

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2020-21 Budget Estimates General Questionnaire

Department of Health and Human Services

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2020–21 Budget Estimates questionnaire

Introduction

The Committee's inquiry into the 2020-21 budget estimates examines the Government's expenditure and revenue.

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

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

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

Timeline and format

Responses to this questionnaire are due by **5.00pm the day after the State Budget is handed down**.

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

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

Guidance for questionnaire

Consistency with the budget papers

Whenever 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.

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

Specific guidance

Additional guidance is provided for particular questions in the questionnaire.

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

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Major initiatives

Question 1

What progress has been made in implementing the major initiatives/programs identified in the 2019-20 Budget for the Department. If progress of these programs/initiatives was impacted by COVID-19, please note whether these programs/initiatives will be removed or roll forward to other years. Please identify a minimum of five initiatives/programs.

Response

	Major initiatives/programs	Output	Activities undertaken	Progress against performance measures as at 30 June 2020	Progress achieved against key Government outcomes	Note any COVID-19 impact. Is this removed/rolled over? If rolled over, to which financial year?
1.	Meeting hospital services demand	<p>This initiative contributes to the Department of Health and Human Services:</p> <ul style="list-style-type: none"> • Acute Training and Development output • Admitted Services output • Emergency Services output • Non-Admitted Services output • Small Rural Services – Acute Health output. 	<p>Deliverables met – provision of funding for demand allocated and ongoing service delivery in for emergency department presentations, critical care admissions, elective surgery, maternity admissions, outpatient services, sub-acute care services, chemotherapy treatments and radiotherapy treatments.</p>	<p>Supports the following measures in the identified outputs:</p> <ul style="list-style-type: none"> • Palliative separations Target: 7,700 Result: 7,950 Variation: 3.2% • Sub-acute care separations Target: 39,600 Result: 37,434 Variation: -5.5% The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities. 	<p>This initiative has progressed outcome '1.1 Victorians have good physical health'</p>	<p>Initiative is being delivered as planned.</p>

				<ul style="list-style-type: none"> • Total separations – all hospitals Target: 2,021 Result: 1,867 Variation: -7.6% <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i> • Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services Target: 1,444 Result: 1,367 Variation: -5.3% <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i> • WIES funded separations – all hospitals except small rural health services Target: 1,827 Result: 1,702 Variation: -6.8% <i>The 2019-20 outcome is lower than the 2019-20</i> 	
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				<p><i>target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i></p> <ul style="list-style-type: none"> • Number of patients admitted from the elective surgery waiting list <i>Target: 203,020</i> <i>Result: 171,068</i> <i>Variation: -15.7%</i> <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i> • WIES funded emergency separations – all hospitals <i>Target: 650</i> <i>Result: 756</i> <i>Variation: -14.0%</i> <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i> • Patients treated in Specialist Outpatient Clinics – unweighted <i>Target: 1,975</i> <i>Result: 1,717</i> 	
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				<p>Variation: -13.1% <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the coronavirus (COVID-19) pandemic on activities.</i></p> <ul style="list-style-type: none"> • Emergency presentations Target: 1,913 Result: 2,006 Variation: 4.9% <p>The 2019-20 outcome is higher than the 2019-20 target primarily due to the impact of high emergency department presentations at the start of the year.</p> <ul style="list-style-type: none"> • Separations Target: 35.8 Result: 31.6 Variation: -11.7% <i>The 2019-20 outcome is lower than the 2019-20 target primarily due to a number of small rural health services in bushfire-affected regions of the state experiencing lower than expected admitted activity in the second and third quarters. The impact of the</i> 	
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				<p>coronavirus (COVID-19) pandemic reduced admitted activity at small rural health services across the state.</p> <ul style="list-style-type: none"> • Small rural weighted activity unit Target: 350,000 Result: 338,000 Variation: -3.4% 		
2.	Responding to homelessness	This initiative contributes to the Department of Health and Human Services' Housing Assistance output	<p>Activities included:</p> <ul style="list-style-type: none"> • an after-hours crisis response • crisis supported accommodation • private rental access program • youth foyers • crisis accommodation responses in the central business district 	<p>Supports the following measures in the identified output:</p> <ul style="list-style-type: none"> • The number of clients assisted to address and prevent the homelessness measure Target: 118,000 Result: 115,168 Variation: -3.1% • The number of clients provided with accommodation measure Target: 27,000 Result: 29,293 Variation: 8.5% The 2019-20 outcome is higher than the 2019-20 target primarily due to unprecedented demand for emergency accommodation during the coronavirus 	This initiative has progressed outcome '2.2: Victorians have suitable and stable housing'	Initiative is being delivered as planned.

				<p><i>(COVID-19) pandemic. To meet this demand additional Housing Establishment Funding was released from March 2020.</i></p> <ul style="list-style-type: none">• The number of clients assisted to address and prevent homelessness due to a family violence measure <p>Target: 53,000 Result: 53,136 Variation: 0.3%</p>	
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3.	Supporting ambulance services	<p>This initiative contributes to the Department of Health and Human Services’:</p> <ul style="list-style-type: none"> • Ambulance Emergency Services output • Ambulance Non-Emergency Services output 	<p>Deliverables met – provision of funding for demand allocated and ongoing. This included meeting unavoidable and lapsing demand as well as addressing response times.</p>	<p>Supports the following measures in the identified outputs:</p> <ul style="list-style-type: none"> • Community Service Obligation emergency road and air transports Target: 262,590 Result: 279,439 Variation: 6.4% The 2019-20 outcome is higher than the 2019-20 target primarily due to the impact of demand on activities. • Statewide emergency air transports Target: 4,688 Result: 4,228 Variation: -9.8% The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of demand on activities. • Statewide emergency road transports Target: 468,518 	<p>This initiative has progress outcome ‘1.1 Victorians have good physical health’</p>	<p>Initiative is being delivered as planned.</p>
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				<p>Result: 498,836 Variation: 6.5% The 2019-20 outcome is higher than the 2019-20 target primarily due to the impact of demand on activities.</p> <ul style="list-style-type: none">• Treatment without transport Target: 90,000 Result: 84,087 Variation: -6.6% The 2019-20 outcome for this measure is lower than the 2019-20 target due to Ambulance Victoria's implementation of its revised clinical response model. This model is ensuring that patients are receiving care appropriate to their needs, and that emergency ambulances are less frequently dispatched to		
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				<p><i>patients who do not need transport to hospital.</i></p> <ul style="list-style-type: none"> • Community Service Obligation non-emergency road and air transports Target: 223,235 Result: 233,826 Variation: 4.7% • Statewide non-emergency air transports Target: 2,363 Result: 2,003 Variation: -15.2% The 2019-20 outcome is lower than the 2019-20 target due to lower demand for services. This is an entirely demand-driven activity. • Statewide non-emergency road transports Target: 273,514 Result: 306,749 Variation: 12.2% The 2019-20 outcome for this measure is higher than the target due to increased 	
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				<i>demand for non-emergency transport based on increasing population and demand for care.</i>		
4.	Critical mental health service demand	This initiative contributes to the Department of Health and Human Services' Clinical Care output	<p>The attraction and recruitment component had to be re-structured due to coronavirus (COVID-19). The 2019-20 budget allocation was re-directed towards providing cadetships, a relocation grants program and worker supports to manage coronavirus (COVID-19) impact. The approach for 2020-21 is under review to ensure the funding is appropriately used to attract workforce in a 'COVID-normal' environment.</p>	<p>Supports the following measures in the identified output:</p> <ul style="list-style-type: none"> Clinical inpatient separations Target: 27,000 Result: 27,216 Variation: 0.8% Total community service hours Target: 1,403 Result: 1,437.8 Variation: 2.5% New case index Target: 50 Result: 53.2 Variation: 6.4% <p>The 2019-20 outcome is higher than the 2019-20 target primarily due to reaching new clients and new cases being opened for current clients, where their previous case was closed prematurely.</p>	This initiative has progressed outcome '1.2 Victorians have good mental health'	Initiative is being delivered as planned.

				<ul style="list-style-type: none"> Registered community clients Target: 74,000 Result: 75,87 Variation: 1.5% Occupied Residential bed days Target: 153,574 Result: 151,523 Variation: -1.3% Occupied Sub-acute bed days Target: 191,724 Result: 197,849 Variation: 3.2% 		
5.	Free dental care for government school students	This initiative contributes to the Department of Health and Human Services' Dental Services output.	Activities in this commitment are being delivered, however, it was delayed during the closure of schools and the pause in delivery of all public dental services to limit risk of infection.	<p>Influences the following measures in the identified output:</p> <ul style="list-style-type: none"> Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours Target: 85 Result: 94 Variation: 10.6% The 2019-20 outcome is higher than the 2019-20 target primarily due to a higher percentage of people requiring 	This initiative has progress outcome '1.1 Victorians have good physical health'	Initiative was delayed due to coronavirus (COVID-19).

				<p>emergency care being treated within the appropriate time period.</p> <ul style="list-style-type: none"> • Waiting time for general dental care Target: 23 Result: 19.4 Variation: -15.7% The 2019-20 outcome is lower than the 2019-20 target primarily due to additional activity being delivered. 		
6.	Kinship care	This initiative contributes to the Department of Health and Human Services' Child Protection and Family Services output	Kinship care model is implemented and operational. This initiative provides dedicated kinship care workers, help identify kinship networks earlier, reunite more children safely with their families and improve placement stability, which improve outcomes for children and reduce entry into residential care and other more intensive child protection services.	Supports the number of children in kinship care whose placements output: Target: 1,434 Result: 1,707 Variation: 19% The 2019-20 outcome is higher than the 2019-20 target due to the implementation of a new model of kinship care, which includes additional placements managed by community service organisations. This is a positive result.	This initiative has progressed outcome '2.1 Victorians live free from abuse and violence'	Performance and reporting guidelines implementation were delayed due to coronavirus (COVID-19).

7.	Perpetrator responses	This initiative contributes to the Department of Health and Human Services' Family Violence Service Delivery output	Activities implemented included new perpetrator interventions, new standards for men's behaviour change programs, support for Caring Dads trial, and case management services and brokerage.	Supports the number of case management responses provided to perpetrators of family violence output: Target: 1300 Result: 1371 Variation: 5.5% The 2019-20 outcome is higher than the 2019-20 target primarily due to demand for perpetrator case management services.	This initiative has progressed outcome '2.1 Victorians live free from abuse and violence'	Initiative timelines have been affected due to coronavirus (COVID-19).
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Strategic issues

Question 2

In order of priority, please list up to 10 strategic issues that were caused by the COVID-19 pandemic that influenced the development of the Department's estimates for the 2020-21 financial year. Please describe how the Department will address these issues in 2020-21.

Response

	Strategic issue	How the Department will address the issue in 2020-21	Progress achieved as at 01 October 2020
1.	Expand public health capacity to manage pandemic	Maintain the Public Health Command which was established to manage the department's COVID-19 response, including contact tracing.	<p>The expansion of the State's public health capacity to manage the COVID-19 pandemic has been instrumental to Victoria putting in place evidence-based measures that have reduced the second wave of infections from a peak of 7,880 active cases on 11 August 2021.</p> <p>Increased testing, tracing and outbreak response measures are being implemented to ensure quick detection and to control the virus. New ways to get tested have been introduced such as rapid response testing teams, roving testing squads and the Call-to-Test program which supports people who cannot leave their homes to be tested.</p> <p>Leveraging the existing testing capacity through retail, tertiary and primary healthcare has delivered an integrated, sustainable and fit-for-purpose testing system for all Victorians.</p> <p>As at 1 October 2020, COVID-19 testing was available at the following public sites; 83 health service led sites, 29 community health service led sites, 15 drive-through testing facilities, 28 General Practitioner (General Practitioner) respiratory clinics, 40 pathology collection centres and four (4) private GP clinics.</p> <p>These measures have saved many lives and prevented our hospitals from being overwhelmed.</p>
2.	Keep vulnerable Victorians safe during the pandemic through integrating social and health supports	Continuing initiatives, such as Operation Beneserre, which was established to keep public housing tenants safe and well during the pandemic and which has since been expanded to other forms of accommodation.	<p>Active outreach to known vulnerable Victorians, including sending letters to all Seniors card, companion card and disability card holders about where they can get assistance over the phone, as we know they are less likely to have access to the internet.</p> <p>The department also launched and expanded the COVID-19 assistance hotline. This line, among other things supports:</p>

			<ul style="list-style-type: none"> • people in need to get access to food packages • people who are feeling socially isolated – the Department of Health and Human Services partnered with the Red Cross to provide psychological first aid to people calling the COVID-19 support line who are lonely or in need of basic psychological assistance. • Call-to-Test – delivers transportation to a testing site, or arranges in-home testing for those with mobility impairment, disability (or their carers), or severe mental health issues
<p>3.</p>	<p>Support hospitals in tackling COVID-19, including keeping frontline workers and their families safe</p>	<p>Continue to provide extra funding to keep frontline hospital workers safe, undertake additional testing and other support initiatives.</p> <p>The 2020-21 Budget includes the initiative - <i>Coronavirus (COVID-19) health response</i> (including additional funding to support frontline healthcare workers, and service responses to minimise the spread of COVID-19.</p>	<p>\$1.9 billion was committed for a staged response to expand capacity across Victoria to meet COVID-19 demand, to buy ventilators and personal protective equipment, as well as provide training to the healthcare workforce.</p> <p>The department, Safer Care Victoria and an expert advisory group have been developing and delivering staffing and care models to provide sufficient frontline services to meet increases in demand. Additional training courses have been developed and implemented in hospitals and healthcare settings, to address the care of COVID-19 patients, especially in relation to infection control and use of Personal Protective Equipment (PPE), with over 13,000 enrolments in these courses recorded as at 8 August 2020.</p> <p>As at October 2020, the department has provided 1,703 accommodation supports to health care workers, comprising of 862 for close contact staff, 615 for COVID-19 positive staff and 226 for compassionate purposes.</p> <p>Health services have formed clusters within their geographic regions across the state to support skill acquisition and ensure surge workforce staffing is available, particularly in response to furloughed staff and support for private and not for profit residential aged care.</p> <p>Public and private hospitals have negotiated to work as one system to respond to the pandemic and to access vacant private hospital wards. Non urgent elective surgery was wound back in public and private hospitals to increase available workforce, ensure best use of PPE equipment and reduce risk of COVID-19 exposure where possible. The suspension of non-urgent surgery also facilitated the increase in aged care residents being admitted to hospitals and</p>

			allowed for the deployment of experienced nursing staff from Victorian hospitals to private and not for profit residential aged care facilities.
4.	Strengthen our understanding of COVID-19 and its transmission so we can contain future outbreaks	<p>Continue to fund an enhanced intelligence function and more local responses to outbreaks e.g. regional public health teams.</p> <p>The 2020-21 Budget has delivered several related initiatives, including:</p> <ul style="list-style-type: none"> • Creating a single digital solution for coronavirus (COVID-19) reporting. • Coronavirus (COVID-19) health response. 	<p>Understanding COVID-19 and its transmission is a critical precondition for safely easing restrictions and preventing further outbreaks.</p> <p>As at 1 October 2021, there had been nearly three million tests undertaken across Victoria helping us to understand the prevalence of COVID-19 across the community and plan appropriate responses. The department’s in-house intelligence capabilities are taking these test results and results from more innovative approaches (e.g. wastewater testing) to provide evidence-based advice to inform the department’s approach to successfully tackling the COVID-19 pandemic.</p> <p>The Victorian Government:</p> <ul style="list-style-type: none"> • continues to monitor and communicate with at-risk groups about preventive actions they can take to further reduce transmission • is monitoring and investigating cases as they occur, identifying and sharing accurate information about the virus on a timely basis.
5.	Meet the extra demand for some social services such as mental health and family violence arising from COVID-19 restrictions	<p>COVID-19 specific public health response and hospital performance expenditure initiatives for disability and children and families include:</p> <ul style="list-style-type: none"> • \$13.3 million for the continuation of COVID-19 preparedness and response for children and young people in care • \$13.7 million for the COVID-19 response to support people with disability. <p>Other initiatives intended to provide support to the community for social services, include:</p> <ul style="list-style-type: none"> • Operation Drasi (providing a call-to-test service for vulnerable people who cannot leave home) • \$412 million for Operation Benesserre (providing the Pathways to Recovery model for residents in public housing and other high-risk accommodation settings) 	<p>In August, the government directed more than \$20 million to keep more family violence victim survivors safe in their own homes – and keep perpetrators in full sight.</p> <p>The government has provided significant extra funding for mental health throughout the pandemic, starting with a \$59.4 million surge funding package announced on 12 April 2020.</p> <p>The government also directed \$26 million, announced on 12 August 2020, for Mental Health Support for Business Owners and Workers.</p>

		<ul style="list-style-type: none"> • Communications strategies to support multicultural, diverse and priority populations including mental health campaigns. 	
6.	Supporting the health system to get to a COVID-normal, both through more online services and through elective surgery catch up	<p>The 2020-21 Budget has delivered significant funding for Acute Health Services initiatives, including:</p> <ul style="list-style-type: none"> • Better at home: Hospital care in the home • Improving rural health outcomes • Maintaining hospital capacity (including continuing the operation of new facilities opened in order to increase capacity in response to the COVID-19 pandemic). 	<p>Services are continuing to be delivered.</p> <p>The safe and steady scale up of elective surgery activity is currently underway throughout Victoria. Planning is underway to 'catch up' on deferred activity by utilising capacity in the private sector.</p> <p>The Victorian Government is rapidly scaling up home-based and virtual care across statewide. These reforms will make Victoria a world-leader in innovative hospital care and allow patients statewide to receive COVID-Safe care at home, improving patient outcomes and experience throughout the pandemic and beyond.</p> <p>The department continues to work with Health Services to ensure the system is best placed to care for patients both under COVID-19 normal conditions and where any potential increase in COVID-19 numbers occurs.</p>
7.	Strengthen our child protection system to help address pressures arising from COVID-19 restrictions	<p>The 2020-21 Budget has delivered significant funding for Child Protection and Family Services initiatives, including:</p> <ul style="list-style-type: none"> • Better Futures – Home Stretch • Intensive Family Preservation and Reunification Response • Maintaining the capacity of the children and families system • Maintenance, minor capital improvements and building of new Care Services properties • Reforming care services. 	<p>Since the onset of pandemic, the government has made significant investment in enhanced services and supports for vulnerable Victorian children and families who have been impacted by coronavirus.</p> <ul style="list-style-type: none"> • In April 2020, the government invested \$77.5 million over the next two years to support some of Victoria's most at-risk children by bolstering the staff, resources and services available to them. • Foster and kinship carers also received a one-off \$600 payment for every child they care for, as part of a package of support for some of our state's most in-need children and families. • The Home Stretch program was expanded with nearly \$4 million to support all young people currently in care who are due to turn 18 before December this year. • \$15 million was provided to support residential care service providers to form mobile response teams that will bolster staff where needed and proactively respond to the needs of every young person. Funds were also provided to ensure residential homes are properly cleaned to ensure the safety and hygiene standards needed.

			These investments have enabled the department to provide critical supports and services to Victoria's most vulnerable children while looking after the safety and wellbeing of workforces and slowing the spread of coronavirus.
8.	Help people continue to access healthcare safely during the pandemic	<p>The 2020-21 Budget has delivered significant funding for:</p> <ul style="list-style-type: none"> • Better at home: Hospital care in the home (\$120.9 million over three years). • Improving rural health outcomes (\$32.4 million over four years). 	The department has introduced and expanded telehealth for our hospitals and TeleHealth concierge so people can more easily navigate the health system and stay home (and safe) as much as possible.
9.	Utilise the role of health and housing infrastructure development to both support Victorians' wellbeing and stimulate economic recovery and jobs	<p>The 2020-21 Budget has delivered significant funding for health and housing infrastructure development initiatives, including:</p> <ul style="list-style-type: none"> • Big Housing Build – \$5.3 billion • Warrnambool Base Hospital Redevelopment (including Warrnambool Logistics Hub) – \$382.4 million • Metropolitan health infrastructure fund – \$200 million • Regional Health Infrastructure Fund – \$120 million • Ten new community hospitals to give patients the best care – \$66.1 million • Engineering infrastructure replacement program 2020-21 – \$85 million • Improving energy efficiency in public hospitals – \$40 million • A Pathway to more acute mental health beds – \$492.2 million • Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Stage 3 Kingston Project – \$134.6 million • Reforming care services – \$40.9 million 	The department has continued to deliver and improve health and housing infrastructure for Victorians. During the pandemic, a range of statewide infrastructure projects continued to be delivered providing more beds and better facilities for the Victorian population.

Revenue and expenditure – variances

Question 3

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

For each line item of the comprehensive operating statement if there is a variance of greater than 10 per cent (positive or negative) or greater than \$100 million (positive or negative), please explain the reason for the variance between the budget for 2019-20, the revised estimate for 2019-20 and the budget for 2020-21.

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:

Excel template – Attachment 2a

Question 4

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

- a) name of the program/initiative
- b) objective of the program
- c) amount allocated at the announcement
- d) recurring expenditure or new/additional expenditure
- e) budget year (i.e. 2019-20 or 2020-21)
- f) amount allocated in the budget
- g) source of funding

Response:

Excel template – Attachment 2a

Revenue initiatives – new and changed

Question 5

For all new revenue initiatives in the 2020-21 budget papers and for all existing revenue initiatives that have changed in the 2020-21 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative as used in budget papers
- b) reason for the new initiative or change to the initiative
- c) expected outcome/benefit for the Victorian community of the new initiative/change to the initiative
- d) anticipated revenue in the financial year 2020-21 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

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

Response:

Excel template – Attachment 2a

Expenditure – new programs and initiatives (output and asset)

Question 6

For all new programs and initiatives (output and asset) in the 2020-21 budget papers, please provide the:

- a) name of the program/initiative
- b) budgeted expenditure in financial year 2020-21 on the program/initiative
- c) amount expended as at 01 October 2020
- d) details of how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.).

Response:

Excel template – Attachment 2a

Expenditure – lapsing programs (output initiatives including grants)

Question 7

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million, that were to lapse in financial year 2019-20, where funding is to be extended in the 2020-21 Budget, please provide the:

- a) name of the program
- b) expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)
- c) details of how the program will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- d) evidence of the continued need for the program, and Government's role in delivering it
- e) evidence of the program's progress toward its stated objectives and expected outcomes, including an alignment between the program, its output (as outlined in *Budget Paper No.3: Service Delivery*), departmental objectives and any government priorities
- f) evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- g) extent and level of efficiencies realised in the delivery of the program
- h) information about what the nature of the impact of the program ceasing would be and what strategies have been identified to minimise any negative impacts
- i) evidence that the further funding reflects the actual cost required to deliver the program.

