

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2023-24 Budget Estimates questionnaire

Department of Health

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Questionnaire information

The Committee's inquiry into the 2023-24 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 24 May 2023**.

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.

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.

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Major initiatives

Question 1

What progress has been made in implementing the major initiatives/programs identified in the 2022-23 Budget for the Department. Please identify a minimum of five initiatives/programs.

Response

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
1. a	Health Workforce: <i>A safe and engaged workforce (p.56)</i>	Support the health and wellbeing of the Victorian health workforce. Continue and expand SCV's Healthcare Worker Wellbeing Centre. Expand the Nursing and Midwifery Health Program Victoria - one-on-one psychological support services for up to 600 additional nurses and midwives. Build and boost Aboriginal workforce representation by strengthening education pathways.	\$1.9 million 2022-23 \$1.5 million 2022-23	<p>Continue and expand SCV's Healthcare Worker Wellbeing Centre (HWWC):</p> <ul style="list-style-type: none"> Community of Practice continuing, with a plan of webinars set for 2023 Planning finalised for next round of Healthcare Worker Wellbeing Improvement Initiative. EOI conducted to source participating teams <p>Nursing and Midwifery Health Program Victoria (NMHPV):</p> <ul style="list-style-type: none"> Increase in nurses, midwives and students of nursing accessing one on one brief intervention/case management support related to COVID-19 and psychological distress. The NMHPV hosted a Wellness Conference, implemented a Champion Training program and Health and facilitated Wellbeing presentations for a range of stakeholder groups. 	<p>Continue and expand SCV's HWWC:</p> <ul style="list-style-type: none"> Bi-monthly run: Jan-Apr EOI for next round of Healthcare Worker Wellbeing Improvement Initiative completed. 34 teams successfully responded to EOI. 130 Victorian healthcare workers attended the kick-off event. <p>NMHPV:</p> <ul style="list-style-type: none"> The NMHPV program has expanded its service to support nurses, midwives and nursing students experiencing issues related to their mental health, substance use, family violence or any issue impacting on their health and wellbeing. 450 participants at a new Nurses and Midwives Wellness Conference held on 28 April 2023. 	These initiatives support a safe and engaged workforce.

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
				<p>Strengthening education pathways for the Aboriginal health workforce.</p> <ul style="list-style-type: none"> Support public health services to employ 22 Aboriginal health students into cadetships. Support 16 Aboriginal health workers to develop their career by providing financial support to pursue postgraduate studies. 	<ul style="list-style-type: none"> 120 participants trained through the NMHPV Champion Training programs in October/November 2022 Approx. 3,120 participants have attended 84 Health & Wellbeing presentations with stakeholder groups. <p>Strengthening education pathways for the Aboriginal health workforce.</p> <ul style="list-style-type: none"> Applications were sought from 9 health services to provide funding for 22 cadetship positions. 2 postgraduate scholarships were provided. 	
1. a	Supporting our maternity workforce	Maternity workforce capacity and support	\$4.6 million 2022-23	<i>Initiative has supported additional Registered Undergraduate Student of Midwifery (RUSOM) positions and boosted flexible maternity staffing capacity funding provided to 15 public health services providing maternity and newborn care where demand is expected to be maintained or grow (to 2026-27).</i>	<i>Services were requested to provide workforce investment implementation plans by 31 August 2022.</i>	This initiative is supporting the maternity workforce.
1. b	Mental Health Workforce: Strengthening and supporting the mental health and	<ul style="list-style-type: none"> Build the pipeline of workers Boost workforce supply and capability including new allied health and nursing graduate and transition positions, postgraduate scholarships, 	\$65.3 million ¹ 2022-23	Following the release of the 2021-2024 Mental Health and Wellbeing Workforce Strategy the department has undertaken significant commissioning activities. In 2022-23 2,100 FTE of new early career roles have been commissioned across the sector. These roles will commence in services from	Funding of nearly 400 scholarships for mental health workers in allied health, lived experience and nursing workforces to support improved capabilities of the workforce. Significant growth of the training pipeline through the commissioning of	<ul style="list-style-type: none"> Interim 6: Lived Experience Workforce Data Project published Leadership Development

¹ These initiatives contribute to activity that attracts Commonwealth Government funding under the National Health Reform Agreement. Estimates of the Commonwealth Government's contribution are included

Major initiatives/programs	Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
wellbeing workforce	more psychiatry registrar positions, and a continuation of government funded psychiatry rotations for junior medical officers.		<p>2023 and continue into future financial years. Roles include 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.</p> <p>The department has also released the <i>Victorian Mental Health Capability Framework</i> which outlines the skills, knowledge and capabilities for a reform-orientated mental health and wellbeing workforce.</p> <p>A range of pilots have been implemented across the state to test innovative workforce models and approaches, including to support response to diverse communities.</p> <p>To support the wellbeing of Victoria's mental health and wellbeing workforce, the Mental Health Workforce Safety and Wellbeing Committee was established in partnership with WorkSafe. This Committee is focusing on improving the physical safety and psychological wellbeing of the workforce.</p> <p>Launch of an international attraction campaign to support relocation of international mental health workers.</p>	<p>new and expanded graduate and transition programs in medical, nursing, lived experience and allied health workforces with 2,100 FTE of new early career roles commissioned across the sector.</p> <p>Launch of international attraction and relocation campaign for mental health workers.</p>	<p>Package commenced.</p> <ul style="list-style-type: none"> • Interim 7: New nursing and allied health graduate programs and postgraduate scholarships delivered. • Final 40: The Regional MH Workforce Incentive Scheme commenced. • Final 57: Planning begun for the 2024-26 Strategy annual workforce census data collection continued. • Final 58: Implementation planning of the <i>Workforce Capability Framework</i> is underway • Final 59: Mental Health Workforce Wellbeing Committee commenced and monitoring annual workforce wellbeing data.

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
2.	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	\$1.3 billion in 2022-23	Key focus areas in 2022-23 were legislative reform, establishing new entities including Interim Regional Bodies and the Victorian Collaborative Centre, workforce (see 1.b above) and the design of the new mental health and wellbeing system, and operationalising new services (see progress column).	<p>Work has now commenced on 90% of all Royal Commission recommendations have commenced. Significant progress has been made, including:</p> <ul style="list-style-type: none"> • The Mental Health and Wellbeing Act 2022 (Recommendation 42) which passed the Victorian Parliament in September 2022. • Opening of the Hamilton Centre - new statewide specialist centre for addiction and mental health • Launch of the first six providers of new Local Adult and Older Adult Mental Health and Wellbeing Services with an additional 21 Local Services to be added (Recommendation 15). • The new mental health facilities at the Northern Hospital in Epping (30 beds) and at the McKellar Centre, North Geelong (16 beds). • Delivery of 12 new Hospital Outreach Post-suicidal Engagement (HOPE) services as part of the Suicide Prevention and Response service (Interim Recommendation 3). • The opening of the Aboriginal Social and Emotional Wellbeing Centre of Excellence led by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO (Interim Recommendation 4). 	This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System final report and the Department of Health's Mental Health Clinical Care output

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
					<ul style="list-style-type: none"> Release of Victoria's Mental Health and Wellbeing Workforce Strategy 2021-2024 (Recommendation 57). Construction in progress of acute mental health facilities at The Royal Melbourne Hospital, Parkville, (22-beds) marked for completion late-2024, Sunshine Hospital, St. Albans (52-beds) marked for completion mid-2023, and expansion of the Thomas Embling Hospital's forensic mental health system (82 beds). 	
3. a	Barwon Women's and Children's Hospital (Geelong)	<ul style="list-style-type: none"> Funding is provided to expand women's and children's services at University Hospital Geelong. 	\$500.0 – 525.0 million TEI (asset)	<ul style="list-style-type: none"> Appointment of design consultants for the project. Commencement of design Options for the concept design have been presented to the Barwon Women's and Children's strategic user group. 	Nil BP3 Performance Measures applicable.	This initiative supports the outcome of Victorians being healthy and well.
3. b	New Melton Hospital (Cobblebank)	<ul style="list-style-type: none"> Funding is provided to construct a new tertiary Melton Hospital in Cobblebank. <ul style="list-style-type: none"> This will provide 24-hour emergency services supported by over 100 medical and surgical beds, intensive care unit, maternity and neonatal services, mental health services, ambulatory care, and a 	\$900.0 – 1 000.0 million TEI (asset)	<ul style="list-style-type: none"> An invitation for Expressions of Interest (EOI) was released on 30 January 2023, and three complying EOIs were received on 2 March 2023. The EOI Evaluation is in progress and a shortlist is due to be announced in June 2023. The Project remains on track for release of Request for Proposal in June 2023 with construction expected to be complete in 2029. 	Nil BP3 Performance Measures applicable.	This initiative supports the outcome of Victorians being healthy and well.

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
		range of clinical supports.				
3.c	Providing additional bed capacity through modular facilities (metropolitan various)	<ul style="list-style-type: none"> To establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. 	\$54.9 million in 2022-23 (asset)	<ul style="list-style-type: none"> The establishment and staffing of three modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions. The three modulars were handed over to the health services in mid-2022 and are operational. 	<p><i>Emergency patients treated within clinically recommended 'time to treatment'</i></p> <p><i>This initiative has added more capacity to emergency departments</i></p>	This initiative supports the outcome of Victorians being healthy and well.
3.d	Rural and Regional Public Sector Residential Aged Care Revitalisation Strategy	<ul style="list-style-type: none"> Funding is provided for three new public sector residential aged care facilities in Camperdown, Mansfield and Orbost. 	\$146.022 million TEI (asset)	<ul style="list-style-type: none"> All three of these projects are currently in the design phase and are on track for completion in 2024. 	<ul style="list-style-type: none"> Nil BP3 Performance Measures applicable. 	This initiative supports the outcome of Victorians being healthy and well.
3.e	Thomas Embling Hospital Redevelopment – Stage 2	<ul style="list-style-type: none"> Funding is provided to deliver Stage 2 of the Redevelopment of Thomas Embling Hospital which will deliver critical supporting infrastructure, including a new gatehouse and sally port, and bed refurbishments. 	\$123.9 million TEI (asset)	<ul style="list-style-type: none"> Stage 2 is being delivered concurrently with Stage 1 (\$338 million funded in 2021-22 State Budget) Construction commenced in January 2023 and is scheduled for completion in mid-2025. In 2022-23, the project has completed detailed design for both stages, appointed the builder and commenced early works, including the completion of a temporary carpark for hospital staff. 	<ul style="list-style-type: none"> This initiative is making progress against the Royal Commission into Victoria's Mental Health System recommendation that the Victorian Government refurbish the existing 136 beds; and by the end of 2026, provide 107 new beds at Victoria's only forensic mental health bed-based service – Thomas Embling Hospital (recommendation 38 [1]). 	This initiative supports the outcome of Victorians being healthy and well.
4.	Supporting our frontline ambulance services	\$99.0 million over four years to provide additional transports to eligible patients with a concession card and support recruitment of around 90 additional paramedics	\$124 million over five years from 2021-22 (including	<ul style="list-style-type: none"> 90 additional paramedics recruitment Second Mobile Stroke Unit – supply chain delays in manufacture and delivery of base vehicle and rear module have impacted implementation. Base vehicle due to arrive in Australia in May. Planning, recruitment and training for staff has 	In quarter 3, AV responded to 65.2% of Code 1 cases responded to in 15 minutes, a 5% improvement on the previous quarter	This initiative supports the outcome of Victorians being healthy and well.

Major initiatives/programs	Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
		<p>\$12 million over five years, including \$1.7 million in capital provided by philanthropic donations, to establish a second Mobile Stroke Unit based in the southeast metropolitan area.</p> <p>\$8.0 million over two years to support Ambulance Victoria implement recommendations from VEOHRC's review</p> <p>\$5 million over two years for other targeted service improvements</p>	<p>\$1.8m in capital)</p> <p>commenced. Other operational requirements (pharmacy, ICT etc) are ongoing.</p> <ul style="list-style-type: none"> • Work is well underway to deliver change and create a workplace and culture that focuses on safety, fairness and inclusion. • Currently 45% of all VEOHRC recommendations are complete or underway. 	<p>In 2021-22 98.5% of suspected stroke patients were transported to a stroke unit within 60 minutes (target of 95%).</p>	
5.	Surgery: Covid catch up plan	<p><i>40 000 extra surgeries in the next year, building up to 240 000 surgeries annually by 2024</i></p> <p><i>Establish Rapid Access Hubs</i></p> <p><i>400 additional perioperative nurses, upskill 1 000 nurses, train additional theatre and sterilisation technicians, and the international recruitment of 2 000 healthcare workers.</i></p> <p><i>Transform Frankston Private Hospital into a public surgery centre</i></p> <p><i>\$20 million Surgical Equipment Innovation Fund to upgrade surgical equipment at health services</i></p> <p><i>Chief Surgical Adviser to work with a Surgery Recovery</i></p>	<p>\$564.8 million in 2022-23</p> <ul style="list-style-type: none"> • 4 of 8 Rapid Access Hubs opened; remainder to open later in 2023 • 1,241 nurses, doctors and midwives recruited from overseas as of 28 February 2023 • Frankston Public Surgical Centre opened in September 2022, supplemented by Blackburn Public Surgical Centre in October 2022. These centres have delivered around 2,000 surgeries combined as of February 2023. • \$20 million Surgical Equipment Innovation Fund fully allocated to health services • Surgery Recovery Taskforce established and met on a regular basis 	<ul style="list-style-type: none"> • Patients admitted from the waiting list: 138,250 • Urgent (Category 1) patients admitted within 30 days (%): 99.99 • Semi-urgent (Category 2) patients admitted within 90 days (%): 53.69 • Non-urgent (Category 3) patients admitted within 365 days (%): 75.05 <p>[note figures are as of end-March 2023. No public data available to end-April]</p>	<p>This initiative supports the outcome of Victorians being healthy and well.</p>

Major initiatives/programs		Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2023	Progress achieved against key Government outcomes
		<i>Taskforce to provide clinical expertise and advice</i>				
6.	Pandemic Repair Plan: RUSON program (Registered Undergraduate Students of Nursing)	Increase the capability and capacity of public health service's workforce	\$59 million in 2022-23	Support public health services to employ 1,125 RUSONs	<ul style="list-style-type: none"> 2,204 RUSONS employed across 57 public health services 	

Strategic issues

Question 2

In order of priority, please list the five most significant strategic issues that influenced the development of the Department's estimates for the 2023-24 financial year. Please describe how the Department will address these issues in 2023-24.

Response

Strategic issue		How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
1.	Supporting and growing our health and mental health workforces (<i>Health</i>)	<ul style="list-style-type: none"> The Department of Health is developing a 10-Year Victorian Health Workforce Strategy that will enable us to continue to build a modern, sustainable and engaged healthcare workforce. The Strategy will be published in July 2023, with implementation of initiatives to commence immediately thereafter. The Strategy will support and grow the healthcare workforce by addressing five key focus areas: increasing supply of critical roles, strengthening the rural and regional workforce, building future roles and capabilities, improving the employee experience, and transforming the use of digital, data and technology. These focus areas have been informed by over 5,600 inputs through a thorough industry wide consultation process. 	<ul style="list-style-type: none"> In a \$270 million boost to the health system, more than 17,000 nurses and midwives will be recruited and trained as part of a hiring and upskilling initiative. More midwives will join the workforce through an expanded postgraduate midwifery incentive program, which will provide scholarships to cover course costs and salary support for 150 existing nurses to continue working while they complete their specialist studies in midwifery. The initiative, together with the \$12 billion Pandemic Repair Plan brings the number of nurses and midwives being supported to more than 20,000, including funding 13,000 nursing and midwifery positions and scholarships, and funding the upskilling of 8,500 nurses. A sign-on bonus of \$5,000 was announced in 2022 and will be available to nursing and midwifery graduates from January 2023.
	Supporting and growing our health and mental health workforces (<i>Mental Health</i>)	<ul style="list-style-type: none"> The department estimated a shortage of 2,500 mental health workers in the first four years of reform to implement recommendations of the Royal Commission into Victoria's Mental Health System. The Mental Health and Wellbeing Workforce Strategy 2021-2024 set out actions to seek to address these workforce challenges, including upskilling and supporting the existing workforce, and attracting new workers. With significant investment in workforce supply initiatives since 2020-21 to help address this gap, the 	<ul style="list-style-type: none"> Following the release of the first MH Workforce Strategy in December 2021 and investment of more than \$600 million since 2020-21, the department has undertaken significant commissioning activities. 2,100 FTE of new early career roles have been commissioned across the sector to commence in 2023 to 2026. This includes roles across nursing, lived experience, medical, psychology, social work, occupational therapy, speech pathology, dietetics, exercise physiology,

	Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
		<p>department will continue to support services allocated to new early career role funding.</p> <ul style="list-style-type: none"> Complementing this work, the department will commence implementation of the \$11.8 million in initiatives funded through the 2023-24 Budget. The department is also commencing work on a next iteration of the workforce strategy. This will update priority actions, policy and strategies to support and grow the workforce with a range of targeted and responsive measures. The department will also be working to establish the Statewide Capability Entity, Victoria's future centre of workforce training, innovation and leadership in mental health, in partnership with the Victorian Collaborative Centre for Mental Health. 	<p>physiotherapy and clinical pharmacy disciplines, in both graduate and transition programs.</p> <ul style="list-style-type: none"> The department has also launched an international attraction campaign to support qualified mental health workers relocate to Victorian mental health and wellbeing services. The attraction campaign is supported by the implementation of a rural and regional incentives program to support targeted recruitment of high priority and hard to fill positions in rural and regional areas. The department has also released the <i>Victorian Mental Health Capability Framework</i> which outlines the skills, knowledge and capabilities for a reform-orientated mental health and wellbeing workforce. This includes outcome statements which were drafted in consultation with consumers and carers. A range of pilots have been implemented across the state to test a range of innovative workforce models and approaches, including initiatives that support responses to diverse communities. To support the wellbeing of Victoria's mental health and wellbeing workforce, the Mental Health Workforce Safety and Wellbeing Committee was established in partnership with WorkSafe. This Committee is focusing on improving the physical safety and psychological wellbeing of the workforce.
2.	Ensuring the provision of modern healthcare is supported by modern health infrastructure	<ul style="list-style-type: none"> The 2023-24 State Budget invests \$660 million to build and upgrade health, mental health, aged care and ambulance services infrastructure across Victoria. <p>Ambulance Capital Build and Upgrade Program (\$30.4 million)</p> <ul style="list-style-type: none"> Funding is provided to build a new ambulance station in Armstrong Creek that will service the City of Greater Geelong. 	<ul style="list-style-type: none"> The Ambulance Stations Build and Upgrade Program provides better facilities and working conditions for paramedics, and ensures emergency care is available for all Victorians Since 2015-16, 30 ambulance stations have been completed under this program and are now operational, with an

Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
	<ul style="list-style-type: none"> The new station will ensure that Ambulance Victoria can continue to meet growing demand in the Geelong region and improve response times to Priority 1 and 2 incidents. 	<p>additional ten stations expected to be complete by December 2023.</p>
	<p>Hospital Infrastructure Delivery Fund (\$320 million)</p> <ul style="list-style-type: none"> The Hospital Infrastructure Delivery Fund will progress planning and development activities for the redevelopment of seven hospitals across Victoria: <ul style="list-style-type: none"> West Gippsland Hospital Redevelopment Redevelopment of Queen Elizabeth II Hospital, Maroondah Northern Hospital emergency department expansion and IPU development Austin Hospital emergency department expansion Monash Medical Centre Tower expansion Dandenong Hospital Wonthaggi Hospital. 	<ul style="list-style-type: none"> The Victorian Health Building Authority continues to work closely with health services to develop and finalise scope of these projects.
	<p>Metropolitan Health Infrastructure Fund (\$40 million)</p> <ul style="list-style-type: none"> Additional funding is provided to improve the quality and amenity of infrastructure across a range of metropolitan health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity. 	<ul style="list-style-type: none"> The Metropolitan Health Infrastructure Fund 2022-23 program of works remains on track with all funded projects in delivery. The Victorian Health Building Authority has a robust grants framework in place and will call for submissions for Metropolitan Health Infrastructure Fund 2023-24 when eligibility criteria are finalised.
	<p>Rural and Regional Public Sector Residential Aged Care Services Revitalisation Strategy (\$162.246 million)</p> <ul style="list-style-type: none"> Funding is provided to continue renewing and upgrading Public Sector Residential Aged Care Services (PSRACS) facilities in regional and rural Victoria. The new facilities in Cohuna, Maffra and Numurkah will fully replace existing capacity at these sites. 	<ul style="list-style-type: none"> Full business cases for the new facilities have been completed and the Victorian Health Building Authority will work closely with providers to move these projects into delivery phase.
	<p>Redevelopment of Thomas Embling Hospital Stage 3 (\$53.196 million)</p>	<ul style="list-style-type: none"> Stages 1 and 2 of the Thomas Embling Hospital redevelopment are currently underway and being delivered concurrently.

Strategic issue		How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
		<ul style="list-style-type: none"> Funding is provided to continue the redevelopment of Thomas Embling Hospital. This funding will enable design of new high secure men's facility, and for unit refurbishments and an additional level of carparking. 	<ul style="list-style-type: none"> In 2022-23, the project has completed detailed design for both stages, appointed the builder and commenced early works, including the completion of a temporary carpark for hospital staff.
		<p>Mental Health Capital Renewal Fund (\$10 million)</p> <ul style="list-style-type: none"> Funding is provided to establish a dedicated capital investment fund for mental health services. Funding will focus on mental health services across the State that have been assessed as most in need of upgrades. Upgrades will improve safety and compliance; and enhance the amenity of Victoria's mental health accommodation to improve service delivery. 	<ul style="list-style-type: none"> The latest tranche of asset assessments underway will inform the 2024-25 business case for upgrades as part of the Mental Health Capital Renewal Fund. The Mental Health Capital Renewal Fund will also be informed by the Statewide mental health service and capital plan being finalised by the department.
		<p>More PET Scanners for Victorian Hospitals (\$44 million)</p> <ul style="list-style-type: none"> Funding is provided to plan and progress the delivery of eight new PET scanners for Victorian Hospitals 	<p>Since the election commitment, the department has begun the process of developing a full business case to deliver the eight new PET scanners. Development of the business case will include:</p> <ul style="list-style-type: none"> consideration of PET scanner technology and its best application across Victoria engagement with health services on location of the scanners at each campus consideration of possible refurbishments to facilities to ensure appropriate shielding requirements are met and the scanners can be housed safely.
3.	A step-change in women's health	<ul style="list-style-type: none"> The 2023-24 budget invests \$23.8 million as the first year of a four-year commitment on <i>Giving Women's Health the Focus and Funding it Deserves</i>. Five women's health clinics will be established in 2023/24; the first tranche of a total of 20 clinics to be developed over a four-year period. A mobile women's health clinic will be established to improve access for women in remote areas, and an 	<ul style="list-style-type: none"> A governance framework has been established that includes a departmental Women's Health Working Group and Steering Committee. A Communications and Engagement Plan has been drafted and is being further reviewed and amended to ensure it supports all components of the reform commitments. A Women's Health Needs Assessment has been developed to provide an evidence-base for the step-change in women's

	Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
		<p>Aboriginal-led women's health service will also be developed.</p> <ul style="list-style-type: none"> • A commitment has been made to deliver 1,200 additional laparoscopy surgeries in 2023/24. • The number of Sexual and Reproductive Health Hubs will be increased from 11 to 20 over the next two years, and six of those new Hubs will open in 2023/24. • \$1 million is being invested to provide 50 x \$20,000 women's health scholarships in 2023-24. • A commitment of \$0.5 million per year for the next four years will be provided to women's health organisations to develop support groups. • \$3 million has been committed in over two years towards an Inquiry into Women's Pain Management. • An annual investment of \$1 million per year will be provided for data collection and research across the women's health program. • Funding has been committed to establish a business case to develop a Women's Health Research Institute in FY 2023-24 and 2024-25. • In partnership with health services, the Department will develop a model of care, referral pathways and linkages for the new clinics and hubs. • An Outcomes and Evaluation Framework will be developed to enable the Department to assess effectiveness of the step-change in women's health, and to inform Continuous Quality Improvement processes. 	<p>health and ensure a data-driven and equity-led approach across all commitments.</p> <ul style="list-style-type: none"> • Planning has been undertaken to begin consultation with all of the hospital sites where women's health clinics have been proposed in the election commitments. • A prioritisation exercise has been undertaken to propose locations for the women's health clinics. • A mapping and prioritisation exercise has taken place to establish the locations for the first tranche of the Sexual and Reproductive health hubs. • A review has been undertaken to inform the delivery of grants to develop the women's health support groups.
4.	<p>Continued reform of mental health care provision</p> <p><i>NB: include AOD</i></p>	<ul style="list-style-type: none"> • The 2023-24 budget invests an additional \$775.7 million in mental health and wellbeing reforms. • Continued investment into reforming the mental health system in line with Royal Commission recommendations, includes: <ul style="list-style-type: none"> ○ Expansion of the number of Local Adult and Older Adult Mental Health and Wellbeing services to provide treatment and support for people aged 26 	<ul style="list-style-type: none"> • Investment into reform of mental health care provision was \$869 million in the 2020-21 Budget, a record \$3.8 billion in 2021-22, and \$1.3 billion in 2022-23. • A new workforce relocation and incentive grants program administered by Rural Agency Workforce Victoria (RAWV) to boost workforce capacity in regional Victoria. • The Earn and Learn Traineeship program provides employment for 50 Mental Health and Wellbeing trainees

Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
	<p>years and over who are experiencing mental health or wellbeing concerns. Procurement for the next group of Local Services will commence in 2023.</p> <ul style="list-style-type: none"> ○ The new Mental Health and Wellbeing Act comes into effect 1 September 2023, setting new legal foundations for reform. ○ Establishment of Victoria’s Mental Health and Wellbeing Commission to coincide with the new Mental Health and Wellbeing Act. ○ Opening of new Family and Carer-led Centres to provide better support to the families, carers and supporters of people experiencing mental health and/or substance use challenges. ○ The Hamilton Centre, a \$13.3 million statewide specialist service delivering more accessible care for Victorians with co-occurring mental health and substance addiction issues was opened 5 April 2023. ○ The \$462.5 million (\$53.2 million in the 2023-24 budget) upgrade of Thomas Embling Hospital to help transform Victoria’s forensic mental health system. ○ A Mental Health and Wellbeing Outcomes Framework to drive shared responsibility and accountability for mental health and wellbeing outcomes across government. 	<p>while they study a Certificate IV in Mental Health. Providers have been selected to run the program; this will increase the pipeline of mental health workers and support the development of a skilled and diverse workforce. Funding has been provided for educator roles to support trainees at these services.</p> <ul style="list-style-type: none"> ● Engagement and co-design with lived and living experience people including completion of sector and community roundtables and lived experience codesign workshops for the drop in/crisis respite centres and crisis stabilisation facility, consultations for the Statewide Service launch of service delivery, the Lived and Living Experience Celebration Event. ● Announcement commission pilot for counsellors at the Balit Durn Durn Centre. ● From January 2023 Victorians were able to access the first six (6) Local Adult and Older Adult Mental Health and Wellbeing services. ● The new Mental Health and Wellbeing Act passed parliament in September 2022. ● In March 2023 it was announced that a Chair Commissioner and three Commissioners had been appointed to lead the new Mental Health and Wellbeing Commission. The appointments will come into effect on 1 April 2023, and they will prepare for the establishment of the new Commission before formally commencing in the roles on 1 September 2023. ● Providers announced for eight (8) new Family and Carer-led Centres are scheduled to open across the state in 2023. ● Expert providers for the new Statewide Specialist Service were announced in September 2022, with four initial hubs to open across Victoria. ● Construction at the Thomas Embling Hospital has commenced.

	Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
5.	<p>Keeping people healthy and safe in the community</p> <p><i>NB: e.g. paramedic practitioners, pharmacy prescribing, specialist clinics, priority primary care clinics, Local Public Health Units</i></p>	<p>Victorian Virtual ED</p> <ul style="list-style-type: none"> The Victorian Government has announced \$27.3 million to continue the Victorian Virtual ED. The Victorian Virtual Emergency Department is delivered by Northern Health, and allows select, non-urgent patients (adults and children) to receive virtual video assessments 24/7 from emergency doctors and nurses. The service provides a safe, virtual alternative to calling triple zero and/or presenting to an emergency department for people with non-urgent health issues. <p>Paramedic practitioners</p> <ul style="list-style-type: none"> The 2023-24 Budget includes \$20.1 million over four years to train and deploy 25 paramedic practitioners in Ambulance Victoria by 2026 Funding also supports 30 scholarships per year to support students studying to become a paramedic practitioner These roles will initially be in rural and regional areas and provide urgent care options. This measure will take pressure off Victoria's hospital system, including busy emergency departments. <p>Backing pharmacists to boost our health system: The Government committed \$19.9 million to deliver the 12-month pilot to trial the following:</p> <ul style="list-style-type: none"> an expansion of the Victorian Pharmacist-Administered Vaccination Program authorising pharmacist immunisers to administer select travel vaccines; and an expanded role for community pharmacists to treat some mild skin conditions, antibiotics for uncomplicated urinary tract infections (UTIs) in women, and reissue oral contraceptive prescriptions. 	<p>Victorian Virtual ED</p> <ul style="list-style-type: none"> The service has supported more than 110,000 patients to access time-critical care since it began in October 2020. 70% of these patients do not require transport to, or care at, an emergency department after their virtual consultation. The service also supports Ambulance Victoria paramedics state-wide to treat patients rather than transport them to ED, freeing up paramedics to return to the road to assist critical patients. <p>Paramedic practitioners:</p> <ul style="list-style-type: none"> As at 30 April 2023, work has commenced between AV and DH to scope the model of care for these roles DH has been engaging with tertiary education providers to understand interest in providing courses to support the further study needed for these roles <p>Community Pharmacist Prescribing Statewide Pilot</p> <ul style="list-style-type: none"> The department is working towards an implementation start date later this year, pending legislative change to the Drugs Poisons and Controlled Substances Act 1981 and the Drugs, Poisons and Controlled Substances Regulations 2017. Preliminary work on the design of the Pilot has commenced and will continue when the formal project governance is established in May which will include key stakeholders. The pilot will be based on learnings from Queensland's experience where the post-pilot evaluation demonstrated positive outcomes for consumers Where applicable, protocols, training for pharmacists involved with the pilot and other products from the QLD

Strategic issue	How the Department will address the issue in 2023-24	What progress, if any, has been made as at 30 April 2023, if applicable
	<ul style="list-style-type: none"> The overarching goal of the Pilot is to simplify and improve access to high volume/low risk primary care. Community pharmacists working in the state of Victoria with a current registration will be eligible to participate in the Pilot. <p>Specialist clinics: Expanding access to primary care: Priority Primary Care Centres</p> <ul style="list-style-type: none"> The Victorian Government has announced \$28.64 million to continue the operation of 25 Priority Primary Care Centres (PPCC) until June 2023. PPCCs are GP-led clinics operating statewide that provide free care for people who need urgent care, but not an emergency response. PPCCs are partnered with nearby public hospital emergency departments, with patients being actively diverted to the clinics by emergency department staff when clinically appropriate. <p>Local Public Health Units (LPHUs) will:</p> <ul style="list-style-type: none"> aim to increase the number of integrated conditions that benefit from local management, including COVID-19, from 32 to 81 combine local knowledge and public health expertise to facilitate training and advisory services to help sensitive settings mitigate the risk of respiratory outbreaks. engage with community on local and statewide public health programs, supporting the implementation of the Victorian Public Health and Wellbeing Plan. 	<p>pilots and NSW's clinical trial will be leveraged and adapted to the Victorian setting by an expert clinical advisory group.</p> <p>Specialist clinics: Expanding access to primary care: Priority Primary Care Centres</p> <ul style="list-style-type: none"> As at 30 April 2023, 22 of 25 PPCCs are operational. An additional three clinics will progressively open from May 2023. All 25 PPCCs are expected to be operating by the end of June 2023. The GP Respiratory Clinic located at Monash Children's has recently expanded its scope and is operating as an additional PPCC to the 25 announced PPCCs. Up to the 1 May 2023, PPCCs had treated more than 50,000 patients. <p>Local Public Health Units have already:</p> <ul style="list-style-type: none"> integrated local response operations for 32 notifiable conditions. identified two population health priorities for each catchment for this year, ranging from increasing healthy eating and active living (including oral health and climate action), and reducing tobacco-related harm (including vaping) through to improving sexual and reproductive health and mental wellbeing. initiated development of a Population Health Catchment Plan for their communities, in line with the LPHU Population Health Catchment Planning Framework.

