alternative to traditional grant payments made by the Commonwealth over 2024-25 and the forward estimates? If so, please detail which projects will receive this funding and the amount.

Response

Land transfer duty – DTF only

Question 42

Budget Paper No. 5: 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 2023-24 Budget and the 2024-25 Budget, please explain the reason for the variance for each year.

Trend analysis

- b) one year to the next in the 2024-25 Budget please explain the reason for the variance.

Response

a)

| | |
|-----------------------------------|--|
| Year for which variance relates | |
| Budget/estimate in 2023-24 Budget | |
| Budget/estimate in 2024-25 Budget | |
| Variance | |
| Reason for variance | |

b)

| | 2023-24 revised | 2024-25 budget | 2025-26 estimate | 2026-27 estimate | 2027-28 estimate |
|---|-----------------|----------------|------------------|------------------|------------------|
| Land transfer duty | | | | | |
| Variance | | | | | |
| Explanation for the variance year over year | | | | | |

Public Private Partnerships – modifications and accountability – DTF only

Question 43

Please detail all Public Private Partnerships (PPP) currently under construction in the 2024-25 year as per the 2024-25 Budget, which in comparison to the 2023-24 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

| | 2023-24 Budget | 2024-25 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 | | | |

Net Debt – DTF only

Question 44

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 2023-24 Budget the 2023-24 Budget Update and the 2024-25 Budget.

Trend analysis

- b) For the ‘Net debt’ and ‘Net debt to GSP’ line items, when comparing one year to the next in the 2024-25 Budget, please explain the reason for the variance, including the major projects that contributed to any variance in net debt.

Risks underpinning assumptions in the 2023-24 Budget

- c) Noting the revisions to the forecasts/estimates for debt, inflation, wages and unemployment made in the 2023-24 Budget, please explain:
 - i. how the Victorian Future Fund (VFF) is controlling State debt
 - ii. what impacts these revisions could have on Victoria’s credit rating
 - iii. what impact inflation could have on the State’s debt repayment forecasts.

Refinancing debt

- d) What proportion of net debt is existing loans that will be subject to refinancing?

Impact of debt on service delivery

- e) What impact does State debt and interest payments have on Government service and infrastructure delivery? Please list the five most significant impacts.

Response

a)

| | |
|-------------------------------------|--|
| Year for which variance relates | |
| Forecast/estimate in 2023-24 Budget | |

| | |
|---|--|
| Forecast/estimates in the 2023-24 Budget Update | |
| Forecast/estimate in 2024-25 Budget | |
| Reason for variance | |

b)

| | 2023-24 budget | 2024-25 estimate | 2025-26 estimate | 2026-27 estimate | 2027-28 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 | | | | | |

c)

| Noting the revisions to forecasts/estimates for debt, inflation, wages and unemployment made in the 2023-24 Budget | |
|---|--|
| Explain how the VFF is controlling State debt | |
| Explain what impacts these revisions could have on Victoria’s credit rating | |
| Explain what impact inflation could have on the State’s debt repayment forecasts | |

d)

| Net debt | Proportion that is subject to refinancing |
|-----------|---|
| June 2025 | |
| June 2026 | |

| | |
|-----------|--|
| June 2027 | |
| June 2028 | |
| June 2029 | |

e)

| | Impact |
|----|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Medium term fiscal strategy – DTF only

Question 45

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.

Response

a) How does 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

| | \$ million | Financial year |
|------------------------|------------|----------------|
| Operating cash surplus | | |
| Operating surplus | | |
| Debt levels | | |

c) What impact does the current global situation, characterised by international unrest and the rising cost of living, have on the level of economic uncertainty in the State's 2024-25 Budget?

d) What does DTF's modelling forecast in terms of slower/negative economic growth in 2024-25 and across the forward estimates?

e) What impact will the Commonwealth Government's new *Migration Strategy*³⁴ have on Victoria's population growth, international education market and economic growth over 2024-25 and 2025-26?

³⁴ Commonwealth of Australia, *Migration Strategy 2023*, Canberra, December 2023, <<https://immi.homeaffairs.gov.au/programs-subsite/migration-strategy/Documents/migration-strategy.pdf>>, accessed 1 March 2024.