Guidance

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

Response

a)	Name of the program	Aboriginal social and emotional wellbeing and mental health (continued by 2020-21 initiative Aboriginal social and emotional wellbeing)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		3	4.4			
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	In 2017, 25 per cent of Aboriginal people in Victoria (compared with only 15.4 per cent of non-Aboriginal people in Victoria) reported 'high' or 'very high' levels of psychological distress. The prevalence of depression and anxiety is greater among Aboriginal people compared with non-Aboriginal Victorians, with 37.5 per cent of Aboriginal people having been diagnosed with depression or anxiety compared with 27.3 per cent of non-Aboriginal people. This has significant implications for suicide in our community. Whilst Aboriginal Victorians represent a small proportion of all Victorians who take their own life, between 2009 and 2016, Aboriginal Victorians who commit suicide are more likely to be diagnosed with, or to be suspected or but not diagnosed with, a mental illness.				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	Recommendation 4 of the Interim Report of the Royal Commission into Victoria's Mental Health System recommends that the Victorian Government, through the Mental Health Implementation Office, expands social and emotional wellbeing teams throughout Victoria and that these teams be supported by a new Aboriginal Social and Emotional Wellbeing Centre.				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The Royal Commission received compelling proposals from Aboriginal witnesses and communities for expanding multidisciplinary models of care that apply the Aboriginal concept of social and emotional wellbeing. The Commission has taken account of the advice of Aboriginal experts, who have urged the Commission to support implementation of existing Victorian Government commitments to Aboriginal social and emotional wellbeing and to avoid 'reinventing the wheel'.				
g)	Extent and level of efficiencies realised in the delivery of the program	The recommendations in the interim report focus on taking steps to expand and improve Aboriginal social and emotional wellbeing services in ACCHOs throughout the state. In 2020, the Commission will work with Aboriginal communities to discuss a				

		broad system redesign through improving service access and navigation, developing effective and equitable funding models, workforce considerations and opportunities for further service responses, as well as prevention and early intervention programs.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	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	Access to medicinal cannabis (continued by 2020-21 initiative Medicinal cannabis commitments)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		5.6	4.4	4.2	4.1	4.0
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	Many additional Victorian patients are accessing medicinal cannabis without the need for a state level permit or are exempt from the usual Schedule 8 permit requirements (e.g. palliative care patients).				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	<p>In partnership with local industry, the government has successfully completed the development of a pharmaceutical grade cannabidiol product - the first of its type to be produced in Australia.</p> <p>The 12kg of product produced to date will be provided for use in clinical trials to support the development of local expertise and expand the evidence base for the use of cannabidiol.</p>				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>With a Commonwealth regulatory system in place, the Victorian Access to Medicinal Cannabis Act 2016 was no longer required and was repealed in October 2019. The repeal has avoided duplication and unnecessary regulatory burden, giving prescribers and industry greater confidence and certainty.</p> <p>Medicinal cannabis is being regulated in Victoria under the Drugs, Poisons and Controlled Substances Act, as either Schedule 8 or 4 prescription drugs.</p>				

g)	Extent and level of efficiencies realised in the delivery of the program	The Department of Health and Human Services had issued 6331 permits for Victorian doctors to prescribe Schedule 8 medicinal cannabis products between the period May 2017 to March 2020, when permit requirements were paused due to COVID-19.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	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	Civil claims costs for historical institutional child abuse (continued by 2020-21 initiative Maintaining the capacity of the children and families system)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years) * Note that the funding profile includes all components of the "Maintaining the capacity of the children and families system" initiative	2019-20	2020-21	2021-22	2022-23	2023-24
		20.0	91.2	89.0	91.4	93.8
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	The National Redress Scheme for Institutional Child Sexual Abuse (the Scheme) was established on 1 July 2018 to recognise and alleviate the impact of institutional child sexual abuse and provide justice for survivors.				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	The Department of Health and Human Services receives funding to deliver the Scheme via special appropriations administered by the Department of Justice and Community Safety.				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	In 2020-21, up to \$4.7 million is allocated to deliver the Scheme in Victoria. Most of this funding is to deliver the counselling service with the remainder providing the Victorian Government Direct Personal Response program and departmental capacity to process applications.				
g)	Extent and level of efficiencies realised in the delivery of the program	An evaluation of Restore has just been completed and the government is now working with Restore to address the findings and recommendations to strengthen the policy and financial arrangements.				
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.				

i)	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.
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a)	Name of the program	Disability Worker Registration Scheme (continued by 2020-21 initiative Disability Worker Regulation Scheme)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		9.5	6.7			
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	<p>The Disability Worker Regulation Scheme (the Scheme) was established by the Disability Service Safeguards Act 2018 (Vic), and involves the regulation of registered and unregistered disability workers in Victoria.</p> <p>The Scheme will operate alongside and complement the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework.</p> <p>The Scheme delivers upon the Victorian Government's commitment that there will be no reduction of protections to safeguards in the transition to the National Disability Insurance Scheme.</p>				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	The Scheme is designed to protect vulnerable people from harm and neglect by stopping people who pose a serious risk of harm from providing disability services.				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The Victorian Government provided funding of \$9.5 million in 2019-20 to implement the Scheme.				
g)	Extent and level of efficiencies realised in the delivery of the program	<p>The Victorian Parliamentary Inquiry into Abuse in Disability Services found that while the disability workforce included many dedicated, committed and caring support workers, urgent improvements were needed to uphold the rights of people with disability to access safe and quality services.</p> <p>The Scheme is designed to protect vulnerable people from harm and neglect by stopping people who pose a serious risk of harm from providing disability services.</p>				
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.				

i)	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.
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a)	Name of the program	Future provision of public sector residential aged care				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		26.9	27.6			
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	This government remains committed to ensuring that public residential aged care facilities are of a high quality with appropriately qualified staff and provide a suitable environment for care for vulnerable older Victorians.				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	Budget paper performance measures affected: <ul style="list-style-type: none"> • Available bed days. • Residential care services accredited. 				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	State Government supplementary funding is provided to sustain the critical role of services within the system. State funding is a contribution towards: the additional cost of legislated nurse-to-resident ratios in high care public sector services; provision of specialist supports; viability of small rural high care services; and, to offset the discount applied by the Commonwealth to the care subsidies paid by them for residents in beds classified as State Government.				
g)	Extent and level of efficiencies realised in the delivery of the program	Nurse to resident ratios are unique to Victorian public sector high care residential aged care services and means that there are proportionally more nurses in the public sector compared to other service providers. This clinical capacity means that public sector services are well equipped to support complex care needs, but it is associated with increased cost.				
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.				
i)	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	Intervening earlier to strengthen responses to families (continued by 2020-21 initiative Intensive Family Preservation and Reunification Response)
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		2019-20	2020-21	2021-22	2022-23	2023-24
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	47.1	51.0	89.5	95.6	99.2
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	Since early 2020, the Victorian Government introduced changes to enable child protection, family, parenting and care services to continue to do their job. The current public health restrictions have been tough for all Victorian families and have the potential to place extra pressure on families who are already vulnerable.				
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	Budget paper performance measures affected: <ul style="list-style-type: none"> • Total number of family services cases provided. • Number of family services cases provided to Aboriginal families. • Number of families receiving an intensive support service. 				
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Recognising the extra pressure families are facing, on 23 April 2020, the government announced additional funding of \$77.5 million over two years for Family and Placement Prevention Services and Care Services to bolster staff, resources and services for vulnerable Victorians.				
g)	Extent and level of efficiencies realised in the delivery of the program	Funding is provided to help support earlier intervention in the children and families system to improve outcomes for Victorian children and reduce entries into out of home care.				
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.				
i)	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	Stepping in to support asylum seekers (continued by 2020-21 initiative Supporting asylum seekers)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		3.0	3.9			
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				

d)	Evidence of the continued need for the program and the Government's role in delivering it	Those who lost work due to the COVID-19 pandemic have been struggling to pay bills and purchase essentials like food and medicine. This puts a strain on the communities and services that support them. It also undermines our ability to manage the pandemic.
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	Over 10,000 people have received emergency financial assistance and over 20,000 people have received information and advice since the program commenced on 15 July 2020.
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Since 2019 the Victorian Government has been addressing gaps in Commonwealth assistance for people seeking asylum, through the \$3.01 million 'Stepping in to support asylum seekers' initiative. This initiative delivers casework, basic needs and homelessness assistance, primary care and mental health support and legal advice to people seeking asylum.
g)	Extent and level of efficiencies realised in the delivery of the program	The Victorian Government has committed over \$25 million and established a Culturally and Linguistically Diverse (CALD) Communities Taskforce to ensure that multicultural communities can access appropriate information and support throughout the pandemic.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	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	Supporting vulnerable children in need (continued by 2020-21 initiative Maintaining the capacity of the children and families system)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years) * Note that the funding profile includes all components of the "Maintaining the capacity of the children and families system" initiative	2019-20	2020-21	2021-22	2022-23	2023-24
		26.9	91.2	89.0	91.4	93.8
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				

d)	Evidence of the continued need for the program and the Government's role in delivering it	The Victorian Government is committed to the safety and wellbeing of Victoria's most vulnerable children and families and the staff and carers who support them during the COVID-19 pandemic.
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	Budget paper performance measures affected: <ul style="list-style-type: none"> • Number of investigations from reports to child protection services about the wellbeing and safety of children. • Daily average number of children in care placements. • Daily average number of children in foster care placements. • Daily average number of children in kinship care placements. • Children and young people in care who have had two or less placements in the past 12 months (not including placements at home). • Number of Child FIRST assessments and interventions.
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Recognising the extra pressure families are facing, on 23 April 2020, the government announced additional funding of \$77.5 million over two years for Family and Placement Prevention Services and Care Services to bolster staff, resources and services for vulnerable Victorians.
g)	Extent and level of efficiencies realised in the delivery of the program	Continued support is provided for vulnerable children by expanding the child protection workforce and increasing the number of home-based care placements for children who are unable to live safely with their families. Additional financial support will also be provided to meet the individual needs of children in home-based care placements.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.

a)	Name of the program	Victorian Fixated Threat Assessment Centre (VFTAC)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		16.2	16.6			
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	The Fixated Threat Assessment Centre provides a structured and coordinated approach to respond to the serious threat of violence posed by people with complex needs.				

		<p>The Victorian Institute of Forensic Mental Health (Forensicare) mental health clinicians and Victoria Police work together in ensuring patients receive the highest level of care whilst protecting the wider community.</p> <p>Specialised mental health services will continue to provide support to this cohort.</p> <p>In addition to the VFTAC program, the Victorian Government has provided a package of \$59.71 million for clinical mental health care services to meet surge demands and support people with severe mental illness to access treatment due to increased need as a result of COVID-19.</p>
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	\$16.2 million in 2019–20 was funded by the Department of Health and Human Services to allow continued delivery of coordinated responses by co-located police and mental health clinicians to serious threats of violence posed by people with complex needs.
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2020-21 Budget.
g)	Extent and level of efficiencies realised in the delivery of the program	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2020-21 Budget.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	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	Gas heater servicing and replacement scheme (continued by 2020-21 initiative Big Housing Build)				
b)	Expenditure in the financial years 2019-20 and 2020-21 (and where relevant, future years)	2019-20	2020-21	2021-22	2022-23	2023-24
		8.9	280.7	245.3	124.0	87.0
c)	Details of how the program will be funded	Decisions taken on the allocation of funding, and the source for that funding, are Cabinet-in-Confidence, and therefore a response cannot be provided by the department.				
d)	Evidence of the continued need for the program and the Government's role in delivering it	The program responds to the lessons learned following the 2017 death of a public housing tenant whose death was found by the Coroner to have resulted from carbon monoxide (CO) poisoning from a Vulcan Heritage open-flue gas heater.				

		<p>Funding was provided to replace all Vulcan Heritage Gas Heaters and all other open flued gas heaters over a five-year period.</p> <p>The department in consultation with Energy Safe Victoria also determined that the five-year frequency of its ongoing gas heater servicing program was inadequate, and that its frequency should be increased to an inspection every two years and are installing CO alarms in all properties with gas heaters.</p>
e)	Evidence of the program's progress toward its stated objectives and expected outcomes	As at 30 September 2020 a total of 30,118 open flued gas heaters have been replaced and all 6,525 Vulcan Heritage gas heaters disconnected. The department has installed over 53,759 carbon monoxide alarms.
f)	Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2020-21 Budget.
g)	Extent and level of efficiencies realised in the delivery of the program	This is subject to the development of an implementation plan reflecting the next phase of funding provided in the 2020-21 Budget.
h)	Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Not applicable.
i)	Evidence that the further funding reflects the actual cost required to deliver the program	The funding provided has been allocated to meet the identified needs for these services.

Question 7 – lapsing initiatives 2020-21 budget outcomes summary table:

Lapsing initiative name (Budget Paper 3)	2020-21 initiative name (BP3)	Category	2019-20 (lapsing initiative only as per BP3) \$ million	2020-21 \$ million (2020-21 initiative)	2021-22 \$ million (2020-21 initiative)	2022-23 \$ million (2020-21 initiative)	2023-24 \$ million (2020-21 initiative)	Budget paper performance measures affected
Aboriginal social and emotional wellbeing and mental health	Aboriginal social and emotional wellbeing	New / Lapsing	3.0	4.4	0.0	0.0	0.0	No impact on specific measures.
Access to medicinal cannabis	Medicinal cannabis commitments	Lapsing	5.6	4.4	4.2	4.1	4.0	No impact on specific measures.

Civil claims costs for historical institutional child abuse	Maintaining the capacity of the children and families system	New / Lapsing	20.0	91.2	89.0	91.4	93.8	No impact on specific measures.
Disability worker registration scheme	Disability Worker Regulation Scheme	Lapsing	9.5	6.7	0.0	0.0	0.0	No impact on specific measures.
Future provision of public sector residential aged care	Future provision of public sector residential aged care	Lapsing	26.9	27.6	0.0	0.0	0.0	Available bed days. Residential care services accredited.
Intervening earlier to strengthen responses to families	Intensive Family Preservation and Reunification Response	New / Lapsing	47.1	51.0	89.5	95.6	99.2	Total number of family services cases provided. Number of family services cases provided to Aboriginal families. Number of families receiving an intensive support service.
Stepping in to support asylum seekers	Supporting asylum seekers	New / Lapsing	3.0	3.9	0.0	0.0	0.0	No impact on specific measures.
Supporting vulnerable children in need	Maintaining the capacity of the children and families system	New / Lapsing	26.9	91.2	89.0	91.4	93.8	Number of investigations from reports to child protection services about the wellbeing and safety of children. Daily average number of children in care placements. Daily average number of children in foster care placements. Daily average number of children in kinship care placements. Children and young people in care who have had two or less placements in the past 12 months (not including placements at home).

								Number of Child FIRST assessments and interventions.
Victorian Fixated Threat Assessment Centre	Victorian Fixated Threat Assessment Centre	Lapsing	16.2	16.6	0.0	0.0	0.0	No impact on specific measures.
Gas heater servicing and replacement scheme	Big Housing Build	Lapsing	8.9	280.7	245.3	124.0	87.0	No impact on specific measures.

Question 8

For all programs (output initiatives including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2019-20, please provide the:

- name of the program
- expenditure in the financial year 2019-20
- reasons why the program was established
- 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
- reasons why further funding is not being sought
- nature of the impact of ceasing the program
- strategies that are being implemented to minimise any negative impacts.

Response

a)	Name of the program	A proudly multicultural Victoria – Aged care
b)	Expenditure in the financial year 2019-20	\$5.4 million.
c)	Reasons why the program was established	<p>Many overseas-born Australians face substantial barriers in accessing and engaging with essential supports and services. Older people from CALD backgrounds are likely to face substantial language barriers in accessing services and making their needs known because of differing cultural practices and norms, leading to lack of understanding and challenges in service delivery. Residential aged care services dedicated to the needs of multicultural communities help older people, especially those with dementia, as consumers can be better understood and cared for.</p> <p>Funding was provided to contribute towards capital upgrades of facilities at seven specified multicultural aged care providers to help improve and expand aged care services for culturally and linguistically diverse Victorians.</p>
d)	Details of who and how many used the program and evidence of the outcomes achieved	<p>In each instance, the grant will provide only a proportion of the funds for the upgrade planned by the recipient organisation. The amount of funds committed, and the organisations were as follows:</p> <ul style="list-style-type: none"> \$625,000 to Assisi Aged Care, a not-for-profit provider of aged care and community services in Rosanna that predominately serves the Italian community

		<ul style="list-style-type: none"> • \$625,000 to Jewish Care, a not-for-profit provider of aged care and community services • \$800,000 to Kalyna Care in Delahey, a Ukrainian community not for profit aged care provider that welcomes residents from all European countries • \$1.5 million to Fronditha Care, a not-for-profit provider of aged care and community services, predominately for the Greek community • \$800,000 to RusCare in Dandenong, a not-for-profit aged care provider serving the state's Russian, Ukrainian, Serbian, Hungarian, and Bosnian communities • \$500,000 to On Luck Nursing Home in Donvale, a not-for-profit provider of residential aged care for the Chinese community • \$500,000 for the Elderly Chinese Home in Parkville, a not-for-profit provider of residential aged care to the Chinese community. <p>Funding has been dispersed to the organisation and applied towards capital improvements as per the commitment. In some cases, finalisation of the projects has been delayed due to impacts of COVID-19.</p>
e)	Reasons why further funding is not being sought	The multicultural residential aged care grants are not part of an ongoing program. A single one-off grant was made to grant recipients. Prior to payment the department worked with the organisations to develop a shared understanding of the scope and purpose of the funding and ensure appropriate accountabilities were in place.
f)	Nature of the impact of ceasing the program	There is no impact as the program is not ongoing.
g)	Strategies that are being implemented to minimise any negative impacts	As the funds has been dispersed and the government commitments met, negative impacts are not expected.

a)	Name of the program	Better Care Victoria Innovation Fund
b)	Expenditure in the financial year 2019-20	\$15.0 million
c)	Reasons why the program was established	<p>The Better Care Victoria Innovation Fund was the Government's major response to the 2015 Travis Review (a state-wide review of bed and theatre capacity). The Travis Review highlighted that innovation and improvement is vital to the future of Victoria's health system.</p> <p>The Fund supports Victoria's health sector to identify health service delivery improvements and innovations and promote widespread adoption as new ways of working.</p>

d)	Details of who and how many used the program and evidence of the outcomes achieved	63 Victorian health services and over 1,760 healthcare staff have engaged with the Fund, including 47 regional/rural services. The Fund delivered over 60 innovation, improvement and capability initiatives. Some of the outcomes achieved include: <ul style="list-style-type: none"> • Reduction in unnecessary medical tests and procedures. • Reducing waiting list to outpatient clinics. • Improving outcomes for patients with sepsis. • Reducing patient transfers from regional to metro health services. Increased telehealth consultations for regional patients.
e)	Reasons why further funding is not being sought	Not applicable
f)	Nature of the impact of ceasing the program	Safer Care Victoria will continue to respond to safety and quality performance issues within Victorian hospitals. Safer Care Victoria will seek to optimise its current resources to develop and implement quality and safety improvement programs.
g)	Strategies that are being implemented to minimise any negative impacts	Safer Care Victoria will deliver the final innovation and improvement programs that have been delayed due to COVID-19, using roll over funds and with internal management. Safer Care Victoria will continue to pursue opportunities to develop and implement targeted healthcare quality and safety improvement programs.

a)	Name of the program	Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response (Enhanced Pathways to Family Violence Work Project)
b)	Expenditure in the financial year 2019-20	\$3.1 million
c)	Reasons why the program was established	Funding was provided to continue to grow the family violence service delivery workforce and strengthen its capability, including through practical placements for students under the Industry Plan for Family Violence Prevention and Response.
d)	Details of who and how many used the program and evidence of the outcomes achieved	In 2019-20, 54 community service and specialist family violence organisations were funded to support taking students on placement throughout the 2021 calendar year and exposing those students to family violence practice relevant to their organisation's context. Those organisations are funded to support more than 800 student placements and can also use the funding to build their staff's capability in supervising students on placement, aligning their organisation to the Multi-Agency Risk Assessment and Management (MARAM) Framework, and engaging with tools designed to enhance their

		<p>organisation's ability to host students on placement, such as the Best Practice Clinical Learning Environment (BPCLE) Framework.</p> <p>The previous two years of the project saw more than 1,300 student placements supported across more than 100 participating organisations.</p> <p>Project funding also supports the employment of 10 Capability Building Coordinators in host community service and specialist family violence organisations across the state, who support participating organisations in meeting project deliverables.</p>
e)	Reasons why further funding is not being sought	<p>2019-20 funding will support student placements to occur until the end of the 2021 calendar year. Funding in future for the continuation of student placements beyond this date is under consideration.</p>
f)	Nature of the impact of ceasing the program	<p>While there are no regulatory or legislative obligations on the funding, the project is an initiative within <i>Strengthening the Foundations: First Rolling Action Plan 2019-2022</i>.</p> <p>To date, the project has supported participating organisations to build their capabilities in establishing robust student placement processes and staff supervision of students on placement, thereby increasing their ability to host increased numbers of student placements, while also introducing those students to family violence practice relevant to their organisation. Those benefits should continue to be felt by those participating organisations beyond the funded period.</p> <p>The project supports student placements across numerous disciplines, including some that are offered by Free TAFE. It is expected that the demands on Free TAFE may increase as we move towards recovery from COVID-19, with more people seeking education and training opportunities to advance their employment outcomes. A surge in enrolments in such disciplines that are not matched by an increased supply of work placements may place strain on the training and education sector and may inhibit the ability of students enrolled in these Free TAFE courses from completing their studies and gaining employment in the specialist family violence and broader community services sector. The benefits to past participating organisations that would allow them to increase the numbers of student placements they can host should continue to be felt however by those organisations beyond the funded period.</p>
g)	Strategies that are being implemented to minimise any negative impacts	<p>Participating organisations funded through 2019-20 funding will continue to be supported to meet project deliverables, including confirming student placements with education provider partners, and meeting other project deliverables including building supervision capability at their organisation, and embedding the MARAM Framework, by</p>

		<p>the Capability Building Coordinators and Family Safety Victoria's (FSV) project team into 2021.</p> <p>Advice on how to maintain the benefits of the project beyond the supported funding period is being developed and may include further advice on tools to embed the MARAM Framework, and advice on how to establish strong and sustainable partnerships with education providers.</p> <p>Family Safety Victoria may also consider whether low or no cost elements of the project can continue to be supported by the FSV project team, such as facilitation of Communities of Practice around building staff supervision capability.</p>
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a)	Name of the program	Delivering better, earlier and more integrated care
b)	Expenditure in the financial year 2019-20	\$3.2 million
c)	Reasons why the program was established	Through the <i>Bilateral Agreement between the Commonwealth and Victorian on Coordinated Care</i> (Bilateral Agreement), to support better integration between primary care and health services for shared patients with chronic and complex conditions.
d)	Details of who and how many used the program and evidence of the outcomes achieved	<ul style="list-style-type: none"> • Project Change Managers, teams and Executive Sponsors of the Victorian Integrated Care Model at: <ul style="list-style-type: none"> • Alfred Health • Monash Health • Peninsula Health • South Eastern Melbourne Primary Health Network (SEMPHN) • Health Care Home (HCH) practices • Australian Disease Management Association (ADMA) • Department of Health and Human Services (DHHS): <ul style="list-style-type: none"> • Allied Health Workforce Unit • Digital Health Branch • Centre for Victorian Data Linkage <p>The Victorian Integrated Care Model (VICM) established joint governance structures across primary and tertiary care in south eastern Melbourne, building relationships with local service providers through project change managers employed at each participating health service, running integrated care communities of practice, enhancing eReferral capability, using de-identified linked data and developing online training resources for the workforce.</p>

		<p>Outcomes achieved includes:</p> <ul style="list-style-type: none"> • Connecting health providers/building relationships across primary, community and acute care providers through Communities of Practice events which has helped identify and increase the utilisation of undersubscribed and unknown local services. • Quality/service improvement projects on the ground at hospitals, with training to admin staff to ensure General Practitioner (GP) details are entered captured and correctly into Patient Administration Systems ensuring patient information and discharge summaries are sent to the correct GPs. • Improving electronic information sharing (between hospitals and GPs) of common patients to improving discharge and outpatient correspondence through eReferral solutions and My Health Record uplift (with a focus on sharing pathology and radiology results). • Commonwealth and state data linkage to identify patient service utilisation across the system. • Development of online resources for the health workforce related to working collaboratively across care settings. • Supporting the role of GP Liaison Units which are generally under-resourced and play a vital function in managing the primary care and acute interface. Project change managers have supported GP Liaison Units (GPLUs) by being a contact point for GPs, assisting in outpatient clinical demand management projects and developing patient referral pathways.
e)	Reasons why further funding is not being sought	<p>No further funding has been sought to continue the Victorian Integrated Care Model (VICM) in its current form. Due to low Health Care Homes (Commonwealth initiative) patient enrolments, the VICM's initial scope evolved to include a broader cohort and the project's objectives no longer focused on coordinating Health Care Homes patient care.</p> <p>Funding awarded to support the VICM reforms agreed in Bilateral Agreement ended in December 2019.</p>
f)	Nature of the impact of ceasing the program	<p>This funding does not provide a direct client service.</p> <p>A component of the VICM, the integrated care Communities of Practice, have been scaled and extended for a further two years. Alfred Health, Monash Health, Northern Health and Western Health will continue to deliver these events coordinated by the Australian Disease Management Association (ADMA) till 30 June 2022.</p>

g)	Strategies that are being implemented to minimise any negative impacts	Not applicable – All funding to health services, ADMA and the South Eastern Melbourne Primary Health Network (PHN) was time limited as stipulated in service agreements with the department and ceased at 30 June 2020.
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a)	Name of the program	Delivering food for Victorians in need
b)	Expenditure in the financial year 2019-20	\$12.5 million
c)	Reasons why the program was established	<p>Funding was to be provided to the FareShare charity kitchen in Abbotsford to enable them to expand their efforts in collecting food and cooking meals for Victorians in need. Two grants were provided to Foodbank Victoria to address food insecurity in the Grampians and Gippsland regions through a:</p> <ul style="list-style-type: none"> • \$5 million initiative with the Ballarat Foodbank Victoria Hub • \$5 million initiative with the Morwell Foodbank Victoria Hub.
d)	Details of who and how many used the program and evidence of the outcomes achieved	<p>FareShare meals are distributed to large and small charities who help people in need of nutritious food.</p> <p>These charities include soup vans, homeless shelters, women’s refuges, support groups for single parents, the Returned and Services Leagues (RSLs) and school breakfast programs in disadvantaged areas.</p> <p>FareShare meals are provided to people affected by natural disaster such as bushfires and floods, and to groups such as visa holders and international students who lost work during the COVID-19 pandemic. These meals are provided to charities free of charge.</p> <p>In 2019, 2.5 million meals were cooked by FareShare and given to 500 charities. This funding will enable FareShare to cook and distribute another 500,000 meals each year. In 2019-20, Foodbank provided 1.2 million meals to Victorians every month, with 1 in 5 Victorians struggling to put food on the table.</p>
e)	Reasons why further funding is not being sought	<p>Further funding was not requested by FareShare and not offered by the department.</p> <p>A non-recurrent capital grant was provided to FareShare.</p> <p>There was never an intention to provide recurrent funding to FareShare.</p> <p>Funding for Foodbank Victoria was intended as a one-off grant, consistent with the election commitment.</p>
f)	Nature of the impact of ceasing the program	<p>The program is not ceasing. The department provided a non-recurrent capital grant to FareShare to enable it to reduce its liabilities and discharge a mortgage, to enable FareShare to focus its resources on the provision of food relief to food insecure people.</p>

		Funding for Foodbank Victoria was intended as a one-off grant, consistent with the election commitment.
g)	Strategies that are being implemented to minimise any negative impacts	FareShare has secured ongoing funding from philanthropic and community organisations, businesses and individuals, which will enable the program to continue in the future. As the Foodbank funding was a one-off grant, there are no negative impacts. Recently, the Government announced further funding to increase capacity at the network of food distribution hubs in regional areas, with \$3.5 million ensuring food gets to where it is needed by strengthening the link between suppliers and those experiencing food insecurity.

a)	Name of the program	Getting Ready for the National Disability Insurance Scheme
b)	Expenditure in the financial year 2019-20	\$0.2 million
c)	Reasons why the program was established	The National Disability Insurance Scheme (NDIS) is the biggest social reform since Medicare. This funding was provided to prepare for and facilitate the first stage of the rollout. This initiative also provided funding to support the closure of Colanda Residential Services and additional investment for maintaining supported accommodation facilities around Victoria to meet the requirements of people with disability.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Funds to support the implementation of NDIS transition and the maintenance and refurbishment of government owned disability properties in preparation for the NDIS have been fully allocated and spent. The requirements to finalise the closure of Colanda Residential Services was fully implemented in 2019-20.
e)	Reasons why further funding is not being sought	The NDIS has been rolled-out in Victoria
f)	Nature of the impact of ceasing the program	As the state has implemented in full the NDIS scheme arrangements, there will be minimal impact to the state's NDIS transition activities after the cessation of this program.
g)	Strategies that are being implemented to minimise any negative impacts	Disability services will continue to be delivered to Victorians under the NDIS.

