

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



2026–27 Budget Estimates questionnaire

Department of Health

Contents

Major initiatives	4
Strategic issues	24
Revenue and expenditure – variances.....	32
Revenue initiatives – new and changed	36
Expenditure – new programs and initiatives (output and asset)	37
Expenditure – lapsing programs (output initiatives, including grants).....	44
Capital asset expenditure	73
Public Private Partnerships – expenditure	74
Public Private Partnerships – expected and actual benefits	77
Savings initiatives	86
Use of funds saved from other programs or initiatives	88
Service delivery.....	89
Departmental objectives	108
Objective indicators	111
Outputs	114
Performance measures.....	117
Employees.....	133
Workforce capability and capacity.....	139
Contractors.....	140
Consultants	142
Labour Hire arrangements	145
Enterprise Bargaining Agreements	147
Relationship between the Commonwealth and Victoria	148
Climate Change	151
Gender Responsive Budgeting	154
Implementation of PAEC recommendations.....	163
Community consultation on budget initiatives	168
Victoria’s Housing Statement.....	172
Cyber security	173
Health spending – DH only.....	176

Questionnaire information

The Committee's Inquiry into the 2026–27 Budget Estimates examines the Government's expenditure and revenue raising plan.

The Committee's Budget Estimates inquiry aims to benefit the Parliament and the community by:

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

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

Timeline and format

Responses to this questionnaire are due by **5.00pm on 8 May 2026**.

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

Consistency with the budget papers

Wherever referring to an initiative (including output, asset and savings initiatives) that is also referred to in the budget papers, please use the name used in the budget papers. This ensures that the Committee can correlate the information provided by the department with the information in the budget papers.

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

Machinery of government changes

For initiatives (including output, asset and savings initiatives) that have been subject to any prior machinery of government changes, the department with responsibility for the initiative at the time of the 2026–27 Budget is the relevant reporting department for this inquiry.

Specific guidance

Additional guidance is provided for particular questions in the questionnaire.

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

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

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Major initiatives

Question 1

- What progress has been made in implementing the major initiatives/programs identified in the 2025–26 Budget for the department. Please identify a minimum of five initiatives/programs.

Response

	Major initiatives/ programs	Objectives	Output	Activities undertaken	Progress against performance measures as at 30 April 2026	Progress achieved against key Government objectives
1.	Open and operationalise nine new or upgraded hospitals	This initiative contributes to the Departmental objectives: Keep people healthy and safe in the community; Care closer to home; Keep improving care	This initiative contributes to the Department of Health's: Admitted Services output; Emergency Services output; and Non-Admitted Services output.	The 2025-26 State Budget invested \$634.3 million to support the commissioning and operation of 9 key pieces of health infrastructure including the opening of three new hospitals – New Footscray, Frankston and Maryborough Hospitals: the commissioning of three new community hospitals in high growth areas – Craigieburn, Cranbourne and Phillip Island and three new regional emergency departments in Swan Hill, Albury Wodonga and Geelong.	There are no DPS performances measures for this initiative.	All nine health services that received funding in 2025-26 have commenced operations. These new facilities ensure the Victorian health system continues to grow to meet increasing demand. The new infrastructure also ensures that care can be delivered not only close to home, but in modern, state of the art, purpose-built facilities, thus improving the care and experience for patients.

2.	Strengthening the sustainability of the health workforce	This initiative contributes to the Departmental objective: a stronger workforce	This initiative contributes to the Department of Health's: Health Workforce Training and Development output.	The 2025-26 State Budget invested \$95.1 million to continue to build health workforce supply, with initiatives to support the nursing and midwifery workforces including registered undergraduate student of midwifery positions, transition to practice and capability development resources for nurses and midwives in regional Victoria, supports for AOD workforce and early career graduates.	There are no DPS performance measures for this initiative.	<p>Since 2014, the number of healthcare workers has increased by over 51 per cent – hiring approximately 41,905 extra nurses, midwives, doctors, allied health professionals and other hospital staff in the state's health services.</p> <p>This initiative continues to support more nurses and midwives and healthcare professionals at all stages of their career, including access to education programs and clinical placements for those working in hospitals and health services.</p>
3.	Supporting Victoria's mental health workforce	This initiative contributes to the Departmental objective: a stronger workforce	This initiative contributes to the Department of Health's Mental Health Clinical Care output.	The 2025-26 Budget invested \$47.1 million to support Victoria's mental health workforce capacity through continuation of the psychology registrar program, Junior Medical Officer psychiatry rotations program, and the psychiatry registrar training and supports program.	There are no DPS performance measures for this initiative.	<p>This initiative ensures that Victoria continues to build a highly skilled workforce.</p> <p>Since 2021, there has been a 33 per cent increase in Victoria's public mental health workforce including 25 per cent growth in rural and regional services, with strong expansion across clinical disciplines and a 125 per cent increase in the lived and living experience workforce,</p>

						improving access and quality of care statewide.
4.	Improving emergency access and flow	This initiative contributes to the Departmental objective: Keep improving care	This initiative contributes to the Department of Health's Ambulance Services output.	The 2025-26 State Budget invested \$58.4 million to improve hospital patient flow and reduce ambulance ramping across Victoria. This includes opening additional bed capacity to facilitate early discharges during periods of peak demand and increasing the capacity of short stay units to support the observation, assessment and treatment of patients in emergency departments.	Proportion of ambulance patient transfers within 40 minutes was 73.3 per cent as at 31 March 2026. While performance remains below 90 per cent target, the result represents a 4.05 percentage point improvement from this time last year (Q3 2024-25), and the strongest performance since 2020.	This investment builds on initiatives currently underway to deliver faster care, support staff in busy emergency departments, and get paramedics back on the road sooner. This initiative is being progressed via implementation of local improvement strategies at health services and Ambulance Victoria to optimise patient flow, in alignment with the Standards for Safe and Timely Ambulance and Emergency Care for Victorians, delivered through the Timely Emergency Care Program.
5.	Assuring ambulance resourcing in regional Victoria	This initiative contributes to the Departmental objective: Keep improving care	This initiative contributes to the Department of Health's Ambulance Services output.	The 2025-26 Budget invested \$84.2 million to assure ambulance resourcing in regional and rural Victoria. This funding supports the continuation of 15 regional dual paramedic ambulance crews upgraded from single paramedic crews, the upgrade of four ambulance branches (Mansfield, Cobram,	There are currently no DPS performance measures associated this initiative.	This initiative is supporting the continued availability and coverage of ambulance services across rural and regional Victoria through targeted, strategically placed investments. Funding is maintaining enhanced paramedic capability and 24-hour service coverage in priority locations, ensuring current activity levels are