Long term financial management objectives – DTF only

The 2023-24 Budget Paper No. 2: Strategy and Outlook outlined five longer term financial management objectives:

1. Sound financial management – Victoria’s finances will be managed in a responsible manner to provide capacity to fund services and infrastructure and support households and businesses at levels consistent with sound financial management.
2. Improved services – Public services will improve over time.
3. Building infrastructure – Public infrastructure will grow steadily over time to meet the needs of a growing population.
4. Efficient use of public resources – Public sector resources will be invested in services and infrastructure to maximise the economic, social and environmental benefits.
5. A resilient economy – Increase economic resilience by supporting an innovative and diversified economy that will unlock employment growth, long-term economic growth and productivity in Victoria.

To support the long term financial management objectives, four financial measures and targets have been set:

1. Net debt to GSP – General government net debt as a percentage of GSP to stabilise in the medium term.
2. Interest expense to revenue – General government interest expense as a percentage of revenue to stabilise in the medium term.
3. Superannuation liabilities – Fully fund the unfunded superannuation liability by 2035.
4. Operating cash surplus – A net operating cash surplus consistent with maintaining general government net debt at a sustainable level.

Question 46

For the ‘interest expense to revenue’ target:

- a) What is the percentage of interest expense to revenue target DTF is aiming for, and what timeframe (calculated in months or years) is meant by ‘medium term’?

Response

- b) Are general government interest expenses expected to increase or decrease over the 2024-25 Budget and forward estimates and what are the reasons for this?

Response

- c) What would be the impact of increasing interest expenses as a percentage of revenue on the longer term financial management objectives set by the government, particularly 'sound financial management', 'improved services', 'building public infrastructure' and 'efficient use of public resources'?

Response

Gender Responsive Budgeting Unit – DTF only

Question 47

- a) What are the strategic objectives of the Gender Responsive Budgeting Unit (GRBU) in 2024-25?

Response

- b) What are the outcomes/major achievements of the GRBU across the whole of Government and how is the GRBU's performance being tracked or measured in the 2024-25 year?

Response

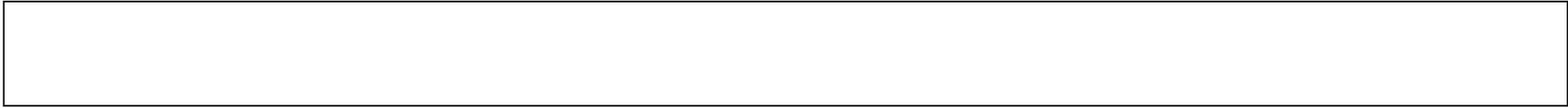
- c) What budget analyses have been undertaken with a gender lens (for example, baseline analysis, spending reviews, economic analysis of major investment proposals) and what were the key learnings/outcomes?

Response

- d) What efforts have been made to advance gender equality through procurement processes? Please list any projects that have been undertaken, the budget allocated to support project implementation and the outcomes achieved.

Response

DH



Question 9 - Capital asset expenditure

2024-25 State Budget Paper No. 5/Relevant state financial reports

| Line item | 23-24 PAEC | 23-24 PAEC | PNFA Rec | 22-23 QAIR Q4 | 23-24 PAEC | 2024-25 BP4 work file |
|----------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | 2021-22 actual (\$ million) | 2022-23 budget (\$ million) | 2022-23 revised (\$ million) | 2022-23 actual (\$ million) | 2023-24 budget (\$ million) | 2024-25 budget (\$ million) |
| Payment for non financial assets | 1,273.9 | 1,534.0 | 1,535.8 | 1,515.1 | 1,909.0 | 2,252.6 |
| Total | 1,273.9 | 1,534.0 | 1,535.8 | 1,515.1 | 1,909.0 | 2,252.6 |

| Data | Source |
|---|--------------------------|
| All published budget figure | BP4 |
| 2022-23 revised | BACU PNFA reconciliation |
| Actuals | Q4 QAIR |
| New, existing and complete project list | 24-25 BP4 |