a)	Name of the program	Strengthening oversight of quality and safety across Victorian health services
b)	Expenditure in the financial year 2019-20	\$0.2 million

c)	Reasons why the program was established	The program was established to strengthen maternity care through the expansion of training for around 30 smaller, generally rural, health services that have limited access to specialist training. In addition, the program was established so that a set of statewide maternity indicators would be rolled out with mandatory reporting to health service boards.
d)	Details of who and how many used the program and evidence of the outcomes achieved	The program has provided workforce training for smaller rural health services including the Maternity and Newborn Emergency (MANE) program and training for level 1 maternity services (non-birthing services) in the management of unplanned maternity care and early identification of women needing referral for antenatal assessment or to higher level of care. The program also supported an organisational approach in key areas such as fetal surveillance and emergency responses, and to monitoring compliance with their requirements for staff in relation to key maternity education. Maternity dashboards were created for all public maternity birthing services. Support was provided to health services to train them in the use of their dashboard, with a focus on using data to inform quality and safety activities. Other quality and safety activities included development of a toolkit for maternity services, delivery of a movement matters campaign and fetal growth restriction training. A prototype was developed for a statewide dashboard, to enable services to benchmark and collaborate however the dashboard was cost prohibitive to develop and maintain.
e)	Reasons why further funding is not being sought	This program has supported maternity service quality and safety improvements to be established and maintained. It has also supported the establishment of improved monitoring and reporting mechanisms.
f)	Nature of the impact of ceasing the program	Tools and resources developed as part of this program continue to be available for use by health services. Evaluation of the Maternity and Newborn Emergency (MANE) training program currently underway will inform future training needs and funding decisions.
g)	Strategies that are being implemented to minimise any negative impacts	The Department of Health and Human Services, together with Safer Care Victoria, continues to monitor and work with services to maintain safety and quality.

a)	Name of the program	Strengthening oversight to reduce abuse in disability services
b)	Expenditure in the financial year 2019-20	\$2.8 million
c)	Reasons why the program was established	Funding was provided to strengthen safeguards to prevent and respond to abuse of vulnerable people with a disability prior to implementation of the National Disability Insurance Scheme and its Quality and Safeguarding Framework. This includes additional

		resourcing to support the Disability Services Commissioner's (DSC) enhanced role to conduct an annual review of deaths in disability services, conduct own motion investigations, establish a mandatory reporting scheme for registered disability service providers to report abuse, and develop training resources to support professional development of the sector.
d)	Details of who and how many used the program and evidence of the outcomes achieved	The funding arose from the Parliamentary Inquiry into abuse in disability services to support investigation by the Disability Services Commissioner of abuse and neglect and undertake reviews into deaths of people with disability accessing disability services. The funding also supported referrals of abuse and neglect by the Community Visitors Program and of deaths by the Coroner to the Disability Services Commissioner for investigation.
e)	Reasons why further funding is not being sought	Continuation of this specific funding to the Disability Services Commissioner is not required due to the transition of most disability services to oversight by the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission.
f)	Nature of the impact of ceasing the program	As above, functions of the Disability Services Commissioner relating to NDIS services will be undertaken by the NDIS Quality and Safeguards Commission.
g)	Strategies that are being implemented to minimise any negative impacts	Additional elements related to the Coroner and referrals by the Community Visitors have received funding as part of additional support for continuing state disability responsibilities outside the scope of the NDIS in the 2020-21 budget.

a)	Name of the program	Supporting the transition to the National Disability Insurance Scheme (2017-18)
b)	Expenditure in the financial year 2019-20	\$1.1 million
c)	Reasons why the program was established	Funding was provided to prepare for and facilitate the implementation of the scheme and support the disability sector to prepare for the scale and pace of the transition to the NDIS. This included a further \$10 million investment in the National Disability Insurance Scheme (NDIS) Transition Support Package to ready participants, service providers, staff and systems for transition to the NDIS.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Funds were fully allocated to support the implementation of NDIS transition and Sector preparedness. NDIS Transition Support packages were fully allocated to facilitate the State and the Sector transition to the scheme.
e)	Reasons why further funding is not being sought	The NDIS has been rolled-out in Victoria
f)	Nature of the impact of ceasing the program	As the state has implemented in full the NDIS scheme arrangements, there will be minimal impact to the state's NDIS transition activities after the cessation of this program.

g)	Strategies that are being implemented to minimise any negative impacts	Disability services will continue to be delivered to Victorians under the NDIS.
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a)	Name of the program	Supporting the transition to the National Disability Insurance Scheme (2018-19)
b)	Expenditure in the financial year 2019-20	\$2.7 million
c)	Reasons why the program was established	Funding was provided to prepare for and facilitate the implementation of the National Disability Insurance Scheme (NDIS), including through the intensive support and other operational teams, to assist individuals entering the scheme.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Funds were fully allocated to support individuals who were deemed eligible, to transition into the scheme. By 30 June 2020, approximately 108,000 Victorians had transitioned to the NDIS.
e)	Reasons why further funding is not being sought	The NDIS has been rolled-out in Victoria
f)	Nature of the impact of ceasing the program	As the state has implemented in full the NDIS scheme arrangements, there will be minimal impact to the State's NDIS transition activities after the cessation of this program.
g)	Strategies that are being implemented to minimise any negative impacts	Disability services will continue to be delivered to Victorians under the NDIS.

a)	Name of the program	Increased refugee and asylum seeker arrivals
b)	Expenditure in the financial year 2019-20	\$2.2 million
c)	Reasons why the program was established	Funding for additional on arrival health services to respond to the needs of 4,000 Syrian and Iraqi refugees expected to arrive in Victoria as part of the Commonwealth Humanitarian Program intake. Funding was to support Refugee Health Nurses, health screening, mental health supports, immunisation and interpreting and translating services.
d)	Details of who and how many used the program and evidence of the outcomes achieved	Over 2016 – 2019, the funding: <ul style="list-style-type: none"> boosted capacity of the Refugee Health Fellows Program to deliver a specialist paediatric refugee clinic in Craigieburn enabled delivery of the innovative Settlement Health Coordinator program, that placed refugee health nurses in settlement services and delivered over 4,000 clinical care contacts

		<ul style="list-style-type: none"> delivered catch up immunisation to over 3,500 new arrivals, and enabled development of a new approach to reaching and monitoring completion of immunisation for a vulnerable cohort enabled delivery of a suite of tailored mental health supports, including a specialist triage service, a community of practice, and establishment of a community advisory and peer education program boosted the capacity of the Refugee Minor Program Cultural Engagement team to provide consult and co-work with Child Protection for children at risk, develop new resources to support culturally responsive practice, and implementation of an innovative work experience program boosted translation and interpreting capacity, delivering 3,025 on site interpreter session, 3,343 telephone interpreter services, five (5) translated resources and eight (8) language services innovation grants in health services.
e)	Reasons why further funding is not being sought	The funding boosted sector capacity to respond to a time limited surge in refugee arrivals from Syria and Iraq. The people assisted through this program have now arrived and been settled into the Victorian community. Some innovative program responses developed through this surge funding have been embedded into ongoing program approaches. Some program areas have been able to reallocate funding to continue impactful programs or respond to ongoing demand. One component (the cultural engagement with child protection) has received an extension of funding into 2020-21.
f)	Nature of the impact of ceasing the program	Overall, there is minimal impact on community because the initial target cohort no longer needs settlement assistance.
g)	Strategies that are being implemented to minimise any negative impacts	<p>Various strategies have been implemented to minimise negative impact, including:</p> <ul style="list-style-type: none"> reallocation or leveraging of other funding sources to address ongoing need – translation and interpreting services, mental health, immunisation, at risk refugee children additional funds allocated to enable transition planning and implementation – settlement health coordinators external stakeholder engagement and transition planning – all components

Question 9

For grant programs announced as part of the COVID-19 response during March to June 2020 and July to October 2020, please provide:

- a) name of the program
- b) objective of the program
- c) estimated expenditure for the budget year and forward estimates
- d) actual expenditure as at 30 June 2020 and 01 October 2020-21
- e) source of funding
- f) number of applications received and number of total eligible applicants as at 30 June 2020 and 01 October 2020
- g) number of successful applicants
- h) the status of the program
- i) outcomes achieved as at 30 June 2020 and 01 October 2020

2019-20

Response:

Excel template – Attachment 2a

2020-21

Response:

Excel template – Attachment 2a

Capital assets – Attachment 2b

Question 10a

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

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

For the 'Payments for non-financial assets' line item in the 2020-21 cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

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

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

Guidance

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

Question 10b

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

- i) Name of the projects
- ii) Total estimated investment
- iii) Project commencement date
- iii) Estimated expenditure 2020-21
- iv) Source of funding
- v) Expenditure incurred as at 01 October 2020
- vi) Number of jobs estimated to create - 2020-21 & 2021-22

Response

Please see Excel Worksheet for response

Public Private Partnerships – expenditure

Question 11

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

- a) In the 2020-21 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:

Excel template – Attachment 2a

Carryover funding for payments for non-financial assets

Question 12

For the line item 'payments for non-financial assets' for 2020-21 in the departmental cash flow statement in *Budget Paper No. 5: Statement of Finances* budget paper, please identify the amount that is expected to be funded using funds carried over from 2019-20.

Response:

Excel template – Attachment 2a

Treasurer's advances

Question 13

Appropriation (Interim) Bill 2020 outlined a total draw down of additional advances to the Treasurer in the following:

- 1 Jan 2020 to 30 June 2020 (2nd half of 2019-20) – \$10.0 billion
- 1 July 2020 to 30 December 2020 (1st half of 2020-21) – \$14.5 billion

For the Budgets related to the two financial years 2019-20 and 2020-21, 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 under the Appropriation (Interim) Bill 2020.

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

Responses:

Excel template – Attachment 2a

Savings initiatives from past budgets

Question 14

For each of the savings initiatives detailed in the 2017-18 Budget, 2018-19 Budget, 2019-20 Budget and 2020-21 Budget, please detail (on the same basis of consolidation as the budget papers):

- a) how the Department will meet the various savings targets in 2020-21
- b) the nature of the impact that these actions will have on the delivery of services and assets/infrastructure during 2020-21
- c) the Department's savings target for 2020-21, with an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Response:

Excel template – Attachment 2a

Use of funds saved from other programs or initiatives

Question 15

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2020-21 (including lapsing programs), please identify:

- a) the amount expected to be spent under the program or initiative during 2020-21 at the time of the 2019-20 Budget
- b) the amount currently to be spent under the program or initiative during 2020-21
- 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:

Excel template – Attachment 2a

Performance measures – new

Question 16

For all new performance measures in the 2020-21 Budget Paper No.3: Service Delivery, please provide:

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

Response

	Performance measure 1	Department of Health and Human Services response
a)	Description/purpose of the measure	Hours of additional support delivered through the enhanced maternal and child health program
b)	Assumptions and methodology underpinning the measure	Derived from hours of service funded. Quarterly and annual data collection from IRIS database
c)	How target was set	Derived from hours of service funded
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	The measure reflects government priorities regarding expansion of enhanced maternal and child health program funding.

	Performance measure 2	Department of Health and Human Services response
a)	Description/purpose of the measure	Percentage of food recalls acted upon with 24 hours of notification
b)	Assumptions and methodology underpinning the measure	This measure more accurately reflects the departments obligations under agreed national food incident and food recall protocols
c)	How target was set	This measure is in line with other states, territories, and Food Standards Australia New Zealand (FSANZ)
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	It provides a better measure of timeliness than average time to action.

Performance measure 3		Department of Health and Human Services response
a)	Description/purpose of the measure	Daily average number of children in foster care placements
b)	Assumptions and methodology underpinning the measure	Data collection will be via the Client Relationship Information System (CRIS) system. Reporting will be undertaken as per existing Child Protection and Family Services Output measures.
c)	How target was set	Forecast daily average number of children in foster care placements
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure will provide visibility of the daily average number of children and young people who are in a foster care placement.

Performance measure 4		Department of Health and Human Services response
a)	Description/purpose of the measure	Daily average number of children in residential care placements
b)	Assumptions and methodology underpinning the measure	Data collection will be via the Client Relationship Information System (CRIS) system. Reporting will be undertaken as per existing Child Protection and Family Services Output measures.
c)	How target was set	Forecast daily average number of children in residential care placements
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure will provide visibility of the daily average number of children and young people in residential care. This will allow visibility of this placement type as a specific cohort of children in care, which is not currently visible through the existing measure of daily average number of children in out of home care placements.

Performance measure 5		Department of Health and Human Services response
a)	Description/purpose of the measure	Daily average number of children in kinship care placements
b)	Assumptions and methodology underpinning the measure	Data collection will be via the Client Relationship Information System (CRIS) system. Reporting will be undertaken as per existing Child Protection and Family Services Output measures.
c)	How target was set	Forecast daily average number of children in kinship care placements
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This performance measure replaces the performance measure 'Number of children in kinship care whose placements are managed by community service organisations'. The updated measure provides visibility of the daily average number of all children and young people in statutory kinship care.

Performance measure 6		Department of Health and Human Services response
a)	Description/purpose of the measure	Daily average number of children in care placements
b)	Assumptions and methodology underpinning the measure	Data collection will be via the Client Relationship Information System (CRIS) system. Reporting will be undertaken as per existing Child Protection and Family Services Output measures.
c)	How target was set	Forecast daily average number of children in care placements
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	New performance measure for 2020-21 that counts the daily average number of children in care placements, excluding those in permanent care placements consistent with national reporting standards.

Performance measure 7		Department of Health and Human Services response
a)	Description/purpose of the measure	Daily average number of children subject to permanent care orders
b)	Assumptions and methodology underpinning the measure	Data collection will be via the Client Relationship Information System (CRIS) system. Reporting will be undertaken as per existing Child Protection and Family Services Output measures.
c)	How target was set	Forecast daily average number of children subject to permanent care orders
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure will provide visibility of the daily average number of children and young people who are subject to a permanent care order.

Performance measure 8		Department of Health and Human Services response
a)	Description/purpose of the measure	Forensic disability Target Group Assessments completed within six weeks
b)	Assumptions and methodology underpinning the measure	The data is calculated by identifying the total time taken to complete a target group assessment (under the Disability Act 2006) from the point of initial referral and then identifying proportion of target group assessments completed in six weeks or less over a quarter The data source is through the department's Forensic Disability Statewide Access Service
c)	How target was set	As above
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure supports timely assessment for access to service provision to people with a disability and the efficient administration of justice The Victorian Government will retain responsibility for these services following the transition to the National Disability Insurance Scheme (NDIS).

Performance measure 9		Department of Health and Human Services response
a)	Description/purpose of the measure	Forensic disability residents participating in community reintegration activities
b)	Assumptions and methodology underpinning the measure	The data is calculated by identifying the number of Specialist Forensic Disability Accommodation (SFDA) residents undertaking community reintegration programs (such as community access, outreach and day programs) against the total number of SFDA residents. The measure is a point in time calculation at the end of each quarter. The data source is through the department's funded SFDA services
c)	How target was set	As above
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure supports community safety through assisting people with cognitive impairment involved in the criminal justice system to address behaviours related to offending The Victorian Government will retain responsibility for these services following the transition to the National Disability Insurance Scheme (NDIS).

	Performance measure 10	Department of Health and Human Services response
a)	Description/purpose of the measure	Total community service hours (child and adolescent) Total community service hours (adult) Total community service hours (aged) These performance measures are proposed to replace the 2020-21 performance measure 'Total community service hours' It has been amended to more accurately reflect community service hours across all age cohorts (child and adolescent, adult, aged)
b)	Assumptions and methodology underpinning the measure	The proposed new measures are consistent with the proposed discontinued measure but disaggregate into the three cohorts
c)	How target was set	As above
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	Inclusion of the disaggregated data will improve system oversight and accountability of mental health service provision across all cohorts; and, is aligned with expectations relating to the Royal Commission into Victoria's Mental Health System including improved system design and oversight.

Performance measure 11		Department of Health and Human Services response
a)	Description/purpose of the measure	<p>Post-discharge community care (child and adolescent) Post-discharge community care (adult) Post-discharge community care (aged)</p> <p>These performance measures are proposed to replace the 2020-21 performance measure 'Post-discharge community care'</p> <p>It has been amended to reflect more accurately community service hours across all age cohorts (child and adolescent, adult, aged)</p>
b)	Assumptions and methodology underpinning the measure	The proposed new measures are consistent with the proposed discontinued measure but disaggregate into the three cohorts
c)	How target was set	As above
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	Inclusion of the disaggregated data will improve system oversight and accountability of mental health service provision across all cohorts; and, is aligned with expectations relating to the Royal Commission into Victoria's Mental Health System including improved system design and oversight.

Performance measure 12		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of calls responded to by the statewide telephone help line for men regarding family violence
b)	Assumptions and methodology underpinning the measure	This measure has been changed to measure the proportion of calls responded to by the men's referral service to reflect the response rate to calls
c)	How target was set	The change will affect the target by changing it to a proportion rather than a number
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	This measure will better reflect the response rate of calls made to the Men's Referral Service.

Performance measure 13		Department of Health and Human Services response
a)	Description/purpose of the measure	Assessments undertaken within seven days
b)	Assumptions and methodology underpinning the measure	Assessments undertaken within seven days
c)	How target was set	This performance measure is proposed to replace the 2019-20 performance measure 'Assessments completed within agreed timeframes' It has been replaced to specify the timeframes for assessments undertaken
d)	Shortcomings of the measure	The proportion of assessments completed within seven days by 'The Orange Door' was used as a foundation for setting the target The shift from 'completed' to 'undertaken' is in response to the learning that some assessments cannot be completed within one session due to a range of factors including: availability of client, rapport building and distress levels experienced by individuals as they work through the assessment
e)	How the measure will enable the committee to assess the impact of the service	As a proportionate measure, it does not capture the impacts of demand on service delivery.

Performance measure 14		Department of Health and Human Services response
a)	Description/purpose of the measure	Proportion of homelessness services clients that engage with support services and access or maintain housing
b)	Assumptions and methodology underpinning the measure	The measure captures high level housing outcomes for relevant clients engaged with homelessness services
c)	How target was set	The target is based on the historical average, is reflective of a standard year and does not include an estimated impact of coronavirus on activities
d)	Shortcomings of the measure	Not applicable
e)	How the measure will enable the committee to assess the impact of the service	The proposed measure would be the first outcomes focused BP3 measure for homelessness services.

Performance measure 15		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of calls responded to by the statewide 24/7 family violence victim/survivor crisis service
b)	Assumptions and methodology underpinning the measure	This performance measure is proposed to replace the 2019-20 performance measure 'Number of calls made to the statewide 24/7 family violence victim/survivor crisis service'
c)	How target was set	The volume of responses by the service from previous financial years was used as the foundation for setting the target, with an assumption built in that a high proportion of calls are made to the service are responded to, in part due to the operational efficiencies and a new phone system implemented at the service in recent years
d)	Shortcomings of the measure	Although a significant improvement, the measure does not provide a full view of responses to victim/ survivors contacting the service via web chat and e-mail.
e)	How the measure will enable the committee to assess the impact of the service	The revised measure enables greater visibility on the delivery of service provision by the service (i.e. calls responded to) as opposed to demand for the service (i.e. calls made), noting that recent and ongoing operational improvements have meant that there are fewer dropped calls and therefore less overall call volume because clients are receiving a response on first call attempt.

Performance measures – modifications

Question 17

For all existing performance measures with an associated target that has been modified in the 2020-21 *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 2018-19, if applicable and the 2019-20 expected outcome **AND an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 actual**
- the methodology behind estimating the expected outcome in the 2020-21 Budget.

Response

	Performance measure 1	Department of Health and Human Services response
a)	Description/purpose of the measure	Total separations – all hospitals
b)	the previous target	2,021
c)	the new target and how it was set	2,034
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target due primarily to the impact of the coronavirus (COVID-19) pandemic on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 2	Department of Health and Human Services response
a)	Description/purpose of the measure	Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services
b)	the previous target	1,444
c)	the new target and how it was set	1,461
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target due primarily to the impact of the coronavirus (COVID-19) pandemic on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 3	Department of Health and Human Services response
a)	Description/purpose of the measure	Weighted Inlier Equivalent Separations (WIES) funded separations – all hospitals except small rural health services
b)	the previous target	1,827
c)	the new target and how it was set	1,840
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target due primarily to the impact of the coronavirus (COVID-19) pandemic on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 4	Department of Health and Human Services response
a)	Description/purpose of the measure	Weighted Inlier Equivalent Separations (WIES) funded emergency separations – all hospitals
b)	the previous target	756
c)	the new target and how it was set	759
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target due primarily to the impact of the coronavirus (COVID-19) pandemic on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 5	Department of Health and Human Services response
a)	Description/purpose of the measure	Emergency presentations
b)	the previous target	1,913
c)	the new target and how it was set	1,944
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is higher than the 2019-20 target primarily due to the impact of high emergency department presentations at the start of the year.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 6	Department of Health and Human Services response
a)	Description/purpose of the measure	Community Service Obligation emergency road and air transports
b)	the previous target	262,590
c)	the new target and how it was set	270,480
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity was higher due to increased winter demand This was a positive result The 2019-20 outcome is higher than the 2019-20 target due primarily to the impact of demand on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

	Performance measure 7	Department of Health and Human Services response
a)	Description/purpose of the measure	Statewide emergency air transports
b)	the previous target	4,688
c)	the new target and how it was set	4,829
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity above target represented higher demand for air services This was a positive result The 2019-20 outcome is lower than the 2019-20 target due primarily to the impact of demand on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

Performance measure 8		Department of Health and Human Services response
a)	Description/purpose of the measure	Statewide emergency road transports
b)	the previous target	468,518
c)	the new target and how it was set	482,597
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity was higher due to increased winter demand This was a positive result The 2019-20 outcome is higher than the 2019-20 target due primarily to the impact of demand on activities
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

Performance measure 9		Department of Health and Human Services response
a)	Description/purpose of the measure	Treatment without transport
b)	the previous target	90,000
c)	the new target and how it was set	84,047
d)	the justification for changing the target	The lower 2020-21 target reflects the impact of the clinical response model
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	For 2018-19, Ambulance Victoria's implementation of its revised clinical response model ensured that patients are receiving care appropriate to their needs through Ambulance Victoria's secondary triage service, resulting in fewer patients needing transport to hospital This was a positive result The 2019-20 outcome for this measure deviates from the target due to Ambulance Victoria's implementation of its revised clinical response model. This model is ensuring that patients are receiving care appropriate to their needs, and that emergency ambulances are dispatched less frequently to patients who do not need transport to hospital.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected grants in 2020-21.

Performance measure 10		Department of Health and Human Services response
a)	Description/purpose of the measure	Community Service Obligation non-emergency road and air transports
b)	the previous target	223,235
c)	the new target and how it was set	229,943
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity was higher due to increased winter demand
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

Performance measure 11		Department of Health and Human Services response
a)	Description/purpose of the measure	Statewide non-emergency air transports
b)	the previous target	2,363
c)	the new target and how it was set	2,434
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity below target represented lower demand for air services The 2019-20 outcome is lower than the 2019-20 target due to lower demand for services. This is an entirely demand-driven activity.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

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Performance measure 12		Department of Health and Human Services response
a)	Description/purpose of the measure	Statewide non-emergency road transports
b)	the previous target	273,514
c)	the new target and how it was set	281,733
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 activity was higher due to increased winter demand The 2019-20 outcome for this measure is higher than the target due to increased demand for non-emergency transport based on increasing population and demand for care.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the allocated 2019-20 funding and activity and expected growth in grants in 2020-21.

Performance measure 13		Department of Health and Human Services response
a)	Description/purpose of the measure	Clinical inpatient separations
b)	the previous target	27,000
c)	the new target and how it was set	27,488
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	2018-19 results for this measure reflected ongoing demand for inpatient mental health treatment, resulting in decreased length of stay.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for Mental health programs. It is based on the 2019-20 target, plus the impact of 2020-21 Budget funding.

Performance measure 14		Department of Health and Human Services response
a)	Description/purpose of the measure	Registered community clients
b)	the previous target	74,000
c)	the new target and how it was set	77,221
d)	the justification for changing the target	The 2020-21 target has been increased to reflect the impact of funding provided in the 2018-19 Budget and 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The increase in investment in 2018-19 assisted the sector in reaching new clients This was a positive result
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for Mental health programs. It is based on the 2019-20 target, plus the impact of 2020-21 Budget funding.

Performance measure 15		Department of Health and Human Services response
a)	Description/purpose of the measure	Client Support Units
b)	the previous target	41,900
c)	the new target and how it was set	37,279
d)	the justification for changing the target	The 2020-21 target has been decreased to reflect the transfer of funding for individualised client support packages to the NDIS, offset by funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is higher than the 2019-20 target primarily due to the unanticipated delay in the transition of funding committed to individualised client support packages to the NDIS.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for Mental health programs. It is based on the 2019-20 target, accounting for reductions made due to the transition of in-scope programs and related funding to the National Insurance Disability Scheme, plus the impact of 2020-21 Budget funding.