Revenue and expenditure – variances

Question 3

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

For each line item of the comprehensive operating statement if there is a variance 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 2022-23, the revised estimate for 2022-23 and the budget for 2023-24.

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

Guidance

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

Response

Line item	2022-23 Budget (\$ million)	2022-23 Revised estimate (\$ million)	Explanation for any variances greater than $\pm 10\%$ (or greater than \$100 million) 2022-23 Budget vs. 2022-23 Revised estimate If variances were caused by the COVID-19 recovery, please provide a detailed explanation
Output appropriations	12,566	14,113	The increase is primarily due to additional government funding for new policy initiatives including COVID-19 response initiatives, resulting in additional output appropriation for the department. COVID-19 response initiatives which contributed to this increase include: <ul style="list-style-type: none"> • Securing additional capacity for community based and hospital-based care • Limited Testing, Vaccination and Engagement Services • Support for primary care to protect our hospitals • Establishing and maintaining Personal Protective Equipment • Mental Health and Wellbeing Covid-19 Emergency • Airborne Infection Control in Public Sector Residential Aged Care Facilities
Special appropriations	2,752	2,899	The increase is primarily due to higher forecast gaming revenue and Mental Health & Wellbeing Levy estimates.
Interest	49	128	The increase is due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies.

Employee benefits	16,412	17,435	The increase is primarily due to additional government funding for new policy initiatives.
Interest expense	166	206	The increase is primarily due to interest rate adjustments in relation to the quarterly service payments for Public Private Partnership (PPP) capital projects.
Other operating expenses	7,591	8,397	The increase is primarily due to additional government funding for new policy initiatives, including COVID-19 response initiatives. COVID-19 response initiatives which contributed to this increase include: <ul style="list-style-type: none"> • Securing additional capacity for community based and hospital-based care • Limited Testing, Vaccination and Engagement Services • Support for primary care to protect our hospitals • Establishing and maintaining Personal Protective Equipment • Mental Health and Wellbeing Covid-19 Emergency • Airborne Infection Control in Public Sector Residential Aged Care Facilities
Major components of 'other operating expenses':			
Assets provided free of charge	0	321	The increase is primarily due to the consumption of inventory on hand for personal protective equipment for public hospitals and rapid antigen tests.
Purchases of supplies and services	7,387	7,878	The increase is primarily due to additional government funding for new policy initiatives.
Line item	2022-23 Budget (\$ million)	2023-24 Budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2022-23 Budget vs. 2023-24 Budget If variances were caused by the COVID-19 recovery, please provide a detailed explanation
Output appropriations	12,566	12,941	The increase is primarily due to additional output appropriation for new government policy initiatives as part of the 2023-24 Budget, offset by initiatives (including COVID-19 response initiatives) lapsing in 2022-23. Output appropriation has also decreased by the corresponding increase in special appropriations due to higher gaming revenues. COVID-19 response initiatives lapsing in 2022-23 include: <ul style="list-style-type: none"> • COVID-19 Response Transitional Operating Model • COVID-19 personal protective equipment
Special appropriations	2,752	3,008	The increase is primarily due higher forecast gaming revenue estimates and Mental Health and Wellbeing Levy in 2023-24, as compared to 2022-23.
Interest	49	179	The increase is due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies.

Grants	8,651	8,835	The increase is primarily due to increased Commonwealth grants in 2023-24 under the National Health Reform Agreement, offset by lapsing 2022-23 Commonwealth grants under the National Partnership on COVID-19 Response.
Employee benefits	16,412	17,273	The increase is primarily due to additional government funding for new initiatives.
Interest expense	166	244	The increase is primarily due to interest rate adjustments in relation to the quarterly service payments for Public Private Partnership (PPP) capital projects.
Line item	2022-23 Revised estimate (\$ million)	2023-24 Budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2022-23 Revised estimate vs. 2023-24 Budget If variances were caused by the COVID-19 recovery, please provide a detailed explanation
Output appropriations	14,113	12,941	The decrease is primarily due to government funding for initiatives (including COVID-19 response initiatives) that were one-off or lapsing in 2022-23. This is partially offset by additional output appropriation for new government initiatives as part of the 2023-24 Budget. COVID-19 response initiatives lapsing in 2022-23 include: <ul style="list-style-type: none"> • COVID-19 Response Transitional Operating Model • COVID-19 personal protective equipment
Special appropriations	2,899	3,008	The increase is primarily due to the recognition of the full year impact of the Mental Health and Wellbeing levy, and an increase in gaming revenue in 2023-24.
Interest	128	179	The increase is due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies.
Grants	8,615	8,835	The increase is primarily due to increased Commonwealth grants in 2023-24 under the National Health Reform Agreement, offset by lapsing 2022-23 Commonwealth grants under the National Partnership on COVID-19 Response.
Employee benefits	17,435	17,273	The decrease is primarily due to government funding for initiatives (including COVID-19 response initiatives), that were one-off or lapsing in 2022-23 partially offset by additional funding for new government policy initiatives as part of the 2023-24 Budget. COVID-19 response initiatives lapsing in 2022-23 include: <ul style="list-style-type: none"> • COVID-19 Recovery & Care • COVID-19 Limited Testing, Vaccination and Engagement Services • COVID-19 Response Transitional Operating Model
Interest	206	244	The increase is primarily due to interest rate adjustments in relation to the quarterly service payments for Public Private Partnership (PPP) capital projects.

Other operating expenses	8,397	7,654	The decrease is primarily due to government funding for COVID-19 response initiatives lapsing in 2022-23 and the decreasing consumption of personal protective equipment and rapid antigen tests held in inventory, offset by additional funding for new government policy initiatives as part of the 2023-24 Budget.
<i>Major components of 'other operating expenses':</i>			
Purchases of supplies and services	7,878	7,179	The decrease is primarily due to government funding for COVID-19 response initiatives lapsing in 2022-23, and the decreasing consumption of personal protective equipment and rapid antigen tests by public health services, offset by additional funding for new government initiatives as part of the 2023-24 Budget.

Revenue initiatives – new and changed

Question 4

For all new revenue initiatives in the 2023-24 budget papers and for all existing revenue initiatives that have changed in the 2023-24 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative as used in the 2023-24 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 2023-24 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

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

Response

a)	Name of the initiative as used in the 2023-24 budget papers	There are no revenue initiatives in the Department of Health funded in the 2023-24 Victorian State Budget
b)	Objective/s of the initiative	Not Applicable
c)	Reason for new initiative or change	Not Applicable
d)	Expected outcome/benefit for the Victorian community of the new initiative/change to the initiative	Not Applicable
e)	Anticipated revenue in financial year 2023-24 gained or foregone	Nil
	Anticipated revenue in financial year 2024-25 gained or foregone	Nil
	Anticipated revenue in financial year 2025-26 gained or foregone	Nil
	Anticipated revenue in financial year 2026-27 gained or foregone	Nil
	COVID-19 recovery	Not Applicable

Expenditure – new programs and initiatives (output and asset)

Question 5

For all new programs and initiatives (output and asset) in the 2023-24 budget papers, please provide the:

- name of the program/initiative
- objective/s of the program
- budgeted expenditure in financial year 2023-24 on the program/initiative
- details of how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- whether the program/initiative forms part of the COVID-19 recovery and if yes, how.

Response

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Supporting the next generation of paramedics	<p>Funding is provided to train and deploy 25 paramedic practitioners to respond to, and provide, urgent care in the community as well as, train an additional 40 Mobile Intensive Care Ambulance paramedics. This initiative will also contribute funding to Australia's first Centre for Paramedicine to support education and training.</p> <p>This initiative delivers on the Government's election commitments, 'Training and hiring new Paramedic Practitioners' and 'Massive boost to the next generation of paramedics' as published in Labor's Financial Statement 2022.</p>	<p>Output – 2.400</p> <p>Asset – 0.000</p>	<p>Output appropriation</p> <p>Capital appropriation</p>	N
System-wide improvements to support timely emergency care	<p>Funding is provided to increase Ambulance Victoria's capacity to respond to growing demand for ambulance services across Victoria.</p> <p>Funding also continues a range of initiatives to connect people to the right care, including the Victorian Virtual Emergency</p>	<p>Output – 117.379</p>	<p>Output appropriation</p>	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	Department. Secondary triage services will continue to direct more patients to alternative, lower acuity care pathways, and medium acuity transport services will be extended, freeing up ambulances to respond to the most time critical emergency cases.			
Backing pharmacists to boost our health system	Funding is provided to support a pilot for community pharmacists to treat straightforward urinary tract infections, common skin conditions, and reissue contraceptive prescriptions as well as administer travel vaccinations and more public health vaccinations.	Output – 18.948	Output appropriation	N
Supporting Community Sector Jobs	This funding enables the sustainable delivery of a broad range of services by Community Sector Organisations (CSOs). By aligning ongoing funding with the minimum wage outcome and to address emerging cost pressures impacting the CSO sector due to both current and forecast economic circumstances.	Output – 6.043	Output appropriation	N
Community hospitals commissioning	Funding is provided to begin planning for the operation of community hospitals as well as commission the Sunbury Community Hospital, to improve access to healthcare for low complexity cases, reducing the need to present to acute hospitals and emergency departments.	Output – 4.667	Output appropriation Commonwealth funding Internal reprioritisation	N
Public fertility services care for more Victorian families	Funding is provided to extend and expand public fertility care services to deliver more treatment cycles every year, enabling more Victorians to access services including those living in regional areas.	Output – 4.533	Output appropriation Commonwealth funding	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Doing what matters for local communities – community health	Funding is provided to the Water Well Project to deliver education sessions to newly arrived refugees and at-risk migrants to help them navigate the health system, and provided to Radio Lollipop to continue providing care, comfort, play and entertainment to sick children at Monash Children’s Hospital.	Output – 0.210	Output appropriation	N
Giving women's health the focus and funding it deserves	Funding is provided to support the health of Victorian women and girls by improving access to services and promoting best practice management of women’s health issues. This includes establishing 20 new women’s health clinics, a dedicated Aboriginal-led clinic, an additional 10 800 laparoscopies, and sexual and reproductive hubs. Funding will also deliver an inquiry into women’s pain management and provide scholarships to increase availability of women’s health specialists.	Output – 23.835	Output appropriation Commonwealth funding	N
Maintaining a PPE supply and stockpile	Funding is provided to continue the purchase and warehousing of personal protective equipment (PPE) to ensure healthcare workers and patients are protected from infection.	Output – 45.302	Output appropriation	Yes – ensuring healthcare workers and patients continue to be protected from infection, thereby reducing COVID-19 impacts in healthcare settings and maximising the capability of health services.

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Maximising our health workforce	Funding is provided to build Victoria's healthcare workforce through international recruitment, develop a systemic program to support graduate enrolled nurses in their first year of practice, and continue enhancing rural maternity service capability and professional development of prevention and health promotion practitioners.	Output – 15.296	Output appropriation Internal reprioritisations	N
More support for mums, dads and babies	Funding is provided to deliver responsive health care for mums, dads, babies and children and boost the capacity of universal Maternal and Child Health (MCH) services to respond to the growing needs and complexities of families, further expand the Early Parenting Centre network and deliver targeted and flexible support for mothers, fathers, multicultural communities and Aboriginal families. Funding for grants is also provided to support the Nappy Collective and Olivia's Place in Gippsland, and to support the continuation of the Baby Bundle Program.	Output – 15.533	Output appropriation	N
More support for our nurses and midwives	Funding is provided to support more nurses and midwives in resuscitation bays, maternity night shifts, intensive care units, high dependency units, coronary care units and aged care residential in-reach facilities. New graduates will be encouraged to enter the public system through sign-on bonuses, and a trial of neonatal support nurses will be delivered to provide additional care on maternity wards. Funding will also reduce administrative and financial burden for nurses and midwives through the creation of centralised portals for education and employment checks.	Output – 8.250	Output appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Pathways to Home	Funding is provided to transition those who are well enough for discharge from hospital, including people with a disability, into home-like settings that are equipped to meet their needs, making more hospital beds available to treat additional patients.	Output – 9.100	Output appropriation Commonwealth funding Internal reprioritisations	N
Prevention and Early Intervention of chronic and preventable health conditions	Funding is provided to continue operating Priority Primary Care Centres and GP Respiratory Clinics to treat patients who require urgent care, but not an emergency response. Additional funding will maintain access to community-based health care, continue services to refugees and asylum seekers in Victoria, deliver the SunSmart Program to children and their families in primary schools and early childhood programs, and continue education and early detection of skin cancer in primary care.	Output – 41.852	Output Appropriation	N
Public Health Victoria	Funding is provided for the continued operation of local public health units and additional functions, including intelligence and surveillance systems that inform public health prevention, protection, regulation and emergency response activities. This investment contributes to a greater effort directed towards the public health system compared to pre-COVID-19. Funding will also support public health prevention, regulation and response programs, including maintaining oversight of Victoria's drinking water supplies, responding to mosquito-borne disease threats and the continued monitoring and reporting of adverse events for vaccines. Funding also supports the Central Immunisation Register Victoria, a digital vaccination data platform.	Output – 73.881	Output appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Rare diseases and cancer: highly specialised therapies	Funding is provided to increase access to highly specialised therapies and genetic tests for people with rare diseases and cancer.	Output – 24.856	Output appropriation Commonwealth funding Internal reprioritisations	N
Meeting the needs of Victorian public hospital services	Funding is provided to support the delivery of quality patient outcomes in Victoria’s public hospital services as well as operationalising new and expanded facilities and delivering on commitments on the investment in life-saving blood products. This initiative also addresses the impacts of COVID-19 on public hospitals and the increasing costs of delivering healthcare.	Output – 560.748	Output appropriation Commonwealth funding	N
Smile Squad for low-fee Catholic and Independent schools	Funding is provided to expand the school dental program (Smile Squad) to low fee non-government primary and secondary schools commencing in the 2026 calendar year. Under Smile Squad, oral health teams visit schools annually to provide dental check-ups and oral health education, with follow-up treatment offered to students free of charge.	Output – 0.000	Output appropriation Commonwealth funding	N
Strengthening life-long Aboriginal health and wellbeing	Funding is provided to Aboriginal Community Controlled Health Organisations (ACCHOs) to strengthen workforce capacity and deliver more culturally informed, prevention focused episodes of care to Aboriginal Victorians. This measure contributes to Victoria’s commitments under the National Agreement on Closing the Gap. This will also include three new allied health positions to support coordination, data administration and analysis. ACCHOs’ holistic model of health – based on Aboriginal ways of <i>Being, Doing and Knowing</i> – and their community links will support the prevention of chronic conditions and hospitalisations, particularly in the early years of life.	Output – 4.300	Output appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Supporting local communities and high-quality care for Victorians	Funding is provided to MHA Care, Extended Families Australian, healthAbility, Peninsula Home Hospice, and Warrnambool District and Community Hospice to provide community-based services, including the Home and Community Care Program for Younger People, health services for vulnerable and disadvantaged Victorians, and palliative care.	Output – 0.200	Output appropriation Internal reprioritisation	N
Supporting our GPs	Funding is provided to incentivise doctors to undertake general practitioner (GP) training to improve primary health care and the availability of GPs working in metropolitan and regional Victoria.	Output – 16.000	Output appropriation	N
Targeted Health Support for Children in Care	Funding is provided to deliver multidisciplinary health assessments, access to in-reach nursing, and health management plans to improve health outcomes for up to 5 000 vulnerable children and young people in State care, due to child abuse and neglect, to reduce acute health service usage.	Output – 4.639	Output appropriation	N
Victoria's Pandemic Program	Funding is provided to continue the public health response to COVID-19 in Victoria. This includes targeted engagement with at-risk cohorts to ensure they are well informed in relation to COVID-19 risk, protective behaviours, vaccination and treatments. Funding extends the Rapid Antigen Test distribution program and maintains teams dedicated to providing COVID-19 modelling and public health advice.	Output – 44.013	Output appropriation Internal reprioritisation	Yes – this funding supports public health activities and directly funds the pandemic management program and continued health system supports.

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Safer digital healthcare program 2023-24	Funding is provided to maintain strong cybersecurity measures for Victorian public health services and Ambulance Victoria. This includes support for next generation antivirus protections, a security operations centre, and a recovery service in the event of a successful cyberattack. Funding is also provided to upgrade the network infrastructure needed to support and deliver patient-related services such as pathology, diagnostic imaging, and patient management systems.	Output – 19.300 Asset –15.000	Output appropriation Capital appropriation Internal reprioritisation	N
Research boost to fight childhood cancer	Funding is provided to the Victorian Paediatric Cancer Consortium to support improvements in paediatric cancer research and clinical care. This includes research programs in paediatric cancer therapies, pharmacogenomics and radiogenomics, and includes a childhood cancer survivorship program, bioresource research platform, paediatric cancer physician researcher training, and innovation grants for junior and mid-career paediatric cancer researchers.	Output – 0.000	Output appropriation	N
High quality and therapeutic bed-based services	Funding is provided to operationalise 72 beds in Victoria’s mental health system to improve access to acute care for those experiencing mental illness. This includes funding to increase the availability of supports for people with an eating disorder, through the opening of a new state-wide residential eating disorder treatment centre. Funding will also support the continuation of Consultation Liaison Psychiatry Services and deliver 24 Hospital in the Home beds to provide acute mental health treatment, care and support in the comfort of a person’s home or usual place of	Output – 45.209	Output appropriation Commonwealth funding	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	residence. Funding is also provided to Orygen to undertake a strategic business case at the Parkville Youth Mental Health precinct.			
Alcohol and other drug treatment, support and harm reduction services	Funding is provided to continue delivery of alcohol and other drug (AOD) services, including the Medically Supervised Injecting Room in North Richmond, outreach services, treatment and withdrawal beds across nine locations, navigation and advocacy services, and surveillance of emerging drugs. Funding will also increase access to pharmacotherapy, support 84 new AOD trainee positions, expand Victoria's naloxone supply program, and expand the U-Turn program into the Hume region.	Output – 51.229	Output appropriation Commonwealth funding Internal reprioritisation	N
Health-based response to public intoxication	Funding is provided for the statewide rollout of the health-based response to public intoxication, including dedicated services for Aboriginal Victorians and central clinical and referral support services	Output – 25.4 Asset – 4.2	Output appropriation Capital appropriation	N
Floods and disaster mental health response	Funding is provided to deliver early intervention and psychological services to support the mental health of communities impacted by floods and disasters.	Output – 0.502	Output appropriation	N
Mental health support for emergency service workers	Funding is provided to continue delivery of tailored mental health support for emergency workers through the Responder Assist program.	Output – 2.9	Output appropriation	N
Implementing the new Mental Health and Wellbeing Act	Funding is provided to support the establishment and operations of new and existing entities under the new Mental Health and Wellbeing Act 2022. This includes the Mental Health and Wellbeing Commission, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Office of the Chief Psychiatrist, and the Mental Health Tribunal.	Output – 23.600	Output appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	Funding is provided for continued operations of the eight interim Regional Bodies, who coordinate and plan mental health and wellbeing services across Victoria supporting better responses to local needs. This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System final report and the Department of Health's Mental Health Clinical Care output			
Improving access and equity of service delivery	Funding is provided to continue the reform of mental health community-based and specialist statewide services. This initiative also supports community-based programs for priority cohorts, continues the Perinatal Emotional Health Program, and provides for design and development works to establish the Mental Health Statewide Trauma Service. Funding will also support activities of The Compassionate Friends Victoria. This initiative contributes to delivery of the Government's election commitment, 'Doing what matters for local communities' as published in Labor's Financial Statement 2022	Output – 27.979	Output appropriation Contingency allocation Internal reprioritisation	N
Mental Health and Wellbeing Locals	Funding is provided to establish three new Mental Health and Wellbeing Locals in Northcote, Leongatha and Narre Warren, and to plan for a further 20 Mental Health and Wellbeing Locals. The services will be accessible and locally based and will provide integrated mental health treatment and wellbeing supports delivered by a multidisciplinary team. Funding also continues delivery of mental health and wellbeing supports through the Mental Health and Wellbeing Hubs, and the Partners in Wellbeing program. This initiative contributes to the delivery of the Government's election commitment, 'Delivering 50 local mental health services' as published in Labor's Financial Statement 2022.	Output – 22.471	Output appropriation Internal reprioritisation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
Mental health crisis and emergency responses	Funding is provided for initial project planning and design activities to improve services for people experiencing mental health crisis or psychological distress. The reforms will reorient the system from a primarily police-led response to one that is health-led. This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System final report and the Department of Health's Mental Health Community Support Services output	Output - 5.790	Internal reprioritisation	N
Priority suicide prevention and response efforts	Funding is provided to continue universal aftercare services as part of the Bilateral agreement between the Commonwealth and the Victorian Government, and the expansion of LGBTIQ+ suicide prevention and mental health services. Funding also continues delivery of social and emotional wellbeing supports and suicide prevention services through the Strong Brother Strong Sister program for Aboriginal young people in the Geelong region and continue the Youth Live4Life program for young people living in rural and regional Victoria.	Output – 7.458	Output appropriation Commonwealth funding Internal reprioritisation	N
Specialist forensic mental health services	Funding is provided to expand the forensic community mental health workforce, supporting adults with serious mental health needs who are in contact, or at risk of coming into contact, with the justice system. Funding will also address urgent service demand and build the forensic youth mental health workforce, particularly in regional areas. Funding is also provided to Forensicare for the continuation of the Community Forensic Disability Mental Health Service and for the employment of two Koori Mental Health Liaison Officers. Funding for this initiative forms part of the Early Intervention Investment Framework.	Output – 13.454	Output appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	This initiative contributes to the Government's response to the Royal Commission into Victoria's Mental Health System final report.			
Strengthening and supporting the mental health and wellbeing workforce	Funding is provided to continue the Earn and Learn and Aboriginal Traineeship programs, attracting new workforce by providing concurrent opportunities for education and on the job learning.	Output – 4.148	Output appropriation Commonwealth funding	N
Supporting workers through alcohol and other drug issues	Funding is provided to establish an AOD rehabilitation, outpatient support and outreach centre to meet the needs of working Victorians who may be at risk of losing their employment because of alcohol, drug or gambling problems. This initiative delivers on the Government's election commitment, 'Supporting workers through alcohol and other drug issues' as published in Labor's Financial Statement 2022.	Output – 2.000	Output appropriation Commonwealth funding	N
Hospital Infrastructure Delivery Fund	Funding is provided to plan the delivery of major investments at seven hospitals across the State to boost capacity, improve infrastructure and ensure Victorians receive the highest quality health care. This investment will be informed by service and capital planning to ensure the new and upgraded facilities meet the needs of the community. Funding is also provided for important enabling activities such as land acquisition, decanting and early works including upgrading engineering infrastructure. The investment will help deliver a new hospital in West Gippsland and significant redevelopments at Queen Elizabeth II Hospital, Northern Hospital, Austin Hospital, Monash Medical Centre, Dandenong Hospital and Wonthaggi Hospital. Following detailed due diligence and design, government will confirm TEIs and cashflows in future budgets and associated	Asset – 78.506	Capital reprioritisation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	details including procurement, market engagement and timelines for each hospital.			
Metropolitan Health Infrastructure Fund	Additional funding is provided to the Metropolitan Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of metropolitan health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity.	Asset – 40.0	Contingency allocation (capital)	N
More PET scanners for Victorian hospitals	Funding is provided to deliver eight new PET scanners. This investment will improve Victoria’s clinical capacity to assess cancers, neurological diseases and cardiovascular diseases of the community. This initiative delivers on the Government’s election commitment, ‘More PET scanners for Victorian hospitals’ as published in Labor’s Financial Statement 2022.	Asset – 6.0	Capital appropriation	N
A new ambulance station for Armstrong Creek	Funding is provided for a new ambulance station, including land acquisition, in Armstrong Creek to improve ambulance response times and better support paramedics in the City of Greater Geelong and surrounding regions.	Asset – 7.3	Capital appropriation	N
Better aged care services for regional Victorians	Funding is provided to continue the Rural and Regional Public Sector Residential Aged Care Services (PSRACS) Revitalisation Strategy to build three new PSRACS in the following rural locations to deliver better aged care services for rural Victorians: <ul style="list-style-type: none"> • Cohuna District Hospital campus (24 beds), to replace the Cohuna District Nursing Home and refurbish the current medical ward • Maffra District Hospital campus (30 beds), to replace the JHF McDonald Wing and the hospital’s Residential Aged Care Wing to create a 30-bed facility. Funding includes refurbishment of the existing aged care facility for hospital use 	Asset – 4.083	Capital appropriation	N

Name of the program/initiative	Objective/s of the program	Budgeted expenditure in financial year 2023-24 on the program/initiative (\$ million)	Details of how it will be funded	Part of COVID-19 recovery (y, how/n)
	<ul style="list-style-type: none"> Numurkah Hospital campus (36 beds), to replace the Numurkah Pioneers Memorial Lodge and fund land acquisition. <p>The developments will provide communities with access to modern purpose designed facilities that can support residents with complex care needs and deliver necessary privacy and independence.</p>			
Mental Health Capital Renewal Fund	Funding is provided to the Mental Health Capital Renewal Fund to improve the quality and amenity of mental health facilities across Victoria.	Asset – 10.000	Capital appropriation	N
Redevelopment of Thomas Embling Hospital - Stage 3	Funding is provided for planning and development, including detailed design, for Stage 3 of the redevelopment of Thomas Embling Hospital.	Asset – 10.446	Capital appropriation	N
Health-based response to public intoxication	<p>Funding is provided for the statewide rollout of the health-based response to public intoxication, including dedicated services for Aboriginal Victorians and central clinical and referral support services.</p> <p>This initiative contributes to the Department of Health’s Drug Treatment and Rehabilitation output.</p>	<p>Output – 25.4</p> <p>Asset – 4.2</p>	<p>Output appropriation</p> <p>Capital appropriation</p>	N

Expenditure – lapsing programs (output initiatives, including grants)

Question 6

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 2022-23, where funding is to be extended in the 2023-24 Budget, please provide the:

- a) name of the program
- b) objective/s of the program
- c) expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years)
- d) details of how the program will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- e) evidence of the continued need for the program, and Government's role in delivering it
- f) evidence of the program's progress toward its stated objectives and expected outcomes, including the alignment between the program, its output (as outlined in *Budget Paper No. 3: Service Delivery*), departmental objectives and any government priorities
- g) evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- h) extent and level of efficiencies realised in the delivery of the program
- i) information about the nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts
- j) evidence that the further funding reflects the actual cost required to deliver the program.

Guidance

Lapsing program—the Committee uses the definition of lapsing program as set out in the Department of Treasury and Finance, *Resource Management Framework*: A lapsing program is a program to deliver services (output-related) that is funded for a specified time period only (and not ongoing in nature). Programs of a 'one-off' or a time-specific nature (e.g. funding provided for specific events) are considered 'fixed-term' and do not fall under the definition of a 'lapsing program'.