2024-25 State Budget Paper No. 4

| Capital projects | 2021-22 actual (\$ million) | 2022-23 budget (\$ million) | 2022-23 revised (\$ million) | 2022-23 actual (\$ million) | 2023-24 budget (\$ million) | 2024-25 budget (\$ million) |
|---|-----------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| New | | | | | | |
| Austin Hospital Emergency Department Upgrade (Heidelberg) | | | | | | 41.2 |
| Ballarat Base Hospital mental health, alcohol and other drugs emergency department hub (Ballarat) | | | | | | 0.0 |
| Engineering infrastructure replacement program 2024-25 (statewide) | | | | | | 20.0 |
| Harm reduction initiatives (metropolitan) | | | | | | 5.4 |
| Medical equipment replacement program 2024-25 (statewide) | | | | | | 35.0 |
| Mental Health Capital Renewal Fund 2024-25 (statewide) | | | | | | 10.0 |
| Monash Medical Centre Redevelopment (Clayton) | | | | | | 13.0 |
| Northern Hospital Redevelopment (Epping) | | | | | | 48.0 |
| Quadra scanner Paula Fox Melanoma and Cancer Centre (Melbourne) | | | | | | 24.0 |
| Safer digital healthcare (statewide) | | | | | | 15.4 |
| Sustaining statewide health service delivery at The Alfred (Prahran) | | | | | | 3.4 |
| Existing | | | | | | |
| A new ambulance station for Armstrong Creek (Armstrong Creek) | 0.0 | 0.0 | 0.0 | 0.0 | 7.3 | 9.6 |
| A proudly multicultural Victoria (statewide) | 0.0 | 12.6 | 0.0 | 0.2 | 12.8 | 12.4 |
| Additional acute mental health beds in regional Victoria (various) | 0.0 | 8.5 | 4.9 | 2.2 | 5.4 | 14.2 |
| Additional acute mental health beds in Warrnambool (Warrnambool) | 2.1 | 6.1 | 8.2 | 0.0 | 0.6 | 6.8 |
| Backing our paramedics to keep saving lives (statewide) | 2.5 | 44.0 | 17.3 | 13.0 | 28.3 | 9.3 |
| Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat) | 16.8 | 35.4 | 35.0 | 35.2 | 86.0 | 113.2 |
| Barwon Women's and Children's Hospital (Geelong) | 0.0 | 9.0 | 0.0 | 2.8 | 24.5 | 80.8 |
| Better aged care services for regional Victorians (regional various) | 0.0 | 0.0 | 0.0 | 0.0 | 4.1 | 13.7 |
| Building a new rehabilitation centre for Bendigo (Bendigo) | 14.8 | 35.9 | 25.0 | 32.2 | 17.3 | 4.0 |
| Building a World Class Hospital in Maryborough (Maryborough) | 3.1 | 1.9 | 5.7 | 7.9 | 61.0 | 48.0 |
| Building emergency departments kids and families can count on (statewide) | 0.6 | 29.3 | 22.1 | 3.9 | 11.9 | 11.7 |
| Community hospitals to give patients the best care (statewide) | 10.6 | 20.4 | 45.0 | 50.6 | 527.2 | 431.5 |
| Contemporary information architecture for mental health and wellbeing (statewide) | 0.0 | 5.5 | 5.5 | 0.0 | 13.0 | 25.3 |
| COVID catch-up plan (statewide) | 0.0 | 32.5 | 25.8 | 60.7 | 37.3 | 15.0 |
| Early Parenting Centre – Shepparton (Shepparton) | 0.0 | 3.0 | 0.0 | 0.1 | 0.0 | 15.8 |
| Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hospital (Casey) (Werribee) | 0.0 | 2.0 | 0.0 | 2.4 | 13.6 | 68.1 |
| Engineering infrastructure and medical equipment replacement program 2020-21 (statewide) | 11.1 | 11.5 | 3.1 | 2.6 | 23.8 | 6.8 |