				Yarrawonga and Korumburra) to operate 24 hours a day rather than on-call after hours, and the deployment of four rural Peak Period Units to bolster ambulance capacity during periods of high demand.		sustained. These measures are strengthening system resilience and supporting the timely delivery of emergency care during both baseline and peak demand periods.
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Question 2

What initiatives or programs have been streamlined or eliminated from the 2025–26 and 2026–27 Budget in line with the Government’s response to the Independent Review of the Victorian Public Service?^[1]

Response

Initiative/program	Reason for streamlining/elimination	Anticipated saving in 2026–27	Anticipated impact on department/agency	Anticipated impact on service delivery
Not applicable - no individual initiative or program has been streamlined or eliminated from the 2025–26 or 2026–27 Budget as a result of the Government’s Independent Review of the Victorian Public Service.				

^[1] Victorian Government, *Ensuring the public sector is focussed on what matters most*, Melbourne, 2025.

Question 3

For each of the output initiatives detailed in the 2022 Victorian Economic and Fiscal Update, 2023–24 Budget, 2023–24 Budget Update, 2024–25 Budget, 2024–25 Budget Update, 2025–26 Budget and the 2025–26 Budget Update that have allocated funding in 2025–26 and 2026–27,¹ please detail (on the same basis of consolidation as the budget papers):

- the original funding allocation for 2025–26 and 2026–27
- the current expected funding allocation for 2025–26 and 2026–27
- an explanation for any variances between the current funding and what was originally published in the budget papers when the initiative was announced. If machinery of government changes affected the implementation of these initiatives, please detail how.

Response

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2022 Victorian Economic and Fiscal Update	Making it free to study nursing and midwifery	66.6	42.8	Realignment of budget phasing to reflect enrolment and completion of studies.	41.1	25.9	Realignment of budget phasing to reflect enrolment and completion of studies.
2023–24 Budget	Giving women’s health the focus and funding it deserves	43.9	44.5	Increase due to the realignment of budget phasing to support activity and workforce development.	49.5	50.1	Increase due to the realignment of budget phasing to support activity

¹ Please include any programs that originally had funding allocated for 2025–26 and 2026–27 but no longer have funding.

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
							and workforce development.
2023–24 Budget	Meeting the needs of Victorian public hospital services	589.2	589.2	Not applicable	603.9	603.9	Not applicable
2023–24 Budget	More support for our nurses and midwives	40.4	40.4	Not applicable	67.5	67.5	Not applicable
2023–24 Budget	Public fertility services care for more Victorian families	22.7	27.0	Increase due to the realignment of budget phasing to support ongoing implementation	-	-	Not applicable
2023–24 Budget	Rare diseases and cancer: highly specialised therapies	26.1	26.1	Not applicable	26.8	26.8	Not applicable
2023–24 Budget	Supporting the next generation of paramedics	15.8	15.8	Not applicable.	16.5	16.5	Not applicable.
2023–24 Budget	Systemwide improvements to support timely emergency care	21.6	21.6	Not applicable	18.2	18.2	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2023–24 Budget	Supporting Community Sector Jobs	6.3	6.3	Not applicable	6.7	6.7	Not applicable
2023–24 Budget	Targeted health support for children in care	11.0	12.4	Approved project rephasing for statewide roll-out within 4 year total budget allocation.	13.5	12.7	Approved project rephasing for statewide roll-out within 4 year total budget allocation.
2023–24 Budget	Smile Squad for low-fee Catholic and Independent schools	5.6	5.6	Not applicable	11.3	11.3	Not applicable
2023–24 Budget	Alcohol and other drug treatment, support and harm reduction services	28.4	30.0	Increase due to alignment of funding to the delivery of service	29.1	29.1	Not applicable
2023–24 Budget	Health-based response to public intoxication	26.5	26.5	Not applicable	-	-	Not applicable
2023–24 Budget	Supporting workers through alcohol	5.0	5.0	Not applicable	-	-	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
	and other drug issues						
2023–24 Budget	More support for mums, dads and babies	18.5	18.5	Not applicable	21.6	21.6	Not applicable
2023–24 Budget	Research boost to fight childhood cancer	6.8	6.8	Not applicable	7.1	7.1	Not applicable
2023–24 Budget	High quality and therapeutic bed-based services	30.8	30.8	Not applicable	31.6	31.6	Not applicable
2023–24 Budget	Implementing the new Mental Health and Wellbeing Act	3.0	3.0	Not applicable	2.8	2.8	Not applicable
2023–24 Budget	Mental Health and Wellbeing Locals	21.0	0.7	The 2024/25 State Budget pursued a more gradual approach to the rollout of Mental Health and Wellbeing Locals to provide the opportunity to train and recruit the required workforce and consider learnings from the roll out of the first two stages. This approach resulted in a	21.5	0.7	The 2024/25 State Budget pursued a more gradual approach to the rollout of Mental Health and Wellbeing Locals to provide the opportunity

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
				reduction in funding under this initiative in 2025-26 and 2026-27. However, the 2024/25 State Budget invested \$15.8 million for a graduate program for Locals.			to train and recruit the required workforce and consider learnings from the roll out of the first two stages. This approach resulted in a reduction in funding under this initiative in 2025-26 and 2026-27. However, the 2024/25 State Budget invested \$15.8 million for a graduate program for Locals.