Response

a)	Name of the program	<i>Ensuring the ongoing sustainability of health services</i> (contained within “Enabling care and meeting demand for hospital services” funded in the 2022-23 Budget, continued as a component of “Meeting the needs of Victorian public hospital services”)	
b)	Objective/s of the program	Continue the delivery of public health services at a level that will adequately keep pace with community demand, and the growing cost of service delivery.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$125.000	\$321.748
d)	Details of how the program will be funded	A combination of appropriation from the Victorian State Government and contributions from the Commonwealth government.	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	The Victorian Government remains committed to ensuring that public hospitals are of a high quality with appropriately qualified staff and provide a suitable environment for care for Victorians in need of health care.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	The applicable performance measures as detailed in the Department Performance Statement.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Victorian Government funding is provided to sustain the critical role of hospital services within the system including: <ul style="list-style-type: none"> - reinstating lapsing funding - operationalising new - blood authority pricing uplift 	
h)	Extent and level of efficiencies realised in the delivery of the program	Victorian hospital services are essential to the operation of the broader health service; requiring that hospitals are well equipped to support complex care needs whilst caring for Victorians at the earliest possible point to ensure cost efficiency of services provided.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services. Price increases in labour, supplies and consumables, fuel and energy all drive expenditure without any increase in activity. Hospitals require a baseline level of funding to maintain hospital base capacity to ensure access to inpatient care, surgery, specialist	

		clinics, maternity care and mental health services in 2023-24. The additional pressure, challenges and additional costs that continue to be presented by responding to COVID-19 are also placing upward pressure of expenditure.	
a)	Name of the program	Local Public Health Units (LPHUs) (contained within “Public health and local place-based delivery” funded in the 2022-23 Budget, continued as a component of “Public Health Victoria”	
b)	Objective/s of the program	Local Public Health Units (LPHUs) constitute a core component of an effective public health system. An effective public health system is fundamental in detecting and responding to emerging threats, such as the consequences of climate change, antimicrobial resistance (AMR), the current COVID-19 pandemic and diseases with pandemic potential, as well as mitigating their impact on health.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$39.799	\$49.300
d)	Details of how the program will be funded	Appropriation from the Victorian State Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	Victoria’s healthcare system is currently, and will be increasingly, threatened by: <ul style="list-style-type: none"> • escalating environmental risks • increasing service demand and patient acuity associated with an ageing population • increasing chronic disease and, • limited capacity to measure, monitor and improve value. 	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	The applicable performance measures as detailed in the Department Performance Statement.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Funding will maintain a range of lapsing core public health programs and baseline system requirements that promote, prevent, protect and respond to public health priorities and threats, as well as respond to critical demands on Victoria’s health and ambulatory care system.	
h)	Extent and level of efficiencies realised in the delivery of the program	Services to deliver local health promotions, disease prevention, population health and infectious disease outbreak management programs including COVID-19 preparedness activities through these LPHUs.	

i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable
j)	Evidence that the further funding reflects the actual cost required to deliver the program	<p>The LPHUs have matured within their local health system and developed effective networks within their catchments to deliver high quality, value driven local public health services. Through these networks, LPHUs have acted as an important link and created efficiencies between public health responses, programs and broader health care delivery pathways. Without the LPHUs as core local public health capability in the system, Victoria loses a significant component of the broader health ecosystem, which keeps people safe and well in their community. The</p> <p>Public Health division and LPHUs have been funded over the last two years to build a stronger, more networked system.</p>

a)	Name of the program	Cybersecurity Operations (continued within “Safer digital healthcare for Victorian public health services” funded in the 2022-23 Budget, continued as a component of “Safer digital healthcare program 2023-24”)	
b)	Objective/s of the program	Program to fund risk management activities that protect Victorian public health services from cyber-crime and avoidable technology infrastructure failure.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$19.000	\$19.300
d)	Details of how the program will be funded	A combination of appropriation from the Victorian Government and additional \$15.000 million Total Economic Impact (TEI) in asset funding.	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	To complete the implementation of the Disaster Recovery as a Service project and pay for other cyber-security service contracts for protections tools and services implemented across Victorian public services.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	Reducing the risk of cyber intrusion is a requirement of Victorian public health service cyber insurance cover.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Reduce Cyber intrusion risk at Victorian public health services. Reduce the incidence and severity of cybercrime effects. Reported on Cyber intrusion are reported to the Executive Board accordingly.	
h)	Extent and level of efficiencies realised in the delivery of the program	Reducing risk is achievable. Reporting available from existing tools and services show the positive effect of protection provided to the Victorian public health service sector. The Cylance tool, implemented as part of the advanced Anti-Virus Protections suite, has identified, and blocked 14,871 Malware attack events across the 154,064 licences it services since it has been implemented across Victorian public health services.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	Funding is distributed based on proportional gross operating revenues of Victorian public health services. Funds are capital/asset funding secured by Funding Agreement and require health services to procure and replace specific asset types.	

a)	Name of the program	Primary Personal Protective Equipment (PPE) item demand (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget, continued as a component of “Maintaining a PPE supply and stockpile”)	
b)	Objective/s of the program	Program to fund risk management activities that protect Victorian public health services from cyber-crime and avoidable technology infrastructure failure.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$113.015	\$26.259
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	Victoria is still contending with COVID-related demands and stresses on the health system. This expenditure will enable health services to respond to these factors.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	According to the Office of the Chief Health Officer the use of Personal Protective Equipment (PPE) helped to reduce the risk of hospital acquired infections for hospital-based healthcare workers by 3.7 times over a 2-year period during COVID- 19. The current HealthCare Worker PPE recommendation from the Department is that PPE, including fit-tested N95 respirators, should continue to be worn by health care workers and masks should be worn by patients and visitors.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Based on demand forecasts for PPE for Victorian healthcare workers. It aims to ensure the safety of the health workforce as we experience ongoing waves of the pandemic.	
h)	Extent and level of efficiencies realised in the delivery of the program	There will be an enduring cost and impact of COVID-19 on the health system for years into the future. It is unlikely that PPE expenditure will return to pre-COVID-19 expenditure levels. Hence 2023-24 is expected to be a transition year with a view to these enduring additional PPE COVID-19 related costs being built into growth and price for future years.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	

j)

Evidence that the further funding reflects the actual cost required to deliver the program

The funding provided has been allocated to meet the identified needs for these services.

a)	Name of the program	Warehousing (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget, continued as a component of “Maintaining a PPE supply and stockpile”)	
b)	Objective/s of the program	To store essential Personal Protective Equipment (PPE), consumables and other medical equipment the approved volumes to ensure a ready supply of equipment on demand.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$10.369	\$12.771
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	Victoria is still contending with COVID-related demands and stresses on the health system. This expenditure will enable health services to respond to these factors.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	Warehousing capacity is required to provide storage for PPE supply and the ERC approved PPE stockpile, existing COVID-19 related equipment and the need to store and manage slow moving and obsolete stock.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Based on current and future inventory levels.	
h)	Extent and level of efficiencies realised in the delivery of the program	Warehousing is an inescapable cost item needed to accommodate the volume of approved PPE holdings.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.	

a)	Name of the program	Pharmaceuticals and Equipment (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget, continued as a component of “Maintaining a PPE supply and stockpile”)	
b)	Objective/s of the program	Program to fund the purchases of critical medical equipment and medicines that are in short supply, requiring a state response.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$10.369	\$5.700
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	Victoria is still contending with COVID-related demands and stresses on the health system. This expenditure will enable health services to respond to these factors.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	Additional critical items such as medicines in short supply or newly introduced medical equipment may need to be purchased on an ad hoc basis and in response to critical supply chain shortages.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Based on demand forecasts for pharmaceuticals and equipment.	
h)	Extent and level of efficiencies realised in the delivery of the program	This expenditure will enable the Department of Health to respond to critical medical equipment and medicine supply chain shortages that can impact service delivery and the health outcomes of Victorians.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.	

a)	Name of the program	Priority Primary Care Centres (PPCCs) and General Practitioner Respiratory Clinics (GPRCs) (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget, continued as a component of “Prevention and early intervention of chronic and preventable health conditions”)					
b)	Objective/s of the program	Priority Primary Care Centres (PPCCs) provide treatment for people requiring urgent care, but not an emergency response. Priority Primary Care Centres are a viable alternative to the Emergency Department (ED). General Practitioner Respiratory Clinics (GPRCs) provide face to face respiratory care, also providing an alternative to ED. Both programs provide care in the after-hours period.					
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	<table border="1"> <thead> <tr> <th data-bbox="1048 584 1529 639">2022-23 (\$m)</th> <th data-bbox="1529 584 2040 639">2023-24 (\$m)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1048 639 1529 770">\$70.47</td> <td data-bbox="1529 639 2040 770">\$52.63 (inc. \$28.640, 2023-24 budget outcome)</td> </tr> </tbody> </table>	2022-23 (\$m)	2023-24 (\$m)	\$70.47	\$52.63 (inc. \$28.640, 2023-24 budget outcome)	
2022-23 (\$m)	2023-24 (\$m)						
\$70.47	\$52.63 (inc. \$28.640, 2023-24 budget outcome)						
d)	Details of how the program will be funded	Appropriation from the Victorian Government					
e)	Evidence of the continued need for the program and the Government’s role in delivering it	Priority Primary Care Centres have supported over 50,000 patients since progressively opening from September 2022. Patient survey results indicate that over 50% of patients would have attended an ED if a PPCC was not available. General Practitioner Respiratory Clinics have delivered over 240,000 consultations since they progressively opened from December 2021, with approximately 13% of GPRC patients diverted from EDs. General Practitioner Respiratory Clinics are receiving 36% of referrals from other general practices, showing strong linkages and trust amongst the primary care sector, as well as indicating that GPRCs are actively reducing pressure on other general practices, as well as EDs.					
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	PPC Priority Primary Care Centres and GPRCs prevent ED presentations, as noted above. ED presentations are a significantly higher cost to the state than an episode of care in a PPCC or GPRC. Indicative economic modelling is indicating that many clinics are having a positive economic impact for the State (i.e., cost savings are being realised).					

g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>Priority Primary Care Centres: PPCCs are providing a service within agreed specifications, and Primary Health Networks (PHNs) are delivering the program within agreed contractual arrangements. The program is within budget, and with 22 of 25 clinics open (EOI process in Nov/Dec 2022) – is being delivered within expected timeframes. Priority Primary Care Centres have appropriate governance (Clinical Reference Group, Project Advisory Group, Local Working Groups) and risk management practices in place.</p> <p>General Practitioner Respiratory Clinics: GPRCs are providing a service within agreed specifications, and PHNs are delivering the program within agreed contractual arrangements. The program is within budget, and all clinics opened within expected timeframes. GPRCs were governed by an Advisory Group and have risk management practices in place</p>
h)	Extent and level of efficiencies realised in the delivery of the program	<p>Reduced category 4 and 5 ED presentations (and reduced wait times) – more people supported in primary care rather than the ED will lead to reduced costs to the State.</p> <p>Primary Health Network costs will be reduced in 2023-24 with efficiencies to be found due to economies of scale.</p>
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable
j)	Evidence that the further funding reflects the actual cost required to deliver the program	Both PPCCs and GPRCs are existing programs which have been delivered within budget, demonstrating that the funding has reflected the actual cost required to deliver the program. 2023-24 funding is reduced, which will see both PPCCs and GPRCs open reduced hours each day.

a)	Name of the program	Smile Squad Specialist Services clinics and Expansion to non-government schools (contained within “Smile Squad: specialist services funded as part of the 2022-23 Budget, continued as “Smile Squad for low-fee Catholic and Independent schools”)	
b)	Objective/s of the program	To deliver the election commitments of providing specialist services for children in Smile Squad and expansion of Smile Squad to low-fee non-government schools.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$16.677	\$16.900
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	While students from low-income families are eligible for public dental services, only low numbers of eligible children utilise these services. Barriers to accessing services include a lack of understanding of the healthcare system, particularly for children of overseas-born parents, poor access to transport, cultural barriers to accessing services, and lack of knowledge about the need to visit a dentist regularly to maintain oral health.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	The applicable performance measures as detailed in the Department Performance Statement.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The program is on track for all three regional hubs to be established by June 2023, and with 10 private specialists to be on board and providing services. Appropriate governance and reporting processes are in place.	
h)	Extent and level of efficiencies realised in the delivery of the program	Children referred through the program will be able to access specialist care closer to home via the three regional hubs, due to be operational commencing May 2023. Wait times for children and adult patients accessing specialist care is expected to decrease.	
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable	
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services. As a result of this expenditure, the number of school children requiring specialist treatment is expected to fall over time as their oral health improves with ongoing participation in the Smile Squad program.	

a)	Name of the program	SunSmart – Grants provided to schools and community groups to increase community awareness of skin cancer and promote early detection and intervention (contained within “SunSmart” funded in the 2019-20 Budget, continued as a component of “Prevention and early intervention of chronic and preventable health conditions”)	
b)	Objective/s of the program	To continue programs to prevent skin cancer and to ensure early and accurate detection of skin cancer in primary care. Funding will continue the long standing SunSmart program delivered across school settings, community awareness campaigns and workforce training in the early detection of melanoma.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$1.825	\$1.831
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	<p>Skin cancer will remain our most common and most costly cancer. Two in three Australians are diagnosed by the age of 70. Melanoma, the most serious type of skin cancer, is the fifth most common cancer in Victoria.</p> <p>In 2020 and 2021 there are estimated to be 827 melanomas undetected in the community due to impacts of the COVID pandemic on primary care access, this requires further effort to ensure these missed cases are brought to health professionals.</p>	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	<p>The applicable performance measures as detailed in the Department Performance Statement.</p> <p>A program evaluation of the SunSmart Program 2019-2023 has concluded that the SunSmart campaigns have achieved increased:</p> <ol style="list-style-type: none"> 1. awareness of developing skin cancer 2. awareness of benefits of using sun protection 3. intention to use sun protection, to check own skin and to seek medical advice for changes to skin. <p>Through the Health Professional Education Program delivered in 2022, SunSmart provided:</p>	

		<ol style="list-style-type: none"> 1. online training to 1,544 participants 2. advanced skin cancer training to 85 General Practitioners 3. dermoscopy training for 206 General Practitioners. <p>Skin cancer prevention programs, including the SunSmart Program provide a return on investment of \$3-4 for every dollar invested by government. The SunSmart Program at Cancer Council Victoria has been funded by the Victorian Government since 1988 with funding lapsing on 30 June 2023.</p>
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>The SunSmart program is delivered by Cancer Council Victoria with robust contract management processes in place through the Department of Health. The program has been delivered within the required scope, contract requirements and within the approved budget. The department meets bimonthly with Cancer Council Victoria to ensure the program is being delivered as per contracted arrangements. In addition, SunSmart adheres to the Victorian Government approval processes for delivery of state-funded campaigns.</p>
h)	Extent and level of efficiencies realised in the delivery of the program	<p>Specialist Staff – Efficiencies have been realised by utilising the expert skills of specialist staff at Cancer Council Victoria. This includes media and communications, research and evaluation, online learning specialists and staff trained in Royal Australian College of General Practitioners (RACGP) accreditation.</p> <p>Campaigns – A single primary campaign has been used for successive years to meet objectives, reducing costs of new creative development each year.</p> <p>Each campaign media buy has been optimised with previous learnings and current external market factors.</p>
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
j)	Evidence that the further funding reflects the actual cost required to deliver the program	<p>The funding provided has been allocated to meet the identified needs for these services. Funding the SunSmart Program and skin cancer prevention initiative, as a comprehensive and evidence-based skin cancer prevention package to be delivered by the SunSmart Program at Cancer Council Victoria.</p>

a)	Name of the program	Baby bundles (contained within “More help for new Victorian mums and dads” funded in the 2019-20 Budget, continued as a component of “More support for mums, dads and babies”)	
b)	Objective/s of the program	The Victorian Baby Bundle program provides essential baby goods, safety and health promotion materials to first time parents.	
c)	Expenditure in the financial years 2022-23 and 2023-24 (and where relevant, future years) (\$ million)	2022-23 (\$m)	2023-24 (\$m)
		\$21.900	\$17.012
d)	Details of how the program will be funded	Appropriation from the Victorian Government	
e)	Evidence of the continued need for the program and the Government’s role in delivering it	The Baby Bundle program links health and safety education through essential baby products so parents can visually interpret important messages and apply safe sleeping, feeding, safety and parenting advice in the rich home learning environment.	
f)	Evidence of the program’s progress toward its stated objectives and expected outcomes	Baby Bundles are provided to all Victorian first-time parents to promote health, safety, development, parenting and educational messages through the provision of critical information matched with essential baby items that meet Australian Safety Standards. Items include but are not limited to a baby sleeping bag, grow suit, first aid kit and books to promote early reading.	
g)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The Victorian Baby Bundle program is managed by an external contracted supplier. It is delivered within the required scope and contractual requirements, with bundles distributed to all first-time Victorian parents through Victorian maternity services. The contract is monitored closely by the Department of Health to ensure key targets/Key Performance Indicators are being met. Mechanisms are in place to provide a Bundle to any first-time parents who did not receive one in hospital. The program has been delivered within its budget allocation. Appropriate governance and risk management practices are in place, with the department meeting regularly with the supplier to discuss and manage any emerging issues.	
h)	Extent and level of efficiencies realised in the delivery of the program	This expenditure enables the Department of Health to positively impact health, developmental and safety outcomes for babies and their parents by promoting critical safety messaging and parenting advice. The program is essential to	

		empowering first-time parents with positive parenting skills and knowledge to ensure their child is healthy, safe and thrives in the critical early years of life. Recipients of the bundle receive a survey link seeking feedback on the bundle contents. 87% of respondents indicated a very high or high level of satisfaction.
i)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable
j)	Evidence that the further funding reflects the actual cost required to deliver the program	The number and type of items included in each Baby Bundle is regularly reviewed to continue to deliver to all eligible first-time Victorian parents.

Question 7

For all programs (output initiatives, including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2022-23, please provide the:

- a) name of the program
- b) objective/s of the program
- c) expenditure in the financial year 2022-23
- d) reasons why the program was established
- e) details of who (describe the type of users for example, health care providers, families, volunteers etc.) and how many used the program, and evidence of the outcomes achieved
- f) reasons why further funding is not being sought
- g) nature of the impact of ceasing the program
- h) strategies that are being implemented to minimise any negative impacts.

Response

a)	Name of the program	COVID-19 costs (contained within “Enabling care and meeting demand for hospital services” funded in the 2022-23 Budget)
b)	Objective/s of the program	To provide funding for surge demand on hospital services resulting from the COVID pandemic.
c)	Expenditure in the financial year 2022-23 (\$ million)	\$168.700 million (fixed term)
d)	Reasons why the program was established	To provide extra capacity for hospital services when and where needed.
e)	Details of who and how many used the program and evidence of the outcomes achieved	The department does not collect activity data by funded program. Consequently, it is not possible to stipulate how many patients received services specifically funded under this program.
f)	Reasons why further funding is not being sought	While demand for hospital services persists, COVID-specific surge funding is no longer required.
g)	Nature of the impact of ceasing the program	Funding proportionately reduced in line with reduction in COVID surge funding.
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable.

a)	Name of the program	COVID-19 Recovery and Care: Maintain critical COVID program infrastructure (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget)
b)	Objective/s of the program	To provide funding for COVID-specific infrastructure
c)	Expenditure in the financial year 2022-23 (\$ million)	\$68.440 million (fixed term)
d)	Reasons why the program was established	To ensure essential infrastructure was available to facilitate COVID-specific services
e)	Details of who and how many used the program and evidence of the outcomes achieved	Not applicable
f)	Reasons why further funding is not being sought	While demand for health infrastructure is ongoing, COVID-specific requirements are no longer required.
g)	Nature of the impact of ceasing the program	Funding proportionately reduced in line with reduction in COVID-related funding.
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable.

a)	Name of the program	<i>Responding to community-based health care demand and delivering enhanced service responses – Community Health Deferred Care</i> (contained within “Supporting the community and health system through the COVID-19 pandemic” funded in the 2022-23 Budget)
b)	Objective/s of the program	Funding is provided to strengthen community-based healthcare, by increasing the delivery of services for people who have deferred care.
c)	Expenditure in the financial year 2022-23 (\$ million)	\$5.227 million
d)	Reasons why the program was established	To provide extra capacity for hospital services when and where needed.
e)	Details of who and how many used the program and evidence of the outcomes achieved	The program contributes to the Department of Health’s Community Health Care output.
f)	Reasons why further funding is not being sought	While demand for community health is ongoing, deferred care funding due to COVID is no longer required.
g)	Nature of the impact of ceasing the program	Direct service delivery capacity to vulnerable Victorians will be managed within existing annual community health output allocation.
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable.

a)	Name of the program	<i>Jreissati Family Pancreatic Centre at Epworth HealthCare</i> (funded as “Jreissati Family Pancreatic Centre at Epworth” in the 2022-23 Budget)
b)	Objective/s of the program	To provide treatment pathways, undertaking research and developing education materials for health practitioners, patients and families affected by pancreatic cancer.
c)	Expenditure in the financial year 2022-23 (\$ million)	\$5.000 million
d)	Reasons why the program was established	To provide the Jreissati Family Pancreatic Centre at Epworth to support efforts to research, diagnose and treat pancreatic cancer.
e)	Details of who and how many used the program and evidence of the outcomes achieved	The funding agreement between Department of Health and Epworth Health was executed in October 2022. The Victorian Cancer Agency negotiated a Strategic Research Plan endorsed by the Secretary for Health in April 2023. This plan will support priorities in clinical care, research and clinical trials, patient experience and advocacy, community engagement & education.
f)	Reasons why further funding is not being sought	Funding was awarded in the 2022-23 budget for a five-year program. This grant leverages a \$5 million grant to the Centre by the then Commonwealth Government as part of the 2022-23 Commonwealth Budget announced in March 2022.
g)	Nature of the impact of ceasing the program	No impact as the expenditure by Epworth will be spread across the life of the funding agreement (total of five years).
h)	Strategies that are being implemented to minimise any negative impacts	Working in collaboration with Epworth HealthCare to connect the Jreissati Family Pancreatic Centre with other Victorian-based clinical and research organisations to seed future collaborations through Commonwealth research funding schemes.

a)	Name of the program	Additional student placement days (contained within “Boosting our healthcare workforce” funded in the 2021-22 Budget)
b)	Objective/s of the program	To expand Victoria’s healthcare workforce pipeline following significant disruption during the coronavirus (COVID-19) pandemic.
c)	Expenditure in the financial year 2022-23 (\$ million)	\$11.662 million
d)	Reasons why the program was established	This includes the delivery of 200,000 additional student placement days in the public health system and supporting clinicians to undertake training to build their professional skills and competence in student education and supervision.
e)	Details of who and how many used the program and evidence of the outcomes achieved	This initiative contributes to the Department of Health’s Acute Training and Development output
f)	Reasons why further funding is not being sought	The Department is funding other initiatives to expand and strengthen Victoria’s health workforce.
g)	Nature of the impact of ceasing the program	The funded, additional student placements have been provided in response to the COVID pandemic which is no longer required in addition to current and future workforce initiatives.
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable.

a)	Name of the program	<i>Nursing and Midwifery Workforce Development Fund</i> (funded as “Nursing and Midwifery Workforce Development Fund” in the 2019-20 Budget)
b)	Objective/s of the program	A Nursing and Midwifery Workforce Development Fund will be established to retain, recruit and train more nurses and midwives in Victoria.
c)	Expenditure in the financial year 2022-23 (\$ million)	\$49.992 million (fixed term)
d)	Reasons why the program was established	<p>The Registered Nurse and Midwife Graduate Program will be expanded and a graduate program for Enrolled Nurses will be established for the first time, which will employ 400 nurses over the next four years. The Fund will also provide:</p> <ul style="list-style-type: none"> • up to 400 postgraduate scholarships for current nurses and midwives • more than 400 places in programs such as the Postgraduate Midwifery Employment Program • a refresher program for up to 800 nurses and midwives currently registered but not practicing so they can re-enter the workforce.
e)	Details of who and how many used the program and evidence of the outcomes achieved	This initiative contributes to the Department of Health’s Acute Training and Development output
f)	Reasons why further funding is not being sought	The department is funding other initiatives to expand and strengthen Victoria’s health workforce.
g)	Nature of the impact of ceasing the program	The program will be superseded by workforce related initiatives developed and funded in the 2023-24 Victorian Budget, including under the Maximising our Health Workforce initiative.
h)	Strategies that are being implemented to minimise any negative impacts	Not applicable.

COVID-19 related expenses

Question 8

For grant programs announced as part of the COVID-19 response/recovery in the 2022-23 Budget, please provide:

- a) name of the program
- b) objective/s of the program
- c) estimated expenditure in 2022-23 and forward estimates
- d) actual expenditure as at 30 April 2023
- e) source of funding
- f) number of applications received and number of total eligible applicants as at 30 April 2023
- g) number of successful applicants
- h) the status of the program
- i) outcomes achieved as at 30 April 2023
- j) performance measures associated with the grant programs
- k) any budget allocation for the program in the 2023-24 Budget

Response

Nil – no COVID-19 grant programs were announced in the 2022-23 Budget.

a)	Name of the program				
b)	Objective/s of the program				
c)	Estimated expenditure for 2022-23 and forward estimates (\$ million)	2022-23	2023-24	2024-25	2025-26
d)	Actual expenditure as at 30 April 2023 (\$ million)				
e)	Source of funding				
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 April 2023		Number of total eligible applicants as at 30 April 2023	
g)	Number of successful applicants				
h)	Status of the program				
i)	Outcomes achieved as at 30 April 2023				
j)	Performance measures				
k)	Any budget allocation in the 2023-24 Budget (\$ million)				

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 2023-24 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 2023-24 comprehensive operating statement please identify all expenditure on Public Private Partnerships (PPP) by line item and provide a breakdown of these costs and indicate to which project they relate.

Guidance

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

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

Response a)

Line item (interest expense)	2021-22 Actual (\$ million)	2022-23 revised Budget (\$ million)	2023-24 Budget (\$ million)	Related project(s)
Interest Expense				
	3	2	2	Casey/Berwick Hospital
	16	12	11	Royal Women's Hospital
	42	40	38	Royal Children's Hospital
	42	70	60	Victorian Comprehensive Cancer Centre
	22	21	21	Bendigo Hospital
	2	2	2	Casey Hospital expansion
	13	32	66	New Footscray Hospital
	0	10	26	Frankston Hospital
Total PPP-related interest	141	190	227	

Other operating expenses				
	8	8	20	Casey/Berwick Hospital
	20	15	17	Royal Women's Hospital
	70	71	66	Royal Children's Hospital
	30	31	27	Victorian Comprehensive Cancer Centre
	44	51	53	Bendigo Hospital
	4	4	4	Casey Hospital expansion
	1	0	0	New Footscray Hospital
	0	0	0	Frankston Hospital
Total PPP-related other operating	177	181	187	
TOTAL	318	371	414	

Response b)

PPPs	2021-22 Actual (\$ million)	2022-23 revised Budget (\$ million)	2023-24 Budget (\$ million)	2024-25 Estimated/Forecast (\$ million)	2025-26 Estimated/Forecast (\$ million)	2026-27 Estimated/Forecast (\$ million)
Casey/Berwick Hospital	11	15	26	24	16	16
Royal Women's Hospital	36	38	40	43	49	50
Royal Children's Hospital	112	153	148	152	161	169
Victorian Comprehensive Cancer Hospital	72	169	160	162	179	170
Bendigo Hospital	66	77	79	84	93	95
Casey Hospital Expansion	6	8	8	8	11	11
New Footscray Hospital	14	32	66	90	134	176
Frankston Hospital	0	10	26	50	82	150
Total	318	500	553	614	724	836

Alliance contracting – DTP only

Question 11

- 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 2023-24 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 2023-24 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.

Project name	Total estimated investment at announcement	Budget year	Revised total estimated investment	Delivery model (PPP, Alliance contracting or other)	Estimated completion date at announcement	Revised estimated completion date	Explanation for variances in cost and timeliness of the project	Cost/benefit analysis (y/n) If yes, what is the ratio and where the analysis can be publicly accessed

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

Please provide the following details:

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

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

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

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

Treasurer's advances

Question 12

For the 2022-23 financial year, please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding through the Treasurer's Advances, why additional funding was required and where it is reported.

Response

Nil – Treasurer's Advances are approved in-principle and will not be finalised until the end of the 2022-23 financial year.

Output(s) and portfolio(s)	Program	Recurrent program or new program	Funding received under the Treasurer's Advances in 2022-23 (\$ million)	Amount expended as at 30 April 2023 (\$ million)	Reasons why additional funding was required	Where Treasurer's Advance funding already committed is reported ³
Total 2022-23						

³ The Committee is seeking information regarding where Treasurer's Advances are reported, other than through the subsequent year's Appropriation Bill. Department of Treasury and Finance, *Resource Management Framework, 2022*, <<https://www.dtf.vic.gov.au/sites/default/files/document/Resource%20Management%20Framework%20%E2%80%93%20Part%20of%20%E2%80%93%20Main%20Document%20-%20effective%201%20July%202022.pdf>> accessed 11 October 2022, p. 22.

Savings initiatives

Question 13

For each of the savings initiatives detailed in the 2023-24 Budget, please detail (on the same basis of consolidation as the budget papers):

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

Response

Initiative	Savings target for 2023-24 (\$ million)	How the Department will meet various savings targets in 2023-24	Impact these actions will have on delivery of services and assets/infrastructure in 2023-24
Savings and efficiencies and expenditure reduction measures in 2023-24 Budget	24.8	The Department will be providing further details to Government on implementation of the savings, however the target is expected to be met through reductions in corporate and back office functions, reductions in labour hire and consultancy expenditure.	No anticipated impacts on frontline service delivery or asset/infrastructure projects.

Use of funds saved from other programs or initiatives

Question 14

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2023-24 (including lapsing programs), please identify:

- a) the amount expected to be spent under the program or initiative during 2023-24 at the time of the 2022-23 Budget
- b) the amount currently to be spent under the program or initiative during 2023-24
- 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 2023-24 State Budget.

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2023-24 (\$ million)		The use to which the funds will be put
	At the time of the 2022-23 Budget	At the time of the 2023-24 Budget	
NA			

Performance measures – new

Question 15

For all new performance measures in the 2023-24 *Budget Paper No. 3: Service Delivery*, please provide:

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

Response

	Performance measure	Percentage of adolescents (aged 15) fully immunised for HPV
a)	Description/purpose of the measure	This measure will enable monitoring of the progress of Victorian immunisation programs that deliver HPV vaccines in line with the National Partnership on Essential Vaccine Agreement (NPEV). The target is an increase in vaccination rate for both adolescent boys and girls for HPV, relative to baseline is Benchmark 3 in the NPEV. It also contributes to the Victorian Cancer Plan goal of achieving 80% adolescent vaccination coverage to help eliminate cervical cancer as a public health issue in Victoria.
b)	Assumptions and methodology underpinning the measure	Measure uses official coverage reports produced by Services Australia from Australian Immunisation Register (AIR) data. Methodology: Numerator = Total number of 15-year-olds reported as fully immunised for HPV in that quarter Denominator = Total number of 15-year-olds registered for Medicare in that quarter Assumption that all HPV vaccinations are reported to AIR as per legislated mandatory reporting requirements.
c)	How target was set	The target is in line with the Victorian Cancer Plan, which has a target of 80% HPV vaccination uptake to meet Victoria's objective to eliminate cervical cancer as a public health issue by 2030. It also aligns with the National Partnership on Essential Vaccines Benchmark 3: an increase in the vaccination coverage rate for both adolescent boys and adolescent girls for HPV, relative to the baseline.
d)	Shortcomings of the measure	HPV vaccination program is targeted at 12–13-year-old adolescents in Victoria. By assessing at 15 years of age, this measure does not assess for timely vaccination. Official data at earlier age points are not available.
e)	How the measure will enable assessment of the impact of the service	Victoria monitors the uptake of HPV vaccination in adolescents and uses this data to inform policy and activities to ensure the agreed target is met.

Performance measure		Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ)
a)	Description/purpose of the measure	This new measure will increase accountability around the provision of activities which ultimately impact food safety.
b)	Assumptions and methodology underpinning the measure	Numerator = Total number of applications and proposals responded to within specified timeframe. Denominator = Total number of applications and proposals received
c)	How target was set	The target was set at 100% as this is reasonably achievable
d)	Shortcomings of the measure	Some applications or proposals are subject to lengthy consultation periods and reviews, thus remain open of long period of time. This has been accounted for in specifying the at the target is subject to FSANZ timeframes (as opposed to a set quantitative timeframe)
e)	How the measure will enable assessment of the impact of the service	Provision of formal comments on applications and proposals to change the Food Standards Code is a critical part of Victoria's contribution and participation in the bi-national food regulatory system. Comments are often highly technical and have implications for law-making for food safety and nutrition. This measure will enable the assessment of Victoria's timely contribution to the ANZ Food Standards Code.