| Engineering infrastructure and medical equipment replacement program 2021-22 (statewide) | 20.4 | 30.3 | 2.2 | 7.9 | 23.1 | 15.4 |
| Engineering infrastructure replacement program 2022-23 (statewide) | 0.0 | 20.0 | 10.8 | 11.6 | 2.7 | 8.0 |
| Equitable cancer care and prevention (statewide) | 0.0 | 6.1 | 6.1 | 3.6 | 3.7 | 0.0 |
| Expanding mental health treatment facilities for Victoria's youth (statewide) | 0.7 | 65.0 | 10.0 | 12.2 | 52.0 | 85.1 |
| Forensic Mental Health Expansion Project Stage 1 and 2 (Fairfield) | 4.3 | 161.3 | 40.0 | 41.8 | 245.6 | 260.7 |
| Guaranteeing Future Energy Supply (statewide) | 12.1 | 42.8 | 0.0 | 1.2 | 18.9 | 3.4 |
| Hospital Infrastructure Delivery Fund (statewide)– A new hospital for West Gippsland to put patients first– A new Queen Elizabeth II Ho | 0.0 | 0.0 | 0.0 | 0.0 | 78.5 | 26.3 |
| Improving Energy Efficiency in Public Hospitals (Melbourne) | 1.6 | 9.1 | 3.0 | 0.4 | 21.7 | 27.8 |
| Improving safety in mental health intensive care areas (various) | 0.0 | 19.4 | 2.6 | 2.5 | 46.3 | 46.0 |
| Medical equipment replacement program 2022-23 (statewide) | 0.0 | 35.0 | 26.1 | 24.1 | 8.0 | 3.0 |
| Meeting ambulance response times (statewide) | 19.8 | 32.6 | 31.7 | 20.0 | 23.0 | 24.8 |
| Mental health and alcohol and drug facilities renewal 2020-21 (statewide) | 4.2 | 12.6 | 8.2 | 9.0 | 6.2 | 3.3 |
| Mental health and alcohol and other drugs facility renewal fund 2022-23 (statewide) | 0.0 | 10.0 | 4.3 | 3.7 | 5.3 | 2.8 |
| Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura) | 0.0 | 10.0 | 0.0 | 0.1 | 2.0 | 1.9 |
| Mental Health Capital Renewal Fund (statewide) | 0.0 | 0.0 | 0.0 | 0.0 | 10.0 | 4.8 |
| Metropolitan Health Infrastructure Fund (metropolitan various) | 40.5 | 118.8 | 49.7 | 57.0 | 66.1 | 34.9 |
| Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various) | 0.0 | 25.0 | 11.2 | 14.0 | 10.1 | 0.7 |
| Metropolitan Health Infrastructure Fund 2023-24 (metropolitan various) | 0.0 | 0.0 | 0.0 | 0.0 | 40.0 | 17.4 |
| Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project (Cheltenham) | 1.3 | 13.7 | 2.5 | 3.1 | 47.0 | 72.0 |
| More help for Victorian mums and dads (statewide) | 15.7 | 70.2 | 47.0 | 47.9 | 49.0 | 9.2 |
| More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully) | 0.0 | 8.6 | 0.0 | 1.3 | 15.0 | 40.0 |
| More PET scanners for Victorian hospitals (statewide) | 0.0 | 0.0 | 0.0 | 0.0 | 6.0 | 14.4 |
| More support for mums, dads and babies (statewide) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 5.0 |
| New Melton Hospital (Cobblebank) | 0.0 | 23.3 | 14.5 | 7.9 | 21.6 | 63.8 |
| Providing additional bed capacity through modular facilities (metropolitan various) | 29.5 | 0.0 | 0.0 | 7.2 | 17.7 | 7.9 |
| Publicly led fertility care services for Victoria (statewide) | 0.0 | 0.0 | 2.0 | 1.7 | 18.0 | 11.7 |
| Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital (Arden/Parkville) | 0.0 | 3.3 | 0.0 | 0.0 | 75.0 | 192.6 |