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2023–24 Budget	Priority suicide prevention and response efforts	5.2	5.2	Not applicable	-	-	Not applicable
2023–24 Budget	Strengthening and supporting the mental health and wellbeing workforce	1.6	1.7	Increase due to the realignment of budget phasing to support traineeship roll-out	1.9	1.9	Not applicable
2023–24 Budget	Specialist forensic mental health services	22.6	22.6	Not applicable	24.6	24.6	Not applicable
2023–24 Budget	Community Hospitals commissioning	9.8	9.8	Not applicable	10.0	10.0	Not applicable
2023–24 Budget	Better services for older people in aged care settings	4.0	4.0	Not applicable	-	-	Not applicable
2023–24 Budget Update	Supporting community sector jobs	19.9	19.9	Not applicable	20.6	20.6	Not applicable
2024–25 Budget	Funding our hospitals	1 836.7	1 836.7	Not applicable	1 835.4	1 835.4	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2024–25 Budget	Improved data capability to support early intervention investment	1.7	1.7	Not applicable	2.8	2.8	Not applicable
2024–25 Budget	NHRA 202223 reconciliation adjustment	251.1	251.1	Not applicable	257.4	257.4	Not applicable
2024–25 Budget	Opening and operating hospital facilities	233.5	233.5	Not applicable	239.3	239.3	Not applicable
2024–25 Budget	Preventative health support for Victorian women	9.2	9.2	Not applicable	-	-	Not applicable
2024–25 Budget	Securing the supply of blood and blood products for Victoria’s hospitals	31.0	31.0	Not applicable	31.8	31.8	Not applicable
2024–25 Budget	Timely emergency care	40.9	42.6	The increased funding allocation reflects adjustments from rephased funding to support the timing of the program launch	27.8	27.8	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2024–25 Budget	Trans and gender diverse healthcare	0.5	0.5	Not applicable	0.5	0.5	Not applicable
2024–25 Budget	Harm reduction initiatives	20.3	20.3	Not applicable	21.0	21.0	Not applicable
2024–25 Budget	Improving cancer outcomes	2.2	2.2	Not applicable	2.1	2.1	Not applicable
2024–25 Budget	Meeting demand for Maternal and Child Health services	9.6	9.6	Not applicable	11.4	11.4	Not applicable
2024–25 Budget	Bed-based services	1.3	1.3	Not applicable	1.3	1.3	Not applicable
2024–25 Budget	Growing the new Mental Health and Wellbeing Locals workforce	6.3	6.3	Not applicable	6.4	6.4	Not applicable
2024–25 Budget	Mental Health and Wellbeing Hubs	1.1	1.1	Not applicable	-	-	Not applicable
2024–25 Budget	New Youth Prevention and Recovery Care (YPARC) beds	5.2	5.2	Not applicable	5.3	5.3	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2024–25 Budget	Progressing the mental health and wellbeing reform program	1.5	1.5	Not applicable	-	-	Not applicable
2024–25 Budget	Support and treatment for eating disorders	8.4	8.4	Not applicable	9.1	9.1	Not applicable
2024–25 Budget	TelePROMPT	0.7	0.7	Not applicable	-	-	Not applicable
2024–25 Budget	Palliative care	9.1	9.1	Not applicable	9.3	9.3	Not applicable
2024–25 Budget	Pregnancy supports	2.4	2.4	Not applicable	1.4	1.4	Not applicable
2024–25 Budget	Protecting the health of priority populations	6.2	6.2	Not applicable	-	-	Not applicable
2024–25 Budget Update	Pill Testing Trial	2.5	2.5	Not applicable	-	-	Not applicable
2025–26 Budget	Backing our hospitals	2 190.7	2 190.7	Not applicable	2 147.3	2 147.3	Not applicable
2025–26 Budget	Cancer system for the future	3.9	3.9	Not applicable	4.1	4.1	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2025–26 Budget	Maintaining critical blood supply and specialised therapies	35.4	35.4	Not applicable	19.8	19.8	Not applicable
2025–26 Budget	Opening and operating hospital facilities	118.5	118.5	Not applicable	142.1	142.1	Not applicable
2025–26 Budget	Safer Digital Healthcare Program 2025-26	20.2	20.2	Not applicable	-	-	Not applicable
2025–26 Budget	Strengthening medication practices in residential aged care	1.8	1.8	Not applicable	1.9	1.9	Not applicable
2025–26 Budget	Strengthening public sector residential aged care services	34.6	34.6	Not applicable	-	-	Not applicable
2025–26 Budget	Victorian Aids and Equipment program	2.7	2.7	Not applicable	-	-	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2025–26 Budget	Assuring ambulance resourcing in regional Victoria	41.6	41.6	Not applicable	42.6	42.6	Not applicable
2025–26 Budget	Improving emergency access and flow	30.6	30.6	Not applicable	27.8	27.8	Not applicable
2025–26 Budget	Delivering the right care at the right time	27.6	27.6	Not applicable	0.8	0.8	Not applicable
2025–26 Budget	Support for asylum seekers and newly arrived refugees	3.4	3.4	Not applicable	-	-	Not applicable
2025–26 Budget	Supporting our pharmacists to deliver community care	5.3	5.3	Not applicable	5.1	5.1	Not applicable
2025–26 Budget	Alcohol and other drug community support services	8.2	8.2	Not applicable	2.5	2.5	Not applicable
2025–26 Budget	Strengthening alcohol and other drug residential	8.7	8.7	Not applicable	9.0	9.0	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
	rehabilitation services						
2025–26 Budget	Supporting community sector jobs	2.2	2.2	Not applicable	2.2	2.2	Not applicable
2025–26 Budget	Expanding the Victorian Virtual Emergency Department	2.8	2.8	Not applicable	32.6	32.6	Not applicable
2025–26 Budget	Family violence risk assessment and information sharing schemes	1.6	1.6	Not applicable	1.5	1.5	Not applicable
2025–26 Budget	Strengthening the sustainability of the health workforce	40.1	40.1	Not applicable	40.9	40.9	Not applicable
2025–26 Budget	Supports for people with disability outside of the NDIS	22.0	22.0	Not applicable	-	-	Not applicable
2025–26 Budget	Victorian Early Parenting Centre service network	5.4	5.4	Not applicable	5.5	5.5	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2025–26 Budget	Integrated treatment, care and support for people with co-occurring issues	13.1	13.1	Not applicable	13.5	13.5	Not applicable
2025–26 Budget	Mental health and wellbeing support for children and young people	16.6	16.6	Not applicable	4.6	4.6	Not applicable
2025–26 Budget	Mental health bed-based services	81.6	81.6	Not applicable	79.3	79.3	Not applicable
2025–26 Budget	Mental Health Tribunal	2.7	2.7	Not applicable	-	-	Not applicable
2025–26 Budget	Perinatal Emotional Health Program	5.1	5.1	Not applicable	5.2	5.2	Not applicable
2025–26 Budget	Supporting groups disproportionately impacted by suicide	6.1	6.1	Not applicable	1.4	1.4	Not applicable
2025–26 Budget	Supporting Victoria’s mental health workforce	13.9	13.9	Not applicable	17.6	17.6	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
2025–26 Budget	Victorian Fixated Threat Assessment Centre and initiatives to counter violent extremism	9.0	9.0	Not applicable	9.2	9.2	Not applicable
2025–26 Budget	Community mental health supports	12.8	12.8	Not applicable	12.6	12.6	Not applicable
2025–26 Budget	Expanding Mental Health and Wellbeing Locals services	18.7	18.7	Not applicable	15.7	15.7	Not applicable
2025–26 Budget	Support for people with lived experience	5.0	5.0	Not applicable	5.1	5.1	Not applicable
2025–26 Budget	Life-saving supports for trans and gender diverse young people	3.6	3.6	Not applicable	3.8	3.8	Not applicable
2025–26 Budget	Supporting people living with Parkinson’s and	1.0	1.0	Not applicable	1.0	1.0	Not applicable