Performance measure		Number of undergraduate nursing and midwifery scholarships supported
a)	Description/purpose of the measure	<p>Scholarships will be paid in arrears so graduates will be paid at the end of the year (end-2023, i.e., financial year 2023-24).</p> <p>This measure will enable monitoring of the progress of the number of individuals that receive an entry-to-practice nursing and midwifery scholarship as part of the Making it free to study Nursing and Midwifery initiative.</p>
b)	Assumptions and methodology underpinning the measure	<p>Measure uses the number of unique individuals that received the initial \$3,000 scholarship payment in the financial year, as administered by the Department of Jobs, Skills, Industry and Regions (DJSIR)/Department of Government Services (DGS) on behalf of the Department of Health.</p> <p>Methodology:</p> <ul style="list-style-type: none"> • Numerator = Total number of unique individuals who received the initial \$3,000 scholarship payment in the 2023-24 financial year. • Denominator = 5,037 – the total number of initial \$3,000 scholarships available in the 2023-24 financial year.
c)	How target was set	10,033 over two (2) years, based on assumed number of first year domestic nursing and/or midwifery places available across Victorian universities in 2023 and 2024.
d)	Shortcomings of the measure	<p>There are 10,033 scholarships available. 5,037 in the 2023-24 financial year and 4,996 in the 2024-25 financial year. Uptake of scholarships will be determined by the number of candidates that apply and is subject to a specific eligibility criterion, therefore number of actual eligible recipients is unknown.</p> <p>There is a possibility that there will be under/over subscription as the target number is based on different factors (e.g., number of university places) not the eligibility criteria.</p> <p>Scholarships have also been opened up to universities and residents in border communities, which was not part of the original scope.</p>
e)	How the measure will enable assessment of the impact of the service	The department will seek activity reporting one year post allocation of the initial funding (in December 2024) when the second scholarship payment has been made to individuals, which will provide the department with an update on the success of the scholarships in retaining nursing and/or midwifery students.

	Following completion of all university component scholarship payments and the subsequent health service component scholarships (in 2030), the department will be able to measure the impact of the initiative by reviewing the number of scholarship recipients that undertook 2 years employment and continued to be employed in the Victorian Public Health System post two years of employment.
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Performance measure		Number of nurse practitioner candidates supported
a)	Description/purpose of the measure	<p>Number of nurse practitioner candidates supported: 50</p> <p>Rationale – funded number of candidates (50 per year over two years)</p> <p>In 2022-23, 50 Candidate Scholarships and Support packages were allocated. This funding has enabled public health services (through supporting recruitment, appointment, clinical supervision, professional support and any specific training) to grow the number of Nurse Practitioners in Victoria.</p>
b)	Assumptions and methodology underpinning the measure	<p>50 nurse practitioner candidates will be funded in 2023-24 and 2024-25.</p> <ul style="list-style-type: none"> The measure uses the number of nurse practitioner candidates that were supported as reported by health services. Demand for nurse practitioners will increase over the next decade, particularly as the Victorian Government opens ten new community hospitals in major growth areas. Once the ten new community hospitals are open, the health system will need to fill over 30 new nurse practitioner positions.
c)	How target was set	The target is based on the approved funding for this initiative.
d)	Shortcomings of the measure	<ul style="list-style-type: none"> There has been limited service-planning for the Nurse Practitioner and Candidate workforce. Funding in 2022-23 has been allocated after competitive application for funds by health services, as opposed to being allocated purely on service need/gaps/rigorous workforce planning.
e)	How the measure will enable assessment of the impact of the service	The department will seek activity reporting one year post allocation of funding (in May 2024) which will provide the department with an update on the employment and study status of the Candidates.

Performance measure		Scholarships for refresher programs and re-entry to practice courses for nurses and midwives
a)	Description/purpose of the measure	<p>Scholarships for refresher programs and re-entry to practice courses for nurses and midwives: 250</p> <p>Rationale – funded number (250 per year over four years)</p> <p>This measure will enable monitoring of the progress of the number of individuals that completed a refresher or re-entry to practice program.</p>
b)	Assumptions and methodology underpinning the measure	<p>The measure uses the number of unique individuals that received the initial \$10,000 refresher scholarship payment in the financial year, as reported by health services, plus the number of unique individuals that received the \$15,000 re-entry scholarship payment, as reported by the delivering universities.</p> <p>Methodology:</p> <ul style="list-style-type: none"> • Numerator = Total number of unique individuals who received either scholarship payment in the 2023-24 financial year. • Denominator = 250, the total number of overall refresher and re-entry scholarships available in the 2023-24 financial year.
c)	How target was set	250 per year, based on 225 refresher scholarship places available via health services in the financial year 2023-24 and 25 re-entry scholarships available via delivering universities.
d)	Shortcomings of the measure	<p>There are 250 scholarships available made up of two components; 225 refreshers managed by health services and 25 re-entries managed by universities.</p> <p>Uptake of refresher scholarships will be determined by the capacity of health services to deliver the program and the number of candidates that apply, this is subject to a specific eligibility criterion, therefore number of actual eligible recipients and capacity of health services to deliver is unknown.</p> <p>Re-entry scholarships will be managed by universities that are accredited to deliver re-entry programs. Actual scholarships delivered will be dependent on applications and applicants meeting the eligibility criteria.</p>
e)	How the measure will enable assessment of the impact of the service	<p>The department will seek activity reporting from:</p> <ol style="list-style-type: none"> 1. Health services that delivered the refresher program, following the conclusion of the refresher program. This will provide the department with an update on the

	<p>success of the scholarships in supporting nurses and midwives to refresh their clinical skills and undertake employment in a Victorian Public Health Service.</p> <p>2. Universities delivering the re-entry program, following the conclusion of the re-entry program. This will provide the department with an update on the success of the scholarships in supporting nurses and midwives to re-enter the nursing and midwifery workforce.</p>
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Performance measure		Sign-on bonuses for nursing and midwifery graduates
a)	Description/purpose of the measure	<p>Number of nursing and midwifery graduates who receive the Sign-On bonus: 2,715</p> <p>As part of the 2022, the Victorian Government announced the <i>More Support for our Nurses and Midwives</i> election commitment. It stated that student nurses and midwives who graduate between 2022 and 2024 will be eligible for a \$5,000 Sign-on Bonus when they enter the public health system and commit to working for two years.</p>
b)	Assumptions and methodology underpinning the measure	<p>This measure is based on historical Postgraduate Medical Council of Victoria (PMCV) graduate match figures for nursing and midwifery. This number may be slightly higher due to the fact that there is a portion of students that will be eligible who are recruited outside of the PMCV match process.</p>
c)	How target was set	<p>The target is based on historical PMCV graduate match figures.</p>
d)	Shortcomings of the measure	<p>The measure alone does not provide any insights into the length of service of graduates once the bonus lapses.</p>
e)	How the measure will enable assessment of the impact of the service	<p>For the first time, the measure will give the department a complete picture of the pool of local graduate nurses and midwives in the public health system in Victoria, as numbers are being provided by the health services themselves directly to the department. This will assist in future planning for similar funding rounds. However, this still does not include international graduates as they are ineligible for this funding.</p>

Performance measure		Number of consumers accessing clinical mental health services – adult
a)	Description/purpose of the measure	An existing measure disaggregated by age cohorts to reflect service system arrangements.
b)	Assumptions and methodology underpinning the measure	The measure was previously an aggregate. The disaggregation supports the new service arrangements recommended by the Royal Commission. Provides greater transparency into the different parts of the service system.
c)	How target was set	Includes total registered community clients 2021-22 proportioned by age cohort and applied to 2022-23 target.
d)	Shortcomings of the measure	Measure alone does not provide any insights into the quality of the service received.
e)	How the measure will enable assessment of the impact of the service	The measure enables an understanding of volume of adults accessing clinical mental health services. Over time, this will enable a view of change in activity by age groups. Using this measure in concert with other outcome measures will enable a better understanding of impact.

Performance measure		Number of consumers accessing clinical mental health services – child/adolescent
a)	Description/purpose of the measure	An existing measure disaggregated by age cohorts to reflect service system arrangements.
b)	Assumptions and methodology underpinning the measure	The measure was previously an aggregate. The disaggregation supports the new service arrangements recommended by the Royal Commission. Provides greater transparency into the different parts of the service system.
c)	How target was set	Includes total registered community clients 2021-22 proportioned by age cohort and applied to 2022-23 target.
d)	Shortcomings of the measure	Measure alone does not provide any insights into the quality of the service received.
e)	How the measure will enable assessment of the impact of the service	The measure enables an understanding of volume of adults accessing clinical mental health services. Over time, this will enable a view of change in activity by age groups. Using this measure in concert with other outcome measures will enable a better understanding of impact.

Performance measure		Number of consumers accessing clinical mental health services – older persons
a)	Description/purpose of the measure	An existing measure disaggregated by age cohorts to reflect service system arrangements.
b)	Assumptions and methodology underpinning the measure	The measure was previously an aggregate. The disaggregation supports the new service arrangements recommended by the Royal Commission. Provides greater transparency into the different parts of the service system.
c)	How target was set	Includes total registered community clients 2021-22 proportioned by age cohort and applied to 2022-23 target.
d)	Shortcomings of the measure	Measure alone does not provide any insights into the quality of the service received.
e)	How the measure will enable assessment of the impact of the service	The measure enables an understanding of volume of adults accessing clinical mental health services. Over time, this will enable a view of change in activity by age groups. Using this measure in concert with other outcome measures will enable a better understanding of impact.

Performance measures – modifications

Question 16

For all existing performance measures with an associated target that has been modified in the 2023-24 *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 2021-22, if applicable and the 2022-23 expected outcome
- the methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget.

Response

	Performance measure	Total separations - all hospitals
a)	Description/purpose of the measure	The number of hospital separations is a measure of public hospital admitted patient throughput. A separation occurs when a patient is discharged from hospital or when they change care type (e.g.: from acute to rehabilitation).
b)	The previous target	2,073
c)	The new target and how it was set	2,088
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 result is lower than target primarily due to the ongoing impact of the COVID-19 pandemic on activities. The 2022-23 expected outcome is slightly lower than the 2022-23 target due to periods of COVID-19 surge resulting in workforce shortages.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Calculated using 2022-23 Q3 YTD actuals and estimated Q4 based on Q3 result.

	Performance measure	NWAU funded separations - all hospitals except small rural health services
a)	Description/purpose of the measure	This indicator is a measure of public hospital admitted patient activity, which recognises that not all admitted patient activity is equally resource intensive. That is, separations requiring more resources than others are allocated a greater weight. All NWAU at public hospitals excluding small rural hospitals. A separation occurs when a patient is discharged from hospital or when they change care type (e.g.: acute to rehabilitation). Applying a weight to each separation in recognition of resource intensity.
b)	The previous target	1,879
c)	The new target and how it was set	1,894
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 result is lower than target primarily due to the ongoing impact of the COVID-19 pandemic on activities. The 2022-23 expected outcome is lower than the 2022-23 target due to periods of COVID-19 surge resulting in workforce shortages.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Calculated using 2022-23 Q3 YTD actuals and estimated Q4 based on Q3 result.

	Performance measure	Number of patients admitted from the elective surgery waiting list
a)	Description/purpose of the measure	All patients admitted from the elective surgery waiting list.
b)	The previous target	230,100
c)	The new target and how it was set	240,000
d)	The justification for changing the target	The higher 2023-24 target reflects the second year of funding provided for the waitlist reduction program as part of the 2022-23 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	<p>The 2021-22 result is lower than target primarily due to the ongoing impact of the COVID-19 pandemic, including restrictions on performing elective surgery and capacity constraints throughout 2021 and 2022.</p> <p>The 2022-23 expected outcome is lower than the 2022-23 target due to periods of COVID-19 surge resulting in workforce shortages, and delays impacting additional surgery capacity.</p>
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Calculated using 2022-23 Q3 YTD actuals to estimate Q4 based on Q3 result.

	Performance measure	NWAU funded emergency separations - all hospitals
a)	Description/purpose of the measure	A simple measure of emergency patient separations. All NWAU funded emergency separations at public hospitals. A separation occurs when a patient is discharged from hospital or when they change care type (e.g.: from acute to rehabilitation). A separation is defined as 'emergency' when the admission results from a presentation to the Emergency Department from within the same hospital or for other emergency reasons including but not limited to, threatened miscarriage and GP referral for acute illness.
b)	The previous target	771
c)	The new target and how it was set	774
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	<p>The 2021-22 result is lower than target primarily due to the ongoing impact of the COVID-19 pandemic on activities, including necessary changes to the way in which care is delivered.</p> <p>The expected outcome is lower than expected target, as while demand in emergency departments has been increasing, the rate of admissions from emergency presentations has yet to return to pre covid levels.</p> <p>The 2022-23 target for NWAU funded emergency separations anticipated that activity would return to (and exceed) pre-COVID levels, however expected 2022-23 activity remains below pre-COVID demand.</p> <p>An increase in hospital admissions from ED compared to 2021-22 signals that emergency demand is returning, but still remains well below expectations.</p>
f)	The methodology behind estimating the 2022-23 expected outcome in the 202324 Budget	Calculated using 2022-23 Q3 YTD actuals and estimated Q4 based on Q3 result.

Performance measure		Community palliative care episodes
a)	Description/purpose of the measure	This indicator helps us understand the number of new clients accessing community palliative care in any given financial year. The measure provides consistency and transparency in the way we count community palliative care activity across the sector. Most (not all) community palliative care episodes start when the client with the life-limiting illness is referred to community palliative care (or accepted by the service) and ends with the client death or discharge and/or the end of the carer bereavement period. Some clients may have multiple episodes.
b)	The previous target	24,133
c)	The new target and how it was set	18,980
d)	The justification for changing the target	The lower 2023-24 target reflects a correction to the calculation to measure new episodes to show improved access to community palliative care.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	New measure in 2022-23. The 2022-23 expected outcome is lower than the 2022-23 target due to an error in the calculation of the target that should count new episodes of care only.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	The 2022-23 methodology incorrectly counted the total number of episodes opened for the financial year. This includes episodes for clients that were not accepted, had no activity, or had multiple episodes due to local service business rules. The methodology for 2023-24 will count the number of new episodes for distinct clients in the financial year. Applying a consistent calculation method across the sector. The measure counts the number of new community palliative episodes but excludes multiple episodes for the same client in the financial year, episodes with nil contacts, and referrals which are not accepted.

	Performance measure	Patients treated in Specialist Outpatient Clinics – unweighted
a)	Description/purpose of the measure	A simple measure of hospital outpatient activity counting service events by Tier 2 category. A non-admitted patient service event is defined as an interaction between a healthcare provider with a non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient’s medical record.
b)	The previous target	1,975
c)	The new target and how it was set	2,007
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding in the 2023-24 Budget for services including heart hospital activity.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 result is lower than target primarily due to the ongoing impact of the COVID-19 pandemic on activities. The 2022-23 expected outcome forecast to be achieved is within 5% of the target.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Calculated using 2022-23 Q3 YTD actuals and estimated Q4 based on Q3 result.

	Performance measure	Emergency presentations
a)	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.
b)	The previous target	1,973
c)	The new target and how it was set	2,017
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met 2021-22 target (within 5%) The 2022-23 expected outcome forecast to be achieved is within 5% of the target. The 2022-23 expected outcome is lower than the 2022-23 target primarily due to the impact of the COVID-19 pandemic.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Calculated using 2022-23 Q3 YTD actuals and estimated Q4 based on Q3 result.

	Performance measure	Funded post graduate nursing and midwifery places at Diploma and Certificate level
a)	Description/purpose of the measure	Grant funding provided to public health services to support the provision of clinical education of postgraduate courses (including midwifery).
b)	The previous target	954
c)	The new target and how it was set	970
d)	The justification for changing the target	The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome is higher than the 2021-22 target as additional funding was allocated to additional postgraduate nursing and midwifery activity. Expected to meet the 2022-23 target.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	The 2022-23 expected outcome is based on actual additional funding provided in 2022-23.

	Performance measure	Total funded FTE (early graduate) nursing and midwifery positions in public system
a)	Description/purpose of the measure	Grant funding provided to public health services to support the provision of clinical education in the transition from undergraduate education to clinical practice.
b)	The previous target	1,889
c)	The new target and how it was set	1,925
d)	The justification for changing the target	The target increase reflects the investment made in the health workforce during 2022-23. The higher 2023-24 target reflects additional funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome was higher than the 2021-22 target. Expected to meet the 2022-23 target.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	The 2022-23 expected outcome is based on actual additional funding provided in 2022-23.

	Performance measure	Students examined by Smile Squad
a)	Description/purpose of the measure	Count of the number of individual students who have received a comprehensive oral examination during the reporting period. Each student is only counted once during the reporting period.
b)	The previous target	10,000
c)	The new target and how it was set	50,000
d)	The justification for changing the target	Initial targets were set based on actual service activity delivery during the proof-of-concept phase in August – December 2019. The higher 2023-24 target is based on 2022 actual activity, and recommencement of services post-COVID-19.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	New measure in 2022-23 The 2022-23 expected outcome is higher than the 2022-23 target due to student consent being higher than expected and service output within schools being higher than expected.

f) The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget

The 2022-23 expected outcome is based on actual activity in 2022-23 to date.

Performance measure		Students receiving treatment by Smile Squad
a)	Description/purpose of the measure	Count of the number of individual students who 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.
b)	The previous target	1,500
c)	The new target and how it was set	7,500
d)	The justification for changing the target	Initial targets were set based on actual service activity delivery during the proof-of-concept phase in August – December 2019. The higher 2023-24 target is based on 2022 actual activity, and recommencement of services post-COVID-19.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	New measure in 2022-23 The 2022-23 expected outcome is higher than the 2022-23 target due to student consent being higher than expected and service output within schools being higher than expected.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	The 2022-23 expected outcome is based on actual activity in 2022-23 to date.

Performance measure		Clinical inpatient separations (Mental Health Clinical Care)
a)	Description/purpose of the measure	This indicator is a standard national measure of mental health patient throughput. It measures total separations, not the number of individuals treated as inpatients, which will be lower, given that some have multiple admissions. Clinical inpatient separations include all separations 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.
b)	The previous target	29,616
c)	The new target and how it was set	31,165
d)	The justification for changing the target	The higher 2023-24 target reflects funding provided in the 2023-24 Budget.

e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met 2021-22 target The 2022-23 expected outcome is lower than the 2022-23 target primarily due to current system challenges, including workforce shortages.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimate based on 8 prior months.

	Performance measure	Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards
a)	Description/purpose of the measure	The National Standards for Mental Health Services measure service quality across a range of areas. The proportion of services meeting this standard is therefore a good measure of quality compliance by the sector.
b)	The previous target	19
c)	The new target and how it was set	21
d)	The justification for changing the target	Change in number of designated mental health services reflects the disaggregation of one mental health service recommended by the Royal Commission.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met 2021-22 target Expected to meet the 2022-23 target.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Number of designated mental health services is set through legislation.

	Performance measure	Number of drug treatment activity units - residential services
a)	Description/purpose of the measure	All activities (classified as 'products') will be funded as a defined multiple of Drug Treatment Activity Units (DTAUs). DTAUs are a tool that allows the prices to be compared across products that have different activity or counting units. Residential services – are defined as supervised settings
b)	The previous target	78,535
c)	The new target and how it was set	78,845

d)	The justification for changing the target	The higher 2023-24 target reflects funding provided in the 2023-24 Budget. The higher 2023-24 target reflects the inclusion of new dual diagnosis beds.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome is lower than the 2021-22 target primarily due to the implementation of COVID-19 control measures, enabling social distancing, including conversion of twin rooms to single rooms significantly reducing capacity, and therefore admissions, during Q2 and Q3 of 2021-22. The 2022-23 expected outcome is lower than the 2022-23 target primarily due to changes in demand for services and impact of workforce pressures.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Line of best fit based in past 13 quarterly actuals

Performance measure		Commenced courses of treatment - community-based drug treatment services
a)	Description/purpose of the measure	Measure of volume of community-based drug treatment services. A course of treatment is the period of contact, with defined dates of commencement and cessation, between the client and a treatment provider.
b)	The previous target	10,189
c)	The new target and how it was set	9,239
d)	The justification for changing the target	The lower 2023-24 target reflects funding changes in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome is higher than the 2021-22 target primarily due to increased availability of online supports throughout the pandemic. The 2022-23 expected outcome is higher than the 2022-23 target primarily due to the continued demand for services.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Line of best fit based in past 13 quarterly actuals

Performance measure		Clients on the Pharmacotherapy program
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a)	Description/purpose of the measure	This measures the number of clients on a pharmacotherapy treatment on a specified census day. A census of clients is taken four times per year by phone from dosing points, including community pharmacies and hospitals.
b)	The previous target	14,000
c)	The new target and how it was set	14,630
d)	The justification for changing the target	The budget outcome for pharmacotherapy includes investment in specialist addiction clinics resulting in 360 additional clients in the program. The higher 2023-24 target reflects funding provided in the 2023-24 Budget.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome is higher than the 2021-22 target primarily due to the demand for pharmacotherapy supports. The 2022-23 expected outcome is higher than the 2022-23 target primarily due to the increased demand for pharmacotherapy services.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Line of best fit based in past 13 quarterly actuals

	Performance measure	Community Service Obligation emergency road and air transports
a)	Description/purpose of the measure	The total number of emergency road and air transports provided to pensioners and concession card holders.
b)	The previous target	295,810
c)	The new target and how it was set	283,266
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met the 2021-22 target. The 2022-23 expected outcome is lower than the 2022-23 target primarily reflecting Ambulance Victoria's focus on targeting demand management strategies to connect people to care that is responsive to their needs.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

Performance measure		Statewide emergency air transports
a)	Description/purpose of the measure	The number of emergency air transports, state-wide. Fixed wing craft provide both emergency and non-emergency air transport. Rotary wing craft provide non-emergency air transport only.
b)	The previous target	5,274
c)	The new target and how it was set	4,030
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome was lower than the 2021-22 target as this reflects lower demand for air services, which has largely been influenced by Victoria's COVID-19 response and its impacts on community movement and activity. The 2022-23 expected outcome is lower than the 2022-23 target as a result of lower demand.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

Performance measure		Statewide emergency road transports
a)	Description/purpose of the measure	Total number of emergency road transports, state-wide. Emergency road transports may be classified as Code 1 (time-critical), Code 2 (acute but not time-critical) or 3 (non-urgent) depending on the clinical condition.
b)	The previous target	527,101
c)	The new target and how it was set	518,329
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.

e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met the 2021-22 target. The 2022-23 expected outcome is lower than the 2022-23 target primarily reflecting Ambulance Victoria's focus on targeting demand management strategies to connect people to care that is responsive to their needs.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

	Performance measure	Treatment without transport
a)	Description/purpose of the measure	Total number of ambulance attendances where a patient was treated at the scene, but not transported, state-wide.
b)	The previous target	92,130
c)	The new target and how it was set	119,877
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	The 2021-22 outcome was higher than the 2021-22 target as the increase reflects a focus on supporting people to remain at home or at emergency scene (when clinically appropriate to do so) rather than be transported to an emergency department. The 2022-23 expected outcome is higher than the 2022-23 target primarily due to Ambulance Victoria's increased focus on demand management strategies.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

	Performance measure	Community Service Obligation non-emergency road and air transports
a)	Description/purpose of the measure	The total number of non-emergency road and air transports provided to pensioners and concession card holders.
b)	The previous target	240,738
c)	The new target and how it was set	230,376

d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	<p>The 2021-22 outcome was lower than the 2021-22 target due to Ambulance Victoria's focus on targeting demand management strategies to connect people to care responsive to their needs.</p> <p>The 2022-23 expected outcome is lower than the 2022-23 target primarily reflecting Ambulance Victoria's focus on targeting demand management strategies to connect people to care that is responsive to their needs.</p>
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

	Performance measure	State-wide non-emergency air transports
a)	Description/purpose of the measure	Total number of non-emergency air transports, state-wide. Fixed wing craft provide both emergency and non-emergency air transport. Rotary wing craft provide non-emergency air transport only.
b)	The previous target	2,617
c)	The new target and how it was set	3,333
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	<p>The 2021-22 outcome is higher than the target as air activity is entirely demand driven. Activity above target represents higher demand for air services.</p> <p>The 2022-23 expected outcome is higher than the 2022-23 target as a result of higher demand.</p>
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

	Performance measure	State-wide non-emergency road transports
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a)	Description/purpose of the measure	Total number of non-emergency road transports, state-wide. Non-emergency road transports are defined as transport that is not time critical. Non-emergency transport needs to be clinically authorised and is usually booked ahead of time.
b)	The previous target	316,214
c)	The new target and how it was set	309,922
d)	The justification for changing the target	The 2023-24 target reflects 2022-23 activity with adjustments for anticipated growth in demand.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met the 2021-22 target. The 2022-23 expected outcome is lower than the 2022-23 target primarily reflecting Ambulance Victoria's focus on targeting demand management strategies to connect people to care that is responsive to their needs.
f)	The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget	Estimates for 2022-23 expected outcomes are calculated using year to date activity data (to March 2023) extrapolated and adjusted for seasonality.

	Performance measure	Personal alert units allocated
a)	Description/purpose of the measure	Indicates the services provided by this program, in terms of personal alert units allocated, during the reporting period. Personal Alert Victoria (PAV) is a State-funded organisation that provides personal alarm units to eligible persons and undertakes a central 24/7 monitoring function to enable timely support. Eligible persons: frail older people and people with disabilities, who are isolated and vulnerable.
b)	The previous target	29,121
c)	The new target and how it was set	24,621
d)	The justification for changing the target	The 2023-24 target is lower to reflect reduced demand for the service.
e)	An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome	Met the 2021-22 target. The 2022-23 expected outcome is lower than the 2022-23 target due to reduced demand for the service.

<p>f) The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget</p>	<p>The 2022-23 expected outcome is based on data to date, due to reduced demand for the service as access to personal alarms through the Commonwealth Government's GEAT2GO program has increased.</p> <p>As a result, our expected outcome for 2022-23 and 2023-24 target have been lowered.</p>
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Performance measure	Clients accessing aids and equipment
<p>a) Description/purpose of the measure</p>	<p>The measure counts the number of clients who have been supplied with subsidised aids and equipment under the funded activity and enables the department to track its capacity to respond to an individual's assessed needs. Clients are defined as people with permanent or long-term disability, and frail aged who access the VA&EP. Aids and equipment is defined as items provided by VA&EP.</p>
<p>b) The previous target</p>	<p>24,881</p>
<p>c) The new target and how it was set</p>	<p>27,002</p>
<p>d) The justification for changing the target</p>	<p>The 2021-22 outcome was higher than the 2021-22 target as additional resourcing has increased capacity to provide more lymphoedema garments due to additional four-year Commonwealth funding and increased capacity to meet need for other equipment/subsidies due to additional NDIS Out-of-Scope funding.</p> <p>The 2023-24 target is higher to reflect number of clients accessing aids and equipment</p>
<p>e) An explanation of why the target was not met in 2021-22, if applicable, and the 2022-23 expected outcome</p>	<p>The 2022-23 expected outcome is higher than the 2022-23 target due to additional funding.</p>
<p>f) The methodology behind estimating the 2022-23 expected outcome in the 2023-24 Budget</p>	<p>The 2022-23 expected outcome is higher than the 2022-23 target due to additional full year funding for both 2022-23 and 2023-24 related to <i>Strengthening Victoria's interface with the NDIS</i> funding submission.</p>

Performance measures – discontinued

Question 17

For performance measures that are identified as to be discontinued in the 2023-24 *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		Small rural weighted activity unit
a)	Description/purpose of the measure and year introduced	This is the weighted number of service events (including acute and subacute admitted and non-admitted care, community and primary health, urgent care and aged care) delivered by Health Services funding through the Small Rural Health Service model. This measures the activities undertaken by small rural health services, enabling consistent counting when there are changes in activity profile allowable under the Small Rural Health Service funding model. The measure was introduced in the 2017-18 budget.
b)	The previous target	315,000
c)	When the target was last modified and reason for modification	The target was changed in the 2022-23 budget from 350,000 to 315,000. The lower 2022-23 target reflects the transfer of service delivery hours from the 'Small Rural Services–Acute Health' output to the 'Admitted Services' output.
d)	The justification for discontinuing the measure	The production of this measure relies on a funding unit (WIES) which no longer exists. The activity included in the measure are covered by other performance measures: Small Rural Urgent Care NWAU eligible separations, Small Rural Urgent Care Presentations and Small Rural Urgent Care primary health – Service delivery hours in community health care.
e)	Performance measures that will replace the discontinued measure	Small Rural Urgent Care NWAU eligible separations, Small Rural Urgent Care Presentations and Small Rural Urgent Care primary health – Service delivery hours in community health care

Performance measure		Number of training courses for health professionals on sexual and reproductive health
a)	Description/purpose of the measure and year introduced	The measure was counting the number of training courses provided to health professionals on sexual and reproductive health. The measure was introduced in the 2018-19 budget.
b)	The previous target	50
c)	When the target was last modified and reason for modification	Target has remained at 50 since its introduction.
d)	The justification for discontinuing the measure	This measure captures a limited number of training courses available to Victorian health professionals. The Department of Health will introduce a new measure as part of the 2024-25 budget that captures training provided by the Victorian Government.
e)	Performance measures that will replace the discontinued measure	A new measure will be introduced in the 2024-25 budget.

Performance measure		Immunisation coverage – adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)
a)	Description/purpose of the measure and year introduced	This indicator measures the reach of immunisation services. Immunisation services are provided through local government and general practitioners. The department purchases vaccines and distributes them to all providers. The measure was introduced in the 2010-11 budget (or pre-2010-11).
b)	The previous target	90%
c)	When the target was last modified and reason for modification	The target was changed in the 2017-18 budget from 80% to 90%. The higher 2017-18 target reflects a marked increase in compliance of consent cards being returned and a corresponding increase in vaccination as a result of vaccination implementation being moved from Year 10 to Year 7.
d)	The justification for discontinuing the measure	This target can no longer be measured. Previously this target was measured by asking local council immunisation services to report numbers of returned consent cards. However, this has not occurred in the past two years due to COVID-19 restrictions.

		Consistent with Victoria's obligations under the National Partnership on Essential Vaccine Agreement.
e)	Performance measures that will replace the discontinued measure	'Percentage of adolescents (aged 15) fully immunised for HPV' was introduced in the 2022-23 budget, which replaced this measure.

Performance measure		Smoking cessation of Aboriginal mothers
a)	Description/purpose of the measure and year introduced	The measure relates to the rate of Aboriginal women who smoked after 20 weeks gestation as compared to before 20 weeks gestation. The indicator indirectly assesses the performance of health services in providing smoking cessation advice, assistance and follow-up during the antenatal period to reduce both the rate of smoking among pregnant women and the risk of smoking-associated adverse health outcomes for babies. The measure was introduced in the 2016-17 budget.
b)	The previous target	25.5%
c)	When the target was last modified and reason for modification	The target was changed in 2019-20 Budget from 21.4% to 25.2%.
d)	The justification for discontinuing the measure	The discontinued measure does not align with the annual Victorian Mothers Babies and Children Report published by The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) which details the smoking rates that are comparable, not smoking cessation rates specifically which is what this measure reported on.
e)	Performance measures that will replace the discontinued measure	'Percentage of Aboriginal mothers who smoked during pregnancy', to better capture activity and compare data.

Performance measure		Number of available HIV rapid test trial appointments used
a)	Description/purpose of the measure and year introduced	Indicates the percentage of available appointments being used by patients of the service seeking a rapid HIV test. The aim is to increase the frequency of HIV and sexually transmittable infections testing for at-risk populations. An important factor in increasing testing frequency is to reduce actual and perceived barriers to testing.