ASSAM (sourced from BP4 \Additional ASSAM number

| | |
|---------------|---------------|
| ASSAM-1237223 | |
| ASSAM-925834 | |
| ASSAM-1212958 | |
| ASSAM-1178082 | |
| ASSAM-926385 | |
| ASSAM-811462 | |
| ASSAM-1213228 | |
| ASSAM-1237222 | |
| ASSAM-924103 | |
| ASSAM-1177977 | |
| ASSAM-1178092 | |
| ASSAM-1177928 | |
| ASSAM-1211708 | |
| ASSAM-1224344 | |
| ASSAM-1213229 | |
| ASSAM-1213226 | |
| ASSAM-1108882 | ASSAM-1108883 |
| ASSAM-1178023 | ASSAM-1178043 |
| ASSAM-1211592 | |
| ASSAM-1213144 | |
| ASSAM-1178137 | |
| ASSAM-1178095 | |
| ASSAM-1115180 | ASSAM-1115170 |
| n/a | |
| ASSAM-1107961 | |
| ASSAM-1211744 | |
| ASSAM-1211709 | |
| ASSAM-788405 | |
| ASSAM-1107946 | |
| ASSAM-1211720 | |
| ASSAM-1213341 | |
| ASSAM-1237431 | |
| ASSAM-1108797 | |
| ASSAM-1211721 | |
| ASSAM-1237217 | |
| ASSAM-1108675 | |
| ASSAM-926383 | |
| ASSAM-1178138 | |
| ASSAM-1236648 | |
| ASSAM-1236459 | |
| ASSAM-1211767 | |
| ASSAM-1223813 | |
| ASSAM-1176742 | |
| ASSAM-1238986 | |

| | | | | | | | |
|--|--------------|----------------|--------------|--------------|----------------|----------------|---------------|
| Redevelopment of Thomas Embling Hospital Stage 3 (Fairfield) | 0.0 | 0.0 | 0.0 | 0.0 | 10.4 | 42.8 | ASSAM-1237456 |
| Regional Health Infrastructure Fund (regional various) | 11.0 | 6.7 | 10.1 | 9.3 | 14.5 | 1.6 | ASSAM-811309 |
| Regional Health Infrastructure Fund 2019-20 (regional various) | 14.5 | 11.6 | 6.3 | 10.0 | 45.2 | 11.5 | ASSAM-931466 |
| Regional Health Infrastructure Fund 2020-21 (regional various) | 29.8 | 58.3 | 8.2 | 28.6 | 40.0 | 26.0 | ASSAM-1108794 |
| Regional Health Infrastructure Fund 2021-22 (regional various) | 0.6 | 3.8 | 23.1 | 8.4 | 3.5 | 6.2 | ASSAM-1185465 |
| Regional Health Infrastructure Fund 2022-23 (regional various) | 0.0 | 75.0 | 16.9 | 20.8 | 107.9 | 68.0 | ASSAM-1211703 |
| Royal Children's Hospital expansion (Parkville) | 0.0 | 27.4 | 11.8 | 9.6 | 15.9 | 12.0 | ASSAM-924095 |
| Rural and Regional PSRACS Revitalisation Strategy Stage 1 (regional various) | 2.8 | 11.3 | 1.6 | 3.6 | 37.4 | 30.8 | ASSAM-1184358 |
| Rural and Regional PSRACS Revitalisation Strategy Stage 1 (2022-23) (regional various) | 0.0 | 2.0 | 1.2 | 2.0 | 18.0 | 59.0 | ASSAM-1224345 |
| Rural residential aged care facilities renewal 2019-20 (regional various) | 2.8 | 2.2 | 0.0 | 1.1 | 3.4 | 3.0 | ASSAM-924090 |
| Rural residential aged care facilities renewal 2020-21 (regional various) | 3.2 | 6.4 | 2.9 | 2.5 | 3.8 | 3.1 | ASSAM-1107891 |
| Supporting the next generation of paramedics (statewide) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | ASSAM-1236457 |
| Swan Hill District Hospital emergency department upgrade (Swan Hill) | 1.8 | 9.6 | 4.0 | 4.1 | 35.6 | 20.0 | ASSAM-1211388 |
| The Alfred Hospital urgent infrastructure (Prahran) | 0.1 | 24.8 | 0.0 | 0.0 | 0.0 | 0.0 | ASSAM-811412 |
| Victorian Collaborative Centre for Mental Health and Wellbeing (metropolitan) | 0.0 | 5.0 | 1.3 | 0.6 | 3.6 | 1.8 | ASSAM-1211596 |
| Warrnambool Base Hospital redevelopment (incl Warrnambool Logistics Hub) (Warrnambool) | 4.6 | 30.0 | 34.2 | 24.0 | 85.9 | 134.8 | ASSAM-1108853 |
| Completed | | | | | | | |
| A Pathway to more acute mental health beds: Responding to the Royal Commission into the Victoria's Mental Health System interim re | 197.2 | 318.8 | 197.7 | 204.2 | 51.0 | 16.9 | ASSAM-1108839 |
| Alcohol and other drugs residential rehabilitation treatment expansion (St Albans) | 0.2 | 6.0 | 1.9 | 2.2 | 5.6 | 0.3 | ASSAM-1178086 |
| Goulburn Valley Health redevelopment - planning and development (Shepparton) | 34.1 | 23.7 | 16.3 | 12.6 | 4.6 | 0.0 | ASSAM-577456 |
| Improving access to emergency care (statewide) | 0.0 | 6.4 | 0.0 | 0.0 | 0.0 | 0.0 | ASSAM-1238985 |
| Reforming clinical mental health services (Melbourne) | 5.0 | 14.8 | 14.3 | 0.0 | 9.8 | 1.0 | ASSAM-855273 |
| The New Footscray Hospital - planning and critical infrastructure (Footscray) | 0.0 | 0.4 | 0.2 | 0.2 | 0.3 | 0.0 | ASSAM-702663 |
| Youth Prevention and Recovery Care Service (metropolitan) | 7.2 | 1.5 | 0.4 | 0.9 | 1.1 | 0.0 | ASSAM-811384 |
| Building a bigger and better Latrobe Regional Hospital (Traralgon) | 36.2 | 122.9 | 91.7 | 115.0 | 70.0 | 6.4 | ASSAM-924094 |
| Engineering infrastructure and medical equipment replacement program 2019-20 (statewide) | 4.1 | 2.5 | 5.2 | 3.4 | 2.1 | 1.3 | ASSAM-936601 |
| Health-based response to public intoxication (statewide) | 0.0 | 0.0 | 0.0 | 0.0 | 4.2 | 0.0 | ASSAM-1238987 |
| Safer digital healthcare program (statewide) | 0.0 | 0.0 | 0.3 | 0.2 | 15.0 | 0.0 | ASSAM-1238127 |
| Royal Victorian Eye and Ear Hospital redevelopment (Melbourne) | 22.8 | 7.8 | 26.9 | 20.0 | 0.0 | 0.0 | ASSAM-290013 |
| Sub total | 589.7 | 1,753.5 | 945.7 | 975.4 | 2,375.1 | 2,531.0 | |