Performance measure 16		Department of Health and Human Services response
a)	Description/purpose of the measure	Clients receiving community mental health support services
b)	the previous target	1,600
c)	the new target and how it was set	1,800
d)	the justification for changing the target	The 2020-21 target has been increased to reflect funding provided in the 2020-21 State Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target, due to a greater than anticipated number of clients of Mental Health Community Support Services defined programs that transitioned to the National Disability Insurance Scheme (NDIS) in 2018-19 The 2019-20 outcome is higher than the 2019-20 target, as the target was based on the expectation that clients of in-scope NDIS programs would have transitioned fully to the NDIS by 30 June 2019. Due to the NDIS related delays, transition was completed on 31 March 2020
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for Mental health programs. It is based on the 2019-20 target, plus the impact of 2020-21 Budget funding.

Performance measure 17		Department of Health and Human Services response
a)	Description/purpose of the measure	Available bed days
b)	the previous target	1,152,417
c)	the new target and how it was set	1,153,718
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target relates to new beds and a small number of temporarily closed beds coming online.

Performance measure 18		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of family services cases provided to Aboriginal families
b)	the previous target	3,445
c)	the new target and how it was set	3,231
d)	the justification for changing the target	The 2020-21 target reflects funding provided in the 2020-21 Budget, partly offset by the transfer of services to The Orange Door.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target due to gaps in available data The 2019-20 outcome is lower than the 2019-20 target. The department is working with Aboriginal community-controlled organisations to improve data systems and reporting.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular targets for family services programs. It is based on the number of targets funded in the 2020 budget in addition to existing funded targets.

Performance measure 19		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of families receiving an intensive support service
b)	the previous target	1,823
c)	the new target and how it was set	2,361
d)	the justification for changing the target	The 2020-21 target has been increased to reflect additional funding provided in response to the coronavirus (COVID-19) pandemic.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is higher than the 2019-20 target due to high demand and shows Intensive Family Services' responsiveness to vulnerable families.

f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular targets for family services programs. It is based on the number of targets funded in the 2020 budget in addition to existing funded targets.
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Performance measure 20		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of public housing dwellings upgraded during year
b)	the previous target	1,653
c)	the new target and how it was set	2,655
d)	the justification for changing the target	The 2020-21 target has been increased to reflect Building and Maintenance Stimulus package upgrades and standard base program upgrades.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department building on the 2019-20 Homes Victoria planned maintenance program adjusted to take account of new government initiatives relating to economic stimulus in response to Covid restrictions.

Performance measure 21		Department of Health and Human Services response
a)	Description/purpose of the measure	Total social housing dwellings acquired during the year
b)	the previous target	1,133
c)	the new target and how it was set	2,284
d)	the justification for changing the target	The 2020-21 target has been increased to reflect the planned acquisition program.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department building on the 2019-20 Homes Victoria forward acquisition program adjusted to take account of new government initiatives relating government's Covid response, with an increased number of houses leased to improve housing conditions for public housing tenants through the <i>Tower Relocation</i> and the <i>From Homelessness to a Home</i> programs.

	Performance measure 22	Department of Health and Human Services response
a)	Description/purpose of the measure	Funded postgraduate nursing and midwifery places at Diploma and Certificate level
b)	the previous target	1,077
c)	the new target and how it was set	954
d)	the justification for changing the target	The 2020-21 target is lower than the 2019-20 target because the 2019-20 target reflected additional funding provided in that year.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

	Performance measure 23	Department of Health and Human Services response
a)	Description/purpose of the measure	Total funded FTE (early graduate) nursing and midwifery positions in public system
b)	the previous target	1,956
c)	the new target and how it was set	1,889
d)	the justification for changing the target	The 2020-21 target is lower than the 2019-20 target because the 2019-20 target reflected additional funding provided in that year.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is based on the prior year target and changed in accordance with funding approved in the State budget for the specific activity performance measure.

Performance measure 24		Department of Health and Human Services response
a)	Description/purpose of the measure	Commenced courses of treatment – residential-based drug treatment services
b)	the previous target	6,848
c)	the new target and how it was set	0
d)	the justification for changing the target	This measure is proposed to be discontinued, as the existing measure ‘Number of drug treatment activity units – residential services’ better reflects service activity under the funding reform implemented on 1 July 2019, which transitioned drug services to an activity-based funding model.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target, as providers transitioned fully to the new Victorian Alcohol and Drug Collection.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	This performance measure is proposed to be discontinued as it is no longer relevant, and it has been replaced by the 2020-21 performance measure Number of drug treatment activity units – residential services.

Performance measure 25		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of new residential withdrawal clients
b)	the previous target	2,309
c)	the new target and how it was set	0
d)	the justification for changing the target	This measure is proposed to be discontinued, as the existing measure ‘Number of drug treatment activity units – residential services’ better reflects service activity under the funding reform implemented on 1 July 2019, which transitioned drug services to an activity-based funding model.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result is lower than the target, due to the continuation of a long-term trend of increasing client complexity, leading to lower overall throughput This was due to more clients receiving multiple courses of treatment and having longer lengths of stay. The 2019-20 outcome is higher than the 2019-20 target due to the continuation of a long-term trend of increasing client complexity, leading to lower overall throughput This is due to more clients receiving multiple courses of treatment and having longer lengths of stay
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	This performance measure is proposed to be discontinued as it is no longer relevant, and it has been replaced by the 2020-21 performance measure Number of drug treatment activity units – residential services.

	Performance measure 26	Department of Health and Human Services response
a)	Description/purpose of the measure	Residential bed days
b)	the previous target	143,993
c)	the new target and how it was set	0
d)	the justification for changing the target	This measure is proposed to be discontinued, as the existing measure 'Number of drug treatment activity units – residential services' better reflects service activity under the funding reform implemented on 1 July 2019, which transitioned drug services to an activity-based funding model.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than the target, due to improvement in the way the department derived data for this measure This was a positive result The 2019-20 outcome is higher than the 2019-20 target due to an improvement in the way the department derives data for this measure. This is a positive result
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	This performance measure is proposed to be discontinued as it is no longer relevant, and it has been replaced by the 2020-21 performance measure Number of drug treatment activity units – residential services.

	Performance measure 27	Department of Health and Human Services response
a)	Description/purpose of the measure	Seniors funded activities and programs – number approved
b)	the previous target	135-150
c)	the new target and how it was set	0
d)	the justification for changing the target	This performance measure is proposed to be discontinued as the previous program lapsed on 30 June 2019.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target as the grants round for 2018–19 funded grants of a higher value, which resulted in a lower number of grants offered The 2019-20 outcome reflects residual activities from the Seniors Participation Action Plan program including an expanded Seniors Festival, associated radio programs and seniors' online activities. The expanded Seniors festival will continue to include seniors activity grants to each LGA. Grants to multicultural seniors groups have been distributed via Multicultural Affairs Victoria. Support for isolated seniors and other vulnerable co-horts is being delivered by the CASI initiative.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target has been set to zero as the previous program lapsed on 30 June 2019.

Performance measure 28		Department of Health and Human Services response
a)	Description/purpose of the measure	Clients receiving case management services
b)	the previous target	215
c)	the new target and how it was set	0
d)	the justification for changing the target	This performance measure is proposed to be discontinued as all clients have transitioned to the NDIS in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018–19 outcome was higher than the 2018–19 target due to the slower than forecast transition of clients into the NDIS by the National Disability Insurance Agency (NDIA).
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	Not applicable – the measure is proposed to be discontinued due to the transition of clients to the NDIS in 2019-20.

Performance measure 29		Department of Health and Human Services response
a)	Description/purpose of the measure	Hours of community-based respite
b)	the previous target	236,000
c)	the new target and how it was set	0
d)	the justification for changing the target	This performance measure is proposed to be discontinued as all clients have transitioned to the NDIS in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018–19 outcome was higher than the target, due to the slower than forecast transition of clients into the NDIS by the National Disability Insurance Authority (NDIA) The 2019-20 result is lower than the target due to the department’s efforts to expedite the transition of people with disability to the NDIS, and consequently reducing the demand for state-funded respite services
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	Not applicable – the measure is proposed to be discontinued due to the transition of clients to the NDIS in 2019-20.

Performance measure 30		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of respite days
b)	the previous target	20,125
c)	the new target and how it was set	0
d)	the justification for changing the target	This performance measure is proposed to be discontinued as all clients have transitioned to the NDIS in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018–19 outcome is higher than the target, due to the slower than forecast transition of clients into the NDIS by the National Disability Insurance Authority (NDIA) The 2019-20 result is lower than the target due to the department’s efforts to expedite the transition of people with disability to the NDIS, and consequently reducing the demand for state-funded respite services
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	Not applicable – the measure is proposed to be discontinued due to the transition of clients to the NDIS in 2019-20.

Performance measure 31		Department of Health and Human Services response
a)	Description/purpose of the measure	Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days
b)	the previous target	100
c)	the new target and how it was set	0
d)	the justification for changing the target	This performance measure is proposed to be discontinued as all clients have transitioned to the NDIS in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was below target, as only eleven out of twelve vacancies were filled within 60 business days. The 2019-20 outcome is lower than the 2019-20 target as all Specialist Disability Accommodation (SDA) properties and residents in all areas in Victoria, have transitioned to the NDIS. Filling of SDA vacancies relies on participants having SDA funding in their NDIS plan and securing SDA funding in a plan from the NDIS is taking up to six months for some participants. This is impacting on the department’s ability to fill vacancies within the designated timeframe Since March 2020, there has been a significant decrease in applications for SDA accommodation due to the impacts of the coronavirus (COVID-19) pandemic. Open for inspections have ceased as required by the care facilities directions and there has been a substantial reduction in enquiries about vacancies via the SDA Housing Hub.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	Not applicable – the measure is proposed to be discontinued due to the transition of clients to the NDIS in 2019-20.

Performance measure 32		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of calls made to the statewide telephone help line for men regarding family violence
b)	the previous target	9,000
c)	the new target and how it was set	6,000
d)	the justification for changing the target	The 2020-21 target has been reduced to reflect a more efficient service response
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target, it reflected increased efficiencies in service delivery. The 2019-20 outcome is lower than the 2019-20 target which is positive. Changes in practice have resulted in decreased call abandonment rates, preventing the need for individuals to make multiple return calls to the service.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast using the number of calls to the service in 2018-19 and 2019-20. During this time, the organisation achieved operational efficiencies that improved call response rates and reduced drop-out rates, which in turn reduced the overall number of call backs and therefore total calls. The proposed 2020/21 target has been revised down to reflect this.

Performance measure 33		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of calls made to the statewide 24/7 family violence victim/survivor crisis service
b)	the previous target	90,000
c)	the new target and how it was set	60,000
d)	the justification for changing the target	The 2020-21 target has been reduced to reflect a more efficient service response
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome deviates from the target primarily due to increased efficiencies in service delivery. A reduction in overall call volume is attributable partially to decreased call abandonment rates, preventing the need for individuals to make multiple return calls to the service. It is also noted that this measure only reflects one way that service delivery is provided by SafeSteps. Responses to other types of referrals and outbound calls are not captured by this measure.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast using the number of calls to the service in 2018/19 and 2019/20. During this time, the organisation achieved operational efficiencies that improved call response rates and reduced drop-out rates, which in turn reduced the overall number of call backs and therefore total calls. The proposed 2020/21 target has been revised down to reflect this.

Performance measure 34		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of phone contacts from family members seeking support
b)	the previous target	14,300
c)	the new target and how it was set	10,682
d)	the justification for changing the target	The 2020-21 target has been reduced to reflect the decrease in demand for telephone support services, with a shift occurring to web-based support services.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result is lower than the target, due to a decline in contacts from family members In response, the department worked with service providers to raise awareness of the service The 2019-20 result is lower than the target due to a change in preference for how clients access drug and alcohol information.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target reflects the decrease in demand for telephone support services, with a shift occurring to web-based support services.

Performance measure 35		Department of Health and Human Services response
a)	Description/purpose of the measure	Needles and syringes provided through the Needle and Syringe Program
b)	the previous target	9,680
c)	the new target and how it was set	10,170
d)	the justification for changing the target	The 2020-21 target has been increased due to higher use of this service.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result is higher than target, which is due to ongoing strong engagement with the program by clients. This was a positive result. The 2019-20 result is higher than the 2019-20 target due to ongoing strong engagement by clients with the program.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target reflects the increase in demand from Needle and Syringe programs.

Performance measure 36		Department of Health and Human Services response
a)	Description/purpose of the measure	Commenced courses of treatment – community-based drug treatment services
b)	the previous target	8,319
c)	the new target and how it was set	8,489
d)	the justification for changing the target	The 2020-21 target has been increased due to the roll out of additional services.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result is higher than target, due to an ongoing increase in the delivery of a range of treatment types. This is a positive result.

		The 2019-20 outcome is higher than the 2019-20 target due to an ongoing increase in the delivery of a range of treatment types.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target is higher than the 2019-20 target which reflects the roll out of ten Aboriginal AOD workers.

	Performance measure 37	Department of Health and Human Services response
a)	Description/purpose of the measure	Number of drug treatment activity units – residential services
b)	the previous target	76,759
c)	the new target and how it was set	78,535
d)	the justification for changing the target	The 2020-21 target has been increased to reflect additional funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target primarily due to the impact of the public health response to the coronavirus (COVID-19) pandemic on activities.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target reflects the residential services that commenced in 2019-20.

Performance measure 38		Department of Health and Human Services response
a)	Description/purpose of the measure	Successful courses of treatment (episodes of care) – community-based drug treatment services
b)	the previous target	7,250
c)	the new target and how it was set	7,385
d)	the justification for changing the target	The 2020-21 target has been increased to reflect additional funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than target; reflective of investment into community-based drug treatment services in recent years, particularly into youth services. This result is consistent with the 'Commenced courses of treatment: community-based drug treatment' services measure. This is a positive result. The 2019-20 outcome is higher than the 2019-20 target primarily due to the continual investment in community-based drug treatment services.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target is higher than the 2019-20 target which reflects the roll out of ten Aboriginal AOD workers.

Performance measure 39		Department of Health and Human Services response
a)	Description/purpose of the measure	Bed days (<i>Mental Health Community Support Services</i>)
b)	the previous target	58,000
c)	the new target and how it was set	60,115
d)	the justification for changing the target	The 2020-21 target has been increased due to the requirement for the department to retain a Supported Accommodation Service as part of the NDIS transition. This Supported Accommodation Service has been retained due to most of the current clients (six beds in total) not being eligible for the NDIS due to age.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than target, due to a slower than anticipated number of clients of defined bed-based services being transitioned to the National Disability Insurance Scheme (NDIS). The 2019-20 outcome deviates from target, due primarily to Youth Residential Rehabilitation Services being directed to leave a unit in each property vacant to respond to client/s who need to self-isolate due to suspected or diagnosed COVID-19.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for Mental health programs. It is based on the 2019-20 target, plus the impact of retaining the Supported Accommodation Service as part of the National Disability Insurance Scheme (NDIS) transition.

Performance measure 40		Department of Health and Human Services response
a)	Description/purpose of the measure	Pension-level beds available in assisted Supported Residential Services facilities
b)	the previous target	1,816
c)	the new target and how it was set	1,795
d)	the justification for changing the target	The target for 2020-21 is lower than the target for 2019-20 due to the closure of beds in privately-owned businesses.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target has been set based on the level of service provided in 2019-20, which was due to the closure of beds in privately-owned businesses.

Performance measure 41		Department of Health and Human Services response
a)	Description/purpose of the measure	Home and Community Care for Younger People – hours of service delivery (<i>Small Rural Services – Home and Community Care services</i>)
b)	the previous target	86,000
c)	the new target and how it was set	55,000
d)	the justification for changing the target	The 2020-21 target has been reduced to reflect the transition of clients and corresponding service delivery hours to the NDIS in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was impacted by the National Disability Insurance Scheme (NDIS) transition. The 2019-20 result is lower than the target primarily due to agencies being unable to report services in the client database that were redirected to respond to client needs during the coronavirus (COVID-19) pandemic. Performance has also been impacted by the NDIS transition in eight departmental areas and bushfires. The department will continue to monitor the impacts of the coronavirus (COVID-19) pandemic on services available to this group.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department based on the hours of service funded.

Performance measure 42		Department of Health and Human Services response
a)	Description/purpose of the measure	Total assessments undertaken at the Support and Safety Hubs
b)	the previous target	8,750
c)	the new target and how it was set	22,536
d)	the justification for changing the target	The 2020-21 target reflects the change to count assessments undertaken, rather than the total number completed.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was below target as the count was based on the actual number of assessments undertaken as recorded on the client relationship management platform and data reported via manual records between 1 July 2018 and 30 June 2019. The number of assessments undertaken in five The Orange Door areas, exceeded the original target for assessments expected in eight areas of The Orange Door. The 2019-20 outcome is higher than the 2019-20 target as the measure was updated in 2019-20 to count the total number of assessments undertaken, rather than the total number completed. The targets were based on prior years' performance and reflect the operational experience of The Orange Door in its earliest phase of operations. It is important context to note that in a small number of instances multiple assessments may be undertaken for a single client case, and these assessments are included in this count.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast using the number of assessments undertaken in 2018-19 and 2019-20 and has been increased proportionally to include three new Orange Door areas becoming operational during 2020-21.

Performance measure 43		Department of Health and Human Services response
a)	Description/purpose of the measure	Households receiving mains electricity concessions
b)	the previous target	922,177
c)	the new target and how it was set	925,281
d)	the justification for changing the target	The higher 2020-21 target reflects the forecast increase in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.

	Performance measure 44	Department of Health and Human Services response
a)	Description/purpose of the measure	Households receiving mains gas concessions
b)	the previous target	687,813
c)	the new target and how it was set	693,146
d)	the justification for changing the target	The higher 2020-21 target reflects the forecast increase in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.

	Performance measure 45	Department of Health and Human Services response
a)	Description/purpose of the measure	Households receiving non-mains energy concessions
b)	the previous target	24,811
c)	the new target and how it was set	23,535
d)	the justification for changing the target	The lower 2020-21 target reflects the forecast decrease in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	Not applicable
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.

	Performance measure 46	Department of Health and Human Services response
a)	Description/purpose of the measure	Households receiving pensioner concessions for municipal rates and charges
b)	the previous target	436,613
c)	the new target and how it was set	436,866
d)	the justification for changing the target	The higher 2020-21 target reflects the forecast increase in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target due to a decrease in eligible households applying for this concession. Eligibility has not changed.

f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.
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	Performance measure 47	Department of Health and Human Services response
a)	Description/purpose of the measure	Households receiving water and sewerage concessions
b)	the previous target	691,416
c)	the new target and how it was set	687,642
d)	the justification for changing the target	The lower 2020-21 target reflects the forecast decrease in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than the target due to a decrease in eligible households applying for this concession. Eligibility has not changed.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.

	Performance measure 48	Department of Health and Human Services response
a)	Description/purpose of the measure	Number of Utility Relief Grants granted to households
b)	the previous target	42,884
c)	the new target and how it was set	52,232
d)	the justification for changing the target	The higher 2020-21 target reflects the forecast increase in demand for this concession.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The result is higher than the target partly due to a new online application process that was implemented for the full financial year, while COVID-19 may have also contributed to an increase in applications.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target was forecast by the department in the same way it prepares regular forecasts and targets for other concession programs. It is based on the number of grants provided in 2018-19, including the expected growth in grants in 2019-20 and 2020-21.

Performance measure 49		Department of Health and Human Services response
a)	Description/purpose of the measure	National Disability Insurance Scheme participants
b)	the previous target	105,324
c)	the new target and how it was set	108,786
d)	the justification for changing the target	The 2020-21 target has been increased to reflect the expected number of NDIS participants.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was lower than target, due to the slower than forecast transition of clients to the NDIS by the National Disability Insurance Agency (NDIA). Given the NDIA delays, the department implemented strategies to expedite client transition by increasing the volume of follow-up actions and prioritising clients with complex needs.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target is based on growing the 2019-20 target to account for the average annual growth rate in the Victorian population.

Performance measure 50		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of clients assisted to address and prevent homelessness
b)	the previous target	118,000
c)	the new target and how it was set	123,000
d)	the justification for changing the target	The 2020-21 target has been increased to reflect the continued growth in number of family violence clients.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than target, because the target was lowered significantly in 2017-18 based on factors at the time the target was set, including levelling client numbers and a practice correction in how family violence providers record clients.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target is based on performance against the measure at the time the target was set, and then adjusted according to projected impact of demand and funding increases related to COVID-19.

Performance measure 51		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of clients provided with accommodation
b)	the previous target	27,000
c)	the new target and how it was set	30,000
d)	the justification for changing the target	The 2020-21 target has been increased to reflect annual incremental increases for this measure over the past few years, this is in line with the greater than expected increase in 2019-20.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than the target, because accommodation stays were on average slightly shorter than previous years. An increase in clients receiving accommodation was most evident among people sleeping rough, most likely due to the rollout of the 'Towards Home' strategy, targeting rough sleepers in the central business district. Additional funding for emergency accommodation was also provided to the after hours service. This is a positive result. The 2019-20 outcome is higher than the 2019-20 target primarily due to unprecedented demand for emergency accommodation during the coronavirus (COVID 19) pandemic causing unprecedented demand for emergency accommodation. To meet this demand additional Housing Establishment Funding was released from March 2020.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target is based on performance against the measure at the time the target was set, and then adjusted according to projected impact of demand and funding increases related to COVID-19.

Performance measure 52		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of clients assisted to address and prevent homelessness due to family violence
b)	the previous target	53,000
c)	the new target and how it was set	62,000
d)	the justification for changing the target	The 2020-21 target has been increased to reflect the continued growth in number of family violence clients.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2018-19 result was higher than target, because the target was lowered significantly in 2017-18 based on factors at the time the target was set, including levelling client numbers and a practice correction in how family violence providers record clients. While the number dropped, it was not as significant as anticipated. This is a positive result.

f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The proposed 2020-21 target is based on performance against the measure at the time the target was set, and then adjusted according to projected impact of demand and funding increases related to COVID-19.
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Performance measure 53		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of family violence victims who receive a refuge response
b)	the previous target	1,012
c)	the new target and how it was set	1,061
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target primarily due to modified work practices to comply with coronavirus (COVID 19) physical distancing requirements. As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target reflects planned capital redevelopment.

Performance measure 54		Department of Health and Human Services response
a)	Description/purpose of the measure	Number of nights of refuge accommodation provided to victims of family violence
b)	the previous target	52,088
c)	the new target and how it was set	54,109
d)	the justification for changing the target	The higher 2020-21 target reflects funding provided in the 2020-21 Budget.
e)	an explanation of why the target was not met in 2018-19, if applicable and the 2019-20 expected outcome	The 2019-20 outcome is lower than the 2019-20 target primarily due to modified work practices to comply with coronavirus (COVID 19) physical distancing requirements. As a result of physical distancing measures, some refuges are only able to accommodate one family at a time, rather than three to five families in business as usual.
f)	the methodology behind estimating the expected outcome in the 2020-21 Budget	The 2020-21 target reflects planned capital redevelopment.