		The measure was introduced in the 2014-15 budget.
b)	The previous target	2,875
c)	When the target was last modified and reason for modification	The target was changed in 2019-20 budget from 2,688 to 2,875 due to a change in budget.
d)	The justification for discontinuing the measure	New measure reflects a more accurate measure of service provision and updates to testing practices.
e)	Performance measures that will replace the discontinued measure	Number of HIV and sexually transmissible infections tests conducted at PRONTO!

Performance measure		Separations from an acute inpatient unit where the consumer received post-discharge follow-up within 7 days
a)	Description/purpose of the measure and year introduced	Introduced to reflect the recommendations of the Royal Commission into Victoria's Mental Health System to better measure government investment into mental health. The measure was introduced in the 2022-23 budget.
b)	The previous target	88%
c)	When the target was last modified and reason for modification	The target has remained at 88% since its introduction.
d)	The justification for discontinuing the measure	Performance of the initiative is captured by disaggregated measures of post discharge community care to reflect the new service system arrangements.
e)	Performance measures that will replace the discontinued measure	This measure was to be disaggregated and renamed in 22-23 to <i>Post-discharge community care</i> . In 2023-24 more accurate name changes have been applied: Percentage of consumers followed up within 7 days of separation - Inpatient (CAMHS) Percentage of consumers followed up within 7 days of separation - Inpatient (older persons) Percentage of consumers followed up within 7 days of separation - Inpatient (adult and forensic)

Performance measure		Clients readmitted (unplanned) within 28 days
a)	Description/purpose of the measure and year introduced	Refers to clients admitted to any mental health service within 28 days of discharge from a designated mental health admitted service, excluding admissions for electroconvulsive therapy (ECT). 'Unplanned readmission' refers to there being no intention on the part of the clinician discharging the patient to readmit the client for an overnight or multi-day stay to a mental health admitted service within 28 days post-discharge.
b)	The previous target	14
c)	When the target was last modified and reason for modification	The target has remained at 14 since its introduction.
d)	The justification for discontinuing the measure	Measure has been discontinued and disaggregated by age cohorts to reflect the new service system arrangements.
e)	Performance measures that will replace the discontinued measure	This measure was to be disaggregated in 22-23 by service cohorts (child/youth, adult, older persons): Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (CAMHS) (<i>renamed from 'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (child/adolescent)'</i>) Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (adult) Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (older persons) (<i>renamed from 'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (aged)'</i>)

Performance measure		Registered community clients
a)	Description/purpose of the measure and year introduced	The measure captures the number of registered clients of community mental health clinical services seen in the year. 'Registered' means clients who are taken on for treatment. It does not capture clients who may be seen by a clinician – especially

		CATT clinicians – who are not taken on for treatment, either because their condition has been assessed as not warranting it, or because they are referred elsewhere. The measure was introduced in the 2011-12 budget.
b)	The previous target	90,362
c)	When the target was last modified and reason for modification	The target was changed in the 2022-23 budget from 85,863 to 90,362, which reflects the impact of funding provided in the 2021-22 and 2022-23 budgets.
d)	The justification for discontinuing the measure	Replacement measures provide improved insight into the demographic of consumers accessing clinical mental health services by disaggregating into age-based groups. Replacement measures will increase the Department of Health's accountability around the number consumers accessing clinical mental health services by cohort group.
e)	Performance measures that will replace the discontinued measure	Number of consumers accessing clinical mental health services – child/adolescent Number of consumers accessing clinical mental health services – adult Number of consumers accessing clinical mental health services – older persons

Performance measure		Occupied residential bed days
a)	Description/purpose of the measure and year introduced	Total occupied bed days in a clinical mental health residential service. Residential services comprise of aged persons residential mental health services (MH hostels and nursing homes), and certain specialist services including ABI services at Talbot campus of Austin Hospital and the Spectrum personality disorder service at Eastern Health.
b)	The previous target	153,574
c)	When the target was last modified and reason for modification	The target was changed in the 2017-18 budget from 181,730 to 153,574, due to the reconfiguration of aged care facilities being processed.
d)	The justification for discontinuing the measure	Measure calculation change to provide a better measure of utilisation
e)	Performance measures that will replace the discontinued measure	Percentage of occupied bed days (residential)

Performance measure		Occupied Sub-acute bed days
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a)	Description/purpose of the measure and year introduced	Total number of bed days in a clinical sub-acute service. Sub-acute services comprise prevention and recovery care services and community care units. Occupied bed days includes beds held for residents on leave.
b)	The previous target	198,094
c)	When the target was last modified and reason for modification	The target was changed in the 2022-23 budget from 186,771 to 198,094, which reflects additional funding provided in the 2022-23 budget for sub-acute beds.
d)	The justification for discontinuing the measure	Measure calculation change to provide a better measure of utilisation. The higher 2023-24 target reflects additional funding in 2023-24.
e)	Performance measures that will replace the discontinued measure	Percentage of occupied bed days (sub-acute)

Performance measure		Victorian families participating in the Generation Victoria study
a)	Description/purpose of the measure and year introduced	This measure reflects Government priorities regarding Generation Victoria medical research. The measure is based on expected commitments by Victorian health services to support recruitment of participants in Generation Victoria study. The measure was introduced in 2021/22
b)	The previous target	56,000
c)	When the target was last modified and reason for modification	The target has remained at 56,000 since its introduction.
d)	The justification for discontinuing the measure	The Generation Victoria study undertaken by the Murdoch Children's Research Institute is a cohort study involving expecting parents and newborn babies, with participant recruitment occurring from 2021 to 2023. As the participant recruitment period of the study ceases in October 2023 this associated target ceases to be relevant.
e)	Performance measures that will replace the discontinued measure	Nil

Employees

Question 18

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2022, 30 June 2023 and 30 June 2024:

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

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

Response a)

Classification	As at 30-06-2022		As at 30-06-2023		As at 30-06-2024	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1.0	0.0	N/A	N/A	N/A	N/A
EO-1 (SES 3)	9.0	0.3	N/A	N/A	N/A	N/A
EO-2 (SES 2)	50.1	1.6	N/A	N/A	N/A	N/A
EO-3 (SES 1)	126.1	4.0	N/A	N/A	N/A	N/A
Senior Medical Advisor (SMA)	11.1	0.4	N/A	N/A	N/A	N/A
VPS Grade 7.3 (STS)	2.0	0.1	N/A	N/A	N/A	N/A
VPS Grade 7.2 (STS)	6.0	0.2	N/A	N/A	N/Ag	N/A
VPS Grade 7.1 (STS)	22.8	0.7	N/A	N/A	N/A	N/A
VPS Grade 6.2	440.5	14.1	N/A	N/A	N/A	N/A
VPS Grade 6.1	383.1	12.3	N/A	N/A	N/A	N/A
VPS Grade 5.2	440.2	14.1	N/A	N/A	N/A	N/A
VPS Grade 5.1	613.7	19.7	N/A	N/A	N/A	N/A
VPS Grade 4	587.0	18.8	N/A	N/A	N/A	N/A
VPS Grade 3	256.0	8.2	N/A	N/A	N/A	N/A
VPS Grade 2	69.2	2.2	N/A	N/A	N/A	N/A
VPS Grade 1	10.9	0.3	N/A	N/A	N/A	N/A
Other (Please specify)*	90.7	2.9	N/A	N/A	N/A	N/A
Total	3,119.3	100				

* Other classification includes solicitors, nurses, scientists and external auditors.

Source: Department of Health Annual Report 2021-22, p. 71 – Available at: <https://www.health.vic.gov.au/sites/default/files/2022-09/department-health-annual-report-2021-22.pdf>

Note: There may be rounding errors in Full-Time Equivalent (FTE) due to data being formatted to one decimal place; N/A = Not available

b)

Category	As at 30-06-2022		As at 30-06-2023		As at 30-06-2024	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	1,748.4	56.1	N/A	N/A	N/A	N/A
Fixed term	1,352.9	43.4	N/A	N/A	N/A	N/A
Casual	8.0	0.3	N/A	N/A	N/A	N/A
WorkCover	10.0	0.3	N/A	N/A	N/A	N/A
Total	3,119.3	100				

Source: Department of Health Annual Report 2021-22, p. 70 – Available at: <https://www.health.vic.gov.au/sites/default/files/2022-09/department-health-annual-report-2021-22.pdf>

Note: There may be rounding errors in Full-Time Equivalent (FTE) due to data being formatted to one decimal place; N/A = Not available

and)

Identification	As at 30-06-2022		As at 30-06-2023		As at 30-06-2024	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	1,125.5	36.1	N/A	N/A	N/A	N/A
Women	1,968.2	63.1	N/A	N/A	N/A	N/A
Self-described	25.6	0.8	N/A	N/A	N/A	N/A
Total	3,119.3	100				

Source: Department of Health Annual Report 2021-22, p. 71 – Available at: <https://www.health.vic.gov.au/sites/default/files/2022-09/department-health-annual-report-2021-22.pdf>

Note: There may be rounding errors in Full-Time Equivalent (FTE) due to data being formatted to one decimal place; N/A = Not available

d)

Identification	As at 30-06-2022		As at 30-06-2023		As at 30-06-2024	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	16*	0.8%**	N/A	N/A	N/A	N/A
People who identify as having a disability	143*	7.5%**	N/A	N/A	N/A	N/A
Total						

* Unpublished data from Victorian Public Sector Commission, People matter survey wellbeing check 2022. Note: Value reported is headcount, not Full-Time Equivalent (FTE), of staff who responded to the survey.

** % value reported is a percentage of the number of survey respondents (n = 1,899), not the % of total departmental staff; N/A = Not available

Workforce capability and capacity

Question 19A

What are the main gaps in the Department's capability and capacity identified in the 2022-23 financial year, and expected in the 2023-24 and 2024-25 financial years?

Response

Financial year	Main gaps in capability and capacity
2022-23	<p>The department undertakes Workforce Planning to support Divisions to consider resource forecasting, including staff capability and capacity.</p> <p>Organisational capability gaps identified include:</p> <ul style="list-style-type: none"> • Specialist role functions within Health Infrastructure, IT and data analytics, • Strategic policy design, implementation, and execution • System thinking • Data analytics • Program and project management • Collaboration and influencing.
2023-24	<p>It is expected that the above capability requirements will be needed in the coming two years.</p> <p>Key capacity issues are identified via divisional workforce planning, highlighting areas of:</p> <ul style="list-style-type: none"> • Emergency Management Surge Staff • Specialist role functions within Health Infrastructure, Information Technology and data analytics.
2024-25	<p>Key capacity issues are identified via divisional workforce planning, highlighting areas of:</p> <ul style="list-style-type: none"> • Emergency Management Surge Staff • Specialist role functions within Health Infrastructure, Information Technology and data analytics, Executive Assistant and support functions.

Contractors

Question 19B

- For the 2021-22 financial year please outline: what the Department spent on contractors (and if it differs from the budgeted amount by greater than 5 per cent +/- explain why), the relevant occupation categories for those contractors, and the total number of contractor arrangements
- For the 2022-23 financial year please outline: the Department's expected spend on contractors (and if it differs from the budgeted amount by greater than 5 per cent +/- explain why), 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 budget for contractors, how this budget figure was calculated, and what the anticipated occupation categories are for contractor arrangements.

	2021-22	2022-23 (to date)		2023-24
Spend	\$1,156,108,017	Estimated at \$1,433,850,000, noting that the department undertakes annual contractor expenditure analysis as part of its end of financial year procurement reporting. To date data is therefore an estimate only, subject to adjustment at the end of financial year.	Budget	There is no set budget for contractor and consultant engagements. Financial delegates are responsible for the decision to engage contractors and consultants within their broader allocated budgets, based on business need. The department therefore cannot accurately forecast future expenditure.
Variance of 5% +/- to budget (if applicable)	Not relevant	Not relevant	How budget was calculated?	

Reason for variance	<p>Estimated/forecast for 2021-22 not available, as per previous Questionnaire. Data therefore not comparable.</p> <p>However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates, which cannot be anticipated.</p>	<p>Estimated/forecast for 2022-23 not available, as per previous Questionnaire. Data therefore not comparable.</p> <p>However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates, which cannot be anticipated.</p>	N/A	-
Occupation categories	<p>Typical Contractors Occupation Categories include:</p> <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Consulting and Strategy • Education and Training • Engineering • Legal • Research • Trades and Services 	<p>Typical Contractors Occupation Categories include:</p> <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Consulting and Strategy • Education and Training • Engineering • Legal • Research • Trades and Services 	Anticipated occupation categories	<p>Typical Contractors Occupation Categories include:</p> <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Education and Training • Engineering • Legal • Research • Trades and Services
Total number of contractor arrangements	682 vendors engaged under various arrangements	<p>Not available.</p> <p>The department undertakes annual contractor expenditure analysis as part of its end of financial year procurement reporting. To date data is therefore not available to support this question.</p>	N/A	

Consultants

Question 19C

- For the 2021-22 financial year please outline: what the Department spent on consultants (and if it differs from the budgeted amount by greater than 5 per cent +/- explain why), the relevant occupation categories for those consultants, and the total number of consultant arrangements
- For the 2022-23 financial year please outline: the Department's expected spend on consultants (and if it differs from the budgeted amount by greater than 5 per cent +/- explain why), the relevant occupation categories for those consultants, and the total number of consultant arrangements
- For the 2023-24 financial year please outline: the Department's budget for consultants, how this budget figure was calculated, and what the anticipated occupation categories are for consultant arrangements.

	2021-22	2022-23 (to date)		2023-24
Spend	\$16,151,296 (excluding GST)	\$5,374,245 (excluding GST)	Budget	Financial delegates are responsible for the decision to engage contractors and consultants, which cannot be forecast in advance. The department therefore cannot accurately forecast future expenditure.
Variance of 5% +/- to budget (if applicable)	Not relevant	Not relevant	How budget was calculated?	
Reason for variance	Estimated/forecast for 2021-22 not available, as per previous Questionnaire. Data therefore not comparable. However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates, which cannot be anticipated.	Estimated/forecast for 2022-23 not available, as per previous Questionnaire. Data therefore not comparable. However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates, which cannot be anticipated.	N/A	-

Occupation categories	Typical Consultancy Occupation Categories include: <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	Typical Consultancy Occupation Categories include: <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	Anticipated occupation categories	Typical Consultancy Occupation Categories include: <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support
Total number of consultant arrangements	30	23	N/A	-

Labour Hire arrangements

Question 19D

- For the 2021-22 financial year please outline: what the Department spent on labour hire arrangements (and if it differs from the budgeted amount by greater than 5 per cent +/- explain why), the relevant occupation categories for those labour hire arrangements, and the total number of labour hire arrangements
- For the 2022-23 financial year please outline: the Department's expected spend on labour hire arrangements (and if it differs from the budgeted amount by greater than 5per cent +/- explain why), 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 budget for labour hire arrangements, how this budget figure was calculated, and what the anticipated occupation categories are for those labour hire arrangements.

	2021-22	2022-23 (to date)		2023-24
Spend	\$34,300,737	\$13,029,010	Budget	
Variance of 5% +/- to budget (if applicable)	Not relevant	Not relevant	How budget was calculated?	There is no set budget for labour hire arrangements. Financial delegates are responsible for the decision to engage labour hire within their broader allocated budgets, based on business need. The department therefore cannot accurately forecast future expenditure.
Reason for variance	<p>Note:</p> <ul style="list-style-type: none"> Estimated/forecast for 2021–22 not available, as per previous Questionnaire. Data therefore not comparable. <p>However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.</p>	<p>Note:</p> <ul style="list-style-type: none"> Estimated/forecast for 2022–23 not available, as per previous Questionnaire. Data therefore not comparable. <p>However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.</p>	N/A	-

Occupation categories	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	Anticipated occupation categories	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management
Total number of labour hire arrangements	Not available	Not available	N/A	-

Jobs and Skills Exchange

Question 19E

- a) What are the estimated costs and savings of implementing the Jobs and Skills Exchange (JSE) to the Department for the 2022-23 and 2023-24 financial years?

	2022-23	2023-24
Estimated costs	Data is not available	Data is not available
Estimated savings	Data is not available	Data is not available

- b) What are the benefits and shortcomings of the JSE, if any, identified by the Department?

The Jobs and Skills Exchange (JSE) has created greater mobility within the Victorian Public Service and has encouraged staff to experience working in different government departments. The JSE policy has provided benefits in terms of the requirement for the Department of Health to strengthen oversight of vacancy management and Labour Hire requests, which is demonstrated in the overall reduction of labour hire usage within the Department of Health.

There remain challenges with attracting staff with the necessary skills or interest to fill the highly specialised roles required by the department.

c) For the 2022-23 financial year, please detail:

- i. the number of jobs that were advertised on the JSE platform
- ii. the number of jobs that were successfully filled through the JSE
- iii. the number of jobs that were advertised on the JSE but not able to be filled through the JSE
- iv. the number of jobs that were advertised on the JSE but not able to be filled through the JSE that were awarded to contractors/consultants /labour hire arrangements
- v. the alternative methods used by the Department to fill jobs that were advertised on the JSE but not able to be filled through the JSE (for example advertisements on the careers.vic.gov.au/any external jobs boards)
- vi. the number of jobs that were advertised on the JSE that were not filled and why (for example they were abandoned).

Financial year 2022-23	Number of jobs	Alternative methods (Examples: careers.vic.gov.au, external jobs boards)
i. Total number of jobs advertised on the JSE	1820	Not Applicable
ii. Jobs successfully filled through the JSE	806	Not Applicable
iii. Jobs listed on the JSE but unable to be filled through the JSE	726	403 filled via careers.vic.gov.au and external job boards
iv. Jobs listed on the JSE but unable to be filled through the JSE and awarded to contractor/consultant/labour hire arrangement	14	Not Applicable
v. The alternative methods used by the Department to fill jobs that were advertised on the JSE but not able to be filled through the JSE (for example advertisements on the careers.vic.gov.au/any external jobs boards)	403	Roles filled via careers.vic.gov.au and external job boards
vi. Jobs advertised on the JSE that were not filled/pursued	323	Why 268 jobs had no appointment, and 56 jobs were withdrawn

Financial year 2022-23	Number of jobs	Alternative methods (Examples: careers.vic.gov.au, external jobs boards)
i. Total number of jobs advertised on the JSE	1820	Not Applicable
ii. Jobs successfully filled through the JSE	806	Not Applicable
iii. Jobs listed on the JSE but unable to be filled through the JSE	726	403 filled via careers.vic.gov.au and external job boards
iv. Jobs listed on the JSE but unable to be filled through the JSE and awarded to contractor/consultant/labour hire arrangement	14	Not Applicable
v. the alternative methods used by the Department to fill jobs that were advertised on the JSE but not able to be filled through the JSE (for example advertisements on the careers.vic.gov.au/any external jobs boards)	403	Roles filled via careers.vic.gov.au and external job boards
vi. Jobs advertised on the JSE that were not filled/pursued	323	Why 268 jobs had no appointment, and 56 jobs were withdrawn

Enterprise Bargaining Agreements

Question 20

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2023-24 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 2023-24 employee benefits.

Response

a)

The *Victorian Public Service Agreement 2020* nominally expires on 20 March 2024 with negotiations for a new agreement scheduled to commence in September 2023. This agreement covers 91% per cent of the department's employees.
The Enterprise Bargaining Agreement (EBA) covering the remainder of the department's workforce does not pass its nominal expiry date until 15 November 2025.

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 wages increase 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 2023-24 employee benefits. Consistent with wages policy any further additional costs must be offset with equivalent productivity improvements and efficiencies.

Advertising – expenditure

Question 21

Please provide a list of forecast/budgeted advertising expenditure for the Department and its portfolio agencies in 2023-24 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 required for this item

Response

a)

The department is awaiting the outcome from the Department of Premier and Cabinet of the Annual Advertising Plan (AAP) for the 2023-24 financial year. This is expected before end of June 2023 and will provide an approved budget envelope for campaign activity in the financial year 2023-24.

b)

Once the AAP budget is approved, media agencies will be briefed on campaign objectives and will provide advice regarding most appropriate medium to reach the intended audience.

c) + d)

The table below provides an overview of proposed campaigns for 2023-24 (not yet approved). It is proposed that there will be 30 campaigns (including those from agencies and NFP partners). Campaigns align to government and departmental priorities and are categorised as attraction and retention of workforce; women's health; public health; right care, right place, right time; infrastructure and Aboriginal health. Note, dates are an estimate only and the two highlighted campaigns will be in international markets.

e)

The department is awaiting the outcome from DPC of the Annual Advertising Plan (AAP) for FY 2023-24. This is expected before end of June 2023 and will provide an approved budget envelope for campaign activity in FY 2023-24. The recruitment campaigns are listed in the table provided in the word doc referred to as 'workforce attraction'.

Campaign Name	Objective	Description / outcome	Timing
Infrastructure workforce attraction campaign	Participate	Infrastructure workforce recruitment to support election commitment	Q1, Q2, Q3, Q4
Social media amplification - always on	Behavioural Change	Paid spend on targeted social media posts to increase reach and views	Q1, Q2, Q3, Q4
Community impacts and community engagement/consultation of health infrastructure program of works	Be Aware	Ensuring Victorian community are engaged and consulted on health infrastructure program of works and aware of any temporary construction impacts on their community	When necessary, dependent on program of works
Aboriginal health community-led health campaigns	Behaviour Change	Delivered in partnership with Aboriginal community-controlled organisations – targeting with key health messages	Q1-4
Public health incidents and emergency advertising	Be Aware	Emergency advertising to support public health incidents and emergencies	As required
Women's health package	Consume a Service	Promotion of women's health services delivered as part of the reform package	Q2, Q3
COVID/Flu seasonal campaign	Behavioural Change	Encourage uptake of seasonal flu and COVID vaccinations and protective behaviours	Q1, Q4
COVID wave contingency	Behavioural Change	Increasing awareness of health information ahead of and during COVID-19 waves	As required
Right care, right place, right now (health)	Consume a Service	Raise awareness of the broad range of health services available and ensure Victorians are getting the right care, at the right time and in the right place	Q2, Q3

Workforce attraction and retention (domestic)	Transact	Attract health workers to Victorian health services with a key focus on priority professions	Q2, Q4
Occupational violence towards healthcare workers	Behavioural Change	Broad reaching awareness campaign, highlighting the issue of occupational violence towards healthcare workers	Q2, Q3
Right care, right place, right now (mental health)	Consume a Service	Raise awareness of a broad range of mental health services available and ensure Victorians are getting the right care, at the right time and in the right place	Q2, Q3, Q4
Mental health workforce attraction and retention campaign (domestic only) - Jobs that Matter	Transact	Build awareness of the opportunities for career progression and development within the Victorian public mental health system to attract and retain workers	Q2, Q3, Q4
Mental health workforce attraction campaign – International	Transact	International mental health workers recruitment campaign	Q1, Q3
Health workforce attraction campaign – International	Transact	International health workers recruitment campaign	Q1, Q3
Screening, Early Detection and Immunisation (SEDI) – Cancer Screening – Under-screened Communities	Behavioural Change	Increase knowledge and awareness of cancer screening and address barriers to participation to specific under-screened communities	
Screening, Early Detection and Immunisation (SEDI) – Early Detection Campaign – promoting health seeking behaviours for cancer screening and symptoms	Behavioural Change	Address impact COVID-19 has had on Victorian's engagement in health seeking behaviours, including participation in cancer screening programs. Aims to increase awareness of and participation in cancer screening, attending health checks and practicing early detection health behaviours	Q1, Q2, Q3, Q4
Screening, Early Detection and Immunisation (SEDI) – Bowel Screening	Behavioural Change	Increase engagement in the National Bowel Cancer Screening Program	Q1, Q2, Q3, Q4
SunSmart – Early Detection (Older Men Campaign)	Behavioural Change	Increase rates of early skin cancer detection and help reduce the rate of melanoma death of Victorian men aged 40-60	Q3, Q4

SunSmart – Prevention (Sun Protection Campaign)	Behavioural Change	Increase sun protection behaviours and awareness of UV as a leading cause of skin cancer	Q2, Q3
Quit – Capacity building always on	Behavioural Change	Provide ongoing support and motivation to smokers thinking of quitting	Q1, Q2, Q3, Q4
Quit – Priority Communities	Behavioural Change	Address barriers, increase knowledge of health harms and increase capacity to use interventions such as Quitline with priority communities	Q1, Q2, Q3, Q4
Quit – Motivation Campaign (Health Harms)	Behavioural Change	Educate public on the harms of smoking, and provide avenues for support and help to quit – campaign 1	Q2
Quit – Motivation Campaign (Health Harms)	Behavioural Change	Educate public on the harms of smoking, and provide avenues for support and help to quit – campaign 2	Q3, Q4
13 11 20 – You’re Not alone	Consume a Service	Increase awareness of Cancer Council's free 13 11 20 support services	Q2
Achievement Program – Vic Kids Eat Well (VKEW)	Behavioural Change	Boost healthy food and drink options in childhood and family-focused settings across Victoria	Q1, Q2, Q3, Q4
This Girl Can Year 6	Participate	Increase physical activity among Victorian women and support gender equality by challenging traditional gender roles	Q2, Q3
Victorian Health Promotion (boosting social activity)	Be Aware	Paid spend on targeted social media posts to increase reach and views	Q1, Q2, Q3, Q4
Vaping campaign	Be Aware	Communicate the harms of e-cigarettes to reduce uptake or encourage quitting	Q1, Q2, Q3
Screen for Life	Behaviour Change	Following disruptions caused by COVID-19, bring clients back to breast screening	Q1
Life! Program – 2023-24	Behavioural Change	Encourage Victorians at high risk of diabetes, heart disease and stroke to join the Life! program and learn how to set and achieve healthy lifestyle goals	Q2, Q3, Q4

Improving cardiovascular disease risk assessment and referrals in regional Victoria – 2023-2024	Behavioural Change	Increase awareness of and access to the Medicare-subsidised Heart Health Check	Q2, Q3
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Relationship between the Commonwealth and Victoria

Question 22

What impact, if any, have changes to federal/state funding agreements had on the Department's 2023-24 Budget?

Response

Nil, as funding for the Intergovernmental Agreements (IGAs) below is expected to be finalised following the release of the State Budget on 23 May 2023 or are yet to be negotiated.

Previously announced Intergovernmental Agreements (IGAs)

- Victoria has recently negotiated several IGAs with the Commonwealth that are expected to be in place from 1 July 2023 – these include:
 - Newborn Bloodspot Screening
 - Access to HIV treatment
 - Surge Capacity for BreastScreen Australia
 - Medicare Urgent Care Clinic
 - Primary Care Pilots
 - Reducing Stillbirths
 - John Flynn Prevocational Doctor Program
- Funding for these IGAs was confirmed in the 2023-24 Commonwealth Budget.

New announcements from the 2023-24 Commonwealth Budget – 9 May 2023

- Estimated Commonwealth National Health Reform funding to Victoria increased by \$1,345 million over four years compared to the 2022-23 Commonwealth Budget allocations made in October. This reflects activity estimates submitted by Victoria to the Administrator of the National Health Funding Body. Commonwealth national health reform funding is dependent on activity delivered.
- The Commonwealth will extend the existing Public Dental Services for Adults funding agreement for two years to 30 June 2025. For Victoria, this amounts to \$53.8 million (\$26.9 million per year). This is a welcome announcement, as it will provide certainty of funding to progress work on longer-term adult public dental reform.
- New funding has been announced for Smoking and vaping cessation activities – \$15 million nationally over four years to scale-up State/Territory Quitline capacity and Quit services to support increased demand through additional workforce, training for Quitline counsellors, and enhanced use of technology. Funding allocations to jurisdictions have not yet been confirmed.

- Funding of \$10.2 million (nationally) over three years has also been confirmed to be paid direct to states and territories to support and expand existing direct access colonoscopy triage models for participants of the National Bowel Cancer Screening Program who return a positive bowel cancer screening result.

Service delivery

Machinery of Government changes

Question 23

Please provide the total estimated cost to the department (if any) of the Machinery of Government changes made in the 2023-24 Budget?

A Machinery of Government change is reflected in the 2023-24 State Budget relating to the Department of Health. This relates to the Medical Research functions transferring from the Department of Jobs, Skills, Industry and Regions (DJSIR), including 26 staff effective from 1 January 2023. There was a very small cost involved in facilitating this transfer mainly related to the transfer and provision of new equipment (laptops, etc.) of \$28,000. This has been managed within existing departmental budgets.

Please explain the estimated cost and impact of the below Machinery of Government changes (and where relevant explain new portfolio responsibilities and/or how they are shared) and when it is anticipated the changes will be fully implemented, including:

- a) the creation of the new Department of Government Services (DGS)?
- b) how the new Government Services portfolio will be split across the new DGS and the Department of Premier and Cabinet (DPC)?
- c) the renamed Department of Environment, Energy and Climate Action (DEECA)?
- d) the new Outdoor Recreation portfolio and what the responsibilities of this portfolio are?
- e) the new Manufacturing Sovereignty portfolio and what the responsibilities of this portfolio are?
- f) the new Commonwealth Games Delivery and Commonwealth Games Legacy portfolios and what the responsibility of each of these portfolios are?
- g) the renamed Department of Transport and Planning (DTP)?

	Estimated cost and date changes are anticipated to be fully implemented	Impact	New portfolio responsibilities and/or how responsibilities are shared, if relevant
New Department of Government Services (DGS)	Not Applicable		
New Government Services portfolio that will be split across the new DGS and DPC	Not Applicable		
Renamed Department of Environment, Energy and Climate Action (DEECA)	Not Applicable		
New Outdoor Recreation portfolio	Not Applicable		
New Manufacturing Sovereignty portfolio	Not Applicable		
New Commonwealth Games Delivery portfolio	Not Applicable		
New Commonwealth Games Legacy portfolio	Not Applicable		
Renamed Department of Transport and Planning (DTP)?	Not Applicable		

* Where the Machinery of Government change has no impact on the department, please type N/A where appropriate in the table above.

Question 24

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

Please provide by ministerial portfolio, the relevant output(s), objective(s), objective indicator(s) and performance measure(s) as provided in the 2023-24 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 2022-23 Budget.

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

Response

		Changes (if any) since 2022-23 Budget
Minister*	Thomas	
Portfolio	Health	
Output(s)	<ul style="list-style-type: none"> • Admitted Services • Non-admitted Services • Emergency Services • Health Workforce Training and Development • Community Health Care • Dental Services • Maternal and Child Health and Early Parenting Services • Health Protection • Health Advancement • Emergency Management • Small Rural Services – Acute Health • Small Rural Services – Primary Health 	<p>With post-election changes to ministerial portfolios, two outputs which had formed part of the Health portfolio have now been transferred to the Mental Health portfolio.</p> <p>These two outputs are:</p> <ul style="list-style-type: none"> • Drug Prevention and Control • Drug Treatment and Rehabilitation
Objective(s)	Victorians are the healthiest people in the world.	Updated for consistency with the department's forthcoming Strategic Plan.