	Output initiative	Original funding allocation for 2025–26 (\$m)	Current expected funding allocation for 2025–26 (\$m)	Explanation of variance (if any)	Original funding allocation for 2026–27 (\$m)	Current expected funding allocation for 2026–27 (\$m)	Explanation of variance (if any)
	Motor Neurone Disease						
2025–26 Budget	Improving women’s health	1.7	1.7	Not applicable	1.3	1.3	Not applicable
2025–26 Budget	Victoria’s frontline public health system	35.5	35.5	Not applicable	2.1	2.1	Not applicable
2025–26 Budget Update	Mpox and RSV immunisation program	28.1	28.1	Not applicable	-	-	Not applicable

Strategic issues

Question 4

In order of priority, please list the five most significant strategic issues that influenced the development of the department's estimates for the 2026–27 financial year. Please describe how the department will address these issues in 2026–27.

Response

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
1.	Financial sustainability	<p>The department is addressing financial sustainability through Hospitals Victoria, to oversee hospital finances, enhance operational efficiency, and drive system-wide reforms. Hospitals Victoria was formed in late 2024.</p> <p>Hospitals Victoria is focussed on streamlining shared services across the sector reducing duplication, and ensuring that funding is directed towards delivering high-quality, efficient frontline care.</p>	Hospitals Victoria continues to strengthen financial management including releasing modelled budgets to health services earlier, close engagement with services, financial monitoring and oversight, identifying opportunities for improved procurement and workforce planning.
2.	Supporting our workforces to address demand for experienced staff, the distribution of workforce across the state, and recruitment and retention	<p>The 2026-27 budget invests a total of \$91.2 million² to strengthen our workforce, including:</p> <ul style="list-style-type: none"> • employment of an additional 250 nursing and midwifery graduates in the public health system • continuation of the Speech Pathology and Occupational Therapy Student Grants Program to provide scholarships to speech pathology and 	<p>The Victorian Government has invested in a range of successful initiatives to attract, retain and upskill the health workforce, with more than 50 per cent growth of FTE in public hospital workforce since 2014.</p> <p>The department has also addressed distribution of workforce across the state through its commitment to supporting Rural and Regional Workforces. This includes targeted investment in a range of programs which aim to</p>

²[Labor Delivers Better, Free Healthcare | Premier](#)

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<p>occupational therapy graduates to work in rural or regional services.³</p> <ul style="list-style-type: none"> • for cadetships and scholarships for Aboriginal students⁴. • continued delivery of the Psychology Registrar Program, the Psychiatry Registrar Training and Supports Program and the Junior Medical Officer Mental Health Rotations program. • grants to support and grow the nursing workforce in eligible non-government residential aged care services to meet new medication administration requirements under the Victorian <i>Drugs, Poisons and Controlled Substances Act 1981</i>⁵. This is in addition to budget allocated in 2025-26 over four years to support Public Sector Residential Aged Care Services to meet these new requirements through nursing graduate opportunities⁶. 	<p>attract, retain and upskill health workforce in rural and regional areas, ultimately improving access to high-quality care closer to home.</p> <p>Targeted programs delivering support include: Connecting the Docs, Maternity Connect, Nurse Practitioner Program, Rural Urgent Care Capability Development Program, Mental Health Regional Incentives Program, Pathways to Practice Incentive Grants, Speech Pathology and Occupational Therapy Student Grants, and Victorian Rural Generalist Program.</p>
3.	Delivering on the Royal Commission into Victoria’s Mental Health System	The Victorian Government has committed to implementing all 74 recommendations from the interim and final reports of the Royal Commission into Victoria’s Mental Health System.	<p>Achievements towards implementing the 74 recommendations include:</p> <p>Commenced seven new Mental Health and Wellbeing Locals in late 2025, taking the total to 22 services across 24 locations supporting communities across regional, rural</p>

³ Victorian Budget 2026/27 Overview, State Government of Victoria, p25, [2026-27+State+Budget+-+Budget+Overview.pdf](#)

⁴ Victorian Budget 2026/27 Overview, State Government of Victoria, p25, [2026-27+State+Budget+-+Budget+Overview.pdf](#)

⁵ Victorian Budget 2026/27, [Service Delivery](#), State Government of Victoria, p50

⁶ Victorian Budget 2025-26, [Service Delivery](#), State Government of Victoria p49