Employees

Question 18 (Corporate Services)

Please provide the Department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2019, 30 June 2020 and 30 June 2021:

- broken down into employee classification codes
- broken down into categories of on-going, fixed term or casual
- according to their gender identification
- for 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

Department of Health and Human Services

a)

Classification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1	0.0	1	0.0			N/A	N/A
EO-1	3	0.0	6	0.1			N/A	N/A
EO-2	64	0.6	70.5	0.9			N/A	N/A
EO-3	115	1.1	136.5	1.7			N/A	N/A
VPS Grade 7	23	0.2	27	0.3			N/A	N/A
VPS Grade 7.3								
VPS Grade 7.2								
VPS Grade 7.1								
VPS Grade 6	1,023.4	10.2	1,042	12.8			N/A	N/A
VPS Grade 6.2								
VPS Grade 6.1								
VPS Grade 5	1,642.7	16.3	1,618.3	20.0			N/A	N/A

VPS Grade 5.2									
VPS Grade 5.1									
VPS Grade 4	897	8.9	939.7	11.6			N/A	N/A	
VPS Grade 3	643	6.4	606.9	7.5			N/A	N/A	
VPS Grade 2	389.6	3.9	324.3	4.0			N/A	N/A	
VPS Grade 1	20.5	0.2	10.6	0.1			N/A	N/A	
Health services									
Allied health professionals	100.6	1.0	77.4	1.0			N/A	N/A	
Child protection	2,107.2	20.9	2,047.5	25.2			N/A	N/A	
Youth children and families officers	238.5	2.4	230	2.8			N/A	N/A	
Disability development and support	2,119.4	21.0	305	3.8			N/A	N/A	
*Youth Justice Workers									
*Custodial officers									
Housing services officers	503.5	5.0	490.1	6.0			N/A	N/A	
Other (Please specify)	191	1.9	176.2	2.2			N/A	N/A	
Total	10,082.5	100.0	8,109.1	100.0			N/A	N/A	

*Please provide a breakdown for Youth Justice and Custodial officers by level (for example, YW1, YW2, YW3, YW4, YW5 and YW6).

b)

Category	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	7,997.4	79.3	6,466.5	79.7			N/A	N/A
Fixed-term and Casual	2,085	20.7	1,642.6	20.3			N/A	N/A
Total	10,082.5	100.0	8,109.1	100.0			N/A	N/A

c)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	2,957.2	29.3	2,327.8	28.7			N/A	N/A
Women	7,125.3	70.7	5,781.3	71.3			N/A	N/A
Self-described	NA	NA	NA	NA			N/A	N/A
Total	10,082.5	100.0	8,109.1	100.0			N/A	N/A

Notes:

NA = not available

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

Family Safety Victoria

a)

Classification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	0	0.0	0	0.0			N/A	N/A
EO-2	6	2.1	4	1.6			N/A	N/A
EO-3	12.8	4.4	14	5.5			N/A	N/A
VPS Grade 7	6	2.1	4	1.6			N/A	N/A
VPS Grade 6	77.3	26.6	74.5	29.1			N/A	N/A
VPS Grade 5	105.8	36.4	77.1	30.1			N/A	N/A
VPS Grade 4	35.7	12.3	29.5	11.5			N/A	N/A
VPS Grade 3	27.4	9.4	30.7	12.0			N/A	N/A
VPS Grade 2	6	2.1	7	2.7			N/A	N/A
VPS Grade 1	1	0.3	1	0.4			N/A	N/A
Child protection	11.9	4.1	13.5	5.3			N/A	N/A
Other (Please specify)	1	0.3	0.9	0.4			N/A	N/A
Total	290.8	100.0	256.2	100.0			N/A	N/A

b)

Category	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	161.4	55.5	162.7	63.5			N/A	N/A
Fixed-term and Casual	129.5	44.5	93.4	36.5			N/A	N/A
Total	290.9	100.0	256.1	100.0			N/A	N/A

c)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	47.1	16.2	45.1	17.6			N/A	N/A
Women	243.7	83.8	211.1	82.4			N/A	N/A
Self-described	NA	NA	NA	NA			N/A	N/A
Total	290.8	100.0	256.2	100.0			N/A	N/A

Notes:

NA = not available

Safer Care Victoria

a)

Classification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	0.8	0.7	1.3	1.2			N/A	N/A
EO-2	0	0.0	0	0.0			N/A	N/A
EO-3	4	3.3	5	4.4			N/A	N/A
VPS Grade 7	0.5	0.4	0.7	0.6			N/A	N/A
VPS Grade 6	28.8	23.9	25.5	22.6			N/A	N/A
VPS Grade 5	53.8	44.7	51.8	45.8			N/A	N/A
VPS Grade 4	22.3	18.5	21.5	19.0			N/A	N/A
VPS Grade 3	8.6	7.1	6.2	5.5			N/A	N/A
VPS Grade 2	1	0.8	1	0.9			N/A	N/A
Other (Please specify)	0.5	0.4	0	0.0			N/A	N/A
Total	120.3	100.0	113.0	100.0			N/A	N/A

b)

Category	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	83.8	69.7	86.4	76.5			N/A	N/A
Fixed-term and Casual	36.5	30.3	26.6	23.5			N/A	N/A
Total	120.3	100.0	113.0	100.0			N/A	N/A

c)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	17.1	14.2	15.1	13.4			N/A	N/A
Women	103.2	85.8	97.9	86.6			N/A	N/A
Self-described	NA	NA	NA	NA			N/A	N/A
Total	120.3	100.0	113.0	100.0			N/A	N/A

Notes:

NA = not available

Victorian Agency for Health Information

a)

Classification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-1	1	1.39	1	1.22			N/A	N/A
EO-2	1	1.39	1	1.22			N/A	N/A
EO-3	4	5.54	4	4.90			N/A	N/A
VPS Grade 7	2	2.77	2	2.45			N/A	N/A
VPS Grade 6	22.5	31.16	28.3	34.64			N/A	N/A
VPS Grade 5	28.3	39.20	32.2	39.41			N/A	N/A
VPS Grade 4	7.4	10.25	7	8.57			N/A	N/A
VPS Grade 3	4	5.54	5.4	6.61			N/A	N/A
VPS Grade 2	2	2.77	0	0.00			N/A	N/A
Other (Please specify)	0	0.00	0.8	0.98			N/A	N/A
Total	72.2	100.00	81.7	100.00			N/A	N/A

b)

Category	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	61.8	85.6	65.1	79.7			N/A	N/A
Fixed-term and Casual	10.4	14.4	16.6	20.3			N/A	N/A
Total	72.2	100.0	81.7	100.0			N/A	N/A

c)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	32.2	44.6	37.8	46.3			N/A	N/A
Women	40.0	55.4	43.9	53.7			N/A	N/A
Self-described	NA	NA	NA	NA			N/A	N/A
Total	72.2	100.0	81.7	100.0			N/A	N/A

Notes:

NA = not available

Mental Health Reform Victoria

a)

Classification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
EO-2	N/A	N/A	2	22.2			N/A	N/A
EO-3	N/A	N/A	1	11.1			N/A	N/A
VPS Grade 6	N/A	N/A	3	33.3			N/A	N/A
VPS Grade 5	N/A	N/A	2	22.2			N/A	N/A
VPS Grade 4	N/A	N/A	0	0.0			N/A	N/A
VPS Grade 3	N/A	N/A	0	0.0			N/A	N/A
VPS Grade 2	N/A	N/A	1	11.1			N/A	N/A
Other (Please specify)	N/A	N/A	0	0.0			N/A	N/A
Total	N/A	N/A	9	100.0			N/A	N/A

* Mental Health Reform Victoria was set up in 3 February 2020

b)

Category	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Ongoing	N/A	N/A	6	66.7			N/A	N/A
Fixed-term and Casual	N/A	N/A	3	33.3			N/A	N/A
Total	N/A	N/A	9	100.0			N/A	N/A

c)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	N/A	N/A	3	66.7			N/A	N/A
Women	N/A	N/A	6	33.3			N/A	N/A
Self-described	N/A	N/A	N/A	N/A			N/A	N/A
Total	N/A	N/A	9	100.0			N/A	N/A

Data in the table below represents the Department of Health and Human Services and the Administrative Offices (FSV, SCV, VAHI and MHRV*) collectively

d)

Identification	As at 30-06-2019		As at 30-06-2020		As at 30-06-2020		As at 30-06-2021	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Actual FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	230	1.6	186	2.0			N/A	N/A
People who identify as having a disability **	585	4.0	452	3.8			N/A	N/A
Total	815	5.6	638	5.8			N/A	N/A

* Mental Health Reform Victoria was set up in 3 February 2020

** This is an estimation only based on the percentage of staff who identified as having a disability in the 2018 and 2019 People Matter Survey. The Department of Health and Human Services' has a disability employment strategy which identifies a range of initiative to improve the confidence of people to self-report disabilities and create pathways for new employees with disabilities to join the department.

Contractors, consultants, labour hire arrangements and professional services

Question 19 (Corporate Services)

- a) What are the main gaps in the Department's capability and capacity identified in the 2019-20 financial year, and expected in the 2020-21 and 2021-22 financial years?
- b) For the 2018-19 financial year, please detail:
 - i. the (actual/expected/forecast) Full Time Equivalent (FTE) numbers of contractors, consultants and labour hire arrangements
 - ii. the corresponding expense(s)
 - iii. the relevant occupation category for the contractors, consultants or labour hire arrangements (for example human resources, executive management, technology).
- c) For the 2019-20 financial year, please detail:
 - i. the (actual/expected/forecast) Full Time Equivalent (FTE) numbers of contractors, consultants and labour hire arrangements
 - ii. the corresponding expense(s)
 - iii. the relevant occupation category for the contractors, consultants or labour hire arrangements (for example human resources, executive management, technology).
- d) Where the 2018-19 financial year actual for contractors, consultants and labour hire arrangements, differs by greater than 5 per cent (positive or negative) compared to the estimate/forecast provided in response to the Committee's previous Budget Estimates questionnaires, please explain the reason for this variance.
- e) In light of the new Administrative Guidelines on Engaging Labour Hire and Professional Services for the Victorian Public Service, for the 2019-20 and 2020-21 financial years, please detail:
 - i. the actual estimated/forecast Full Time Equivalent (FTE) numbers of labour hire and professional services arrangements
 - ii. the corresponding estimated/forecast expense(s)
 - iii. the relevant occupation category for the labour hire and professional services arrangements (for example human resources, executive management, technology).

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

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

Response

a)

Financial year	Main gaps in capability and capacity													
2019-20	<table border="1"> <thead> <tr> <th data-bbox="600 472 790 507">Role</th> <th data-bbox="801 472 1128 507">Steward</th> <th data-bbox="1128 472 1547 507">System Manager</th> <th data-bbox="1547 472 1910 507">Agent</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 507 790 799">Capability gaps in our core roles</td> <td data-bbox="801 507 1128 799"> Evaluation Business case development System policy and design Advanced data analytics </td> <td data-bbox="1128 507 1547 799"> Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management </td> <td data-bbox="1547 507 1910 799"> Working in ‘place’ to improve outcomes including leveraging community assets and build individual connections </td> </tr> <tr> <td data-bbox="600 799 790 890">Enabling capability gap</td> <td colspan="3" data-bbox="801 799 1910 890"> Effective people leadership to drive performance and continuous improvement Project management </td> </tr> </tbody> </table>	Role	Steward	System Manager	Agent	Capability gaps in our core roles	Evaluation Business case development System policy and design Advanced data analytics	Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management	Working in ‘place’ to improve outcomes including leveraging community assets and build individual connections	Enabling capability gap	Effective people leadership to drive performance and continuous improvement Project management			<p>The department is building capability by upskilling staff in priority areas and better supporting them through improved, systems, processes and tools. Our focus is on preserving, incubating and growing the capabilities we need to work smarter and more effectively and better align our efforts with government priorities.</p> <p>Capability building priorities have been identified from workforce planning previously undertaken. Priorities to date include strategic policy, project management, data analytics, strategy, evaluation, organisational development and business case development.</p> <p>Capability uplift in these areas will provide staff with the proficiency to undertake projects formerly put to consultants and contractors.</p>
Role	Steward	System Manager	Agent											
Capability gaps in our core roles	Evaluation Business case development System policy and design Advanced data analytics	Implementation focus for complex multi-dimension projects or change Client-centred service design including service practice Effective service agreement management Managing to outcomes including in program or service management	Working in ‘place’ to improve outcomes including leveraging community assets and build individual connections											
Enabling capability gap	Effective people leadership to drive performance and continuous improvement Project management													
2021-22	<p>Expected priorities for 2021-22:</p> <ul style="list-style-type: none"> • Public Health (COVID-19) workforce streams include: <ul style="list-style-type: none"> • Strategic workforce planning based on various outbreak scenarios • Further developing workforce management processes and practices • Training and overall workforce preparedness • Sustaining the wellbeing and engagement of our people. 													

	<ul style="list-style-type: none"> • Business as usual workforce streams include: <ul style="list-style-type: none"> • Information Communications and Technology (ICT) roles (including project management, business analysis, solution architects, developers and similar technical roles) • Public construction (project management, procurement and contract management).
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b) 2018-19

	Contractors	Consultants	Labour Hire Arrangements
FTE Number	FTE Number for contractors, consultants and labour hire is not available.		
Corresponding expense	\$759.5 million	\$34.3 million	\$37.4 million
Occupation category	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Legal • Nursing and Aged Care • Other • Research • Trades and Services 	Typical Consultant Occupation Categories include: <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Information Communications and Technology • Education and Training • Engineering • Health and Allied Health • Research 	Typical Labour hire Occupation Categories include: <ul style="list-style-type: none"> • Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management

c) 2019-20

	Contractors	Consultants	Labour Hire Arrangements
FTE Number	FTE Number for contractors, consultants and labour hire is not available.		
Corresponding expense	\$812.7 million	\$29.7 million	\$27.3 million
Occupation category	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> • Information Communications and Technology • Marketing and Media • Community Services • Construction • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Legal • Nursing and Aged Care • Other • Research • Trades and Services 	Typical Consultant Occupation Categories include: <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Information Communications and Technology • Education and Training • Engineering • Health and Allied Health • Research 	Typical Labour hire Occupation Categories include: <ul style="list-style-type: none"> • Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management

d)

Expense type	Estimated/forecast costs for 2018-19 financial year	Actual costs for 2018-19 financial year	Variance	Explanation
Contractor	\$430.4 million <i>to 31 Mar 18 – as reported</i>	\$759.5 million	Not relevant	Note: <ul style="list-style-type: none"> Estimated/forecast for 2018-19 reflects 1 July 2017 to 31 March 2018 as per Budget Estimates questionnaire. 2018 -19 Actual is for full year. Data therefore not comparable. However, any variance is due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.
Consultant	\$24.2 million <i>to 31 Mar 18 – as reported</i>	\$34.3 million	Not relevant	
Labour Hire Arrangement	\$26.2 million <i>to 31 Mar 18 – as reported</i>	\$37.4 million	Not relevant	

e) 2019-20

Expense type	Estimated/forecast costs for 2019-20 financial year	Actual costs for 2019-20 financial year	Variance	Explanation
Contractor	Comment in 2019-20 Questionnaire 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.	\$812.7 million	Not relevant	Note: <ul style="list-style-type: none"> Estimated/forecast for 2019-20 not available, as per previous Questionnaire. Data therefore not comparable. However, any variance would be due to demand driven procurement which is the responsibility of Financial Delegates which cannot be anticipated.
Consultant		\$29.7 million	Not relevant	
Labour Hire Arrangement		\$27.3 million	Not relevant	

d)

2019-20	Labour hire	Professional services
FTE Number	Not available	Not available
Corresponding estimated/forecast expense	\$27.3 million <i>actual</i>	\$53.0 million <i>actual</i>
Occupation category	Typical Labour hire Occupation Categories include: <ul style="list-style-type: none"> • Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	Typical Professional services Occupation Categories include: <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Information Communications and Technology • Marketing and Media • Legal • Nursing and Aged Care • Other • Research • Trades and Services

2020-21	Labour hire	Professional services
FTE Number	Not available	Not available
Corresponding estimated/forecast expense	\$39.7 million <i>estimate</i>	\$70.4 million <i>estimate</i>
Occupation category	Typical Labour hire Occupation Categories include: <ul style="list-style-type: none"> • Administration • Clerical • Customer Services • Information Communications and Technology • Payroll • Project manager • Senior management 	Typical Professional services Occupation Categories include: <ul style="list-style-type: none"> • Community Services • Consulting and Strategy • Education and Training • Engineering • Health and Allied Health • Information Communications and Technology • Marketing and Media • Legal • Nursing and Aged Care • Other • Research • Trades and Services

Enterprise Bargaining Agreement

Question 20

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2020-21 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 2020-21 employee benefits.

Response

Excel template - Attachment 2a

Advertising – expenditure – Attachment 2a

Question 21a

Please provide a list of forecast/budgeted advertising expenditure (excluding COVID-19 advertising campaign) for the Department and its portfolio agencies in 2020-21 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 – Attachment 2a

Question 21b – Attachment 2a

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

- i) the budget allocated to the department in 2019-20 and 2020-21
- ii) actual cost as at 30 June 2020 (from the 2019-20 budget)
- iii) actual cost as at 01 October 2020 (from the 2020-21 budget)
- iv) outcomes achieved

Please provide the same information for CALD communities advertising expenditure relating to COVID-19.

Relationship between the Commonwealth, National Cabinet and Victoria

Question 22 – Attachment 2a

- a) What impact have developments at the Commonwealth level had on the Department's 2020-21 Budget?

Response

Excel template – Attachment 2a

- b) What impact have developments at the National Cabinet level had on the Department's 2020-21 Budget?

Service delivery

Question 23

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 2020-21 Budget.

Please also indicate in the response where changes have occurred in the output structure since the 2019-20 Budget.

Response

		Changes (if any) since 2019-20 Budget
Minister	Foley	Change of Minister
Portfolio	Health	Now incorporates performance measures relating to alcohol and other drugs in portfolio responsibilities
Output(s)	Admitted services, Non-admitted services, Emergency services, Acute training and development, Drug prevention and control, Drug treatment and rehabilitation, Community Health Care, Dental services, Maternal and Child Health and Early Parenting services, Health Protection, Health Advancement, Emergency Management, Small Rural Services – Acute Health, Small Rural services – Primary Health	Drug treatment and rehabilitation was previously part of the Mental Health portfolio. Drug prevention and control was previously shared between the Health and Mental Health portfolios. The previous output 'Public health development, research and support' has been renamed 'Emergency Management' due to the transfer of Health and Medical Research to Department of Jobs, Precincts and Regions.
Objective(s)	Objective 1: Victorians are healthy and well	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure(s)	All performance measures listed in the above outputs	The 2019-20 performance measure ' Operational infrastructure support grants under management ' has transferred to the Department of Jobs, Precincts and Regions due to the transfer of Health and Medical Research. All measures in the 'Drug treatment and rehabilitation' output and the following measures from the 'Drug prevention and control' output now form part of the Health portfolio:

		<ul style="list-style-type: none">• Number of phone contacts from family members seeking support• Needles and syringes provided through the Needle and Syringe Program• Number of telephone, email, website contacts; and, requests for information on alcohol and other drugs. <p>Two new measures as described in Question 16 above:</p> <ul style="list-style-type: none">• Hours of additional support delivered through the enhanced maternal and child health program• Percentage of food recalls acted upon with 24 hours of notification. <p>Six proposed discontinued measures:</p> <ul style="list-style-type: none">• Commenced courses of treatment – residential-based drug treatment services• Number of new residential withdrawal clients• Residential bed days• Maternal and child health clients with children aged zero (0) to one (1) year receiving additional support through enhanced maternal and child health services• Calls to food safety hotlines• Average time taken from notification of a food complaint to commencement of appropriate action.
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		Changes (if any) since 2019-20 Budget
Minister	Foley	Change of Minister
Portfolio	Ambulance Services	
Output(s)	Ambulance emergency services, Ambulance non-emergency services	
Objective(s)	Objective 1: Victorians are healthy and well	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above outputs	

		Changes (if any) since 2019-20 Budget
Minister	Donnellan	
Portfolio	Child Protection	
Output(s)	Child protection and family services	
Objective(s)	Objective 2: Victorians are safe and secure	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above output	<p>Five new measures as described in Question 16 above:</p> <ul style="list-style-type: none"> • Daily average number of children in foster care placements • Daily average number of children in residential care placements • Daily average number of children in kinship care placements • Daily average number of children in care placements • Daily average number of children subject to permanent care orders <p>Two proposed discontinued measures:</p> <ul style="list-style-type: none"> • Daily average number of children in out-of-home care placements • Number of children in kinship care whose placements are managed by community service organisations.

		Changes (if any) since 2019-20 Budget
Minister	Donnellan	
Portfolio	Disability, Ageing and Carers	
Output(s)	Seniors programs and participation, 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, Concessions to pensioners and beneficiaries, Disability services, Victorian contribution to National Disability Insurance Scheme, Community participation, Office for Disability	
Objective(s)	Objective 1: Victorians are healthy and well Objective 2: Victorians are safe and secure Objective 3: Victorians have the capabilities to participate Objective 4: Victorians are connected to culture and community	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above outputs	<p>Two new measures as described in Question 16 above:</p> <ul style="list-style-type: none"> • Forensic disability Target Group Assessments completed within six weeks • Forensic disability residents participating in community reintegration activities. <p>Seven proposed discontinued measures:</p> <ul style="list-style-type: none"> • Seniors funded activities and programs – number approved • Clients in residential institutions • Clients receiving case management services • Clients receiving individualised support • Hours of community-based respite • Number of respite days • Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days.

		Changes (if any) since 2019-20 Budget
Minister	Merlino	Change of Minister
Portfolio	Mental Health	No longer incorporates performance measures relating to alcohol and other drugs in portfolio responsibilities
Output(s)	Clinical care, Mental health community support services	
Objective(s)	Objective 1: Victorians are healthy and well	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above outputs	<p>Six new measures as described in Question 16 above:</p> <ul style="list-style-type: none"> • Total community service hours (child and adolescent) • Total community service hours (adult) • Total community service hours (aged) • Post-discharge community care (child and adolescent) • Post-discharge community care (adult) • Post-discharge community care (aged). <p>Two proposed discontinued measures:</p> <ul style="list-style-type: none"> • Total community service hours • Post-discharge community care.

		Changes (if any) since 2019-20 Budget
Minister	Williams	
Portfolio	Prevention of Family Violence	
Output(s)	Family violence service delivery	
Objective(s)	Objective 2: Victorians are safe and secure	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above output	<p>Two new measures as described in Question 16 above:</p> <ul style="list-style-type: none"> • Number of calls responded to by the statewide telephone helpline for men regarding family violence

		<ul style="list-style-type: none"> Assessments undertaken within seven (7) days. <p>Two proposed discontinued measures:</p> <ul style="list-style-type: none"> Assessments completed within agreed timeframes Number of calls made to the statewide telephone help line for men regarding family violence.
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		Changes (if any) since 2019-20 Budget
Minister	Wynne	
Portfolio	Housing	
Output(s)	Housing assistance	
Objective(s)	Objective 2: Victorians are safe and secure	
Objective indicator(s)	Departmental key results and objective indicators are not allocated to individual ministerial portfolios	
Performance measure (s)	All performance measures listed in the above output	<p>Two new measures as described in Question 16 above:</p> <ul style="list-style-type: none"> Proportion of homelessness services clients that engage with support services; and, access or maintain housing Number of calls responded to by the statewide 24/7 family violence victim/survivor crisis service. <p>Two proposed discontinued measures:</p> <ul style="list-style-type: none"> Households assisted with housing establishment assistance during year Number of calls made to the statewide 24/7 family violence victim/survivor crisis service.

Question 24

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:

Excel template – Attachment 2a

Social procurement

Question 25

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

Response

a)

SPF objective prioritised	Progress toward objective
Opportunities for Victorian Aboriginal people	In 2019-2020, \$914,886 spent with Victorian Aboriginal suppliers. Fifty Victorian Aboriginal businesses were engaged.
Opportunities for Victorian with disability	In 2019-2020, \$1,699,599 spent with Victorian social enterprises, led by a mission for people with disability and Australian Disability Enterprises (ADEs). Thirty-seven Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs) were engaged.
Opportunities for disadvantaged Victorians	In 2019-2020, \$1,806,150 spent with Victorian social enterprises led by a mission for the disadvantaged. Thirty Victorian social enterprises led by a mission for the disadvantaged were engaged.
Sustainable Victorian social enterprises and Aboriginal businesses	In 2019-2020, \$914,886 spent with Victorian Aboriginal businesses. Fifty Victorian Aboriginal businesses were engaged. \$7,959,924 spent with other Victorian social enterprises. 112 other Victorian social enterprises engaged.

b)

Opportunity identified in SPS	Progress toward implementing opportunity
Infrastructure projects	The Victorian Health and Human Services Building Authority (VHHSBA) will work with infrastructure project principal contractors to ensure that they consider social procurement objectives in any sub-contracting or purchasing activities.
Enhancing supplier engagement	By partnering with Social Traders, the Department of Health and Human Services will be able to refine supplier engagement activities and be able to access social procurement training and supplier networking activities.
More opportunities for Public Tenant Employment Program (PTEP) participants	The Public Tenant Employment Program (PTEP) developed in 2005 creates pathways for public housing tenants to gain secure and sustainable employment. Social procurement implementation has increased the number of training and employment opportunities for PTEP participants.

c)

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

d)

How employees are informed about the Department's SPS and how SPS employee education is tracked
<p>The Department of Health and Human Services provides social procurement information on a dedicated social procurement intranet page which includes access to the department's Social Procurement Strategy, access to Vendor Panel, which has lists of social enterprises and Aboriginal businesses, and access to the 'Buying for Victoria' website.</p> <p>Social Procurement Forums are held for all staff to attend either in person or online. Attendance is recorded on each employee's training record.</p> <p>Procurement Officers provide one-to-one advice to individual staff on specific procurements.</p> <p>All procurement documents and templates have been updated to include social procurement information and implementation aids.</p> <p>A Subject Expertise Network (SEN) consisting of departmental staff with subject expertise and practice experience related to one or more of the social procurement objectives and outcomes has been formed. SEN members have an advisory role to assist departmental staff, on request, with social procurement implementation.</p>

Implementation of previous recommendations made by the Committee – no response items for DHHS

Question 26

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 2017-18 Budget Estimates* and supported by the Government but had not been fully implemented at the time of the 2019-20 Budget Estimates questionnaire.
- b) Committee recommendations that were made in the *Report on the 2018-19 Budget Estimates* and supported by the Government.

Response

Update on the implementation of recommendations made in the *2017–18 Budget Estimates Report*

Department	Recommendation supported by Government	Actions taken at the time of 2019-20 Budget estimate questionnaire	Update on status of implementation
Department of Transport	Recommendation 9: The transparency of the Level Crossing Removal Program be enhanced with the regular publication of the latest Australian Level Crossing Assessment Model data on risks by individual level crossings and details of the \$1.4 billion Metropolitan Network Modernisation Program.	The Public Transport Victoria (PTV) is currently in the process of preparing the Australian Level Crossing Assessment Model (ALCAM) data for publication via the Data Vic website. PTV has reviewed similar data published by other jurisdictions and has reviewed the current data sets to ensure that they are fit for purpose. Discussions have also taken place with the Department of Premier and Cabinet (DPC) Open Data Team regarding requirements to enable publishing on the Data Vic website. It is anticipated that the data will be available for publication by the end of 2019.	
Department of Treasury and Finance	Recommendation 23: The Department of Treasury and Finance provide guidance to departments on developing risk management indicators that will objectively measure agencies' risk over time.	A review of the Victorian Government Risk Management Framework (VGRMF) has commenced which, among other things, will include the consideration of framework revisions aimed at improving guidance on the	

Department of Treasury and Finance	Recommendation 27: The Department of Treasury and Finance update the Model Report to require agencies that are involved in the management of interagency and State-wide risks to describe their contribution to the management of these risks as well as to include details of the lead agency	management of interagency risk and its potential reporting in the Model Report, and the use of key risk indicators and related analytics to help departments identify risks and the effectiveness of risk controls. The review findings, including any revisions to the VGRMF, are planned to be provided to the Assistant Treasurer for his consideration during the 2019–20 Financial Year.	
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Update on the implementation of recommendations made in the 2018–19 Budget Estimates Report

Department	Recommendation supported by Government	Actions taken at the time of 5 March 2019	Update on status of implementation
Department of Education and Training Department of Environment, Land, Water and Planning Department of Justice and Community Safety Parliamentary Departments	RECOMMENDATION 2: Departments begin collecting data on the proportion of their workforce who have a disability based on their own payroll and human resources systems, in order to establish baseline data and meet the recruitment targets set out in the Government's Every Opportunity: Victorian economic participation plan for people with disability 2018-2020.	The Government supports this recommendation. Departments will enhance reporting systems to meet the recruitment targets set out in the Government's <i>Every Opportunity: Victorian economic participation plan for people with disability 2018-2020</i> .	
Department of Treasury and Finance	RECOMMENDATION 5: The Department of Treasury and Finance introduce guidelines to increase uniformity in defining and applying labour hire requirements clearly across all departments	The Department of Treasury and Finance (DTF) notes that the labour hire (Staffing Services) State Purchasing Contract and its associated User Guide currently provides departments with instructions and guidance on the use of labour hire. Further work is being undertaken by the Department of Premier and Cabinet, with support from DTF, to increase uniformity of labour hire requirements for all departments. In addition, DTF is also investigating options to establish a standard methodology for collection of labour hire data across departments and is currently pursuing technology improvements to achieve this.	