Objective indicator(s)	To be published in the department's forthcoming Strategic Plan.	
Performance measure(s)	All performance measures listed in the above outputs.	<p>Two measures are discontinued without replacement:</p> <ul style="list-style-type: none"> • Number of training courses for health professionals on sexual and reproductive health • Small rural weighted activity unit <p>Two new measures replacing proposed discontinued measures:</p> <ul style="list-style-type: none"> • Number of Human Immunodeficiency Virus (HIV) and sexually transmissible infections tests conducted at PRONTO! • Percentage of Aboriginal mothers who smoked during pregnancy <p>Seven other new measures:</p> <ul style="list-style-type: none"> • Percentage of adolescents (aged 15) fully immunised for Human PapillomaVirus (HPV) • 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) • Number of undergraduate nursing and midwifery scholarships supported • Number of nurse practitioner candidates supported • Scholarships for refresher programs and re-entry to practice courses for nurses and midwives • Total funded number of sign-on bonuses (first payment) allocated to nursing and midwifery graduates

		<p>Admitted Services</p> <ul style="list-style-type: none"> • Palliative separations • Sub-acute care separations • Total separations – all hospitals • National Weighted Activity Unit (NWAU) funded – all hospitals except small rural health services • Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average • Number of patients admitted from the elective surgery waiting list • NWAU funded emergency 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 • Percentage of patients who reported positive experiences of their hospital stay • Perinatal and child mortality reports received, reviewed and classified • Public hospitals accredited • Patient reported hospital cleanliness • Staphylococcus aureus bacteraemias (SAB) infections per 10 000 patient days • Unplanned readmission for acute myocardial infarction • Unplanned readmission after treatment for heart failure
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		<ul style="list-style-type: none"> • Unplanned readmission after hip replacement surgery • Unplanned readmission after paediatric tonsillectomy and adenoidectomy • Unplanned readmission after knee replacement • Non-urgent (Category 3) elective surgery patients admitted within 365 days • Semi-urgent (Category 2) elective surgery patients admitted within 90 days • Urgent (Category 1) elective surgery patients admitted within 30 days
		<p>Acute Training and Development</p> <ul style="list-style-type: none"> • Clinical placement student days (medicine) • Clinical placement student days (nursing and midwifery) • Clinical placement student days (allied health) • Funded post graduate nursing and midwifery places at Diploma and Certificate level • Total funded Full-Time Equivalent (FTE) (early graduate) allied health positions in public system • Total funded FTE (early graduate) medical positions in public system • Total funded FTE (early graduate) nursing and midwifery positions in public system • Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services

		<p>Community Health Care</p> <ul style="list-style-type: none"> • Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians • Number of referrals made using secure electronic referral systems • Primary Care Partnerships with reviewed and updated Strategic Plans • 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"> • Persons treated • Priority and emergency clients treated • Children participating in the Smiles 4 Miles oral health promotion program • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Waiting time for dentures • Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours • Waiting time for general dental care <p>Emergency Management</p> <ul style="list-style-type: none"> • Number of people trained in emergency management
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		<p>Emergency Services</p> <ul style="list-style-type: none">• Emergency presentations• Emergency patients that did not wait for treatment• Emergency patients re-presenting to the emergency department within 48 hours of previous presentation• 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>Health Advancement</p> <ul style="list-style-type: none">• Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program• Number of training courses for health professionals on sexual and reproductive health• Number of education or monitoring visits of tobacco or e-cigarette retailers• Number of sales to minors test purchases undertaken• Number of education or monitoring visits of smoke-free areas• Local Government Authorities with Municipal Public Health and Wellbeing Plans
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		<p>Health Protection</p> <ul style="list-style-type: none">• Inspections of cooling towers• Inspections of radiation safety management licences• Percentage of Aboriginal children fully immunised at 60 months• Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening• Smoking cessation of Aboriginal mothers• Calls to food safety hotlines that are answered• Immunisation coverage – At five years of age• Immunisation coverage – At two years of age• Public health emergency response calls dealt with within designated plans and procedure timelines• Percentage of food recalls acted upon within 24 hours of notification• Infectious disease outbreaks responded to within 24 hours• Number of available HIV rapid test trial appointments used• Women screened for breast cancer by BreastScreen Victoria• Percentage of newborns having a newborn bloodspot screening test• Participation rate of women in target age range screened for breast cancer <p>Health Workforce Training and Development</p> <ul style="list-style-type: none">• Additional student clinical placement days
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		<p>Maternal and Child Health and Early Parenting Services</p> <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 0 to 1 year) • Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications <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 - Acute Health</p> <ul style="list-style-type: none"> • NWAU Eligible Separations • Small rural weighted activity unit • Small Rural Urgent Care Presentations • Percentage of health services accredited <p>Small Rural Services – Primary Health</p> <ul style="list-style-type: none"> • Service delivery hours in community health care
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		Changes (if any) since 2022-23 Budget
Minister*	Thomas	
Portfolio	Health Infrastructure	
Output(s)	Nil	
Objective(s)	Not Applicable	
Objective indicator(s)	Not Applicable	
Performance measure(s)	Not Applicable	

		Changes (if any) since 2022-23 Budget
Minister*	Thomas	
Portfolio	Medical Research	A new stand-alone portfolio established in the Department of Health following the 2022 State Election.
Output(s)	Medical Research	Formerly a sub-output within the then Department of Jobs, Precincts and Regions, Medical Research is now a dedicated output administered by the Department of Health.
Objective(s)	Victorians are the healthiest people in the world.	Updated for consistency with the department's forthcoming Strategic Plan.
Objective indicator(s)	To be published in the department's forthcoming Strategic Plan.	
Performance measure(s)	All performance measures listed in the above outputs.	Medical Research <ul style="list-style-type: none"> Operational infrastructure supports grants under management Victorian families participating in the Generation Victoria study

		Changes (if any) since 2022-23 Budget
Minister*	Williams	
Portfolio	Mental Health	
Output(s)	<ul style="list-style-type: none"> • Mental Health Clinical Care • Mental Health Community Support Services • Drug Prevention and Control • Drug Treatment and Rehabilitation 	<p>Since reallocation of portfolios following the November 2022 State Election, two outputs previously in the Health portfolio, now form part of the Mental Health portfolio. These being:</p> <ul style="list-style-type: none"> • Drug Prevention and Control • Drug Treatment and Rehabilitation
Objective(s)	Victorians are the healthiest people in the world.	Updated for consistency with the department's forthcoming Strategic Plan.
Objective indicator(s)	To be published in the department's forthcoming Strategic Plan.	
Performance measure(s)	All performance measures listed in the above outputs.	<p>Two measures are discontinued without replacement:</p> <ul style="list-style-type: none"> • Separations from an acute inpatient unit where the consumer received post-discharge follow-up within seven (7) days • Clients readmitted (unplanned) within 28 days <p>Five new measures replacing proposed discontinued measures:</p> <ul style="list-style-type: none"> • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child/adolescent • Number of consumers accessing clinical mental health services – older persons • Percentage of occupied bed days (sub-acute) • Percentage of occupied bed days (residential) <p>Twenty-three renamed measures:</p> <ul style="list-style-type: none"> • 'Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt' renamed

from 'Pharmacotherapy permits processed within designated timeframe'

- 'Percentage of new clients accessing services (with no access in prior five years)' renamed from 'Percentage of new clients to existing clients'
- 'Number of treatment events ending in the reference period where a significant treatment goal is achieved' renamed from 'Successful courses of treatment (episodes of care) – community-based drug treatment services'
- 'Rate of seclusion episodes per 1,000 occupied bed days – Inpatient (older persons)' renamed from 'Seclusions per 1,000 occupied bed days (aged)'
- 'Percentage of consumers followed up within 7 days of separation - Inpatient (CAMHS)' renamed from 'Post-discharge community care (child and adolescent)'
- 'Percentage of consumers followed up within 7 days of separation - Inpatient (CAMHS)' renamed from 'Post-discharge community care (child and adolescent)'
- 'Percentage of consumers followed up within 7 days of separation - Inpatient (adult)' renamed from 'Post-discharge community care (adult)'
- 'Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)' renamed from 'Post-discharge community care (aged)'
- 'Number of community service hours (aged)' renamed from 'Total community service hours (aged)'
- 'Number of community service hours (adult)' renamed from 'Total community service hours (adult)'
- 'Number of community service hours (child and adolescent)' renamed from 'Total community service hours (child and adolescent)'
- 'Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service' renamed from 'Mental health carers who report a positive experience of care'

- 'Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected' renamed from 'Carers who report they usually or always felt their opinions as a carer were respected'
- 'Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive' renamed from 'Mental health consumers who report a positive experience of care'
- 'Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (CAMHS)' renamed from 'Seclusions per 1,000 occupied bed days (child and youth)'
- 'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (CAMHS)' renamed from 'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (child/adolescent)'
- 'Percentage of community cases newly opened' renamed from 'New case index'
- 'Percentage of new consumers accessing services (with no access in prior five years)' renamed from 'New client index'
- 'Percentage of departures from emergency departments to a mental health bed within 8 hours' renamed from 'Emergency patients admitted to a mental health bed within eight hours'
- 'Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours' renamed from 'Mental health-related emergency department presentations with a length of stay of less than 4 hours'
- 'Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service' renamed from 'Consumers who report they usually or always felt the service was safe'
- 'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (older persons)' renamed from

		<p>'Acute mental health inpatients readmitted (unplanned) within 28 days of discharge (aged)'</p> <ul style="list-style-type: none">• 'Rate of seclusion episodes per 1,000 occupied bed days – Inpatient (adult and forensic)' renamed from 'Seclusions per 1,000 occupied bed days (adults and forensic)'• 'Percentage of admissions with a preadmission contact – Inpatient' renamed from 'Pre-admission community care'
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		Changes (if any) since 2022-23 Budget
Minister*	Williams	
Portfolio	Ambulance Services	
Output(s)	<ul style="list-style-type: none"> Ambulance Emergency Services Ambulance Non-Emergency Services 	No changes
Objective(s)	Victorians are the healthiest people in the world.	Updated for consistency with the department's forthcoming Strategic Plan.
Objective indicator(s)	To be published in the department's forthcoming Strategic Plan.	
Performance measure(s)	All performance measures listed in the above outputs.	Ambulance Emergency 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 Proportion of patients very satisfied or satisfied with overall services delivered by paramedics Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide

		<ul style="list-style-type: none">• Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population <p>Ambulance Non-Emergency Services</p> <ul style="list-style-type: none">• 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
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		Changes (if any) since 2022-23 Budget
Minister*	Blandthorn	
Portfolio	Disability, Ageing and Carers (Ageing part of portfolio only)	
Output(s)	<ul style="list-style-type: none"> Residential Aged Care Aged Care Assessment Aged Support Services Home and Community Care Program for Younger People Small Rural Services – Aged Care Small Rural Services – Home and Community Care Services 	
Objective(s)	Victorians are the healthiest people in the world.	Updated for consistency with the department's forthcoming Strategic Plan.
Objective indicator(s)	To be published in the department's forthcoming Strategic Plan.	
Performance measure(s)	All performance measures listed in the above outputs.	<p>Residential Aged Care</p> <ul style="list-style-type: none"> Available bed days Residential care services accredited <p>Aged Care Assessment</p> <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 <p>Aged Support Services</p> <ul style="list-style-type: none"> Personal alert units allocated Victorian Eyecare Service (occasions of service)

		<ul style="list-style-type: none">• Clients accessing aids and equipment• Funded research and service development projects for which satisfactory reports have been received• Clients satisfied with the aids and equipment services system• Applications for aids and equipment acknowledged in writing within 10 working days <p>Home and Community Care Program for Younger People</p> <ul style="list-style-type: none">• Home and Community Care for Younger People – number of clients receiving a service• Home and Community Care for Younger People – hours of service delivery <p>Small Rural Services – Aged Care</p> <ul style="list-style-type: none">• Small rural available bed days• Residential care services accredited <p>Small Rural Services – Home and Community Care Services</p> <ul style="list-style-type: none">• Home and Community Care for Younger People – hours of service delivery
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Question 25

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

Response

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
Health	Albury Wodonga Health	GG
	Alexandra District Health	GG
	Alfred Health	GG
	Alpine Health	GG
	Austin Health	GG
	Bairnsdale Regional Health Service	GG
	Barwon Health	GG
	Bass Coast Health	GG
	Beaufort and Skipton Health Service	GG
	Beechworth Health Service	GG
	Benalla Health	GG
	Bendigo Health	GG
	Boort District Health	GG
	Central Gippsland Health Service	GG
	Central Highlands Rural Health	GG
	Colac Area Health	GG
	Corryong Health	GG
	Dental Health Services Victoria	GG
	Dhelkaya Health	GG
	East Grampians Health Service	GG
East Wimmera Health Service	GG	
Eastern Health	GG	
Echuca Regional Health	GG	

	Gippsland Southern Health Service	GG
	Goulburn Valley Health	GG
	Grampians Health	GG
	Great Ocean Road Health	GG
	Health Purchasing Victoria	GG
	Heathcote Health	GG
	Hesse Rural Health Service	GG
	Heywood Rural Health	GG
	Inglewood and Districts Health Service	GG
	Kerang District Health	GG
	Kilmore and District Hospital; The	GG
	Kooweerup Regional Health Service	GG
	Kyabram District Health Services	GG
	Latrobe Regional Hospital	GG
	Mallee Track Health and Community Service	GG
	Mansfield District Hospital	GG
	Maryborough District Health Service	GG
	Melbourne Health	GG
	Mildura Base Public Hospital	GG
	Monash Health	GG
	Moyne Health Services	GG
	NCN Health	GG
	Northeast Health Wangaratta	GG
	Northern Health	GG
	Omeo District Health	GG
	Orbost Regional Health	GG
	Peninsula Health	GG
	Peter MacCallum Cancer Institute	GG
	Portland District Health	GG

	Robinvale District Health Services	GG
	Rochester and Elmore District Health Service	GG
	Rural Northwest Health	GG
	Seymour Health	GG
	South Gippsland Hospital	GG
	South-West Healthcare	GG
	Swan Hill District Health	GG
	Tallangatta Health Service	GG
	Terang and Mortlake Health Service	GG
	The Queen Elizabeth Centre	GG
	The Royal Children's Hospital	GG
	The Royal Victorian Eye and Ear Hospital	GG
	The Royal Women's Hospital	GG
	Timboon and District Healthcare Service	GG
	Tweddle Child and Family Health Service	GG
	Victorian Health Promotion Foundation (VicHealth)	GG
	West Gippsland Healthcare Group	GG
	West Wimmera Health Service	GG
	Western District Health Service	GG
	Western Health	GG
	Yarram and District Health Service	GG
	Yarrawonga Health	GG
	Ballarat General Cemeteries Trust	PNFC
	Geelong Cemeteries Trust	PNFC
	Greater Metropolitan Cemeteries Trust	PNFC
	Remembrance Parks – Central Victoria	PNFC
	Southern Metropolitan Cemeteries Trust	PNFC

Health Infrastructure	Not Applicable	Not Applicable
Reform and Medical Research	Not Applicable	Not Applicable
Mental Health	Victorian Institute of Forensic Mental Health Mental Health Tribunal	GG GG
Ambulance Services	Ambulance Victoria	GG

Climate Change Strategy and Adaption Action Plans

Question 26

- a) The *Climate Change Act 2017*, Division 2, requires each Department to prepare and publish an Adaptation Action Plan. Please specify the initiatives in the Department's/Court Services Victoria's (CSVs) 2023-24 Budget that will contribute to the Department's/CSV's Adaptation Action Plan and Victoria's Climate Change Strategy. Please also outline the budget allocation, the ways in which the initiatives will contribute to the Department's/CSV's Adaptation Action Plan and Victoria's Climate Change Strategy and the year the initiative will likely realise benefits.

To date 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. The Victorian public health system has the most on-site solar of any Australian public health system.

Through the Victorian Health Building Authority's *Guidelines for Sustainability in Capital Work (the guidelines)*, the Department of Health has embedded sustainability, carbon reduction and climate adaptation requirements into all capital projects funded through the 2023-24 State Budget. The guidelines detail business as usual, minimum requirements for design and construction practices for all capital project works and will support the transition to all-electric public healthcare buildings when building new hospitals. Funding for the new Melton Hospital, designed to be Victoria's first all-electric hospital powered by 100% renewable electricity, was announced in May 2022.

The guidelines also provide advice on how the dedicated 2.5% 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 department will continue to deliver the \$40 million energy efficiency and solar program over 2023-24, including completing energy audits, commencing implementation of energy efficiency works and the installation of solar at health services.

Initiatives in 2023-24 Budget that contribute to Climate Change Strategy	Budget allocation in 2023-24 Budget	How will the initiative contribute to Adaptation Action Plan/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 in the Department/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 comply with the *Climate Change Act 2017*?
- iii. What work is planned, and budget allocated in 2023-24 to facilitate compliance of the Department with section 17?

i.	Most significant challenge with compliance	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 current and future impacts would assist decision makers to make more informed decisions. For example, encouraging walking and cycling is good for health and reduces vehicle emissions, however, the impacts are rarely quantified or costed
ii.	Guidance in place to assist decision makers	The <i>Victorian Public Health and Wellbeing plan 2019-2023</i> recognises that climate change is a leading threat to health and wellbeing and ‘tackling climate change and its impact on health’ is included as one of four focus areas in the plan. This focus area aims to achieve resilient and safe communities that are adapting to the public health impacts of climate change while decreasing health impacts associated with climate change and increasing action to reduce greenhouse gas emissions and realise health co-benefits. 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 2020</i> to assist local government in meeting their legislative obligations under both 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 2023-24	Development of the <i>Victorian public health and wellbeing plan 2023-2027</i> is underway (planned for publication by 1 September 2023).

- 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 2023-24 year onwards to achieve these targets.

Internal targets for reducing greenhouse gas emissions	Actions to be taken in 2023-24 and onward to achieve these targets
The Department of Health has a target to source 5% of public hospital total electricity use from behind-the-meter solar by June 2023. Behind-the-meter solar is generally located on the facility’s roof and provides electricity directly to the facility, thereby reducing the amount of electricity that needs to be purchased from the grid. The five per cent target comes from the installation of solar in public hospitals as part of the \$40 million energy efficiency and solar program.	The department is working with health services to procure and deliver the installation of a further seven (7) megawatt-peak of solar capacity over 2023-24. This expansion is anticipated to increase the amount of behind-the-meter solar to more than 3%.

In 2022-23, public hospitals sourced 2% of its hospital electricity demand from behind-the-meter solar, which is a lower percentage than 2021-22. While the amount of solar generation has increased year-on-year, overall electricity use across the portfolio has also increased due to building more hospitals, resulting in a lower percentage increase.

Gender Responsive Budgeting

Question 27

- a) Please list the programs/initiatives (output and asset) from the 2023-24 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 2023-24 output and asset initiatives have been subject to a gender impact assessment.
- b) Please list any other programs/initiatives (output and asset) in the 2023-24 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 which of the Department's 2023-24 budget paper performance measures that a gender lens has been applied to and what impact this had.
- d) 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.
- e) What further work is being undertaken by the Department in 2023-24 to embed GRB?

Response

a)

93% of the Department's 2023-24 output and asset initiatives have been subject to a gender impact assessment or preliminary consideration.

Initiative	Outcome/result of gender impact assessment
<p>A new ambulance station for Armstrong Creek</p> <p>Better aged care services for regional Victorians</p> <p>Mental Health Capital Renewal Fund</p> <p>Metropolitan Health Infrastructure Fund 2023-24</p> <p>More PET scanners for Victorian hospitals</p> <p>Hospital Infrastructure Delivery Fund</p> <p>Redevelopment of Thomas Embling Hospital - Stage 3</p>	<p>The Victorian Health Building Authority has undertaken an overarching gender impact assessment that encompasses its suite of budget initiatives.</p> <p>There are six key recommendations for the overarching gender impact assessment of Victorian Health Building Authority initiatives:</p> <ol style="list-style-type: none"> 1. Informed decision making through consultations with key stakeholders and alignment to state and health service policies <ul style="list-style-type: none"> • 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 2020-2030 and Victoria's LGBTIQ+ strategy 2022-32. This will ensure that the consumer's voice and government priorities are considered during the build. 2. Enable physical and psychological safety through adequate and suitably placed security features <ul style="list-style-type: none"> • 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. 3. Support privacy through suitable clinical spaces that feature gender separation, soundproofing and noise minimisation <ul style="list-style-type: none"> • Privacy plays an important role in patient experience. Key features include adequate space, gender separation of bedrooms/bathrooms and rooms that

	<p>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> <ul style="list-style-type: none"> 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>5. Promote inclusive procurement and governance by applying Victoria’s Building Equality Policy and through equal gender representation at project committees</p> <ul style="list-style-type: none"> 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>6. Embed monitoring and evaluation to understand and act on infrastructure related disadvantages to all gender gaps</p> <ul style="list-style-type: none"> Develop a gender-inclusive Monitoring & Evaluation framework to ensure ongoing inclusion of all genders. This provides the opportunity to understand whether there are particular genders that are disadvantaged through health-related infrastructure, seek opportunities for change, and demonstrate the progress and outcomes of the program. <p>Impact</p> <p>The overall impact on gender is considered positive as the improved access and ability to meet demand will benefit women, men, and gender-diverse individuals.</p>
<p>Research boost to fight childhood cancer (Victorian Paediatric Cancer Consortium)</p>	<p>Benefit of the initiative</p> <ol style="list-style-type: none"> Provide additional weighting to female or gender diverse-led research project applications submitted as part of the Innovation Grants component of the Victorian Paediatric Cancer Consortium Program.

	<p>2. Encourage hiring organisations to promote flexible working arrangements throughout the recruitment process and duration of employment. Include evaluation metrics for diversity characteristics in annual reporting.</p> <p>Impact</p> <p>1. This action is likely to have a positive gender impact. Additional weighting during assessment may encourage organisations to support more female or gender-diverse led projects, including providing career progression opportunities. The risk that male-led applications may be discouraged can be mitigated by providing a clear breakdown of assessment criteria. The weighting of a gender diversity criteria can be balanced against other criteria to ensure that only high-quality projects will benefit.</p> <p>2. This action is likely to have a positive or neutral gender impact. Although the Victorian Government will have a low ability to influence recruitment, encouraging hiring organisations to promote flexible working arrangements is likely to make employment with the Victorian Paediatric Cancer Consortium more accessible and supportive for all, including female and gender-diverse candidates. It is low-cost and will not be detrimental to a specific gender. Additionally, inclusion of gender diversity metrics in annual reporting and evaluation will provide valuable data to inform future policy and decision making.</p>
<p>System-wide improvements to support timely emergency care</p>	<p>Benefits of the Initiative:</p> <p>Maximising Victorian Virtual Emergency Department will improve emergency access and care by avoiding unnecessary emergency presentations for both rural men and rural women, including for some of the conditions identified in the Department of Health’s gender impact assessment regarding how different genders access care.</p> <p>New rostering arrangements will improve flexible working arrangements, which will be particularly beneficial for women, who may shoulder more family caring responsibilities.</p> <p>Operational Mobile Data Network in rural ambulance fleets will improve paramedic safety and well-being, and may deliver additional benefits to female paramedics, protecting them from occupational violence.</p>

	<p>continue secondary triage services, unavoidable growth, continue Medium Acuity Transport including in seven regional areas, maintain rural resourcing, expect to have neutral gender impact they are funding to enable continuation of existing service levels.</p> <p>Impact The overall gender impact is neutral to positive. Consideration is, however, given to gender norms, roles, and relations for people of different genders and how they affect access to and control over emergency care resources, as well as the causes of gender-based health inequities</p>
Pathways to home	<p>The gender impacts for the <i>Pathways to Home</i> program are expected to be neutral. An evaluation of this program will analyse the effects of gender on access, patient experience and cost benefit. This evaluation will triangulate qualitative, quantitative data and desktop research to establish findings and make recommendations. These recommendations will be incorporated into the next iteration of program guidelines and documents, thereby addressing any gaps identified.</p>
More support for mums, dads and babies	<p>Benefits of the initiative:</p> <ul style="list-style-type: none"> • Sets out a clear strategic intent to improve gender outcomes through establishing core principles for equity in access to services. • Ensures that the unique needs of the culturally and linguistically diverse, minority groups, non-binary gender diverse people are articulated in specific actions. • Ensures diversity including gendered, cultural, linguistic, religious, and other forms of diversity are included in design of actions • Allows for flexibility and responsiveness over the strategy's lifetime to changing needs <p>Impact These actions will have an overall positive impact. The policy specifically highlights and addresses the needs of mothers, fathers, carers, children and their families, including through several specific actions. It also allows for gender to be considered in design and delivery of other actions during implementation.</p>
Community Hospitals commissioning	<p>Impact</p>

	<p>The overall gender impact of Community Hospitals is positive in that it:</p> <ul style="list-style-type: none"> • considers gender norms, roles and relations for people of different genders and how they affect access to healthcare and control over resources • addresses the causes of gender-based health inequities, including the prevention of violence against women, girls and gender diverse people. • includes ways to transform harmful gender norms, roles and relations.
Smile Squad for low-fee Catholic and Independent schools	<p>Benefits of the initiative</p> <p>The expected outcomes will benefit people of all genders and are:</p> <ul style="list-style-type: none"> • reduction in preventable dental hospitalisations, particularly amongst children, because of a reduction in oral disease • reduction in the incidence of avoided costs in dental treatment • reduced dental decay rates for people, particularly children • increased access to public dental care for a greater proportion of Victorian children <p>Impact</p> <p>The overall gender impact of this policy is positive as it provides oral health benefits to people of all different genders.</p>
Public fertility services care for more Victorian families	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Increased availability and more equitable access to fertility care services • Additional investment to reduce expected wait times • Sets out a clear strategic intent to improve gender outcomes through establishing core principles for equity in access to fertility care services • Ensures that the unique health and wellbeing needs of culturally and linguistically diverse, minority groups, or non-binary gender diverse are articulated into specific actions to support patients, surrogates, donors, and donor-conceived people. <p>Impact</p> <p>These actions have an overall positive impact. The program specifically addresses supporting the needs of patients, surrogates, donors, and donor-conceived people and ensures that the unique health and wellbeing needs of culturally and linguistically diverse, minority groups, or non-binary gender diverse are articulated into specific actions</p>
More support for our nurses and midwives	<p>Benefits of the initiative</p>

	<ul style="list-style-type: none"> • These initiatives promote greater safety and employment opportunities for healthcare workers of different genders and greater work opportunities and flexibility for those with carer responsibilities and other needs in their own lives. <p>Impact</p> <p>The overall gender impact is positive in that it:</p> <ul style="list-style-type: none"> • Considers gender norms, roles and relations for people of different genders and how they affect access to and control over resources • Addresses the causes of gender-based health inequities, including the prevention of violence against women, girls and gender diverse people. • Includes ways to transform harmful gender norms, roles and relations.
Backing pharmacists to boost our health system	<p>Benefits of the initiative</p> <p>The expected outcomes of the select travel vaccine and other public health vaccine will benefit people of all genders and are:</p> <ul style="list-style-type: none"> • Increased access to all people seeking these vaccines timely and closer to home • Continued expansion of access to vaccines to meet demand, including unavoidable deferred care from the COVID-19 pandemic <p>The expected outcomes for the Pilot are:</p> <ul style="list-style-type: none"> • An alternative model of care for eligible women to receive timely assessment and supply of medicine for uncomplicated urinary tract infections • Improved access for women seeking a continuation of their oral contraception • Increased access to timely care for a greater proportion of the eligible population for select minor skin conditions <p>Impact</p> <p>The overall gender impact of this Initiative is positive as it provides select travel and other public health vaccines to all people.</p>
Doing what matters for local communities – community health (The Water Well Project)	<p>Benefits of the initiative</p> <p>The proposed initiative will deliver the following benefits for women, including:</p> <ul style="list-style-type: none"> • Social benefits - restoring health and wellbeing early in settlement through promotion of health literacy to communities from migrant, refugee and asylum seeker backgrounds helps to reduce long-term health inequalities and maximise contributions

	<p>to Victoria’s economic, social and cultural life. The proposed initiative will complement existing Government-funded refugee and asylum seeker health programs to enhance health literacy and participation in health and human services among at-risk multicultural communities.</p> <ul style="list-style-type: none"> • Economic benefits - Complemented by existing Government-funded refugee and asylum seeker health programs, early health literacy interventions can reduce the need for expensive acute care and enable better participation in education and employment and contribute to state productivity. • Regulatory benefits - this initiative supports the Victorian Government to meet its regulatory requirements, including under the <i>Victorian Multicultural Act 2011</i> and the <i>Victorian Charter of Human Rights and Responsibilities</i>, through the provision of equitable access to universal services for at-risk multicultural populations. <p>Impact More people of all genders from a refugee, migrant or asylum-seeking background gaining access tailored health information sessions to boost their health literacy.</p>
Meeting the needs of Victorian public hospital services	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Provide quality patient outcomes • New and expanded facilities • Meets Victoria’s commitment to the national blood authority operating costs <p>Impact The overall gender impact will be neutral or positive.</p>
Rare Diseases and Cancer: Highly Specialised Therapies	<p>Benefits of the initiative</p> <p>The Highly Specialised Therapies Program supports gender equity through:</p> <ul style="list-style-type: none"> ▪ Ensuring resources are distributed equally and communication reflects appropriate language that is non-discriminatory. ▪ Gaining a better understanding of the diversity of the needs of all people applying an intersectional approach. ▪ Reviewing processes that benefit some people more than others. ▪ Considering how the Program has the potential to influence broader social norms and gender roles in society.