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<p>The 2026-27 State Budget invests \$260 million⁷ for the delivery of programs and initiatives that respond to the Royal Commission and progress mental health reform programs for the Victorian community as well as strengthen Victoria's mental health and wellbeing services:</p>	<p>and metropolitan Victoria. Over 35,000 Victorians have access support from Locals since commencement in October 2022⁸.</p> <ul style="list-style-type: none"> • Total investment in mental health workforce since 2020-21 has supported over 2,500 new workers in the mental health sector, including: <ul style="list-style-type: none"> ○ More than 1,200 mental health nurses (including graduates and transition roles) ○ Over 900 extra allied health clinicians (including graduates and transition roles) ○ More than 300 psychologists ○ More than 100 lived experience roles ○ More than 100 psychiatry registrars. • Invested \$141 million⁹ to support youth mental health, with construction of Youth Prevention and Recovery Care (YPARC) centres completed at four out of five locations (Shepparton, Geelong, Heidelberg and Traralgon) with Ballarat due for completion in June 2026. This will result in each region having a YPARC operating from 2026-2027

⁷ <https://s3.ap-southeast-2.amazonaws.com/vicbudgetfiles2026.27vicbudget/2026-27+State+Budget+-+Service+Delivery.pdf>, pg, 10, 47

⁸ <https://www.premier.vic.gov.au/free-mental-health-support-now-open-northcote>, accessed 17-Mar-26

⁹ <https://www.vhba.vic.gov.au/mental-health/youth-services/youth-prevention-and-recovery-care-centre-expansion-program>, accessed 6 May 2026

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
			Upgrades at existing YPARC centres in Bendigo, Frankston and Dandenong have also been completed. 1011
4.	Addressing emergency department demand including for mental health and wellbeing	<p>The Victorian Government continues to invest in addressing emergency department demand by strengthening how our ambulance and emergency departments operate, improving triage and ambulance–hospital handover, expanding virtual care, the use of Mental Health and AOD Emergency Department Hubs, and supporting diversion of lower-acuity patients to appropriate alternative care including the use of Urgent Care Clinics.</p> <p>The 2025-26 Victorian State Budget invested:</p> <ul style="list-style-type: none"> • \$428.7 million over four years and \$223.3 million ongoing to expand the Victorian Virtual Emergency Department (VVED) service to handle 1,750 calls per day by 2028 or more than 600,000 calls every year. • \$50.4 million in funding over two years (2025-26 and 2026-27) to support the Timely Emergency Care Program including statewide implementation of the Standards for Safe and 	<p>The Victorian Virtual Emergency Department, for the year to date, is providing care to an average of 858 patients per day, with 82 per cent of patients not requiring transport to, or care at, an emergency department.</p> <p>The Timely Emergency Care 2 program, delivered from September 2024 to March 2026, in support of the Standards, worked with 28 health service sites to improve hospital-wide patient flow. Key interim results include:</p> <ul style="list-style-type: none"> • Emergency Department short stay patients treated and discharged over an hour sooner on average, creating capacity for around 11,200 additional patients. • Admitted patients discharged 9.6 hours earlier on average, freeing the equivalent of more than 65,000 bed days – the equivalent of four hospital wards of capacity every day • More than 2,600 unnecessary admissions avoided for older patients, through new and expanded models of care, freeing over 14,000 bed days – the equivalent of an additional hospital ward of capacity every day.

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<p>Timely Ambulance and Emergency Care for Victorians (the Standards) across major publicly funded hospitals with an emergency department and Ambulance Victoria. This funding is supporting hospitals to implement a range of initiatives that improve how quickly patients move through emergency departments, including creating more flexible inpatient capacity (such as additional beds and transit lounges), expanding Short Stay Units so patients can be observed and treated for a short period before safely going home, and introducing fast track models that help patients with less urgent conditions receive faster care and leave hospital sooner, and help ambulances return to the community more quickly.</p> <p>The 2026-27 Victorian State Budget is investing:</p> <ul style="list-style-type: none"> • \$20.9 million to maintain 9 state funded Urgent Care Clinics (UCCs). UCCs are GP clinics that operate after hours and provide care for conditions that are urgent, but do not require an emergency response. \$50.7 million boost supporting our paramedics to provide better, faster care across Victoria by ensuring calls are triaged effectively, and they are sent where they 	<p>Th 9 state funded Urgent Care Clinics operate alongside 29 Commonwealth funded Medicare Urgent Care Clinics and help to reduce pressure on Victorian Emergency Departments. Since commencing in 2022, there have been over 1 million visits to UCCs and over half of respondents to a patient survey indicate they would have attended an Emergency Department if the UCC was not an option.</p> <p>The Mental Health and Alcohol and Other Drugs Emergency Department Hubs are progressing to a statewide network, with 8 Hubs now operational across Victoria and additional sites in development and planning. The hubs are currently operational at Sunshine Hospital, New Footscray Hospital, Royal Melbourne Hospital, St. Vincent’s Hospital, Peninsula University Hospital, Monash Medical Centre, University Hospital Geelong and Latrobe Regional Hospital.</p> <p>The eight operational Hubs supported 10,483 presentations in 2023-24, increasing to 14,853 in 2024-25, providing early specialist mental health and alcohol and other drugs assessment at the point of emergency department presentation.</p> <p>Early reporting indicates the model is improving system performance by:</p>