Department of Jobs, Precincts and Regions	RECOMMENDATION 11: The performance measure identifying attendance at creative facilities be amended to allow for attendance at individual facilities to be identified.	The Department of Jobs, Precincts and Regions supports this recommendation.	
Department of Treasury and Finance	RECOMMENDATION 13: Departments should review their performance measures to ensure they give a balanced and complete performance picture of what the output is trying to achieve.	Under the current Performance Management Framework, Ministers have responsibility for the quantum and scope of the output performance measures relevant to their portfolio, including the mix of quality, quantity, timeliness and cost performance measures. The Department of Treasury and Finance will continue to work with departments to support portfolio Ministers to comply with the Framework through the ongoing review, monitoring, and assessment of the relevance of all performance measures.	
Department of Treasury and Finance	RECOMMENDATION 14: The Department of Treasury and Finance review all performance measures with a target of 100 per cent and, where appropriate, work with relevant departments to replace these in the 2019-20 Budget with more meaningful and challenging performance metrics that drive continuous improvement.	The current Performance Management Framework provides guidance to departments that targets of 0 or 100 per cent should not be used in most cases as they have no capacity to demonstrate continuous improvement from year to year and may not be sufficiently challenging. The Department of Treasury and Finance, jointly with departments, undertakes annual reviews of departmental objectives, outputs and performance measures for continued relevance and robustness. The Department of Treasury and Finance will work with departments to review all performance measures with a target of 100 per cent and, where appropriate, make recommendations to the relevant portfolio to ensure that the performance measures are meaningful, relevant and robust.	
Department of Transport	RECOMMENDATION 15: The Department of Economic Development, Jobs, Transport and Resources include additional performance measures in	The Department of Transport will consider new performance measures relating to the myki	

	<p>the budget papers that more comprehensively capture the key elements of the latest myki contract and performance regime.</p>	<p>ticketing system to ensure key elements of myki operations are evaluated.</p>	
<p>Department of Treasury and Finance</p>	<p>RECOMMENDATION 16: The Department of Treasury and Finance work with departments to review and strengthen the comprehensiveness of performance measures in the budget papers to ensure they provide balanced insights into the performance of all material aspects of funded activities.</p>	<p>Under the current Performance Management Framework, Ministers have responsibility for the quantum and scope of the output performance measures relevant to their portfolio, including the mix of quality, quantity, timeliness and cost performance measures. The Department of Treasury and Finance will continue to work with departments to support portfolio Ministers to comply with the Framework through the ongoing review, monitoring, and assessment of the relevance of all performance measures.</p>	
<p>Department of Treasury and Finance</p>	<p>RECOMMENDATION 17: The Department of Treasury and Finance review the performance measures in the budget papers and consider establishing a system for certifying targets proposed by departments to assure they are sufficiently challenging, and that the basis for these decisions is documented in the budget papers.</p>	<p>The Government remains committed to ensuring public money is spent in an accountable and transparent manner and is focused on improving the return Victorians receive from existing programs. A key mechanism to achieve this is through the departmental performance statement. The departmental performance statement is an agreement between Portfolio Ministers and the Assistant Treasurer (on Government’s behalf). It certifies the goods and services the Government intends to deliver in the coming financial year. For new funding decisions made during the annual budget process, performance measures and targets are agreed between Portfolio Ministers and the Government. Improving the extent to which new funding impacts performance measures has been an area of focus for Government in recent budgets. For existing programs, performance measures and targets are reviewed and agreed (effectively certified) by Portfolio Ministers and the Assistant Treasurer through the development of</p>	

		<p>the departmental performance statement, supported by advice from departments. To support improved accountability for performance, the Government will consider strengthening departmental requirements for setting output performance measures and targets, to ensure targets are realistic and achievable and better inform Government and the Parliament.</p>	
<p>Department of Treasury and Finance</p>	<p>RECOMMENDATION 18: That the Department of Treasury and Finance, in consultation with all other departments and the Victorian Auditor-General, establish arrangements for systematically reviewing and assuring the adequacy of controls in place within agencies for reporting relevant, appropriate and accurate performance information to Parliament against targets set in the budget papers.</p>	<p>The Government has well established arrangements for the review and approval by Portfolio Ministers of performance measures and targets through the annual budget process. For example, departmental performance statements are prepared by departments on behalf of Portfolio Ministers, and in consultation with the Department of Treasury and Finance. The Assistant Treasurer endorses departmental performance statements and provides suggested improvements. Variations against the targets are reported in budget papers and departmental annual reports. The Model Report for Victorian Government Departments establishes minimum disclosure requirements for the reporting of performance measures in departmental annual reports. Supporting these disclosure requirements, the Standing Directions under the <i>Financial Management Act 1994</i>, specifically Direction 3.4, require the accountable officer (the Secretary) of a department to establish an effective internal control system to produce reliable internal and external reports, including of performance in the annual report of operations. This ensures performance information is accurate and free from error. Before its publication, the performance</p>	

		<p>information contained within the annual report of operations is approved by the accountable officer of a department, with a formal declaration included in the report. The Government will continue to provide support to Portfolio Ministers and departments through these established processes.</p>	
Department of Treasury	<p>RECOMMENDATION 20: The Department of Treasury and Finance in conjunction with the Victorian Commission for Gambling and Liquor Regulation and Major Projects Victoria review and where necessary strengthen existing performance measures in the budget papers so that they provide transparent insights into the performance of all projects and/or funded activities.</p>	<p>The Department of Treasury and Finance will work with the Department of Justice and Community Safety and the Department of Jobs, Precincts and Regions to review and where necessary strengthen existing performance measures to improve transparency of these measures, consistent with the current Performance Management Framework.</p>	

DTF/DOT only – Large scale infrastructure projects

Question 27

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	
TEI at announcement	
Actual cost of the program to date (i.e. cost since announcement)	
The amount allocated to the project/program in the 2020-21	
Budget	
Amount forecast for the project/program in 2021-22	
Amount forecast for the project/program in 2022-23	
Amount forecast for the project/program in 2023-24	
How the Department will report on expenditure in relation to the project/program as it progresses	

Outcomes

Project name	
The outcomes achieved by the project/program to date	
The anticipated outcomes of the project/program in 2020-21 and across the forward estimates	
How the Department will report on the outcomes achieved by the project/program as it progresses.	

DTF only – General government asset contingencies not allocated to departments

Question 28

- a) In the 2019-20 revised budget, the general government asset contingencies not allocated to departments was \$3,125 million. Please provide the actual total general government asset contingencies as at 30 June 2020 and please state which departments received funding through the asset contingencies during the 2019-20 financial year, if any.

2019-20 Revised Budget	\$3 125 million
2019-20 Actual	
Departments that received contingency funding if any	

- b) Please provide a detailed explanation for the year on year variances occurring in the amounts allocated under the 'decisions made but not yet allocated' line item in the general government asset contingencies.

	2020-21 budget	2021-22 estimate	2022-23 estimate	2023-24 estimate
Decisions made but not yet allocated				
Explanation for year on year variance				

DTF only – Economic forecast

Question 29

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 2019-20 Budget and the 2020-21 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 2020-21 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 2019-20	
Forecast/projection in 2020-21	
Variance	
Reason for variance	

b)

	2018-19 Actual	2019-20 Forecast	2020-21 Forecast	2021-22 Forecast	2022-23 projection	2023-24 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						

Impact of economic emergency and recovery initiatives

Deloitte Access Economics modelled the economic impact of the COVID-19 response initiatives. In August 2020 the results showed that the Victorian Government’s response initiatives are expected to partly offset some of the large negative impacts on the Victorian economy and jobs from the COVID-19 crisis relative to a ‘no additional initiatives scenario’.

Please provide the following information.

- a) the assumed total amount of government expenditure to respond to COVID-19 – year breakdown by 2019-20 and 2020-21
- b) the actual total government expenditure on COVID-19 responses – year breakdown 2019-20 and 2020-21
- c) the updated GSP and number of jobs protected to reflect the COVID-19 roadmap to reopening

DTF only – Macro-economic impacts on the State’s fiscal aggregates 2020-21

Question 30

Please quantify the impacts of COVID-19 and the bushfires December-January 2019-20 on the State’s fiscal aggregates in 2020-21. Please provide details on the increase/decrease in net result from transactions, government infrastructure investment, and net debt.

Response

\$m	2019-20 Revised Budget (a)	Change	COVID-19 (b)	Bushfire (c)	All other (d)	2020-21 Budget (a+b+c+d)
Revenue	70 951	+ or -				
Expenditure	70 333	+ or -				
Net result from transactions	618					
Government infrastructure investment	15,800					
GGs Net debt	40,300					

DTF only – Grants

Question 31

Budget Paper No.5: Statement of Finances, Table 4.4¹, details the expected total grant revenue to be received by Victoria in 2019-20 by grant type.

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

- a) between the 2019-20 budget figure in the 2019-20 Budget and the 2019-20 revised figure in the 2020-21 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 2020-21 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	2019-20 budget	2019-20 revised	Variance 2019-20 budget vs. 2019-20 revised	Impact on Victoria	Action taken
General purpose grants - goods and services tax					

¹ Assuming the table numbers have changed in the 2020-21 Budget, this is referring to the grant revenue table equivalent to the 2019-20 Budget Paper 5, Table 4.4: Grant revenue, pg. 172.

b)

	2019-20 revised	2020-21 budget	2021-22 estimate	2022-23 estimate	2023-24 estimate
General purpose grants - goods and services tax					
Variance					
Reason for any variance year over year					
Impact of the variance on Victoria					
Action taken in response to expected changes in the value of general purpose grants					

Question 32

Budget Paper No.5: Statement of Finances, Table 4.6,² lists Commonwealth grants for specific purposes, with detailed tables by expenditure category, Tables 4.7 to 4.13.³

For each line item of the detailed tables by expenditure labelled ‘Other’ in the 2020-21 Budget, for both years listed (2019-20 revised and 2020-21 budget) that has a value exceeding \$10 million, please provide details of the grants to which they relate.

Response

Table number	Grant details	2019-20 revised	2020-21 budget

² Assuming the table numbers have changed in the 2020-21 Budget, this is referring to the table equivalent to the 2019-20 Budget Paper 5, Table 4.6: Grants for specific purposes, pg. 176.

³ Assuming the table numbers have changed in the 2020-21 Budget, this is referring to the tables equivalent to the 2019-20 Budget Paper 5, Table 4.7: Payments for affordable housing, pg. 176, Table 4.8: Payments for community services, pg. 177, Table 4.9: Payments for education services, pg. 178, Table 4.10: Payments for environment services, pg. 178, Table 4.11: Payments for health services, pg. 179, Table 4.12: Payments for infrastructure services, pg. 179, Table 4.13: Payments for contingent and other services, pg. 180.

DTF only – Equity funding

Question 33

Does the Government expect to receive equity funding as an alternative to traditional grant payments made by the Commonwealth over 2020-21 and the forward estimates? If so, please detail which projects will receive this funding and the amount.

Response

DTF only – Land transfer duty

Question 34

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 2019-20 Budget and the 2020-21 Budget, please explain the reason for the variance for each year.

Trend analysis

- b) one year to the next in the 2020-21 Budget please explain the reason for the variance.

Response

a)

Year for which variance relates	
Budget/estimate in 2019-20 Budget	
Budget/estimate in 2020-21 Budget	
Variance	
Reason for variance	

b)

	2019-20 revised	2020-21 budget	2021-22 estimate	2022-23 estimate	2023-24 estimate
Land transfer duty					
Variance					
Explanation for the variance year over year					

DTF only – Public Private Partnerships – modifications and accountability

Question 35

Please detail all Public Private Partnerships (PPP) currently under construction in the 2020-21 year as per the 2020-21 Budget, which in comparison to the 2019-20 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

	2019-20 Budget	2020-21 Budget	Explanation for change
Name			
Scope			
Total Estimated Investment			
Timelines			
Government entity and portfolio responsible for delivery			
Name			
Scope			
Total Estimated Investment			
Timelines			
Government entity and portfolio responsible for delivery			

DTF only – Net Debt

Question 36

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

Variance analysis

- a) For the 'Net debt' and 'Net debt to GSP' line items, please explain the reason for the variance when comparing the same year in the 2019-20 Budget and the 2020-21 Budget.

Trend analysis

- b) For the 'Net debt' and 'Net debt to GSP' line items, when comparing one year to the next in the 2020-21 Budget, please explain the reason for the variance, including the major projects that contributed to any variance in net debt.

Response

a)

Year for which variance relates	
Forecast/estimate in 2019-20	
Forecast/estimate in 2020-21	
Reason for variance	

b)

	2019-20 budget	2019-20 revised	2020-21 estimate	2021-22 estimate	2022-23 estimate	2023-24 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						

Question 37

The Treasury Corporation Victoria (TCV) forecast a funding requirement of \$20-24 billion in the 2020-21 Budget. The funding requirement comprises of \$10-14 billion in additional funding and \$10.2 billion in prior commitments.⁴

- a) Please provide the following details for the funding requirement – 2020-21 Budget:
 - a. the funding requirement for 2020-21
 - b. the amount allocated to fund COVID-19 measures by department
 - c. the amount allocated to fund infrastructure program by department
 - d. the amount allocated to fund other activities by department
 - e. the total funding allocated to the department

Funding task required 2020-21		Please note here				
	Department	COVID-19 measures (a)	Infrastructure program (b)	Other activities (c)	Amount allocated (a+b+c)	Comments
1.	Courts					
2.	Education and Training					
3.	Environment, Land, Water and Planning					
4.	Health and Human Services					
5.	Jobs, Precincts and Regions					
6.	Justice and Community Safety					
7.	Premier and Cabinet					
8.	Transport					
9.	Treasury and Finance					
	Total					

⁴ Treasury Corporation Victoria, *Funding Update*, <https://www.tcv.vic.gov.au/tcv-bonds/funding/funding-requirement> accessed 11 September 2020

b) Please outline the impact of the funding requirement of 2020-21 on both GGS and NFPS net debt.

c) The TCV's total debt outstanding as at July 2020 is at a historical high at \$57.1 billion.⁵ Please provide the Victorian Government's ability to service the outstanding debt and TCV's outlook on when or if debt would reach pre-pandemic levels.

⁵ Treasury Corporation Victoria, *Funding Update*, <https://www.tcv.vic.gov.au/tcv-bonds/outstanding-borrowing/total-outstandings> accessed 11 September 2020

Question 38

Budget Paper No.2: Strategy and Outlook, Table 1.3, provides financial measures and targets that support the Government's long-term financial management objectives.

The target for the financial measure of net debt in the 2019-20 Revised Budget, is 'General government net debt as a percentage of GSP [gross state product] be maintained at a sustainable level over the medium term'.⁶

In the 2019-20 Revised Budget, net debt is projected to be \$57.8 billion by 2022-23, \$2.9 billion (or 5.3%)⁷ higher than projected in the 2019-20 Budget.

- a) Please provide the definition of 'sustainable debt' used in 2019-20 Budget.
- b) How will general government net debt as a percentage of GSP be maintained at a sustainable level?

Response

⁶ Department of Treasury and Finance, *Budget Paper No.2: 2019-20 Strategy and Outlook*, Melbourne 2018, p. 7.

⁷ Department of Treasury and Finance, *Budget update 2019-20*, Melbourne 2019, p. 4 (Committee calculation)

DTF only – 2019-20 Budget revenue initiatives

Question 39

Regarding the revenue generating initiatives announced in the 2019-20 Budget please provide an explanation for the variances (5 per cent positive or negative) between the budget estimates and current estimates and any costs anticipated/forecast/incurred by the State in relation to legal proceedings concerning the initiatives.

Response

	2019-20 (\$million)	2020-21 (\$million)	2021-22 (\$million)	2022-23 (\$million)	Costs anticipated/forecast/incurred for legal proceedings
Harmonisation of foreigner property surcharges – absentee landowner surcharge	\$45.7 (anticipated revenue) \$ X (current estimate)	\$45.7 (anticipated revenue) \$ X (current estimate)	\$49.7 (anticipated revenue) \$ X (current estimate)	\$55 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					
Expand the qualifying provisions for the corporate reconstruction duty relief	\$36 (anticipated revenue) \$ X (current estimate)	\$36 (anticipated revenue) \$ X (current estimate)	\$36 (anticipated revenue) \$ X (current estimate)	\$36 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					
Motor vehicle duty – luxury vehicles	\$61 (anticipated revenue) \$ X (current estimate)	\$64.1 (anticipated revenue) \$ X (current estimate)	\$66.5 (anticipated revenue) \$ X (current estimate)	\$69.1 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					

Removing the exemption for gold from royalties	\$8 (anticipated revenue) \$ X (current estimate)	\$16 (anticipated revenue) \$ X (current estimate)	\$16 (anticipated revenue) \$ X (current estimate)	\$16 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					
Harmonisation of foreigner property surcharges – land transfer duty surcharge	\$23.2 (anticipated revenue) \$ X (current estimate)	\$32.9 (anticipated revenue) \$ X (current estimate)	\$36.2 (anticipated revenue) \$ X (current estimate)	\$39.6 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					
Remove the land tax exemption for contiguous land in metropolitan areas	\$10.9 (anticipated revenue) \$ X (current estimate)	\$10.9 (anticipated revenue) \$ X (current estimate)	\$10.9 (anticipated revenue) \$ X (current estimate)	\$10.9 (anticipated revenue) \$ X (current estimate)	
Explanation for variance					

Question 3-Revenue and expenditure – variances

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

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

Line item	2019-20 Budget (\$ million)	2019-20 Revised budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million)
	2019-20 Budget vs. Revised budget		
Output appropriations	-16,375.70	-16,588.90	Primarily reflects additional output appropriation in for new government initiatives
Grants	-7,181.20	-6,977.50	Due to elimination error, which was correct at portfolio level. This elimination error was subsequently corrected after budget update.
Employee benefits	13,249.70	13,351.80	The variance relates to additional funding for new government initiatives
Grants and other transfers	3,026.20	2,843.20	Due to elimination error, which was correct at portfolio level. This elimination error was subsequently corrected after budget update.
Other operating expenses	8,551.00	8,656.40	The variance relates to additional funding for new government initiatives
Major components of 'other operating expenses'			
Purchase of supplies and Services	8,382.80	8,488.10	The variance relates to additional funding for new government initiatives

Line item	2019-20 Revised budget (\$ million)	2020-21 Budget (\$million)	Explanation for any variances greater than ±10% (or greater than \$100 million)
	2019-20 Revised budget vs. 2020-21 Budget If variances were caused by the COVID-19 response, please provide a detailed explanation		
Output appropriations	-16,588.90	-20,206.90	New government decisions as part of the 2020-21 Budget resulting in additional output appropriation for the department.
Special appropriations	-1,473.70	-1,100.00	Relates to expected reduction in gaming revenue due to the impact of COVID-19 on gaming venues.
Grants	-6,977.50	-8,408.90	Primarily reflects funding from the Commonwealth (via the Administered National Health Funding Pool (NHFP)) in response to coronavirus (COVID-19) pandemic and additional government policy decisions which were not reflected in the revised budget.
Employee benefits	13,351.80	14,986.80	The variance relates to additional funding for new government initiatives as part of the 2020-21 Budget
Depreciation and amortisation	1,168.00	1,279.30	The variance relates to additional funding for new government initiatives
Grants and other transfers	2,843.20	4,548.80	The variance relates to additional funding for new government initiatives as part of the 2020-21 Budget
Capital asset charge	1,319.80	1,427.70	The variance relates to additional funding for new government initiatives
Other operating expenses	8,656.40	10,441.60	Relates to additional funding for new government initiatives as part of the 2020-21 Budget and utilisation of the State Supply Arrangement inventory.
Major components of 'other operating expenses'			
Purchase of supplies and Services	8,488.10	10,181.30	Relates to additional funding for new government initiatives as part of the 2020-21 Budget and utilisation of the State Supply Arrangement inventory.

Line item	2019-20 Actual (\$ million)	2020-21 Budget (\$million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2019-20 Revised budget vs. 2020-21 Budget If variances were caused by the COVID-19 response, please provide a detailed explanation
Output appropriations	17,600.00	-20,206.90	New government decisions as part of the 2020-21 Budget resulting in additional output appropriation for the department.
Special appropriations	-1,371.90	-1,100.00	Relates to expected reduction in gaming revenue due to the impact of COVID-19 on gaming venues.
Grants	-8,735.10	-8,408.90	Largely related to the changed accounting treatment of revenues from other jurisdictions (via the NHFP) for Interstate Patients.
Fair value of assets and services received free of charge or for nominal consideration	-0.6	0	
Employee benefits	13,557.00	14,986.80	The variance relates to additional funding for new government initiatives as part of the 2020-21 Budget
Grants and other transfers	4,324.70	4,548.80	The variance relates to additional funding for new government initiatives as part of the 2020-21 Budget
Capital asset charge	1,319.80	1,427.70	The variance relates to additional funding for new government initiatives as part of the 2020-21 Budget
Other operating expenses	8,786.40	10,441.60	Relates to additional funding for new government initiatives as part of the 2020-21 Budget and utilisation of the State Supply Arrangement inventory.
Major components of 'other operating expenses'			
Purchase of supplies and Services	8,625.10	10,181.30	Relates to additional funding for new government initiatives as part of the 2020-21 Budget and utilisation of the State Supply Arrangement inventory.
Major components of Output Appropriations due to COVID-19			
Response Additional support for the health system with additional equipment and ICU capacity	433.2	0	
Response Extra funding boost for Victoria's health system	282.6	0	
Elective surgery blitz	50	0	
Increase testing, tracing and response capacity	33.2	0	
Rent relief scheme	30.5	0	
Support for the children and families system	17.5	0	
Emergency accommodation program	17.1	0	
Additional support for Victoria's mental health system	7.1	0	
Peter Doherty Institute Research	6	0	
support for people with a disability	4.3	0	
Health procurement and supply chain	3.4	0	
Food relief program	1.8	0	

Questions 4 - Revenue and expenditure – variances

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

- a) name of the program/initiative
- b) objective of the program
- c) amount allocated at the announcement
- d) recurring expenditure or new/additional expenditure
- e) budget year (i.e. 2019-20 or 2020-21)
- f) amount allocated in the budget
- g) source of funding

Name of the program/initiative	Objective	Amount at the announcement	Recurring expenditure or new/additional expenditure	Budget year	Amount allocated in the budget	Source of funding
2019-20 COVID-19 Response						
COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	Huge Expansion Of Our Health System To Fight Coronavirus	1,300.0	New/additional expenditure	2019-20	513.4	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
COVID-19 Response Extra funding boost for Victoria's health system	Extra Funding Boost for Health System COVID 19 Response 19 March 2020	437.0	New/additional expenditure	2019-20	296.1	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Elective surgery blitz	COVID-19 Capacity Boost As Elective Surgery Blitz Starts 15 March 2020	50.0	New/additional expenditure	2019-20	50.0	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Increase testing, tracing and response capacity	Crack Investigative Teams For Coronavirus Outbreaks 11 May 2020 Major Coronavirus Testing Blitz Targets 100,000 27 April 2020	n/a	New/additional expenditure	2019-20	33.6	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Rent relief scheme	Supporting Tenants And Landlords Through Coronavirus 15 April 2020	80.0	New/additional expenditure	2019-20	30.5	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
COVID-19 support for the children and families system	More Support To Keep Families And Children Safe 23 April 2020	77.5	New/additional expenditure	2019-20	20.6	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Emergency accommodation program	Enforced Quarantine For Returned Travellers To Combat Coronavirus 27 March 2020	n/a	New/additional expenditure	2019-20	17.1	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Additional support for Victoria's mental health system	Surge funding for Mental Health system during crisis 12 April 2020	59.4	New/additional expenditure	2019-20	7.1	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Peter Doherty Institute COVID-19 Research	Targeted Investment for Novel Coronavirus (Medical Research) 3 March 2020	6.0	New/additional expenditure	2019-20	6.0	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
COVID-19 support for people with disability	Supporting Victorians With Disability During Coronavirus 6 May 2020	17.0	New/additional expenditure	2019-20	6.0	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Health procurement and supply chain	State procurement and supply chain reforms for the health sector	n/a	New/additional expenditure	2019-20	3.4	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Food relief program	Emergency Relief Packages For Victorians Who Need It Most 22 March 2020	n/a	New/additional expenditure	2019-20	2.7	Treasurer's Advance Victorian Budget 2019-20, 2019-20 Financial Report, Ch8. Table 8.2.14 Payments from advance to the Treasurer attributable to COVID-19 for the financial year ended 30 June, p166.
Victorian Budget 2020-21		Funding over four years		2020-21 allocation		
Coronavirus (COVID-19) social services response	Funding is provided to deliver a range of initiatives to support vulnerable Victorians during the coronavirus (COVID-19) pandemic.	241.3	New/additional expenditure	2020-21	224.6	2020-21 Budget Victorian Budget 2020-21, Service Delivery BP3, Ch1. Table 1.13: Output initiatives – Department of Health and Human Services, pp.63-64.
Coronavirus (COVID-19) mental health response	Funding is provided to respond to increased demand for mental health and AOD services, including additional infection prevention training, increased cleaning and the extension of service operating hours. The mental health workforce will also be supported through a new graduate program.	152.5	New/additional expenditure	2020-21	152.5	2020-21 Budget/ Treasurer's Advance Victorian Budget 2020-21, Service Delivery BP3, Ch1. Table 1.13: Output initiatives – Department of Health and Human Services, pp.63-64.
Coronavirus (COVID-19) health response	Funding is provided to deliver a range of priority initiatives to support the Government's public health response to the coronavirus (COVID-19) pandemic, including additional investment in public health capabilities to rapidly and effectively respond to the spread of coronavirus (COVID-19).	2,956.0	New/additional expenditure	2020-21	2,906.0	2020-21 Budget/ Treasurer's Advance Victorian Budget 2020-21, Service Delivery BP3, Ch1. Table 1.13: Output initiatives – Department of Health and Human Services, pp.63-64.