| | | | | | | | |
|-----------------------------|--------------|---------------|---------------|--------------|-----------------|-----------------|--|
| Other projects ¹ | 659.7 | -960.3 | -150.7 | 532.1 | -1,448.6 | -1,148.0 | |
| Sub total | 659.7 | -960.3 | -150.7 | 532.1 | -1,448.6 | -1,148.0 | |

| PPPs | 2021-22 actual (\$ million) | 2022-23 budget (\$ million) | 2022-23 revised (\$ million) | 2022-23 actual (\$ million) | 2023-24 budget (\$ million) | 2024-25 budget (\$ million) | |
|--|-----------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|--------------|
| Building a better hospital for Melbourne's inner west (Footscray) | 7.1 | 525.1 | 525.1 | 7.0 | 634.4 | 464.2 | ASSAM-930010 |
| Building a world class hospital for Frankston families (Frankston) | 17.3 | 215.6 | 215.6 | 0.7 | 348.2 | 405.3 | ASSAM-924092 |
| Insert PPP name here | | | | | | | |
| Sub total | 24.4 | 740.8 | 740.8 | 7.7 | 982.5 | 869.5 | |

| | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|--|
| Total Payment for non financial assets | 1,273.9 | 1,534.0 | 1,535.8 | 1,515.1 | 1,909.0 | 2,252.6 | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|--|

Correct Correct Correct Correct Correct Correct

Published 2023-24 BP4 total **3,371.67**

Please note the total of capital projects for each year is expected to reconcile to the total payments for non financial assets
Please insert rows as required

¹ Other projects line include previously completed project not published in 23-24 BP4, projects that are funded via annual provision, trust fund, hospital own source revenue and asset sales, contingency funding withheld and liability recognised from PPP projects. Budget figures for PPP projects are per published in BP4 based on indicative total asset movement. Actual figures are based on state funding only.