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<p>are needed most urgently, reducing delays when patients are transferred to emergency departments, and improving patient flow during peak periods.</p>	<ul style="list-style-type: none"> • Reducing wait times for mental health assessment in ED • Increasing access to specialist Mental Health and Alcohol and Other Drugs clinicians at triage and early intervention stages • Supporting faster diversion to community-based care and reducing avoidable admissions. • Improving overall Emergency Department flow and capacity management
5.	Maternity services	<p>The 2026-27 State Budget invests \$240.5 million over four years¹², with \$8.3 million capital investment¹³ in 2026-27 as part of the <i>Safe births for every Victorian woman and baby</i> initiative, for critical support of maternity service delivery in the west metropolitan area¹⁴.</p> <p>The funding commitment makes sure families in the west can continue to access world-class care through safe and sustainable care, with:</p> <ul style="list-style-type: none"> • 32 new post-natal beds across the west, including a new 24 bed post-natal ward at Sunshine Hospital 	<p>Victoria’s maternity and newborn services are already some of the safest and highest quality in the world and they will continue to be strengthened through the 2026-27 budget.²¹ Health services across the state continue to deliver high quality maternity and newborn care.</p> <p>The Respectful Maternity and Newborn Care Framework, developed in consultation with clinicians, consumers and consumer advocacy groups was released in January 2026²². It provides practical tools and guidance on trauma-informed skills and communication strategies, particularly in the event a woman chooses a care pathway that differs from what is recommended.</p>

¹² [2026-27 Service Delivery](#), 2026-27, page 46

¹³ [2026-27 Service Delivery](#), 2026-27, page 59

¹⁴ [2026-27 Service Delivery](#), 2026-27, page 49

²¹ [Strengthening Victoria's Maternity And Newborn Services | Premier](#), Premier, 7 November 2025

²² [Release of the Respectful Maternity and Newborn Care Framework | Safer Care Victoria](#), 6 January 2026

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<ul style="list-style-type: none"> • Additional support and capacity at Joan Kirner Women’s and Children’s <ul style="list-style-type: none"> the continuation of an extra 1,500 sonography appointments opening 9 special care nursery cots for babies with complex needs¹⁵ • Collaboration arrangements across surrounding partnering health services that are supporting continuity of care and manage birthing demand¹⁶. <p>Funding for the appointment of a Chief Midwife is also provided to bring dedicated, statewide clinical leadership to maternity and newborn services.¹⁷</p> <p>A number of the recommendations of the Victorian Maternity Taskforce are underway. This includes the appointment of a Chief Midwife; the development of a new consumer-facing resource, My Maternity Journey; as well as the release of a Respectful Maternity and Newborn Care Framework.¹⁸</p>	<p>Work on the My Maternity Journey resource is underway for release later this year. Content will be translated into six languages and include specific information for priority populations including Aboriginal and Torres Strait Island families²³.</p> <p>Ten Aboriginal Community Controlled Health Organisations (ACCHO’s) are receiving funds to deliver on the <i>Supporting Aboriginal Women on their Journey to Motherhood</i> initiative, with service delivery commencing from June 2026²⁴.</p>

¹⁵ [West Wins With Budget Boost To Health, Trains and Safety | Premier](#), Premier, 21 April 2026

¹⁶ [2026-27 Service Delivery](#), 2026-27, page 49

¹⁷ [2026-27 Service Delivery](#), 2026-27, page 49

¹⁸ [Strengthening Victoria’s Maternity And Newborn Services | Premier](#), Premier, 7 November 2025

²³ [Co-design of the My Maternity Journey resource | Safer Care Victoria](#)

²⁴ [Labor Puts Aboriginal Mothers At The Heart Of Care | Premier](#), Premier, 31 March 2026

	Strategic issue	How the department will address the issue in 2026–27	What progress, if any, has been made as at 30 April 2026, if applicable
		<p>The 2025-26 State Budget invested \$15.8 million over four years¹⁹ through the <i>Supporting Aboriginal Women on their Journey to Motherhood</i> initiative, for up to 10 Aboriginal Community Controlled Health Organisations (ACCHO's) to establish or expand culturally safe perinatal health services, supporting improved health outcomes for Aboriginal and Torres Strait Islander mothers and babies across the state²⁰.</p>	

¹⁹ [2025-26 Service Delivery, 2026-27, page 3](#)

²⁰ [2025-26 Service Delivery, 2026-27, page 6](#)

Revenue and expenditure – variances

Question 5

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

For each line item of the comprehensive operating statement if there is a variance greater than 10 per cent (positive or negative) or greater than \$100 million (positive or negative) please explain the reason for the variance between the budget for 2025–26, the revised estimate for 2025–26 and the budget for 2026–27.

Guidance

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

Response

Line item	2025–26 Budget (\$ million)	2025–26 Revised estimate (\$ million)	Explanation for any variances greater than $\pm 10\%$ (or greater than \$100 million) 2025–26 Budget vs. 2025–26 Revised estimate
Output appropriations	17,236	18,249	The increase is mainly due to additional government funding, Commonwealth grants received by the State for specific purposes, and a decrease in special appropriations.
Interest	203	147	The decrease is primarily due to lower forecast interest revenue estimates from the centralised banking system in health portfolio agencies.
Grants	9,988	10,233	The increase is primarily due to changes to estimated grants revenue received by health portfolio agencies from the Commonwealth and other general government departments.
Fair value of assets and services received free of charge or for nominal consideration	29	42	The increase is primarily due to land received free of charge by health portfolio agencies.

Other income	840	1,068	The increase is primarily due to higher forecast revenue estimates from health portfolio agencies.
Employee benefits	20,283	20,808	The increase is primarily due to higher forecast employee benefits estimates by health portfolio agencies, additional government funding for new policy initiatives and Commonwealth grants funded expenditure. This is partially offset by expense realignment from Employee benefits to Interest expense.
Interest expense	273	365	The increase is primarily due to expense realignment from Employee benefits to Interest expense.
Grants and other transfers	1,981	2,082	The increase is primarily due to expense realignment from Other operating expenses to Grants and other transfers.
Other operating expenses	8,902	9,197	The increase is primary due to additional funding for new policy initiatives, higher forecast expense estimates related to higher revenue estimates from health portfolio agencies, and expenditure of Commonwealth funded grants. This is partially offset by expense realignment from Other operating expenses to Grants and other transfers.
Major components of 'other operating expenses'			
Purchase of supplies and services	8,833	9,123	The increase is primary due to additional funding for new policy initiatives, higher forecast expense estimates related to higher revenue estimates from health portfolio agencies, and expenditure of Commonwealth funded grants. This is partially offset by expense realignment from Other operating expenses to Grants and other transfers.
Line item	2025–26 Budget (\$ million)	2026–27 Budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2025–26 Budget vs. 2026–27 Budget