	<ul style="list-style-type: none"> ▪ Encouraging public hospitals involved in the program to undertake a gender impact assessment and make available the outcome <p>Impact</p> <p>The overall gender impact is considered positive.</p>
Maximising our health workforce	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • These initiatives promote greater safety for healthcare workers of different genders and greater work flexibility for those with carer responsibilities and other needs in their own lives. • They also provide increased opportunity for higher education and graduate placements, through processes that are fair and transparent. • The initiatives include workforce engagement strategies and data system enablers that will assist to collect and analyse information / data to build evidence (including staffing demographics such as gender) and use this to identify more innovative / targeted solutions in the future. <p>Impact</p> <p>The overall gender impact is positive in that it:</p> <ul style="list-style-type: none"> • Considers gender norms, roles and relations for people of different genders and how they affect access to and control over resources • Addresses the causes of gender-based health inequities, including the prevention of violence against women, girls and gender diverse people. • Includes ways to transform harmful gender norms, roles and relations.
Targeted health support for children in care	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Sets out a clear strategic intent to improve gender outcomes through establishing core principles for equity in access to health services • Ensures that the unique health and wellbeing needs of culturally and linguistically diverse, minority groups, or non-binary gender diverse are articulated into specific actions to support children in care • Allows for flexibility and responsiveness over the strategy's lifetime to changing needs of children in care and their communities • Provides easier local access to health services for carers to support children in care <p>Impact</p>

	<p>These actions have an overall positive impact. The program specifically addresses supporting the health needs of children and young people in care, including through better accessibility and tailored health pathways. This option also allows for gender to be considered in design and delivery of other actions during implementation.</p>
<p>Strengthening life-long Aboriginal health and wellbeing</p>	<p>Impact</p> <p>Actions will be determined by ACCHOs and the broader Aboriginal health sector as part of the government’s commitment to self-determining Aboriginal communities. It will be important not to impose non-Aboriginal, Western ideals and typologies about gender equality across Aboriginal communities and their community forums. The risk is that such approaches will perpetuate colonial power structures that continue to impact negatively on the capacity of ACCHOs to deliver improved health and wellbeing for their Aboriginal clients.</p>
<p>Giving women's health the focus and funding it deserves</p>	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Improved health outcomes for sexual and reproductive health outcomes, including improved equity of access of services for all women and gender-diverse people accessing women’s health services. • Improved outcomes for pelvic pain conditions, as measured by patient reported outcomes • Better quality of patient care for pelvic pain conditions such as endometriosis, through increased access to laparoscopies. • Improved understanding of pain conditions, women’s pain, and pain management equity, through the Pain Inquiry. • Increased research on women’s health issues and equity for women’s health outcomes. • Improved data collection and increased analysis, mainstreaming gender disaggregation into all needs assessments, thus increasing • Increased and ongoing engagement with service users of diverse backgrounds to ensure an intersectional approach to gender parity, thus improving health equity among gender diverse people, Aboriginal women, refugees and asylum seekers, women with disabilities, women of different ethnic groups and religions, people of different socio-economic backgrounds, and women in both rural and urban settings. • The package will incentivise more women’s health professionals, through a stronger service model, scholarships, and training programs. <p>Impact</p>

	<p>Overall this will have a positive gender impact as described below:</p> <ul style="list-style-type: none"> • The approach strongly considers gender in the development and implementation of Women’s Health Reform • Gender impacts will be evaluated through a monitoring and evaluation process, and further evidence will be generated through the needs analysis, Pain Inquiry, and development of a Women’s Health Research Institute. • Health equity for women will be achieved through an intersectional approach.
Victoria's Pandemic Program	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Priority Programs focuses on timely public health information, building trust and take up of protective behaviors, and facilitating access to services for higher risk cohorts. The Behaviors and Attitudes Survey found that women (30%) are more likely to be unsure about a fourth dose of vaccine compared with men (19%), the Priority Programs look to address these hesitations. <p>Impact</p> <p>The program will have a neutral or positive impact.</p> <p>Without this program, women are more likely to continue to be disproportionately impacted by the pandemic.</p>
Priority suicide prevention and response efforts	<p>Benefits of the initiative</p> <p>LGBTIQ+ aftercare</p> <ul style="list-style-type: none"> • Key benefits, costs and risks of program delivery is not currently fully known, however, will be informed through the upcoming codesign process and engagement with key stakeholders. <p>Strong Brother Strong Sister</p> <ul style="list-style-type: none"> • The program is meeting a regional youth suicide prevention service gap for Aboriginal young people in the Geelong region. <p>Youth Live4Life</p> <ul style="list-style-type: none"> • The program is meeting a regional youth suicide prevention service gap through a peer-led approach. <p>Impact</p> <p>All programs will have a positive impact</p>

Improving access and equity of service delivery	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Support workforce training and development initiatives for women--and other diverse communities--with lived and living experience of mental illness and/or psychological distress. • Ensure that new and existing governance structures are reflective of diverse voices, including women and those with lived and living experience. <p>Impact</p> <p>The overall gender impact of this policy is positive in that it will promote the design and delivery of policies and initiatives that considers lived experience of a diverse range of people.</p>
High quality and therapeutic bed-based services	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • People of all genders have greater access to mental health care • Dual Diagnosis beds: Majority of genders have access to residential integrated treatment. • RED-TC: People of all genders will have greater access to residential treatment for eating disorder. <p>Impact</p> <p>RMH beds: Neutral – benefits all genders equally</p> <p>HiTH: Positive – benefits all genders but may be most utilised by females due to increased gender and sexual safety.</p> <p>Dual Diagnosis beds: Neutral – due to the nature of the program, although individually tailored and accessible for most genders and people from diverse backgrounds, not inclusive of all.</p> <p>RED-TC: Neutral – benefits all genders but may be most utilised by females due to greater prevalence of eating disorders in females</p>
Specialist forensic mental health services	<p>Benefit of the initiative</p> <p>Component 1 - Statewide forensic youth mental health service</p> <ul style="list-style-type: none"> • Takes into account issues of intersectionality by specifically seeking funding for an Aboriginal Health Worker in the Youth Justice Mental Health Initiative in addition to the Youth Justice Mental Health clinicians. • Will make all people, including women and girls, safer in public and in general.

	<ul style="list-style-type: none"> • Addresses the causes of gender-based health inequities, including the prevention of violence against women, girls and gender diverse people <p>Component 2 - Forensic community mental health expansion</p> <ul style="list-style-type: none"> • Will make all people, including women and girls, safer in public and in general. • Addresses the causes of gender-based health inequities, including the prevention of violence against women, girls and gender diverse people <p>Component 3 - Forensicare expansion</p> <ul style="list-style-type: none"> • Supporting Forensicare expand programs such as the problem Behaviour Program, Community Forensic Disability Mental Health Service and employ Koori Mental Health Liaison Officers have the potential to address the stress on the forensic mental health sector and relieve workforce pressures on current staff. • Part of this funding will be used to develop an implementation plan, which will involve planning for different genders as well as supporting improved services and safety for women. <p>Impact</p> <p>The overall gender impact of this policy is neutral/positive in that it considers intersectionality, will make women and girls safer, and helps prevent violence against women, girls and gender diverse people. However, it is noted that it is likely that men and boys are likely to gain the most benefit.</p> <p>Investing resources into elevating current services will assist with adapting suitable treatment plans for consumers, considering their gender, background, lived experience and identity.</p> <p>The new women’s precinct at the Thomas Embling Hospital will cater to needs currently seen for women in the system, though as the criminal justice system has a disproportionately substantial number of male consumers, further beds are being established to reflect demand</p>
<p>Strengthening and supporting the mental health and wellbeing workforce</p>	<p>Benefits of the Initiative</p> <ul style="list-style-type: none"> • Improvements to workforce supply, capability, wellbeing and system enablers will contribute to a better supported, capable, and evidence-backed workforce.

	<ul style="list-style-type: none"> • Improved wellbeing will benefit workers and their overall health and therefore participation in life outside of the workplace – including in families, social circles, and economically. • The graduate programs and traineeships will benefit people who are early in their career – they may be young and recent graduates, or older and undergoing a career change. This will bring new people into the mental health sector and benefit those who use the services. <p>Impact The overall gender impact is considered positive. 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. Providing more job opportunities and career pathways will benefit those stepping into the mental health and wellbeing workforce. It considers the wellbeing of all workers in the mental health and wellbeing sector, a majority of whom identify as female (according to the Royal Commission and internal surveys).</p>
Floods and disaster mental health response	<p>Benefits of the initiative</p> <p>Overall, the programs will support women and other priority cohorts, that are known to be severely impacted by disasters, to access the mental health and wellbeing support that they need early on, build resilience to better manage their mental health and wellbeing in future disasters, and support increased economic participation and to lead contributing life.</p> <p>Impact Overall gender impact is positive for all components</p>
Alcohol and other drug treatment, support and harm reduction services	<p>Impact</p> <ul style="list-style-type: none"> • positive gender-based impact for women experiencing family violence, the women-dominated alcohol and other drugs workforce, and women at risk of opioid overdose; <u>and/or</u> • positive gender-based impacts for men who are, at a population level, disproportionately affected by harmful alcohol and other drug use.
Doing what matters for local communities – community health (Radio Lollipop support)	<p><i>Exemption granted by DTF.</i></p>

Supporting local communities and high-quality care for Victorians	<p>Benefits of the initiative</p> <p>The benefits of being able to receive targeted HACC-PYP, Community Health and palliative care locally positively impacts all genders, people with chronic and complex diseases and those of ethnic and other racial backgrounds and other factors of intersectionality.</p> <p>Impact</p> <p>The overall gender impact meets the requirements of the Gender Equality Act by acknowledging the historical economic and psychosocial disadvantages experienced by all genders particularly women, and others impacted by various intersectionality's. It demonstrates a commitment to the benefits of accessibility of HACC-PYP, community health and palliative care locally.</p>
Maintaining a PPE supply and stockpile	<p>Benefits of the initiative</p> <p>Early and judicious purchasing will ensure that the stockpile will include PPE which is suitable for different genders. PPE selection must take into account diversity among women, their different body and face shapes, and be fit for periods, pregnancy or menopause.</p> <p>Failure to stockpile adequate and appropriate PPE will, at times of shortage, result in limited options for PPE purchase which will adversely affect women.</p> <p>Impact</p> <p>The overall gender impact is positive.</p>
Safer digital healthcare program 2023-24	<i>Exemption granted by DTF</i>
Prevention and early intervention of chronic and preventable health conditions	<p>Benefits of the initiative</p> <ul style="list-style-type: none"> • Increased equitable access for priority populations to the right supports and services when and where they need them • Improved health behaviours related to modifiable risk of chronic disease • Increased risk assessments, strengthened referral pathways and better primary care engagement

	<ul style="list-style-type: none"> • Decreased and delayed onset and/or progression of illness through earlier detection and better management of chronic diseases and other health conditions • Better coordinated care across primary care, community health and health services • Reduced demand on acute healthcare systems while facilitating appropriate care in non-acute settings (primary/ community or health service) • Data sharing and linkage infrastructure to enable information sharing across service sectors and support evidence-based policy interventions and evaluations <p>Impact Positive Gender Impact</p> <ul style="list-style-type: none"> • Strongly considers gender in the development and implementation of programs and initiatives • Gender impacts are evaluated • Campaigns are tailored to target communities and focus tested
Supporting our GPs	<i>Exemption granted by DTF</i>
Public Health Victoria	<p>Impact</p> <p>The overall gender impact is positive in that it considers gender roles, norms and relationships for people of different gender identities and they affect access to public health messaging and services.</p> <p>Seeks to address the causes of gender-based inequities and health disparities - including the prevention of gender-based violence and ways to transform harmful behaviours, norms, roles and relationships.</p>
Supporting the next generation of paramedics	<p>Benefit of the Initiative</p> <p>Benefits may be realised by those staff seeking more flexible work-life balance, particularly those with social/familial responsibilities to provide personal care and support to others.</p> <p>Impact</p> <p>The overall gender impact is neutral to positive.</p>

	<p>Consideration is, however, given to gender norms, roles, and relations for people of different genders and how they affect access to and control over emergency care resources, as well as the causes of gender-based health inequities.</p>
<p>Supporting workers through alcohol and other drug issues</p>	<p>Benefits of the Initiative Benefits include reduction to lost production as a result of effective AOD and mental health supports, through the development of self-management skills and learning specific and effective strategies to effectively maintain wellness wellbeing, therefore less disruption to work and family life (reducing the time lost in the workplace and the risk to loss of employment). Reduction in the workplace safety risks posed by AOD use on the worksite and/or radiated outside of business hours.</p> <p>Secondary benefits include reducing AOD and mental health as a correlating factor to family violence.</p> <p>Impact The overall impact of this initiative has been assessed as being positive in the following ways:</p> <ul style="list-style-type: none"> • provides greater access to targeted co-designed and peer led service, • ability to reach difficult to reach cohorts. • intersectionality and radiating benefits to the community, towards reducing factors that compound harmful gendered stereotypes, power imbalances and attitudes towards women and girls, will be gained in both public and private spaces. • by addressing correlating factors, it will contribute to reducing the demand for other social services i.e. contributors to family violence risk reduced, risk of homelessness is reduced through stabilising employment, risk of suicide is reduced as stigma and access to services is met.
<p>Implementing the new Mental Health and Wellbeing Act</p>	<p>Benefits of the Initiative The initiative will develop and support the leadership capabilities of people with lived experience of mental illness or psychological distress (for example: by creating jobs for women</p>

	<p>and gender diverse people; and by providing them workforce training, development and support).</p> <p>The proposed solution will support the full and effective participation of women and gender diverse people in the workforce.</p> <p>Impact</p> <p>The overall gender impact of this policy is positive in that it actively supports the full and effective participation of people with lived experience of mental illness or psychological distress in the workforce.</p>
<p>Mental health crisis and emergency responses</p>	<p>Benefits of the initiative</p> <p>Support workforce training and development initiatives for women--and other diverse communities with lived and living experience of mental illness and/or psychological distress. A health-led response to mental Health crisis in the community incorporating diverse gender/cultural training, and also focus on first responders improving key stakeholder relationships with key cohorts such as Aboriginal Communities, LGBTQI communities and diverse communities.</p> <p>All those experiencing Mental Health crisis will benefit from a service provided by health professionals rather than police. The gender/culturally appropriate training will provide police and paramedics with a greater understanding of and ability to positively respond to gender and culturally diverse people.</p> <p>Impact</p> <p>The overall gender impact of this policy is positive in that it will promote the design and delivery of policies and initiatives that take into account lived experience of a diverse range of people.</p>
<p>Better services for older people in aged care settings</p>	<p>Benefits of the initiative</p> <p>The public sector residential aged care services (PSRACS) program will have different impacts for many of the groups impacted by this budget decision. For residents who are mainly female</p>

	<p>and taking into consideration the factors of intersectionality, the decision is at the heart of choice, autonomy, and the right to receive care within a local environment.</p> <p>The overall aim of ongoing supportive funding to PSRACS is to enable service provision in regional and remote areas of Victoria where residential services are limited or not available. This sector is not adequately serviced through non-government operators.</p> <p>This financial support enables people to remain within their communities to receive local care. The benefit of this is to reduce geographical, familial, and cultural isolation in order to provide wellbeing for residents.</p> <p>The provision of local PSRACS enables employment of care staff and nurses within their local areas and enhances the community.</p> <p>The benefit is that it meets the requirements of the Gender Equality Act (2020) by acknowledging the historical disadvantage of women, impacts of intersectionalities and demonstrates commitment to equity for people within residential aged care.</p> <p>Impact</p> <p>The overall gender impact meets the requirements of the Gender Equality Act 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.</p>
<p>Mental Health and Wellbeing Locals</p>	<p>Benefits of the Initiative</p> <ul style="list-style-type: none"> • Positive experience of treatment, care and support through provision of a welcoming, culturally safe and inclusive space for people of all genders and backgrounds. • Improved perception of the mental health system as Local Services will not preference any gender or consumer group over the other and works to ensure supports and services are provided equitably. With priority given to more vulnerable groups as described above. This may decrease feeling of stigma and barriers to access for future help seeking of mental health services and/or other health services.

	<ul style="list-style-type: none"> Strategies will be included through data collection and reporting methods to build evidence and better understand the needs and experiences of gender diverse consumers. <p>Impact While Local Services are entirely new, based on the proposed gendered benefits it is anticipated the overall gender impact of this program is positive.</p>
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b)

As per response to Question a).
93% of the Department’s 2023-24 output and asset initiatives have been subject to a gender impact assessment or preliminary consideration.

Initiative	How GRB was considered	Outcome of GRB consideration

c)

Performance measures that a gender lens has been applied to	Impact
Perinatal mortality rate per 1,000 of babies of Aboriginal mothers, using rolling three-year average	The Department of Health has a mortality rate target of 8.7 of every thousand 1000 babies of Aboriginal mothers.
Women screened for breast cancer by BreastScreen Victoria	The Department of Health has a target of 267,000 breast cancer screening per year.
Participation rate of women in target age range screened for breast cancer	The Department of Health has a target of 54 per cent of women in the target age range to be screened for breast cancer per year.

d)

Programs/initiatives that have been evaluated from a gender perspective	Key findings of the evaluation
As the 2023-24 Victorian State Budget is the first budget cycle with Gender Impact Assessments carried out by the department, there are no findings to evaluate or report on.	

e)

Further work being undertaken by the Department in 2023-24 to embed GRB
<p>The department will be implementing Gender Responsive Budgeting for all initiatives funded under the 2023-24 Victorian State Budget in accordance with the respective Gender Impact Assessments. This work will commence on 1 July 2023.</p> <p>The department is also running Gender Impact Assessment training sessions which will cover the following:</p> <ul style="list-style-type: none"> • how to ensure policies, programs and services will meet the unique needs of women, men, and gender diverse people • how to apply an intersectional approach to consider how gender inequality can be compounded by disadvantage or discrimination that a person may experience • why a gendered lens is important.

Implementation of PAEC recommendations

Update on status of implementation

Question 28

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

- a) Committee recommendations that were made in the *Report on the 2021-22 Budget Estimates* and supported by the Government.
- b) Committee recommendations that were made in the *Report on the 2022-23 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 2023-24 Budget Estimate questionnaire	Update on status of implementation
Department of Health	<p>Recommendation 5:</p> <p>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.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022-23 Budget Estimates, p. 35</i></p>	The Department's Victorian Agency for Health Information is currently considering options for publishing past elective surgery data sets.	In progress

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 2023-24 Budget Estimate questionnaire	Update on status of implementation
Department of Health	<p>Recommendation 6: To better understand the achievements of the COVID catch up plan, the Department of Health develop a new objective indicator that demonstrates the total number of people on the elective surgery waiting list each year to complement the existing reporting by the Victorian Agency for Health Information.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 35</i></p>	<p>As noted in the recommendation VAHI does make publicly available data which allows for this annual comparison. The number of people on the waiting list is published quarterly by VAHI. However, the number of people waiting for planned surgery is not a meaningful metric in demonstrating system performance as it gives no indication of how long it will take the system to respond to this volume of surgeries, particularly in the context of population growth.</p> <p>The department considers that existing objective indicators reported within Budget Paper No 3, such as the number of patients admitted from the elective surgery waiting list and the proportion of patients treated within recommended timeframes, are more meaningful to patients and are sufficient to demonstrate the achievements of the COVID catch up plan.</p>	Recommendation not supported therefore no further action required.

Department of Health	<p>Recommendation 7: The Department of Health (DH) develop new performance measures and objective indicators to show targets and growth of healthcare workers by occupation, for inclusion in the 2023–24 Budget and DH’s next annual report.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 38</i></p>	Nil.	Recommendation not supported therefore no further action required.
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Department of Health	Recommendation 8: The Department of Health update its Knowledge Bank Public Health Workforce data a minimum of twice per year. <i>Source: Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 38</i>	Nil.	Recommendation not supported therefore no further action required.
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Department of Health	<p>Recommendation 9:</p> <p>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 workforce to ensure they are responsive to the dynamic challenges faced by the sector.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 39</i></p>	<p><i>SCV Healthcare Worker Wellbeing Centre</i></p> <ul style="list-style-type: none"> Established as a budget commitment in response to growing concern for the increasing reports of healthcare worker burnout and poor mental health, the Healthcare Worker Wellbeing Centre was launched in 2021 and provides support and resources to all healthcare workers via a web-based platform, webinars and a large-scale improvement program, the Wellbeing for healthcare workers Initiative. The 2022-23 Budget provided \$1.9 million, which included funding for the expansion of the Healthcare Worker Wellbeing Centre and the continuation of its improvement initiative. The Community of Practice for wellbeing initiatives was implemented as a platform for healthcare workers to share knowledge and collaborate across entities. <p><i>Monitoring mental health and wellbeing of the Victorian healthcare workforce</i></p> <ul style="list-style-type: none"> The devolved governance arrangement means that individual health services are responsible for the health and wellbeing of their workers. Currently at a systems level, the department uses indicators to monitor health 	In progress
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		<p>services' progress in this area. However, it is important to note that individual health services also track and monitor their workforce's mental health and wellbeing independently at a service level.</p> <ul style="list-style-type: none"> • The Performance Monitoring Framework (PMF) articulates the Government's performance monitoring of Victorian public health services and hospitals. The Framework promotes transparency and shared accountability for performance improvement across the system and helps inform future policy and planning strategies. • The Framework describes the contextual, strategic and operational aspects of monitoring and improving health services' performance. It also describes the various roles the Department of Health (the department), Safer Care Victoria (SCV) and the Victorian Agency for Health Information (VAHI) have in building, designing and monitoring best practice indicators to assist with the implementation of health services' performance strategies. • The Framework outlines how the department, as the system steward of Victoria's public health system, takes a risk-based approach to overseeing health service performance. The Framework is 	
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		<p>designed to assess the level of performance risk posed to each health service in relation to the delivery of safe, high quality, accessible and sustainable health care for Victorian patients and communities. Further, the Framework uses targets and other intelligence to identify areas of risk and poor performance, but also considers trends in performance, whether a health service is improving over time in relation to those targets.</p> <ul style="list-style-type: none"> • Performance measures (of which Statement of Priorities (SOP) Part Bs are a sub-set of) describe health services' accountabilities in measurable outputs and outcomes. • The Mental Health Division has also been tracking and monitoring the mental health and wellbeing of workers in mental health services through a Personnel Survey. Please refer to page 39-41 of the Mental Health and Wellbeing Workforce Strategy 2021-24 for a summary of the annual survey results, which are monitored by the department as well as the Mental Health Workforce Safety and Wellbeing Committee. <p><i>Nursing and Midwifery Health Program Victoria (NMHPV)</i></p>	
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		<ul style="list-style-type: none"> Funding of \$600,000 was announced as part of the 2022-2023 State Budget to expand the Nursing and Midwifery Health Program Victoria to provide additional access to one-on-one psychological support services for Victorian nurses and midwives. <p><i>Mental Health Workforce Safety and Wellbeing Committee</i></p> <ul style="list-style-type: none"> The Mental Health Workforce Safety and Wellbeing Committee, established in 2022, is jointly chaired by the department and WorkSafe Victoria. The Committee is responsible for improving and leveraging data to identify and address physical safety and wellbeing issues and risks, as well as systemic monitoring of workforce wellbeing. The Committee has identified five focus areas in its forward agenda and workplan to address major concerns affecting the workforce: building the evidence base, building leadership capacity to support workforce wellbeing, physical and psychological safety, seclusion and restraint, and service and design issues that impact on wellbeing. The Committee established a Monitoring Sub-Committee to consider and develop mechanisms 	
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		for regularly measuring and monitoring mental health workforce wellbeing data in Victoria. The Sub-Committee is currently developing a Monitoring Framework.	
Department of Health	<p>Recommendation 10:</p> <p>The Department of Health account for the Healthcare worker retention and surge payment in the 2022–23 Budget Update.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 40</i></p>	The department has recognised the funding for this initiative as part of 2022 Pre-Election Budget Update, which has since been paid out to Health Services.	Completed
Department of Health	<p>Recommendation 11:</p> <p>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.</p> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 42</i></p>	A 2022 VAGO audit of the Victorian Alcohol and Drugs Data Collection (VADC) recommended the Department undertake a number of changes and improvements to support better measurement across the AoD system. The Department accepted the recommendations and has expanded work to include a review of all AoD data collections. Inclusion of timeliness measures will progress when data can be collected to support their inclusion.	Preliminary work on establishing a data review methodology has been completed and builds on the work undertaken in mental health.

<p>Department of Health</p>	<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>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 42</i></p>	<p>A 2022 VAGO audit of the Victorian Alcohol and Drugs Data Collection (VADC) recommended the Department undertake a number of changes and improvements to support better measurement across the AoD system. The Department accepted the recommendations and has expanded work to include a review of all AoD data collections. Inclusion of timeliness measures will progress when data can be collected to support their inclusion.</p>	<p>Preliminary work on establishing a data review methodology has been completed and builds on the work undertaken in mental health.</p>
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<p>Department of Health</p>	<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> <p>Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 48</i></p>	<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. • The Mental Health and Wellbeing Workforce Strategy 2021-2024 was released in December 2021, in response to Royal Commission final report recommendation 57. • The department has undertaken significant commissioning activities to increase 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. The department has also released the <i>Victorian Mental Health Capability Framework</i> which 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. 	<p>Implementation of the workforce strategy is well under way.</p>
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		<ul style="list-style-type: none">• Funding of nearly 400 scholarships for mental health workers in allied health, lived experience and nursing workforces to support improved capabilities of the workforce.• To support the wellbeing of Victoria's mental health and wellbeing workforce, the Mental Health Workforce Safety and Wellbeing Committee was established in partnership with WorkSafe. This Committee is focusing on improving the physical safety and psychological wellbeing of the workforce.• Launch of an international attraction campaign to support relocation of international mental health workers.	
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<p>Department of Health</p>	<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. Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 48</i></p>	<ul style="list-style-type: none"> • The department is currently developing the Mental Health and Wellbeing Outcomes and Performance Framework recommended by the Royal Commission into Victoria’s Mental Health System. The Framework is being designed to drive collective responsibility, accountability and improved outcomes. • The department is engaging broadly to develop and refine a framework that will meaningfully drive monitoring, planning, investment and continual improvement. • It is expected the Framework will include a focus on the workforce. 	<ul style="list-style-type: none"> • The Mental Health and Wellbeing Outcomes and Performance Framework is under development. The department is completing analysis and preparing to report on the 2022 Mental Health and Wellbeing Workforce Census findings and is preparing for 2023 data collection.
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<p>Department of Health</p>	<p>Recommendation 15:</p> <p>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.</p> <p><i>Source: Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 48</i></p>	<p>The Department of Health has undertaken a phased program of work to improve performance measures in mental health, including a shift to more outcomes focussed approach. The first phase of work was a review and proposed changes to the Mental Health Clinical Care output group given the size of the investment. This included:</p> <ul style="list-style-type: none"> • The introduction of 17 new measures to provide greater transparency • Name changes to 22 measures to provide greater clarity to what is being invested and measured 	<p>A second phase of work to commence for proposed inclusion in 2024-25 budget papers will coincide with the finalisation of the new Mental Health Outcomes and Performance Framework. The Framework will provide a comprehensive suite of possible measures for inclusion in the Mental Health Community Support Services output group and provide a more holistic understanding of system investment, performance and outcomes.</p>
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<p>Department of Health</p>	<p>Recommendation 16: The Department of Health review the performance measure under the Health Protection output— Number of persons participating in newborn bloodspot or maternal serum screening—that is proposed to be discontinued in 2022–23. Source: <i>Public Accounts and Estimates Committee Report on the 2022–23 Budget Estimates, p. 49</i></p>	<p>The performance measure, ‘Number of persons participating in newborn bloodspot or maternal serum screening’, is to be replaced with the measure ‘Percentage of newborns having a newborn bloodspot screening test’. In contrast to Newborn Bloodspot Screening.</p> <p>Maternal serum screening is not a population-based screening program and the funding provided to Victorian Clinical Genetics Services for this purpose funds a limited proportion of all maternal serum screening tests delivered in Victoria.</p> <p>The Department of Health does not fund all maternal serum screening tests delivered in Victoria and does not collect data or report on the total number of persons participating in maternal serum screening.</p> <p>Reporting on this measure to date has been limited to the number of newborn bloodspot screens provided.</p>	<p>Recommendation not supported therefore no further action required.</p> <p>2022-23 Budget paper noted: <i>This measure is proposed to be discontinued to be replaced by the measure ‘Percentage of newborns having a newborn bloodspot screening test’.</i> <i>Reporting mechanisms for this measure are already in place.</i></p>
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Community consultation on budget initiatives

Question 29

With regard to the new initiatives in the 2023-24 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.

Community group or stakeholder consulted	Budget initiative/s consultation related to	Final outcome of consultation
<ul style="list-style-type: none"> Children's Cancer Foundation 	Research boost to fight childhood cancer	Development of proposal to establish the Victorian Paediatric Cancer Consortium program
<ul style="list-style-type: none"> Murdoch Children's Research Institute Hudson Institute of Medical Research Monash University University of Melbourne Monash Children's Hospital Victorian Comprehensive Cancer Centre Peter MacCallum Cancer Centre The Royal Children's Hospital 	Research boost to fight childhood cancer	Discussion of the vision and impact of the Victorian Paediatric Cancer Consortium and co-design of the program of works, development of the business case to establish the Victorian Paediatric Cancer Consortium program and preliminary governance arrangements to deliver on the commitments.
<ul style="list-style-type: none"> Royal Women's Hospital 	Giving women's health the focus and funding it deserves	Proposal and scope of the Women's Health Research Institute
<ul style="list-style-type: none"> University of Melbourne La Trobe University Deakin University Monash University, The George Institute, Murdoch Children's Research Institute, National Aging Research Institute 	Giving women's health the focus and funding it deserves	Discussion of the vision for a Women's Health Research institute and interest in partnership.

<ul style="list-style-type: none"> • The Hudson Institute and the Walter and Eliza Hall Institute. • Women’s Health Victoria, • Gender Equity Victoria and Jean Hailes for Women’s Health • Royal Children’s Hospital, • Royal Melbourne Hospital, • Peter MacCallum Cancer Centre • The Victorian Comprehensive Cancer Centre, • Mercy Hospital for Women, • Joan Kirner Women’s and Children’s Hospital, • Women’s College Hospital (Ontario) • BC Women’s Health (Vancouver) 		
<ul style="list-style-type: none"> • Ambulance Victoria • Northern Health (Victorian Virtual ED component) 	System-wide improvements to support timely emergency care	<ul style="list-style-type: none"> • Ambulance Victoria supports the continuation of lapsing initiatives, including Secondary Triage and Medium Acuity Transport Services • Ambulance Victoria supports further funding to respond to unavoidable demand • Northern Health supports the continuation of funding for the Victorian Virtual ED • The department will work closely with Ambulance Victoria and Northern Health on the implementation of funding.
<ul style="list-style-type: none"> • Ambulance Victoria 	Supporting the next generation of paramedics	<ul style="list-style-type: none"> • The department and Ambulance Victoria are working together to progress the delivery of the Government’s election commitments. • The department will work closely with Ambulance Victoria and Northern Health on the implementation of funding.