Questions 5 - Revenue initiatives – new and changed

For all new revenue initiatives in the 2020-21 budget papers and for all existing revenue initiatives that have changed in the 2020-21 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative as used in budget papers
- b) reason for the new initiative or change to the initiative
- c) expected outcome/benefit for the Victorian community of the new initiative/change to the initiative
- d) anticipated revenue in the financial year 2020-21 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

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

Response

a)	Name of the initiative as used in budget papers	Nil
b)	Reason for new initiative or change	
c)	Expected outcome/benefit for the Victorian community of the new initiative/change to the initiative	
d)	Anticipated revenue in financial year 2020-21 gained or foregone	
	Anticipated revenue in financial year 2021-22 gained or foregone	
	Anticipated revenue in financial year 2022-23 gained or foregone	
	Anticipated revenue in financial year 2023-24 gained or foregone	
COVID-19 response		

Expenditure – new programs and initiatives (output and asset), source Budget Paper 3, Chapter 1 pages 63-82.

Question 6

For all new programs and initiatives (output and asset) in the 2020-21 budget papers, please provide the:

- name of the program/initiative
- budgeted expenditure in financial year 2020-21 on the program/initiative
- amount expended as at 01 October 2020
- details of how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.).

Response

Name of the program/initiative	Budgeted expenditure in financial year 2020/21 on the program/initiative	Amount expended as at 01 October 2020	Details of how it will be funded
Acute Health Services			
Maintaining hospital capacity	862,825,000	6,913,824	Output appropriation and Commonwealth funding
A Health Catalyst: Activating the Arden and Parkville Precincts	10,000,000		Output appropriation
Victorian Patient Transport Assistance Scheme	2,655,000		Output appropriation
Better at Home: Hospital care in the home	43,525,000		Output appropriation and Commonwealth funding
Voluntary Assisted Dying	5,451,000		Output appropriation
Guaranteeing future energy supply	250,000		
Very Special Kids	7,500,000		Capital Grant - in BP3 as output
Anam Cara House Geelong	5,000,000		Capital Grant - in BP3 as output - DHHS project but published in Whole-of-Govt -Regional and Rural Victoria, Output initiatives, p. 14
Improving Rural Health Outcomes	5,948,000		Output appropriation and Commonwealth funding; DHHS project but published in Whole-of-Govt -Regional and Rural Victoria, Output initiatives, p. 14
World-Class Care for Wangaratta Patients - Maternity Needs and Critical Infrastructure	114,000		Planning costs - in BP3 as output and asset -DHHS project but published in Whole-of-Govt -Regional and Rural Victoria, Output initiatives, p. 14
Maryborough Hospital Expansion	3,500,000		Output appropriation-BP3 as Output and Asset -DHHS project but published in Whole-of-Govt -Regional and Rural Victoria, Output initiatives, p. 14
Ambulance Services			
Supporting Ambulance Services	63,951,000		Output appropriation and Public account advance.
Drug Treatment and Rehabilitation			
Decriminalising public drunkenness	16,000,000		Output appropriation
Increasing alcohol and other drug capacity	4,385,000		Output appropriation and Commonwealth funding
Medically supervised injecting rooms	3,261,000		Output appropriation
Care and recovery coordination	8,445,500		Output appropriation
Primary, Community and Dental Health			
Supporting new Victorian parents	2,746,000		Output appropriation
Service delivery fund for Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations	20,000,000		Output appropriation
Support for Victoria's Aboriginal community during the coronavirus (COVID 19) response and recovery phase	22,600,000	816,000	Output appropriation
Public Health			
Medicinal Cannabis Commitments	4,353,000	289,331	Output appropriation

Creating a single digital solution for coronavirus (COVID-19) reporting	5,200,000	802,922	Output appropriation
Coronavirus (COVID 19) health response	2,906,000,000	187,015,018	Output appropriation and Commonwealth funding
Mental Health			
A service designed and delivered by people with lived experience of mental illness	1,719,000		Output appropriation
Aboriginal social and emotional wellbeing	4,440,000		Output appropriation
Acute mental health expansion	18,876,000		Output appropriation
Expanding suicide prevention and follow-up care	21,380,000		Output appropriation
Lived experience workforce	10,302,000		Output appropriation
Meeting critical mental health service demand and saving lives	25,869,000		Output appropriation and Commonwealth funding
Pathways to employment in the mental health workforce	5,162,000		Output appropriation
Supporting asylum seekers	3,917,000		Output appropriation
Victorian Collaborative Centre for Mental Health and Wellbeing	2,220,000		Output appropriation
Victorian Fixated Threat Assessment Centre	16,586,111	4,106,690	Output appropriation
Workforce readiness	5,515,000		Output appropriation and Commonwealth funding
Coronavirus (COVID-19) mental health response	152,469,000	6,689,533	Output appropriation
Child Protection and Family Services			
Better Futures: Home Stretch	3,500,000		Output appropriation
Coronavirus (COVID-19) social services response	224,600,000	64,754,987	Output appropriation and Commonwealth funding
Intensive Family Preservation and Reunification Response	51,000,000		Output appropriation
Maintaining the capacity of the children and families system	91,200,000		Output appropriation and Commonwealth funding
Maintenance, minor capital improvements and building of new care services properties	100,000		Output appropriation
Pathways to employment in growth sectors	4,200,000		Output appropriation
Reforming Care Services	81,700,000		Output appropriation
Ageing, Aged and Home Care			
Addressing social connections across generations and ensuring the response to elder abuse	6,716,000		Output appropriation
Future provision of public sector residential aged care	27,595,000		Output appropriation
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Strategy: Stage 4	900,000		Output appropriation
Coburg Project			
Clinical placements for aged care safe patient care	6,050,000		Output appropriation
Disability Services			
Disability Worker Regulation Scheme	6,727,000	1,205,884	Output appropriation
National Disability Insurance Scheme Stage 2: Out of Scope Services	78,900,000	7,782,359	Output appropriation
Empowering Individuals and Communities			
State Disability Plan 2021-24	5,315,000		Output appropriation
Housing Assistance			
Big Housing Build	280,700,000		Output appropriation
From Homelessness to a Home	84,520,000	13,654,998	Output appropriation
Family violence refuge responses	6,000,000		Output appropriation
Family Violence			
The Central Information Point (CIP)	1,489,000		Output appropriation
Information sharing and family violence risk assessment and management framework	2,710,000		Output appropriation
Perpetrator accountability	2,600,000		Output appropriation
Therapeutic Interventions	21,206,000	5,611,402	Output appropriation
Asset			
Acute Health Services			
Angliss Hospital Expansion	4,470,000		Capital appropriation

Better at Home: Hospital care in the home	4,420,000	Capital appropriation
Clinical Technology Refresh	30,000,000	Capital appropriation
Engineering Infrastructure and Medical Equipment Replacement Programs	85,000,000	Capital appropriation
First Stage of the New Melton Hospital	114,000	Capital appropriation
Guaranteeing future energy supply	11,300,000	Capital appropriation
Improving energy efficiency in public hospitals	12,596,000	Capital appropriation
Improving Rural Health Outcomes	1,500,000	DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Latrobe Regional Hospital redevelopment (Stage 3A)	9,000,000	Capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Maryborough Hospital Expansion	1,700,000	Capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Metropolitan Health Infrastructure Fund	115,000,000	Capital appropriation
Regional Health Infrastructure Fund 2020-21	70,000,000	Capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Ten New Community Hospitals to Give Patients the Best Care	66,147,000	Capital appropriation
Warrnambool Base Hospital Redevelopment (including Warrnambool Logistics Hub)	3,300,000	Capital appropriation New capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
World-Class Care for Wangaratta Patients	7,506,000	Capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Women's and Children's Hospital: University Hospital Geelong	2,300,000	Capital appropriation New capital appropriation - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Public Health		
Coronavirus (COVID 19) health response	16,260,000	Capital appropriation
Mental Health		
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria's Mental Health System Interim report	277,700,000	Capital appropriation
A service designed and delivered by people with lived experience of mental illness	7,000,000	Capital appropriation
Coronavirus (COVID-19) mental health response	10,000,000	Capital appropriation
Mental health and Alcohol and Drug Facilities Renewal	10,000,000	Capital appropriation-BP3 as Output and Asset; - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Family Violence		
Central Information Point (CIP)	6,439,000	Capital appropriation
Housing Assistance		
Big Housing Build	1,589,300,000	Capital appropriation
Ageing, Aged and Home Care		
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Stage 3 - Kingston project	103,000	Capital appropriation
Rural Residential Aged Care Facilities Renewal 2020-21	10,000,000	Capital appropriation-BP3 as Output and Asset; - DHHS project but published as Whole-Of-Govt - Regional and Rural Victoria, Asset initiatives, p. 21
Child Protection and Family Services		

Maintenance, minor capital improvements and building of new Care Services properties	5,370,000	Capital appropriation
Reforming Care Services	5,040,000	Capital appropriation
Disability Services		
National Disability Insurance Scheme Stage 2 out of scope services	5,277,000	Capital appropriation

Question 9 - Expenditure – lapsing programs (output initiatives including grants)

For grant programs announced as part of the COVID-19 response during March to June 2020 and July to October 2020, please provide:

- a) name of the program
- b) objective of the program
- c) Actual expenditure for the budget year and forward estimates
- d) actual expenditure as at 30 June 2020 and 01 October 2020-21
- e) source of funding
- f) number of applications received and number of total eligible applicants as at 30 June 2020 and 01 October 2020
- g) number of successful applicants
- h) the status of the program
- i) outcomes achieved as at 30 June 2020 and 01 October 2020

Response

2019-20

a)	Name of the program	Residential rent relief scheme			
b)	Objective of the program	Rent relief grants for Victorians experiencing rental hardship as a result of the Covid-19 pandemic. To provide one off grant to help Victorian renters maintain safe, secure and stable accommodation.			
c)	Actual expenditure for 2019-20 and forward estimates	2019-20	2020-21	2021-22	2022-23
d)	Actual expenditure as at 30 June 2020	\$3.75m	\$76.25m	0	0
e)	Source of funding	Treasurer's Advance			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020		Number of total eligible applicants as at 30 June 2020	
g)	Number of successful applicants	10,133		4,851	
h)	Status of the program	Operational			
i)	Outcomes achieved as at 30 June 2020	On-line applications available, payments made to applicants, community advocacy groups engaged, total program funds approved as at 30 June 2020: \$80m			

2019-20

a)	Name of the program	Victorian Government COVID-19 response to support people with disability in Victoria - Support for people not in the NDIS			
b)	Objective of the program	Additional in-home & personal supports, nursing & social engagement to existing & new HACC-PYP clients impacted by social distancing or			
c)	Actual expenditure for 2019-20 and forward estimates	2019-20	2020-21	2021-22	2022-23
d)	Actual expenditure as at 30 June 2020	800000			800000
e)	Source of funding	Treasurer's Advance			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020		Number of total eligible applicants as at 30 June 2020	
g)	Number of successful applicants	72 proposals received - all eligible		144 eligible agencies applied	
h)	Status of the program	Fully allocated			
i)	Outcomes achieved as at 30 June 2020	42 proposals funded to 30 eligible agencies			
		Funding was fully allocated. Agencies have until December 2020 to fully deliver services.			

2019-20

a)	Name of the program	Victorian Government COVID-19 response to support people with disability in Victoria - Support for carers			
b)	Objective of the program	Additional respite to maintain care relationships during a period of considerable stress			
c)	Actual expenditure for 2019-20 and forward estimates	2019-20	2020-21	2021-22	2022-23
d)	Actual expenditure as at 30 June 2020	400,000.00			400,000.00
e)	Source of funding	Treasurer's Advance			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020		Number of total eligible applicants as at 30 June 2020	
g)	Number of successful applicants	22 proposals received - all eligible		14 eligible agencies	
h)	Status of the program	Fully allocated			
i)	Outcomes achieved as at 30 June 2020	17 proposals funded to 11 eligible agencies			
		Funding was fully allocated. Agencies have until December 2020 to fully deliver services.			

2020-21

a)	Name of the program	COVID-19 Public Housing Restrictions Relief Payments (part of Operation Benessere)			
b)	Objective of the program	To provide immediate financial relief to households in recognition of the disruption that the restrictions have caused, to eligible households in the Flemington and North Melbourne public housing estates who were impacted by the restrictions announced on 4 July 2020.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
d)	Actual expenditure as at 01 October 2020	\$1.16m	0	0	0
e)	Source of funding	Output appropriation			

f)	Number of applications received and number of total eligible applicants	Number of applications received as at 1 October 2020	Number of total eligible applicants as at 1 October 2020
		1,315	1,315
g)	Number of successful applicants		1,315
h)	Status of the program	Completed for households affected in the Flemington and North Melbourne public housing estates who were impacted by the restrictions announced on 4 July 2020.	
i)	Outcomes achieved as at 01 October 2020	1,315 households provided with financial relief grants.	

2020-21

a)	Name of the program	Residential rent relief scheme			
b)	Objective of the program	Rent relief grants for Victorians experiencing rental hardship as a result of the Covid-19 pandemic. To provide one off grant to help Victorian renters maintain safe, secure and stable accommodation.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
		\$116.25m	0	0	0
d)	Actual expenditure as at 01 October 2020	\$37.59m			
e)	Source of funding	Output appropriation			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 1 October 2020	Number of total eligible applicants as at 1 October 2020		
		25,759			
g)	Number of successful applicants	10,370			
h)	Status of the program	Operational			
i)	Outcomes achieved as at 01 October 2020	Program extended to 28 March 2021, grants increased to \$3,000 maximum, additional program funds to be announced as part of State Budget: \$40m (so \$120m total).			

2020-21

a)	Name of the program	Coronavirus COVID-19 Worker Support Payment (Processed by DHHS Public Health)			
b)	Objective of the program	The aim of the COVID-19 Worker Support Payment was to financially support workers without paid sick leave or special pandemic leave entitlements or other income support, to prevent them from transmitting the virus by reporting to work in order to avoid a loss of income. The payment recognises that the requirement to self-isolate or quarantine can cause significant financial challenges for individuals and families who are without income during this period.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
		2,013,000			
d)	Actual expenditure as at 01 October 2020	2,013,000			
e)	Source of funding	Output appropriation			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020	Number of total eligible applicants as at 30 June 2020		
		1,874 (DHHS only)	1,391 (DHHS only)		
g)	Number of successful applicants	1,391 (DHHS only)			
h)	Status of the program	Fully allocated			
i)	Outcomes achieved as at 01 October 2020	1,391 successful applications with \$2.03 million of grants paid by DHHS (payments have also been made by DJPR)			

2020-21

a)	Name of the program	COVID Safe AOD funding grants			
b)	Objective of the program	The COVID Safe AOD grant program covers costs associated with additional cleaning and sanitising, minor works needed for safe operations, infection control training and backfill for staff, and incentives for workers to stay working at one service.			
c)	Estimated expenditure for 2020-21 and forward estimates	2020-21	2021-22	2023-24	2024-25
		10.01 million			
d)	Actual expenditure as at 01 October 2020	Nil			
e)	Source of funding	Output appropriation			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020	Number of total eligible applicants as at 30 June 2020		
		0	0		
g)	Number of successful applicants	0			
h)	Status of the program	Applications close 17 November 2020 - funds to be allocated December 2020			
i)	Outcomes achieved as at 01 October 2020	Nil			

2019-20

a)	Name of the program	Victorian Government COVID-19 response to support people with disability in Victoria - Support for carers			
b)	Objective of the program	Additional respite to maintain care relationships during a period of considerable stress			
c)	Actual expenditure for 2019-20 and forward estimates	2019-20	2020-21	2021-22	2022-23
		400,000			
d)	Actual expenditure as at 30 June 2020	400,000			
e)	Source of funding	Treasurer's Advance			
f)	Number of applications received and number of total eligible applicants	Number of applications received as at 30 June 2020	Number of total eligible applicants as at 30 June 2020		
		22 proposals received - all eligible	14 eligible agencies		
g)	Number of successful applicants	17 proposals funded to 11 eligible agencies			

h)	Status of the program	Fully allocated
i)	Outcomes achieved as at 30 June 2020	Funding was fully allocated. Agencies have until December 2020 to fully deliver services.

Question 11 -Public Private Partnerships – expenditure

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 2020-21 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	2018-19 Actual (\$million)	2019-20 Budget (\$million)	2019-20 Actual (\$million)	2020-21 Budget (\$million)
Interest Expense	185	217	185	200
- PPP related	170	171	166	171
Other Operating Expenses	8,276	8,383	8,625	9,416
- PPP related	138	133	141	140
PPPs	2018-19 Actual (\$ million)	2019-20 Budget (\$ million)	2019-20 Actual (\$million)	2020-21 Budget (\$ million)
Interest Expense				
Casey/Berwick Hospital	0	0	0	0
Royal Women's Hospital	14	15	15	14
Royal Children's Hospital	48	46	46	44
Victorian Comprehensive Cancer Centre	84	83	80	78
Bendigo Hospital	24	24	23	23
Casey Hospital Expansion	0	1	0	2
New Footscray Hospital	0	2	0	9
Total	170	171	164	171
Other Operating Expenses				
<i>(comprises lifecycle maintenance costs, service costs, refurbishment, contingent, insurance and other costs)</i>				
Casey/Berwick Hospital	12	15	7	15
Royal Women's Hospital	18	14	20	14
Royal Children's Hospital	46	55	54	54
Victorian Comprehensive Cancer Centre	27	20	27	22
Bendigo Hospital	35	27	36	34
Casey Hospital Expansion	0	3	1	1
New Footscray Hospital	0	0	0	0
Total	138	133	145	140

b)

PPPs	2018-19 Actual (\$ million)	2019-20 Budget (\$ million)	2019-20 Actual (\$ million)	2020-21 Budget (\$ million)	2021-22 Estimated/Forecast (\$ million)	2022-23 Estimated/Forecast (\$ million)
Casey/Berwick Hospital	12	15	7	13	13	14

Royal Women's Hospital	32	29	35	29	28	25
Royal Children's Hospital	94	101	100	107	113	108
Victorian Comprehensive Cancer Centre	111	103	107	100	69	62
Bendigo Hospital	59	50	59	57	59	60
Casey Hospital Expansion	0	4	2	6	6	6
New Footscray Hospital	0	2	0	9	33	58
Total	308	304	310	321	320	333

Question 12 - Carryover funding for payments for non-financial assets

For the line item 'payments for non financial assets' for 2020-21 in the departmental cash flow statement in *Budget Paper No. 5: Statement of Finances* budget paper, please identify the amount that is expected to be funded using funds carried over from 2019-20.

Response

Payments for non-financial assets	\$ amount expected to be funded
\$2,089 million	\$304.4 million carried over from 2019-20 will be used to fund non-financial assets

Question 13 -Treasurer's advances

Appropriation (Interim) Bill 2020 outlined a total draw down of additional advances to the Treasurer in the following:

- o 1 Jan 2020 to 30 June 2020 (2nd half of 2019-20) – \$10.0 billion
- o 1 July 2020 to 30 December 2020 (1st half of 2020-21) – \$14.5 billion

For the Budgets related to the two financial years 2019-20 and 2020-21, please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding t Appropriation (Interim) Bill 2020.

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

COVID-19 pandemic

2019-20

Output(s) and portfolio(s)	Program	Recurrent program or new program	COVID-19 response, bushfire response or other	Funding received under the Treasurer's Advances – 2019-20	Amount expended as at 30 June 2020	Reasons why additional funding was required
Admitted Services (Health)	Additional resources for health services	Recurrent program	Other	118,150	118,150	Additional funding for increased operating and wage costs.
Admitted Services (Health)	Scheduled asset replacement for health sector	New program	Other	94,023	94,023	Urgent and unavoidable funding required for asset replacement across the health sector.
Admitted Services (Health)	Supplementation for the hospital and charities fund	Recurrent program	Other	92,833	92,833	Additional funding required to cover lower than budgeted gaming revenue received under special appropriations.
Disability Services (Disability, Ageing and Carers)	National Disability Insurance Scheme - Transfer of disability accommodation and respite services	New program	Other	70,550	70,550	Funding provided to meet costs for the transfer of Supported Independent Living (SIL) and Short-Term Accommodation and Assistance services (STAA) disability services to non-government service providers.

Admitted Services (Health)	Elective surgery Blitz	New program	Other	40,000	40,000	Additional funding for increased elective surgery activity and to reduce the number of people waiting for elective surgery.
Admitted Services (Health)	Joan Kirner Women's and Children's Hospital	New program	Other	21,800	21,800	Funding provided to support the commissioning of new services at the Joan Kirner Women's and Children's Hospital.
Child protection and Family Services (Child Protection)	Civil claims for historical institutional child abuse	New program	Other	19,152	19,152	Supplementary funding provided to settle claims related to historical institutional child abuse.
Public Health Development, Research and Support (Health)	Walter and Eliza Hall Institute for medical research	New program	Other	18,000	18,000	Funding provided for the Australian Drug Discovery Centre at the Walter and Eliza Hall Institute for medical research.
Family Violence Service Delivery (Prevention of Family Violence)	Family violence Central Information Point	New program	Other	16,989	16,989	Additional funding to implement the remaining stages of the Central Information Point project.
Child protection and Family Services (Child Protection)	Increased support for children with complex disabilities	New program	Other	10,196	10,196	Funding to meet the costs for the provision of out of home care placements for children with complex disabilities.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	Bushfire response	New program	Bushfire response	1,551	1,551	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Community Participation (Disability, Ageing and Carers)	Bushfire response	New program	Bushfire response	150	150	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Non-Admitted Services (Health)	Bushfire response	New program	Bushfire response	2,160	2,160	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Ambulance Emergency Services (Ambulance Services)	Bushfire response	New program	Bushfire response	3,336	3,336	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	Bushfire response	New program	Bushfire response	97	97	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Health Protection (Health)	Bushfire response	New program	Bushfire response	13	13	Funding provided to meet the costs of the November 2019 bushfire response and recovery.
Clinical Care (Mental Health)	Implementation of recommendations from the Royal Commission into Victoria's Mental Health System	New program	Other	2,503	2,503	Funding provided for the establishment of a Mental Health Implementation Office for staffing costs, establishment costs and consumables.

Mental Health Community Support Services (Mental Health)	Implementation of recommendations from the Royal Commission into Victoria's Mental Health System	New program	Other	2,384	2,384	Funding provided for a multidisciplinary team to be established to work on the operation, design and site identification required to support 170 additional youth and adult acute mental health beds.
Mental Health Community Support Services (Mental Health)	Responses to drought and dry seasonal conditions	New program	Other	1,650	1,650	Funding provided for mental health support to deliver local community mental health services, first aid training and rural outreach.
HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	National Disability Insurance Scheme - Home and Community Care	Recurrent program	Other	661	661	Additional funding (known as the Budget Neutral Adjustment) was paid by Victoria on behalf of the Commonwealth to the NDIS, due to the Commonwealth taking over full responsibility of Victoria's Health and Community Care (HACC) and specialist disability service programs for clients aged 65 and over.
Admitted Services (Health)	COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	New program	COVID-19 response	431,572	431,572	Funding provided for additional ICU beds, equipment and personal protective equipment (PPE) to respond to the COVID-19 pandemic.
Residential Aged Care (Disability, Ageing and Carers)	COVID-19 Response Additional support for the health system with additional equipment and ICU capacity	New program	COVID-19 response	1,608	1,608	Funding provided for additional ICU beds, equipment and personal protective equipment (PPE) to respond to the COVID-19 pandemic.
Admitted Services (Health)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	254,408	254,408	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Health Protection (Health)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	18,424	18,424	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Ambulance Emergency Services (Ambulance Services)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	3,332	3,332	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Acute Training and Development (Health)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	2,418	2,418	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Community Health Care (Health)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	2,302	2,302	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Non-Admitted Services (Health)	COVID-19 Response Extra funding boost for Victoria's health system	New program	COVID-19 response	1,760	1,760	Additional funding provided to Victoria's health system to respond to the COVID-19 pandemic.
Admitted Services (Health)	COVID-19 - Elective surgery blitz	New program	COVID-19 response	50,000	50,000	Funding provided to undertake additional surgery for specific procedures to be done before the predicted peak of the pandemic, and commission the new Casey Hospital inpatient tower to boost capacity in the hospital system.