Output appropriations	17,236	17,014	The decrease is mainly due to the revenue uplift to the National Health Reform Agreement funding cap for 2026-27 and increase in special appropriations which has a corresponding decrease to output appropriation. This is partially offset by additional funding for new policy initiatives.
Special appropriations	3,283	3,544	The increase is primarily due to higher forecast gaming revenue and Mental Health and Wellbeing Levy estimates.
Grants	9,988	11,215	The increase is primarily due to revenue uplift to the National Health Reform Agreement funding cap for 2026-27.
Employee benefits	20,283	20,974	The increase is primarily due to additional government funding for new policy initiatives, partially offset for initiatives lapsing in 2025-26.
Interest expense	273	330	The increase is primarily due to an expense realignment from Other operating expenses to Interest expense and increase in interest accretion for the New Melton Hospital PPP project. This is offset by decrease in interest expense due to the completion of construction during 2025-26 for the New Footscray Hospital PPP and Frankston Hospital PPP projects.
Grants and other transfers	1,981	2,081	This increase is due to new policy initiatives and expense realignment from Employee benefits to Grants and other transfers.
Other operating expenses	8,902	9,167	The increase is primarily due to additional government funding for new policy initiatives.
Major components of 'other operating expenses'			
Purchase of supplies and services	8,833	9,099	The increase is primarily due to additional government funding for new policy initiatives.
Line item	2025–26 Revised estimate (\$ million)	2026–27 Budget (\$ million)	Explanation for any variances greater than ±10% (or greater than \$100 million) 2025–26 Revised estimate vs. 2026–27 Budget

Output appropriations	18,047	17,014	The decrease is mainly due to the revenue uplift to the National Health Reform Agreement funding cap for 2026-27 and increase in special appropriations which has a corresponding decrease to output appropriation, and initiatives lapsing in 2025-26. This is partially offset by additional funding for new policy initiatives.
Special appropriations	3,378	3,544	The increase is primarily due to higher forecast gaming revenue and Mental Health and Wellbeing Levy estimates.
Interest	147	207	The increase is primarily due to higher forecast interest revenue estimates from the centralised banking system in health portfolio agencies.
Grants	10,233	11,215	The increase is primarily due to revenue uplift to the National Health Reform Agreement funding cap for 2026-27.
Fair value of assets and services received free of charge or for nominal consideration	42	27	The decrease is primarily due to lower estimates in health portfolio agencies.
Other income	1,068	840	The decrease is primarily due to lower other non-operating revenue estimates in health portfolio agencies.
Employee benefits	20,808	20,974	The increase is primarily due to additional government funding for new policy initiatives and expense realignment from Other operating expenses. This is partially offset by lower estimated employee benefits in health portfolio agencies, and bring forward of expenditure from 2026-27 into 2025-26.

Revenue initiatives – new and changed

Question 6

For all new revenue initiatives in the 2026–27 budget papers and for all existing revenue initiatives that have changed in the 2026–27 budget papers as compared to the previous financial year, please provide the:

- a) name of the initiative in the 2026–27 budget papers
- b) objective/s of the initiative
- c) reason for the new initiative or change to the initiative
- d) expected outcome/benefit for the Victorian community of the new initiative/change to the initiative
- e) anticipated revenue in the financial year 2026–27 and over the forward estimates gained or foregone as a result of the new initiative/change to the initiative.

Response

Name of the initiative in the 2026–27 budget papers	Not applicable - no new revenue initiatives.
Objective/s of the initiative	Not applicable - no new revenue initiatives.
Reason for new initiative or change	Not applicable - no new revenue initiatives.
Expected outcome/benefit for the Victorian community of the new initiative/change to the initiative	Not applicable - no new revenue initiatives.
Anticipated revenue in financial year 2026–27 gained or foregone	Not applicable - no new revenue initiatives.
Anticipated revenue in financial year 2027–28 gained or foregone	Not applicable - no new revenue initiatives.
Anticipated revenue in financial year 2028–29 gained or foregone	Not applicable - no new revenue initiatives.
Anticipated revenue in financial year 2029–30 gained or foregone	Not applicable - no new revenue initiatives.

Expenditure – new programs and initiatives (output and asset)

Question 7

For all new programs and initiatives (output and asset) in the 2026–27 budget papers, please provide the:

- name of the program/initiative
- objective(s) of the program
- factors that have driven the creation of the initiative (including social, environmental or economic factors)
- budgeted expenditure in financial year 2026–27 on the program/initiative
- how it will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- how the outcomes and impacts will be measured (such as relevant indicators, evaluations, routine monitoring).

Response

Name of the program/initiative	Objective(s) of the program	Factors driving creation of the initiative	Budgeted expenditure in FY 2026–27 on the program/initiative (\$ million)	How it will be funded	How the outcomes and impacts will be measured
The Nest – Improving social and emotional wellbeing for Aboriginal children and families	To provide improved social and emotional wellbeing outcomes for Aboriginal children and families through culturally safe, early intervention supports. To assist Aboriginal children experiencing developmental, emotional, relational and behavioural challenges, with intensive social and emotional wellbeing support.	Aboriginal self-determined approaches to social and emotional wellbeing. This program is in response to Recommendation 33 of the Royal Commission into Victoria’s Mental Health System.	2.2	Output appropriation.	Evaluation funding was provided in the budget outcome for an Aboriginal-led evaluation.

Care and support for people born with variations in sex characteristics	To support implementation of new legislation that will improve healthcare and safeguards for people born with variations in sex characteristics, particularly infants and young children.	Some people born with variations in sex characteristics have experienced serious and lasting consequences from medical treatment provided before they are able to give informed consent, including sterilisation, impaired sexual functioning, pain, and trauma.	0.2	Output appropriation.	Review and evaluation of the legislation will occur in 2030.
Expanding Thomas Embling Hospital	Provide operational funding for the staged opening of 40 new beds at Thomas Embling Hospital	There has been significant growth in forensic consumers and increasing demand for mental health beds in the justice system, and these new beds are critical for supporting community safety and the effective functioning of Victoria's justice system. Significant investment already made to support capital requirements.	9.6	Output appropriation.	This will be monitored via quarterly performance meetings, with performance assessed against achievement of key performance indicators.
Expanding mental health Hospital in the Home	To support a new Hospital in the Home Program (HITH) at Monash Health. This program will enable more people to access home-based acute inpatient mental health care, reducing the pressure on hospital emergency departments and inpatient services, and allow for expansion of acute inpatient mental health care. .	Successful alternative to hospital bed-based care.	13.3	Output appropriation.	This will be monitored via quarterly performance meetings, with performance assessed against achievement of key performance indicators.