<ul style="list-style-type: none"> Victorian Health Building Authority (VHBA) led community consultative committees chaired by local MPs Health services and community partners including community health, local councils, and mental health services. 	Community hospitals commissioning	<ul style="list-style-type: none"> These partners were all part of informing service planning based on local community needs for hospital and community health and social support services.
<ul style="list-style-type: none"> Royal Women's Hospital Monash Health 	Public fertility services care for more Victorian families	<ul style="list-style-type: none"> The leads are responsible for delivering the government's pre-election announcement to expand service capacity.
<ul style="list-style-type: none"> Australian Nursing and Midwifery Federation (Victorian Branch) 	More support for our nurses and midwives	<ul style="list-style-type: none"> Safe Patient Act progressed Sign on bonuses for Nursery and Midwifery graduates Expanded eligibility to include all graduates
<ul style="list-style-type: none"> The Royal College of General Practitioners Australian College of Rural and Remote Medicine Remote Vocational Training Scheme Commonwealth Health Training Branch Rural Workforce Australian Victoria 	Supporting our GPs	<ul style="list-style-type: none"> Stakeholder engagement and consultation underway Project design, project plan and communications strategy completed Procurement of third-party administrator to be completed when State Budget is announced
<ul style="list-style-type: none"> Public Hospitals 	Meeting the needs of Victorian public hospital services	<ul style="list-style-type: none"> Budget initiative included request for funding associated with opening new facilities / expansion of existing services, based on consultation with services
<ul style="list-style-type: none"> The Department held numerous consultation activities with the health workforce in Victoria in late 2022 and early 2023 to inform the development of a health workforce strategy. These activities involved face-to-face consultations, workforce surveys, and written submissions and generated over 5500 consultation points. Key stakeholders consulted include: Victoria's public health services 	Maximising our health workforce	<ul style="list-style-type: none"> Comprehensive understanding of workforce challenges and opportunities to inform the workforce strategy development, such as workforce shortages, recruitment and retention challenges, training, and education needs, and changing workforce demographics. Consultations endorsed workforce strategy's approach and five focus areas which include: <ol style="list-style-type: none"> increase supply of critical roles strengthen rural and regional workforce improve employee experience

<ul style="list-style-type: none"> • Community health services • Mental health services • Public and private ageing, aged and home care services • Primary care services • Major private hospitals • Health sector industrial bodies • National health practitioner boards • Health sector peak bodies, industrial partners, and professional associations • Specialist medical colleges • Health education providers • Nursing, medical, and allied health students 		<ul style="list-style-type: none"> 4. build future roles and capability 5. leverage digital, data, and technology • This bid will deliver an additional 1100 new recruits to support Pillar 1 'increase supply of critical roles' by June 2023
<ul style="list-style-type: none"> • PPE Task Force • HealthShare Victoria (HSV) • Monash Health (PPE logistics and distribution) • DFFH (re Funded entities) 	Maintaining a PPE supply and stockpile	<ul style="list-style-type: none"> • Appropriate PPE items and volumes identified to retain within the State Supply Chain. • Recognition of local PPE manufacturing • Effective procurement • Identification of appropriate PPE recipients
<ul style="list-style-type: none"> • This initiative builds on existing Out of Home Care clinics and projects in hospitals and community health, and they have been consulted through this process. • DFFH Care Services have been consulted. 	Targeted health support for children in care	<ul style="list-style-type: none"> • The initiative reflects the evidence and practice that has been developed and evaluated and this has informed the overall model of care that is proposed in this initiative.
<ul style="list-style-type: none"> • Aboriginal Health and Wellbeing Partnership Forum (the Forum) which includes the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the peak body for Aboriginal and Torres Strait 	Strengthening lifelong Aboriginal health and wellbeing	<ul style="list-style-type: none"> • Aboriginal Health Division has embedded Aboriginal ways of doing, being and knowing to ensure that self-determined priorities underpinned the Budget initiative. • It reflects the Forum's priority that <i>prevention and early intervention are central</i> to the health and wellbeing of Victorian Aboriginal communities.

<p>Islander health and wellbeing in Victoria and its 32 Aboriginal Community Controlled Organisations (ACCHOs/ACCO)</p> <ul style="list-style-type: none"> Chief Executive Officers of the ACCHO/ACCO's have been consulted by Aboriginal Health Division on health and wellbeing reform for Aboriginal people. 		<ul style="list-style-type: none"> VACCHO and its 32 Aboriginal community-controlled members have been advocating for additional funding so they can provide more episodes of care. They are the proven experts in providing culturally safe and effective prevention and early intervention services as part of their holistic models of healthcare for Aboriginal people in Victoria. The budget initiative aligns directly with Aboriginal Health Division and the Aboriginal health sector discussions on the importance of early prevention and intervention.
<ul style="list-style-type: none"> Phoenix Australia 	<p>Improving access and equity of service delivery</p>	<ul style="list-style-type: none"> One meeting was held with Phoenix Australia, lead agency of the Mental Health Statewide Trauma Service consortium, to discuss the establishment activities required to develop the key functions of the service. This informed the inclusion of Aboriginal self-determination led specific service design and workforce development activities to support the growth of the specialised trauma workforce which have not been funded.
<ul style="list-style-type: none"> Alfred Health 	<p>High quality and therapeutic bed-based services</p>	<ul style="list-style-type: none"> <i>Residential Eating Disorder Treatment Centre (RED-TC) component</i> was informed by operational requirements development by Alfred Health developed through an iterative, co-design process in collaboration with the department, Alfred Health and key stakeholders (e.g. EDV, lived experience of an eating disorder, advocacy groups, eating disorder experts) and further developed by an Alfred Health led working group.
<ul style="list-style-type: none"> Forensicare component: Forensicare Youth services: Orygen, Alfred Health, Forensicare 	<p>Specialist forensic mental health services</p>	<ul style="list-style-type: none"> Forensicare component: Forensicare's advice informed the request for funding. Youth Services: Alfred Health and Forensicare provided written advice to the department which significantly informed our recommended approach in the business case, particularly for workforce capacity building (Forensicare) which was not supported by MHWD Senior Exec in the business case, and

		community FYMHS expansion (Alfred Health) which was not funded.
<ul style="list-style-type: none"> Victorian Collaborative Centre for Mental Health and Wellbeing Board and CEO Mental Health Complaints Commissioner 	Implementing the new Mental Health and Wellbeing Act	<ul style="list-style-type: none"> Resource requirements, staffing profile. Proposed organisation structure.
<ul style="list-style-type: none"> Phoenix Australia 	Mental health support for emergency service workers	<ul style="list-style-type: none"> Consultation with Responder Assist program informed the request for funding.
<ul style="list-style-type: none"> 'Implement Victoria's take-home naloxone program' initiative: an extensive stakeholder consultation was undertaken including people with lived and living experience, AOD and harm reduction peak bodies and workforce, workforce unions and the Commonwealth Government. 	Alcohol and other drug treatment, support, and harm reduction services	<ul style="list-style-type: none"> Stakeholders support the Victorian Government's approach to implementing this important reform to increase access to naloxone across the state.
<ul style="list-style-type: none"> Health services responsible for the operation of 69 mental health facilities 	Mental Health Capital Renewal Fund	<p>Staff from health services provided feedback to consultants engaged by the department on the condition and fitness for purpose of the facilities.</p> <ul style="list-style-type: none"> The feedback was represented in the individual site reports for each of the facilities. These reports informed the funding request in the business case. Services will be provided with copies of the site reports.
<ul style="list-style-type: none"> Ambulance Victoria 	A new ambulance station for Armstrong Creek	<ul style="list-style-type: none"> Collaboration with Ambulance Victoria was undertaken during the investment cycle process. All community consultation can only occur after approval of investment in the planning phases with engagement plans in place to commence this process.
<ul style="list-style-type: none"> Health services 	Better aged care services for regional Victorians	<ul style="list-style-type: none"> Collaboration with all health services and stakeholders was undertaken during the investment cycle process. All community consultation can only occur after approval of investment in the planning phases with engagement plans in place to commence this process.

<ul style="list-style-type: none"> • Health services 	Hospital Infrastructure Delivery Fund	<p>Collaboration with all health services was undertaken during the State Budget process.</p> <ul style="list-style-type: none"> • Community consultation can only occur after approval of investment in the planning phases with engagement plans in place to commence this process.
<ul style="list-style-type: none"> • Forensicare • Melbourne Polytechnic • Parks Victoria • Forensic Disability Services 	Redevelopment of Thomas Embling Hospital Stage 3	<p>Consultation with these stakeholders has occurred since the funding of Stage 1 and will continue throughout delivery.</p> <ul style="list-style-type: none"> • Feedback has ensured the health service and neighbours of the site (Melbourne Polytechnic, Forensic Disability Services and Parks Victoria) continue to inform project delivery.

Flood recovery – Whole of Government

Question 30

The 2022 Victorian Economic and Fiscal Update allocates \$500 million in 2022-23 to the *Victoria's Flood Recovery* output initiative.

- a) Please provide a breakdown of how this money has been/will be allocated and explain how the outcomes achieved through this spending will be tracked.

The Victoria's Flood Recovery output initiative published in the 2022 Victorian Economic and Fiscal Update identified several individual initiatives to which \$500 million would be allocated. The specific funding allocated to these responses was unable to be announced at the time of this publication due to the terms of the Disaster Recovery Funding Agreement between the State of Victoria and the Commonwealth Government. Additionally, the amounts allocated to these initiatives in 2022-23 were provided through Treasurer's Advances. Treasurer's Advances are approved in-principle and will not be finalised until the end of the 2022-23 financial year.

Specific program/initiative funded	Amount allocated (\$ million)	How outcomes achieved will be tracked
Total: \$500 million		

* If the department is not involved in the delivery of, and/or has not been allocated any funding for the *Victoria's Flood Recovery* output initiative, please type N/A in the table above.

- b) Where Question 30 (a) is relevant to the department, please provide details of the plan to provide funding for any future emergency flood response.

Funding for future emergency responses to a range of natural disasters including floods is available to all departments via a Treasurer's Advance.

Health spending – DH only

Question 31

a) When comparing one year to the next from 2019-20 to the forecast for 2024-25, 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.

Note: Please split out COVID-19 and non COVID-19 related expenditure.

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).

(a)	2019-20 (\$ million) Actual Expenditure	2020-21 (\$ million) Actual Expenditure	2021-22 (\$ million) Actual Expenditure	2022-23 (\$ million) YTD Actual to April 2023 (b)	2023-24 (\$ million) Published Budget (c)	2024-25 (\$ million) (d)	Reason for any year-on-year variances +/- 5%
Acute health services	14,900.26	15,769.36	15,974.48	14,015.37	18,067.71	TBD	Rising expenditure reflects increased government investment
Acute health services – COVID-19 related spending	1,416.84	2,160.34	2,712.82	673.02	60.29	TBD	Fluctuation in expenditure reflects pandemic requirements
Ambulance services	1,119.80	1,189.13	1,351.17	964.50	1,447.62	TBD	Rising expenditure reflects increased government investment
Ambulance services – COVID-19 related spending	-	0.07	52.83	-	4.8	TBD	Fluctuation in expenditure reflects pandemic requirements
Mental health	1,748.81	1,916.18	2,063.57	2,129.52	2,924.54	TBD	Rising expenditure reflects increased government investment
Mental health – COVID-19 related spending	12.19	143.22	49.83	2.38	-	TBD	Fluctuation in expenditure reflects pandemic requirements

Ageing, Aged and Home Care	787.70	829.02	813.94	338.93	775.38	TBD	Variation in expenditure reflects the change in the requirements through the pandemic
Ageing, Aged and Home Care – COVID-19 related spending	-	2.98	4.46	0.09	-	TBD	Fluctuation in expenditure reflects pandemic requirements
Primary, Community and Dental Health*	699.14	728.66	720.56	640.53	745.86	TBD	Variances reflect increased government investment
Primary, Community and Dental Health – COVID-19 related spending	4.96	30.14	260.64	0.69	9.31	TBD	Fluctuation in expenditure reflects pandemic requirements
Small rural services	638.00	728.30	712.86	728.72	735.67	TBD	Rising expenditure reflects increased government investment
Small rural services – COVID-19 related spending	-	4.70	18.14	11.36	-	TBD	Fluctuation in expenditure reflects pandemic requirements
Public Health	425.56	264.03	335.44	350.16	414.71	TBD	Variation in expenditure reflects the change in the requirements through the pandemic
Public Health – COVID-19 related spending	68.54	1,220.37	2,148.66	184.74	192.48	TBD	Fluctuation in expenditure reflects pandemic requirements
Drug Services	269.70	305.05	341.08	264.74	372.40	TBD	Rising expenditure reflects increased government investment
Drug Services – COVID-19 related spending	-	0.15	0.42	0.02	-	TBD	Fluctuation in expenditure reflects pandemic requirements
Medical Research	-	-	77.7	25.55	62.80	TBD	Rising expenditure reflects increased government investment
Medical Research – COVID-19 related spending	-	-	-	-	-	TBD	

(a) COVID and non-COVID expenditure has been reported by departmental output group

(b) Actual expenditure 2022-23 YTD to April 2023 as per internal financial systems

(c) 2023-24 figures are the published budget. See 2023-24 Budget Paper 3 Service Delivery page 208

(d) Forecast output budget for 2024-25 is not available, noting that no COVID budget is expected for 2024-25.

* 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 2023-24 Budget Paper 3 Service Delivery)

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

The Victorian Public Health and Wellbeing Outcomes Framework (VPHWOF) was published in 2016.

Since the development of the VPHWOF, the impacts of the COVID-19 pandemic and changes to the operating environment have presented new challenges that have influenced decision-making and funding allocation considerations. As a result the department is in the process of developing a new Priority Outcomes Framework (POF) in response to these new challenges.

It is anticipated that the new POF will be embedded within the department's medium and long-term planning and thereby inform future resource allocation process.

c) What percentage of GSP was/is expected to be spent on Health in Victoria in 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24? Note: Please split out COVID-19 and non COVID-19 related expenditure.

Year	Health expenditure (% of GSP)
2019-20	
2019-20 – COVID-19 related expenditure	
2020-21	
2020-21 – COVID-19 related expenditure	
2021-22	
2021-22 – COVID-19 related expenditure	
2022-23	
2022-23 – COVID-19 related expenditure	
2023-24	
2023-24 – COVID-19 related expenditure	

Note: DH does not hold GSP data

- d) How much did the Victorian Government spend overall on health in 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending. Note: Please split out COVID-19 and non COVID-19 related expenditure.

Year	Total health spending (\$million)	Reason for any year-on-year variances +/- 5%
2019-20	20,588.97	Rising expenditure reflects increased government investment
2019-20 – COVID-19 related expenditure	1,502.53	Fluctuation in expenditure reflects pandemic requirements
2020-21	21,729.74	Rising expenditure reflects increased government investment
2020-21 – COVID-19 related expenditure	3,561.96	Fluctuation in expenditure reflects pandemic requirements
2021-22	22,390.80	Rising expenditure reflects increased government investment
2021-22 – COVID-19 related expenditure	5,247.80	Fluctuation in expenditure reflects pandemic requirements
2022-23	19,458.02	Rising expenditure reflects increased government investment
2022-23 – COVID-19 related expenditure	872.30	Fluctuation in expenditure reflects pandemic requirements
2023-24	25,546.69	Increase in target reflects increased government investment
2023-24 – COVID-19 related expenditure	266.89	Reduction in target reflects pandemic requirements

Note: 2022-23 figures are actual expenditure YTD to April 2023 as per internal financial systems.

2023-24 figures are the published 2023-24 budget. 2023-24 Service Delivery page 208

Large scale infrastructure projects – DTF/DTP only

Question 32

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

Response

Expenditure

Project name	
Total estimated investment at announcement	
Actual cost of the program to date (i.e. cost since announcement)	
Amount allocated to the project/program in the 2023-24 Budget	
Amount forecast for the project/program in 2024-25	
Amount forecast for the project/program in 2025-26	
Amount forecast for the project/program in 2026-27	
How the Department will report on expenditure in relation to the project/program as it progresses	
Cost/benefit ratio of the project/program	

Outcomes

Project name	
The outcomes achieved by the project/program to date	
The anticipated outcomes of the project/program in 2023-24 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 33

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 2022-23 Budget, the 2022 Victorian Economic and Fiscal Update and the 2023-24 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 2023-24 Budget, please explain the reason for the variance and provide details for any improvement or deterioration for the indicator.

a)

Economic indicator	
Year for which variance relates	
Forecast/projection in 2022-23 Budget	
Forecast/projection in 2022 Victorian Economic and Fiscal Update	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

Economic indicator	
Year for which variance relates	
Forecast/projection in 2022-23 Budget	
Forecast/projection in 2023-24 Budget	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

Economic indicator	
Year for which variance relates	
Forecast/projection in 2022 Victorian Economic and Fiscal Update	
Forecast/projection in 2023-24 Budget	
Assumptions used to forecast indicator	
Variance	
Reason for variance	

b)

	2021-22 Actual	2022-23 Forecast	2023-24 Forecast	2024-25 Forecast	2025-26 projection	2026-27 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 34

Budget Paper No. 5: Statement of Finances, Table 4.3, details the expected total grant revenue to be received by Victoria in 2022-23 by grant type.

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

- a) between the 2022-23 budget figure in the 2022-23 Budget and the 2022-23 revised figure in the 2023-24 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 2023-24 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	2022-23 budget	2022-23 revised	Variance 2022-23 budget vs. 2022-23 revised	Impact on Victoria	Action taken
General purpose grants - goods and services tax					

b)

	2022-23 revised	2023-24 budget	2024-25 estimate	2025-26 estimate	2026-27 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 35 – NOT APPLICABLE

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 2023-24 Budget, for both years listed (2022-23 revised Budget and 2023-24 Budget) that has a value exceeding \$10 million, please provide details of the grants to which they relate.

Response

Table number	Grant details	2022-23 revised Budget (\$ million)	2023-24 Budget (\$ million)

Equity funding – DTF only

Question 36

Does the Government expect to receive equity funding as an alternative to traditional grant payments made by the Commonwealth over 2023-24 and the forward estimates? If so, please detail which projects will receive this funding and the amount.

Response

Land transfer duty – DTF only

Question 37

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 2022-23 Budget and the 2023-24 Budget, please explain the reason for the variance for each year.

Trend analysis

- b) one year to the next in the 2023-24 Budget please explain the reason for the variance.

Response

a)

Year for which variance relates	
Budget/estimate in 2022-23 Budget	
Budget/estimate in 2023-24 Budget	
Variance	
Reason for variance	

b)

	2022-23 revised	2023-24 budget	2024-25 estimate	2025-26 estimate	2026-27 estimate
Land transfer duty					
Variance					
Explanation for the variance year over year					

Public Private Partnerships – modifications and accountability – DTF only

Question 38

Please detail all Public Private Partnerships (PPP) currently under construction in the 2023-24 year as per the 2023-24 Budget, which in comparison to the 2022-23 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

	2022-23 Budget	2023-24 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 39

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 2022-23 Budget the 2022 Victorian Economic and Fiscal Update and the 2023-24 Budget.

Trend analysis

- b) For the 'Net debt' and 'Net debt to GSP' line items, when comparing one year to the next in the 2023-24 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 2022-23 Budget

- c) Noting the revisions to the forecasts/estimates for debt, inflation, wages and unemployment made in the 2022-23 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.

Impact of debt on service delivery

- d) 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 2022-23 Budget	
Forecast/estimates in the 2022 Victorian Economic and Fiscal Update	
Forecast/estimate in 2023-24 Budget	
Reason for variance	

b)

	2022-23 budget	2023-24 estimate	2024-25 estimate	2025-26 estimate	2026-27 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 2022-23 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)

Impact	
1.	
2.	
3.	
4.	
5.	

Medium term fiscal strategy – DTF only

Question 40

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

Step 1: creating jobs, reducing unemployment and restoring economic growth;

Step 2: returning to an operating cash surplus;

Step 3: returning to operating surplus; and

Step 4: stabilising debt levels.

a) How 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 high energy costs, labour shortages and the rising cost of living, have on the level of economic uncertainty in the State's 2023-24 Budget?

d) What does DTF's modelling forecast in terms of slower/negative economic growth in 2023-24 and across the forward estimates?

e) What impact would a recession have on the Victoria's economic outlook?

Gender Responsive Budgeting Unit – DTF only

Question 41

- a) What are the strategic objectives of the Gender Responsive Budgeting Unit (GRBU) in 2023-24?

- b) What are the outcomes/major achievements of the GRBU across Whole of Government and how is the GRBU's performance being tracked or measured in the 2023-24 year?

- 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?

- 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.

Question 9 - Capital asset expenditure

2023-24 State Budget Paper No. 5/Relevant state financial reports

Line item	2020-21 actual (\$ million)	2021-22 budget (\$ million)	2021-22 revised (\$ million)	2021-22 actual (\$ million)	2022-23 budget (\$ million)	2023-24 budget (\$ million)
Payment for non financial assets	1,305	1,688	1,438	1,274	1,534	1,909
Total	1,305.0	1,688.0	1,438.0	1,273.9	1,534.0	1,909.1

2023-24 State Budget Paper No. 4

Capital projects	2020-21 actual (\$ million)	2021-22 budget (\$ million)	2021-22 revised (\$ million)	2021-22 actual (\$ million)	2022-23 budget (\$ million)	2023-24 budget ¹ (\$ million)
New						
A new ambulance station for Armstrong Creek (Armstrong Creek)						7.3
Better aged care services for regional Victorians (regional various)						4.1
Health-based response to public intoxication (location)						4.2
Hospital Infrastructure Delivery Fund (statewide)						
- A new hospital for West Gippsland to put patients first						
- A new Queen Elizabeth II Hospital in Melbourne's East						
- A Hospital Plan for our growing Northern suburbs						
- A bigger and better Monash Medical Centre						
- A Hospital Plan for the South-East – Dandenong Hospital						
- Wonthaggi hospital redevelopment						78.5
Improving access to emergency care (statewide)					6.4	0.0
Mental Health Capital Renewal Fund (statewide)						10.0
Metropolitan Health Infrastructure Fund 2023-24 (metropolitan various)						40.0
More PET scanners for Victorian hospitals (statewide)						6.0
More support for mums, dads and babies (statewide)						0.0
Redevelopment of Royal Melbourne Hospital and Royal Women's Hospital (Parkville)					3.3	75.0
Redevelopment of Thomas Embling Hospital Stage 3 (Fairfield)						10.4
Safer digital healthcare program 2023-24 (statewide)						15.0
Supporting the next generation of paramedics (statewide)						0.0
Existing						
A Pathway to more acute mental health beds: Responding to the interim report of the Royal Commission into Victoria's Mental Health System (statewide)	22.2	256.2	137.2	197.2	318.8	51.0
A proudly multicultural Victoria (statewide)	9.0	15.0	0.1	0.0	12.6	12.8
Additional acute mental health beds in regional Victoria (various)	0.0	0.0	0.0	0.0	8.5	5.4
Additional acute mental health beds in Warrnambool (Warrnambool)	0.0	4.1	4.1	2.1	6.1	0.6
Alcohol and other drugs residential rehabilitation treatment expansion (St Albans)	0.0	0.3	0.2	0.2	6.0	5.6
Backing our paramedics to keep saving lives (statewide)	0.2	23.3	4.1	2.5	44.0	28.3
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	2.3	10.0	16.6	16.8	35.4	86.0
Barwon Women's and Children's Hospital (Geelong)	0.0	0.0	0.0	0.0	9.0	24.5
Building a bigger and better Latrobe Regional Hospital (Traralgon)	5.6	52.0	28.8	36.2	122.9	70.0
Building a new rehabilitation centre for Bendigo (Bendigo)	2.4	24.5	13.9	14.8	35.9	17.3
Building a World Class Hospital in Maryborough (Maryborough)	0.7	4.8	0.0	3.1	1.9	61.0
Building emergency departments kids and families can count on (statewide)	1.4	16.7	7.4	0.6	29.3	11.9
Contemporary information architecture for mental health and wellbeing (statewide)	0.0	0.0	0.0	0.0	5.5	13.8
COVID catch-up plan (statewide)	0.0	0.0	34.6	0.0	32.5	37.3
Early Parenting Centre – Shepparton (Shepparton)	0.0	0.0	0.0	0.0	3.0	0.0
Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hospital (Werribee)	0.0	0.0	0.0	0.0	2.0	13.6
Engineering infrastructure and medical equipment replacement program 2019-20 (statewide)	10.5	9.4	3.7	4.1	2.5	2.1
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	15.3	41.7	10.8	11.1	11.5	23.8
Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	0.0	85.0	37.9	20.4	30.3	23.1
Engineering infrastructure replacement program 2022-23 (statewide)	0.0	0.0	0.0	0.0	20.0	2.7
Equitable cancer care and prevention (statewide)	0.0	0.0	0.0	0.0	6.1	3.7
Expanding mental health treatment facilities for Victoria's youth (statewide)	0.0	2.0	0.0	0.7	65.0	52.0
Forensic Mental Health Expansion Project Stage 1 and 2 (Fairfield)	0.0	28.6	7.9	4.3	161.3	245.6
Goulburn Valley Health redevelopment – planning and development (Shepparton)	19.6	50.4	31.3	34.1	23.7	4.6
Guaranteeing Future Energy Supply (statewide)	5.1	57.0	10.1	12.1	42.8	18.9
Improving Energy Efficiency in Public Hospitals (Melbourne)	0.0	10.0	1.0	1.6	9.1	21.7
Improving safety in mental health intensive care areas (various)	0.0	0.0	0.2	0.0	19.4	46.3
Medical equipment replacement program 2022-23 (statewide)	0.0	0.0	0.0	0.0	35.0	8.0
Meeting ambulance response times (statewide)	6.9	25.3	22.3	19.8	32.6	23.0
Mental health and alcohol and drug facilities renewal 2020-21 (statewide)	0.0	15.0	5.1	4.2	12.6	6.2
Mental health and alcohol and other drugs facility renewal fund 2022-23 (statewide)	0.0	0.0	0.0	0.0	10.0	5.3
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura)	0.0	0.0	0.0	0.0	10.0	2.0
Metropolitan Health Infrastructure Fund (metropolitan various)	0.5	113.0	57.9	40.5	118.8	66.1
Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	0.0	0.0	0.0	0.0	25.0	10.1
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project (Cheltenham)	0.0	4.3	0.0	1.3	13.7	47.0
More help for Victorian mums and dads (statewide)	2.4	36.2	18.0	15.7	70.2	49.0
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	0.0	0.3	0.0	0.0	8.6	15.0
New Melton Hospital (Cobblebank)	0.0	70.0	25.7	23.3	17.1	21.6
Providing additional bed capacity through modular facilities (metropolitan various)	0.0	0.0	0.0	29.5	0.0	17.7
Publicly led fertility care services for Victoria (statewide)	0.0	20.0	20.0	0.0	0.0	18.0
Reforming clinical mental health services (Melbourne)	7.5	25.1	9.1	5.0	14.8	9.8
Regional Health Infrastructure Fund (regional various)	20.5	18.7	9.8	11.0	6.7	14.5
Regional Health Infrastructure Fund 2019-20 (regional various)	26.0	38.2	13.7	14.5	11.6	45.2
Regional Health Infrastructure Fund 2020-21 (regional various)	0.8	50.0	26.8	29.8	58.3	40.0
Regional Health Infrastructure Fund 2021-22 (regional various)	0.0	20.0	0.6	0.6	3.8	3.5
Regional Health Infrastructure Fund 2022-23 (regional various)	0.0	0.0	0.0	0.0	75.0	107.9
Royal Children's Hospital expansion (Parkville)	0.9	11.0	0.0	0.0	27.4	15.9
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (regional various)	0.0	9.2	1.7	2.8	11.3	37.4
Rural and Regional PSRACS Revitalisation Strategy Stage 1 2022-23 (regional various)	0.0	0.0	0.0	0.0	2.0	18.0
Rural residential aged care facilities renewal 2019-20 (regional various)	1.7	5.8	3.9	2.8	2.2	3.4
Rural residential aged care facilities renewal 2020-21 (regional various)	0.0	10.0	2.0	3.2	6.4	3.8
Swan Hill District Hospital emergency department upgrade (Swan Hill)	0.4	2.0	0.9	1.8	9.6	35.6
Ten new community hospitals to give patients the best care (statewide)	84.9	35.9	8.2	10.6	20.4	527.2
The Alfred Hospital urgent infrastructure (Prahran)	2.0	5.0	0.0	0.1	24.8	0.0
The New Footscray Hospital - planning and critical infrastructure (Footscray)	0.1	0.5	0.2	0.0	0.4	0.3
Victorian Collaborative Centre for Mental Health and Wellbeing (metropolitan)	0.0	0.0	0.0	0.0	5.0	3.6
Warrnambool Base Hospital redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	0.0	23.7	4.2	4.6	30.0	85.9
Youth Prevention and Recovery Care Service (metropolitan)	3.6	8.6	7.1	7.2	1.5	1.1
Completed						
Austin Hospital Central Sterile Services Department (Heidelberg)	0.7	7.8	4.3	0.0	3.5	0.0
Echuca Wellness Centre (Echuca)	3.7	6.3	1.3	5.5	4.6	0.5
Enabling care and meeting demand for hospital services (statewide)	0.0	0.0	0.0	0.0	6.0	0.0
Engineering infrastructure replacement program 2017-18 (statewide)	1.5	2.8	0.9	0.8	1.4	0.0
Engineering infrastructure replacement program 2018-19 (statewide)	0.0	1.3	0.4	0.4	1.7	0.0
Forensic mental health bed-based services expansion (Fairfield)	9.2	22.2	18.0	15.2	0.9	0.0
Health Service Violence Prevention Fund (statewide)	0.3	1.3	0.6	1.0	0.8	0.0
Medical equipment replacement program (statewide)	0.0	0.9	0.8	0.8	1.0	0.0
Mental health and alcohol and drug facilities renewal 2018-19 (statewide)	3.0	4.9	1.2	1.5	1.7	0.0
Monash Medical Centre – expansion and upgrades (Clayton)	27.2	18.0	18.1	18.1	7.8	0.0
Northern Hospital inpatient expansion - Stage 2 (Epping)	59.2	14.7	3.8	3.7	6.4	0.6
Regional Drug Residential Rehabilitation Services (regional various)	30.8	14.5	12.7	14.2	3.8	1.0
Relocation of Barwon Health clinical facilities (Geelong)	0.1	8.0	0.0	0.0	6.3	0.0
Royal Melbourne Hospital - critical infrastructure works (Parkville)	1.2	0.8	0.0	0.0	0.9	0.0
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	31.1	26.8	41.9	22.8	7.8	0.0
Safer digital health care for Victorian public health services (statewide)	0.0	0.0	0.0	0.0	15.0	0.0
Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	0.2	2.0	0.0	0.4	4.7	0.0
Sunshine Hospital Emergency Department (St Albans)	17.6	11.8	9.3	9.0	0.9	0.0
Supporting our frontline ambulance services (statewide)	0.0	0.0	0.0	0.0	1.8	0.0
Supporting the community and health system through the COVID-19 pandemic (metropolitan various)	0.0	0.0	0.0	0.0	4.9	0.0
Victorian Heart Hospital (Clayton)	175.5	233.9	235.7	204.4	75.2	4.5
Wandima aged care redevelopment (Wandima)	17.2	50.0	13.7	53.0	21.5	6.2
Women's Prevention and Recovery Care (PARC) Service (metropolitan various)	0.5	6.5	3.9	5.7	3.5	0.0
Wonthaggi Hospital emergency department expansion (Wonthaggi)	13.6	60.0	43.3	64.0	51.6	1.0
Sub total	646.0	1,732.8	969.9	1,010.9	1,973.0	2,389.0

Line item	2020-21 actual (\$ million)	2021-22 budget (\$ million)	2021-22 revised (\$ million)	2021-22 actual (\$ million)	2022-23 budget (\$ million)	2023-24 budget (\$ million)
Other projects ¹	633	-102	411	239	-1,180	-1,462
Sub total	633	-102	411	239	-1,180	-1,462

PPPs	2020-21 actual (\$ million)	2021-22 budget (\$ million)	2021-22 revised (\$ million)	2021-22 actual (\$ million)	2022-23 budget (\$ million)	2023-24 budget (\$ million)
Building a better hospital for Melbourne's inner west (Footscray)	18	14	14	7	525	634
Building a world class hospital for Frankston families (Frankston)	8	43	43	17	216	348
Sub total	26	57	57	24	741	983
Total Payment for non financial assets	1,305	1,688	1,438	1,274	1,534	1,909

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

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.