Community Health Care (Health)	COVID-19 - Increase testing, tracing and response capacity	New program	COVID-19 response	23,022	23,022	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major COVID-19 pandemic surveillance boost.
Health Protection (Health)	COVID-19 - Increase testing, tracing and response capacity	New program	COVID-19 response	7,114	7,114	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major COVID-19 pandemic surveillance boost.
Public Health Development, Research and Support (Health)	COVID-19 - Increase testing, tracing and response capacity	New program	COVID-19 response	3,060	3,060	Funding provided to establish new rapid response teams to prevent, respond to and limit outbreaks as part of a major COVID-19 pandemic surveillance boost.
Housing Assistance (Housing)	COVID-19 - Rent relief scheme	New program	COVID-19 response	30,527	30,527	Funding provided to meet the cost of financial support and related administration for a hardship scheme that provides rental relief grants to Victorians experiencing rental hardship as a result of the COVID-19 pandemic.
Child protection and Family Services (Child Protection)	COVID-19 support for the children and families system	New program	COVID-19 response	17,474	17,474	Funding provided for critical COVID-19 pandemic related operational and service costs in the children and families system, and to provide financial support for carers.
Community Health Care (Health)	COVID-19 - Emergency accommodation program	New program	COVID-19 response	7,370	7,370	Funding provided to support all COVID-19 pandemic emergency accommodation costs.
Health Protection (Health)	COVID-19 - Emergency accommodation program	New program	COVID-19 response	9,710	9,710	Funding provided to support all COVID-19 pandemic emergency accommodation costs.
Community Participation (Disability, Ageing and Carers)	COVID-19 - Additional support for Victoria's mental health system	New program	COVID-19 response	1,388	1,388	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the COVID-19 pandemic.
Clinical Care (Mental Health)	COVID-19 - Additional support for Victoria's mental health system	New program	COVID-19 response	5,328	5,328	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the COVID-19 pandemic.
Seniors Programs and Participation (Disability, Ageing and Carers)	COVID-19 - Additional support for Victoria's mental health system	New program	COVID-19 response	365	365	Additional funding provided to support the Mental Health System and help meet demand as Victorians reach out for help with stress, isolation and uncertainty during the COVID-19 pandemic.
Health Protection (Health)	COVID-19 - Peter Doherty Institute COVID-19 Research	New program	COVID-19 response	6,000	6,000	Funding provided to Peter Doherty Institute to accelerate research on the COVID-19 pandemic and supporting immediate laboratory requirements.
Disability Services (Disability, Ageing and Carers)	COVID-19 support for people with a disability	New program	COVID-19 response	840	840	Funding provided to deliver a package of targeted measures that will address COVID-19 pandemic impacts and risks to Victorians with a disability.
Office for Disability (Disability, Ageing and Carers)	COVID-19 support for people with a disability	New program	COVID-19 response	2,400	2,400	Funding provided to deliver a package of targeted measures that will address COVID-19 pandemic impacts and risks to Victorians with a disability.
HACC Primary Health, Community Care and Support (Disability, Ageing and Carers)	COVID-19 support for people with a disability	New program	COVID-19 response	960	960	Funding provided to deliver a package of targeted measures that will address COVID-19 pandemic impacts and risks to Victorians with a disability.
Community Health Care (Health)	COVID-19 support for people with a disability	New program	COVID-19 response	50	50	Funding provided to deliver a package of targeted measures that will address COVID-19 pandemic impacts and risks to Victorians with a disability.
Admitted Services (Health)	COVID-19 - Health procurement and supply chain	New program	COVID-19 response	3,400	3,400	Funding to establish a single state-wide supply chain entity for Personal Protective Equipment (PPE) and medical consumables, and an integrated information system.
Concessions to Pensioners and Beneficiaries (Disability, Ageing and Carers)	COVID-19 - Food relief program	New program	COVID-19 response	1,840	1,840	Funding provided to meet the costs associated with the delivery of food relief packages to Victorian households impacted by the COVID 19 pandemic.
Total 2019-20				1,402,870	1,402,870	

2020-21

Output(s) and portfolio(s)	Program	Recurrent program or new program	COVID-19 response, bushfire response or other	Funding received under the Treasurer's Advances – 2020-21	Amount expended as at 01 October 2020	Reasons why additional funding was required
N/A	N/A	N/A	N/A	N/A	N/A	N/A
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			Total 2020-21			

Question 14 - Savings initiatives from past budgets

For each of the savings initiatives detailed in the 2017-18 Budget, 2018-19 Budget, 2019-20 Budget and 2020-21 Budget, please detail (on the same basis of consolidation as the budget papers):

- a) how the Department will meet the various savings targets in 2020-21
- b) the nature of the impact that these actions will have on the delivery of services and assets/infrastructure during 2020-21
- c) the Department's savings target for 2020-21, with an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Response

Initiative	Actions the Department will take in 2020-21	Impact of these actions on service delivery in 2020-21	Savings target for 2020-21 (\$million)	Explanation for variances to the original target
Savings and efficiencies and expenditure reduction measures in 2017-18 Budget	The department will deliver efficiencies across all non frontline areas as part of an ongoing cost management exercise.	The reductions will be targeted so not to impact on service delivery	46.5	0
Savings and efficiencies and expenditure reduction measures in 2018-19 Budget	N/A	N/A	N/A	N/A
Savings and efficiencies and expenditure reduction measures in 2019-20 Budget	N/A	N/A	N/A	N/A
Savings and efficiencies and expenditure reduction measures in 2020-21 Budget	N/A	N/A	N/A	N/A

Question 15 – Use of funds saved from other programs or initiatives

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2020-21 (including lapsing programs), please identify:

- a) the amount expected to be spent under the program or initiative during 2020-21 at the time of the 2019-20 Budget
- b) the amount currently to be spent under the program or initiative during 2020-21
- c) the use to which the funds realised by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Response

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2020-21		The use to which the funds will be put
	At the time of the 2019-20 Budget	At the time of the 2020-21 Budget	
NIL Response:			
No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2020-21 State Budget.			

Question 20 – Enterprise Bargaining Agreements

- a) Please list all Enterprise Agreements (EAs) that are expected to be completed during the 2020-21 year that affect the Department, along with an estimate of the proportion of your Department's workforce (Full Time Equivalent) covered by the EA.
- b) Please describe the effect the EAs listed above have had on estimates of 2020-21 employee benefits.

Response

a) The completion of the Victorian Public Service Enterprise Agreement 2020 is the only Enterprise Agreement (EA) that will affect the department in the 2020-21 year.

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

An estimate of the proportion of the Department's workforce (FTE) covered by the VPS Agreement is 93.1 per cent (based on FTE levels as at 20 July 2020).

Please note that this is due to the significant number of EAs that were completed in the 2019-20 year. Those completed last year included:

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

b) At the time of publication, the uplift on the Department's cost base for the VPS Agreement for Financial Year 20-21 is estimated at \$18.6m. This includes oncosts (Superannuation, Payroll tax, Workcover, and Long Service Leave). In addition, the mobility allowance for departmental staff is estimated to be \$11.5m in 2020-21.

Question 21 – Advertising - expenditure

Question 21a

Please provide a list of forecast/budgeted advertising expenditure (excluding COVID-19 advertising campaign) for the Department and its portfolio agencies in 2020-21 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

a) As at 30 September 2020 no major costs for Advertising had been incurred.
 b) As there has been no significant expenditure incurred to date a breakdown by medium is not available at this time.
 c) Some major campaigns that involve large amounts of expenditure that are likely to be incurred in 2020-21 and across the forward estimates include the School Dental Program and the Immunisation program.
 d) Objectives and desired outcomes include the improved health outcomes for members of the Victorian community.
 e)As at 30 September 2020 no major costs for Advertising had been incurred for global advertising costs for recruitment not related to the Covid-19 pandemic.

Question 21b

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

- i) the budget allocated to the department in 2019-20 and 2020-21
- ii) actual cost as at 30 June 2020 (from the 2019-20 budget)
- iii) actual cost as at 01 October 2020 (from the 2020-21 budget)
- iv) outcomes achieved

Please provide the same information for CALD communities advertising expenditure relating to COVID-19.

	Budget allocated	Actual cost	Outcomes achieved
DHHS:			

2019-20	5,250,000	6,020,980	<p>We have responded proactively, promoting the Department of Health and Human Services dedicated COVID-19 pandemic website, which has been updated constantly since this pandemic first emerged.</p> <p>The 'Managing this together' public health campaign - which has been running since early March – reminds Victorians of what they need to do to slow the spread of Covid-19 including highlighting restrictions currently in place. This wide-reaching advertising campaign has appeared on television, outdoor advertising, in print, online, on trams, buses, road signage and right throughout our communities, with campaign materials translated into a record number of languages and targeted to unique community needs.</p> <p>In addition, to support the Victorian Government's testing blitz – the campaign provided significant profile to the priority placed on encouraging Victorians to get tested, resulting in record numbers of people being tested across the state.</p> <p>(These amounts include budget and expenditure for CALD communities provided below.)</p>
2020-21	24,396,000	8,448,707	<p>We have responded proactively, promoting the Department of Health and Human Services dedicated COVID-19 pandemic website, which has been updated constantly since this crisis first emerged.</p> <p>The 'Managing this together' public health campaign - which has been running since early March – reminds Victorians of what they need to do to slow the spread of COVID-19 including highlighting restrictions currently in place. This wide-reaching advertising campaign has appeared on television, outdoor advertising, in print, online, on trams, buses, road signage and right throughout our communities, with campaign materials translated into a record number of languages and targeted to unique community needs.</p> <p>In addition, to support the Victorian Government's testing blitz – the campaign provided significant profile to the priority placed on encouraging Victorians to get tested, resulting in record numbers of people being tested across the state.</p> <p>(These amounts include budget and expenditure for CALD communities provided below.)</p>
GG Portfolio Agencies:			
2019-20	N/a	513,464	<p>GG Portfolio agencies (hospitals) have reported advertising/marketing in their COVID-19 pandemic cost centres, however there was no budget provided by these agencies at this level of detail. There is also no further information on the expenditure by medium/campaign etc. There is no information for budget or actual from the Cemeteries trust (PNFC portfolio agencies)</p>
2020-21	N/a	459,190	<p>GG Portfolio agencies (hospitals) have reported advertising/marketing in their COVID-19 pandemic cost centres, however there was no budget provided by these agencies at this level of detail. There is also no further information on the expenditure by medium/campaign etc. There is no information for budget or actual from the Cemeteries trust (PNFC portfolio agencies)</p>
CALD communities - Please note, the following amounts are included in the total listed for DHHS above:			
2019-20	1,359,945	1,359,945	<p>More than 5,000 pieces of public health information have been translated as part of the Victorian Government's advertising campaign. The CALD campaign directs users to the DHHS website where information is translated into 57 different languages. There have been more than 970,000 page views of translated content. The top languages have been Vietnamese (108,000 page views), Chinese (96,000 page views) and Arabic (72,000 page views). There have also been fact sheet and video translations.</p>

2020-21	2,439,600	2,331,308	<p>More than 5,000 pieces of public health information have been translated as part of the Victorian Government's advertising campaign. The CALD campaign directs users to the DHHS website where information is translated into 57 different languages. There have been more than 970,000 page views of translated content. The top languages have been Vietnamese (108,000 page views), Chinese (96,000 page views) and Arabic (72,000 page views). There have also been fact sheet and video translations.</p> <p>(CALD budget has been estimated at 10 percent of the DHHS departmental amount listed above for 2020-21).</p>
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Question 24

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.

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
Health	Alfred Health	GG
Health	Austin Health	GG
Health	Eastern Health	GG
Health	Melbourne Health	GG
Health	Northern Health	GG
Health	Peninsula Health	GG
Health	Peter MacCallum Cancer Institute	GG
Health	Monash Health	GG
Health	The Royal Children's Hospital	GG
Health	The Royal Victorian Eye and Ear Hospital	GG
Health	The Royal Women's Hospital	GG
Health	Western Health	GG
Health	Albury Wodonga Health	GG
Health	Alexandra District Health	GG
Health	Alpine Health	GG
Health	Bairnsdale Regional Health Service	GG
Health	Ballarat Health Services	GG
Health	Barwon Health	GG
Health	Bass Coast Health	GG
Health	Beaufort and Skipton Health Service	GG
Health	Beechworth Health Service	GG
Health	Benalla Health	GG
Health	Bendigo Health	GG
Health	Boort District Health	GG
Health	Casterton Memorial Hospital	GG
Health	Castlemaine Health	GG
Health	Central Gippsland Health Service	GG
Health	Central Highlands Rural Health	GG
Health	Cohuna District Hospital	GG
Health	Colac Area Health	GG
Health	Corryong Health	GG
Health	Djerriwarrh Health Services	GG
Health	East Grampians Health Service	GG
Health	East Wimmera Health Service	GG
Health	Echuca Regional Health	GG
Health	Edenhope and District Memorial Hospital	GG
Health	Gippsland Southern Health Service	GG
Health	Goulburn Valley Health	GG
Health	Great Ocean Road Health	GG
Health	Heathcote Health	GG
Health	Hesse Rural Health Service	GG
Health	Heywood Rural Health	GG
Health	Inglewood and Districts Health Service	GG
Health	Kerang District Health	GG
Health	Kilmore and District Hospital; The	GG
Health	Kooweerup Regional Health Service	GG
Health	Kyabram District Health Services	GG
Health	Latrobe Regional Hospital	GG
Health	Latrobe Regional Hospital	GG
Health	Mallee Track Health and Community Service	GG
Health	Mansfield District Hospital	GG
Health	Maryborough District Health Service	GG
Health	Mildura Base Public Hospital	GG
Health	Moyness Health Services	GG
Health	NCN Health	GG
Health	Northeast Health Wangaratta	GG
Health	Omeo District Health	GG
Health	Orbost Regional Health	GG
Health	Portland District Health	GG
Health	Robinvale District Health Services	GG
Health	Rochester and Elmore District Health Service	GG
Health	Rural Northwest Health	GG
Health	Seymour Health	GG
Health	South Gippsland Hospital	GG
Health	South West Healthcare	GG
Health	Stawell Regional Health	GG
Health	Swan Hill District Health	GG

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

Question 10a - Capital Assets

2020-21 State Budget Paper No. 5

Line item (\$ mil)	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)
Payment for non financial assets	723.31	1,112.07	85,200,833.43	716.37	25,101,840.79
Total	723.31	1,112.07	85,200,833.43	716.37	25,101,840.79

Capital projects	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)
New					
A pathway to more acute mental health beds: Responding to the Royal Commission into Victoria's Mental Health System interim report					277.70
A service designed and delivered by people with lived experience of mental illness					7.00
Angliss Hospital expansion					4.50
Better at home: Hospital care in the home					4.40
Building a world-class hospital for Frankston families					16.20
Central Information Point					6.40
Clinical Technology Refresh					30.00
Engineering infrastructure and medical equipment replacements programs					85.00
First stage of the new Melton Hospital					0.10
Guaranteeing future energy supply					11.30
Improving rural health outcomes					1.50
Latrobe Regional Hospital redevelopment (Stage 3A)					9.00
Maintenance, minor capital improvements and building of new care services properties					5.40
Maryborough Hospital expansion					1.70
Mental health and Alcohol and Drug Facilities Renewal					10.00
Metropolitan Health Infrastructure Fund					115.00
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project					0.10
National Disability Insurance Scheme Stage 2: Out of scope services					5.30
Reforming care services					5.00
Regional Health Infrastructure Fund					70.00
Rural Residential Aged Care Facilities Renewal Program 2020-21					10.00
Ten new community hospitals to give patients the best care					66.15
Warrnambool Base Hospital redevelopment (including Warrnambool Logistics Hub)					3.30
Women's and Children's Hospital: University Hospital Geelong					2.30
World-class care for Wangaratta patients					7.50
New Projects Total	-	-	-	-	754.8
Existing					
Alfred Hospital Urgent Infrastructure	0.93	10.57	10.57	9.89	10.68
Angliss Hospital ICU & Short Stay Unit	0.81	-	-	-	-
Austin Health Critical infrastructure (Heidelberg)	12.09	16.49	4.00	4.13	7.97
Backing our Paramedics to keep saving lives (Statewide)	-	8.00	0.26	6.58	4.59
Ballarat Base Hospital Expansion and Redevelopment	0.00	0.00	0.00	0.00	2.00

Barwon Health - North	20.97	8.66	5.50	5.07	2.90
Building a Bigger and Better Latrobe Regional Hospital (Traralgon)	-	7.00	2.00	3.38	7.62
Building a new rehabilitation centre for Bendigo	-	3.13	1.51	0.03	18.05
Building a World Class Hospital for Frankston Families	0.00	6.00	3.00	1.81	3.00
Building new homes to fight homelessness	1.82	31.81	31.81	14.04	-
Casey Hospital Expansion	65.44	19.96	19.96	19.45	0.00
Cladding Replacement Program	5.72	1.83	1.60	0.47	1.37
Engineering Infrastructure and Medical Equipment Replacement Program 2019-20	-	60.00	47.70	38.48	14.22
Engineering infrastructure replacement program 17-18	2.30	4.49	1.50	0.67	2.83
Engineering Infrastructure Replacement Program 18-19	22.94	2.06	1.00	0.43	1.63
Establishing Support and Safety Hubs (Statewide)	18.99	16.24	23.46	23.15	28.15
Family violence information sharing system reform (statewide)	6.12	-	20.85	11.21	-
Fixated Threat Assessment Centre	-	0.75	-	-	1.50
Footscray Hospital - Planning and critical infrastructure (Footscray)	5.00	8.22	7.93	7.55	0.67
Forensic Mental Health Bed-based Services Expansion	3.12	19.86	0.48	2.06	34.52
Forensic mental health implementation plan - priority service reforms (Footscray)	0.68	5.26	4.21	3.96	1.30
Geelong Hospital - Major Upgrade	3.29	4.26	4.26	1.42	2.85
Getting Ready for the National Disability Insurance Scheme	11.12	7.74	9.05	5.02	-
Goulburn Valley Health (Shepparton) redevelopment (inc Plan and Dev)	43.48	94.99	101.20	93.00	54.75
Grampians Prevention and Recover Care (PARC) Services (Ballarat)	0.57	4.55	4.80	4.90	0.29
Health Service Violence Prevention Fund	3.37	2.29	0.40	0.43	0.97
Increasing Critical Care Capacity 18-19	1.36	1.14	-	-	1.14
Level 13 Fitout Victorian Comprehensive Cancer Centre	3.87	1.94	1.94	0.09	-
Medical equipment replacement program 17-18	1.68	2.14	1.00	0.61	1.53
Medical Equipment Replacement Program 18-19	33.70	1.30	0.90	0.62	0.48
Meeting Ambulance Response Targets	35.30	19.93	17.55	13.80	5.66
Mental Health and alcohol and other drugs facilities renewal	6.55	3.45	0.20	0.79	1.56
Mental Health and alcohol and other drugs facilities renewal 18-19	0.02	9.98	3.00	4.05	3.95
Modernisation of metro public sector residential aged care	21.56	24.81	23.24	22.94	5.26
Monash Medical Centre - Emergency Department Expansion and Traffic Improvem	2.62	28.00	16.00	20.94	18.08
Monash Medical Centre - infrastructure upgrades (Clayton)	4.98	5.00	7.40	7.44	-
More help for new Victorian mums and dads	-	9.23	0.30	8.09	16.48
New Bendigo Hospital	6.38	-	-	0.07	-
Northern Hospital Inpatient Expansion - Stage 2	25.31	50.00	60.00	62.31	37.69
Orygen Youth Mental Health	26.93	5.63	3.25	3.34	2.28
Out-of-home care residential capacity (statewide)	0.06	0.20	0.10	-	5.18
Planning for New Children's Emergency Department (Statewide)	-	1.15	2.86	0.80	4.12
Planning for the Angliss Hospital Expansion (Upper Ferntree Gully)	-	0.09	0.09	-	0.26
Public Housing Renewal Program	5.96	24.25	22.73	6.07	22.56
Redesign and renovation of out-of-home care properties (statewide)	1.76	1.46	1.92	0.59	-
Reforming Clinical Mental Health Services (Statewide)	0.80	11.61	2.71	1.24	25.07
Regional Drug Residential Rehabilitation Services - Stage 2	0.61	16.03	15.99	1.00	45.59
Regional Health Infrastructure Fund	67.75	87.24	34.18	33.75	56.32
Regional Health Infrastructure Fund 2019-20	-	40.00	8.05	6.84	83.16
Relocation of Barwon Health Clinical Facilities	-	2.00	1.40	1.62	0.38
Royal Children's Hospital Expansion (Parkville)	-	7.00	7.00	0.25	27.76
Royal Melbourne Hospital - critical infrastructure works	21.52	10.44	14.40	13.29	2.13
Royal Victorian Eye and Ear Hospital Redevelopment	27.86	63.16	40.34	25.66	48.68
Rural Residential Aged Care Facilities Renewal 2019-20	-	10.00	-	-	10.00
Safe Digital Clinical Systems - Parkville Precinct EMR	18.72	59.24	59.24	59.24	8.74

Statewide Child and Family Mental Health Intensive Treatment Centre (statewide)	2.09	3.60	0.30	0.09	5.12
Sunshine Hospital Emergency Department (St Albans)	0.90	14.40	1.53	0.90	15.98
Supporting Demand for Ambulance Services (St Albans)	2.67	0.67	-	-	0.67
Ten new community hospitals to give patients the best care (Statewide)	-	2.00	2.00	1.36	47.38
The New Footscray Hospital	0.00	69.12	69.12	64.42	24.05
Thomas Embling Hospital - Additional 10 bed infill & SPICU	3.74	2.76	0.45	0.40	2.32
Upgrade multicultural aged care	-	0.20	-	-	21.75
Victorian Heart Hospital Project	11.20	80.85	52.50	44.05	218.45
Wantirna Aged Care Redevelopment	-	6.00	1.70	2.12	48.90
Western Health Urgent Infrastructure Works (Footscray only)	22.21	16.80	13.79	15.04	10.33
Women's Prevention And Recovery Care (PARC) Service (metro)	0.06	5.56	0.24	0.07	7.82
Wonthaggi Hospital Expansion (Wonthaggi)	0.73	31.27	5.00	5.85	36.00
Youth Prevention and Recovery Care (PARC) Service	0.06	4.97	0.68	0.53	11.31
	-	-	-	-	
Existing Projects Total	587.71	1,078.78	800.13	687.39	1,085.95
Completed					
Alcohol and Drug Residential Rehabilitation Services – Stage 1 (Grampians)	3.79	-	-	-	-
Clinical Technology Refresh Program	12.00	13.00	13.00	13.00	-
Electronic Medical Records in Parkville	18.72	-	-	-	-
Family Violence - Residential out-of-home care - stock renewal or replacement (sta	0.03	-	-	-	-
Health and Medical Precinct and Community-Based Ambulatory Care Centre	0.20	-	-	-	-
Homelessness and Rough Sleeping Program (Statewide)	2.20	-	-	-	-
Improving Cancer Outcomes	7.25	-	-	-	-
Increasing critical care capacity 17-18	0.37	-	-	-	-
Maroondah Breast Cancer Centre	0.03	-	-	-	-
Monash Children's Hospital (inc MMC - Early in Life Mental Health Service)	1.62	0.56	0.56	-	-
Parkville Biomedical Precinct – planning and development (Parkville)	0.71	-	-	-	-
Prevention and Recovery Care Services (PARCS) - Mildura and Warrnambool (non-r	0.01	-	-	-	-
The Alfred Hospital- fire services upgrade (Prahran)	0.64	-	-	-	-
The Joan Kirner Women's and Children's Hospital (inc. West Hlth Urgent Infra Work	82.97	15.83	15.83	15.94	-
Werribee Mercy Acute Expansion	4.86	3.91	3.91	0.00	-
Werribee Mercy Hospital Mental Health expansion	0.21	-	-	-	-
Completed Projects Total	135.61	33.30	33.30	28.94	-
Sub total	723.31	1,112.07	833.43	716.33	1,840.79

Capital projects - COVID-19 response	2018-19 actual (\$ million)	2019-20 budget (\$ million)	2019-20 revised (\$ million)	2019-20 actual (\$ million)	2020-21 budget (\$ million)
Building works package					
Building works package Total	-	-	-	-	-
Any other capital projects					
Bendigo Health			300,000.00	-	
Barwon Health			7,900,000.00	-	7,100,000.00
Peter McCallum			22,000,000.00	0.03	18,000,000.00
Various Capital Minor Works			55,000,000.00	0.01	
Any other capital projects Total	-	-	85,200,000.00	0.04	25,100,000.00
Sub total	-	-	85,200,000.00	0.04	25,100,000.00

Total Payment for non financial assets	723.31	1,112.07	85,200,833.43	716.37	25,101,840.79
	Correct	Correct	Correct	Correct	Correct

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

Capital assets (Infrastructure)

Question 10a

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

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

For the 'Payments for non-financial assets' line item in the 2020-21 cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

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

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

Guidance

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

Question 10b - Capital Assets

Capital projects - COVID-19 response	Total estimated investment	Estimated expenditure 2020-21	Project commencement	Source of funding	Expenditure incurred as at 01 October 2020	Number of jobs estimated to create	
						2020-21	2021-22
Maintenance and Refurbishment-metropolitan and regional aged care services provision	20	20	Aug-20	Program of works	2.1	44	TBC
Sexual Safety in Mental Health Facilities	10.6	10.6	TBC	Program of works	0	26	TBC
Coronavirus (COVID-19) mental health response	10			New capital appropriation		TBC	TBC
Coronavirus (COVID-19) health response	16.3			New capital appropriation		TBC	TBC

Question 10b

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

- i) Name of the projects
- ii) Total estimated investment
- iii) Project commencement date
- iii) Estimated expenditure 2020-21
- iv) Source of funding
- v) Expenditure incurred as at 01 October 2020
- vi) Number of jobs estimated to create - 2020-21 & 2021-22

Response

Please see Excel Worksheet for response