Alcohol and other drug community support services	<ol style="list-style-type: none"> 1. Expand pharmacotherapy services for Aboriginal Victorians. Victorian Aboriginal Health Service is developing a self-determined model of care and implementation overview for the provision of opioid pharmacotherapy, which will be finalised by early 2026. This funding will support an implementation trial of the agreed model. 2. Establish a new low-threshold methadone program at the Medically Supervised Injecting Room (MSIR) in North Richmond for people who use opioids and are not ready for full treatment, in partnership with North Richmond Community Health and St Vincent's Hospital Melbourne. 3. Deliver a service design, funding model review and reform plan as a foundation for modernising services. 	<ol style="list-style-type: none"> 1. Aboriginal Victorians are overrepresented in AOD treatment services and are disproportionately affected by the structural barriers to accessing opioid pharmacotherapy treatment. 2. Reduces fatal overdose risk and alleviates the urgent withdrawal symptoms contributing to unsafe public injecting. 3. Historically ineffective funding models for the AOD service system. 	14.9	Output Appropriation.	<ol style="list-style-type: none"> 1. Concurrent to the second year of the trial, the initiative will be evaluated to determine effectiveness of the model and assess the feasibility of scaling the model to more Aboriginal health services across the state. 2. The low dose methadone sub-component will be incorporated into an existing cohort study led by Burnet65. 3. The department has commissioned UNSW to explore the merits of various service models and models of care .
Improving Victoria's mental health crisis response services	Crisis Assessment and Treatment Teams (CATT) provide urgent mental health assessment and short-term treatment to people experiencing mental health crises and acute psychological distress. The expansion will trial innovative models in metro	This program is in response to Recommendation 8 of the Royal Commission into Victoria's Mental Health System.	2.7	Output appropriation	An evaluation strategy will ensure accountability for outcomes achieved from this investment and underpin oversight and management of the trial.

	locations that would improve the reach and effectiveness of these service models, particularly for priority population groups.				
Public intoxication services	To continue to deliver a health led response to people who are intoxicated in public.	A need for culturally safe and self-determined services to support people who are intoxicated in public.	28.5	Output appropriation	Public intoxication reform impact and outcomes will be measured through a combination of implementation monitoring, performance reporting and any future evaluation activities.
Strengthening health workforce sustainability	Expanding access to graduate employment and supporting the future workforce	Additional positions will support the future supply of nurses and midwives.	28.7	Output appropriation	Number of graduates employed
Collaborative care through Local Health Service Networks	Local Health Service Networks were a key recommendation in the Health Services Plan. They support collaboration between health services focusing on delivering care to their communities as close to home as possible, increasing the consistency of high-quality and safe care and strengthening workforce attraction, retention and support.	Supporting health services to deliver on the objectives of the Health Services Plan including more coordinated care, more equitable access to services closer to home and improved workforce planning.	11.7	Output appropriation	<ul style="list-style-type: none"> • Networks agree to an annual Statement of Expectations An Outcomes Framework has been developed outlining both short-term and longer-term measures.

Additional paediatric planned surgery and specialist care	Targeted investment to immediately expand access to specialist appointments and planned surgery for children and young people. This initiative will also lay the foundation for sustainable system-wide reforms through digital enablers, and improved referral pathways to uplift the entire planned care journey for all.	Children and young people are waiting disproportionately longer for specialist clinic appointments and are more likely to wait overtime for surgery when compared to the adult population.	17.0	Output appropriation	<p>VicKey:</p> <ul style="list-style-type: none"> • module deployment reporting against agreed key deliverables and re-evaluation in year 4. Specialist Advice Now pilot evaluation in year 3. • Additional planned surgery and specialist for children and young people for targeted health services.
Better outcomes through early endoscopy detection	Alleviate endoscopy demand pressures and improve timeliness of care through: Endoscopy Access Teams to enhance waitlist management and implement models to improve timely care; and new and upgraded endoscopy equipment to support throughput and efficiency.	There is a significant and increasing demand for endoscopy procedures. Bowel cancer rates are increasing particularly among young Victorians, and improved access to screening can be lifesaving.	7.2 (output) 10.0 (asset)	Output appropriation	<ul style="list-style-type: none"> • Endoscopy Access Team annual report against agreed key deliverables.
Strengthening access to life-preserving dialysis	Addressing disparities in access and equality to access of dialysis treatment and reduce the burden of dialysis treatment on patients and families	The number of patients requiring dialysis in Victoria has risen significantly over the past 10 years (between 2015-2025). The number of persons on haemodialysis grew by almost 500 individuals.	8.7	Output appropriation	<ul style="list-style-type: none"> • More dialysis patients receiving care closer to home. • Number of additional Victorians receiving home-based dialysis care

More accurate triaging and ambulance dispatch	Reform Ambulance Victoria's Clinical Response Model by identifying evidence-based changes in the assessment and triage process to address the high number of false Code 1 dispatches and better align allocation of resources with clinical need.	There has been continued growth in Code 1 cases statewide over the last four years. This sharp rise is placing significant pressure on the emergency care system. Since Code 1 demand is the biggest driver of emergency performance, this surge highlights the urgent need for targeted interventions to restore balance between demand and capacity.	4.9	Output appropriation	<ul style="list-style-type: none"> • Effective engagement with key stakeholders, including with Triple Zero Victoria and unions, alongside clinical governance review. • Tracking of key metrics such as ambulance response times, diversion efficiency, patient safety indicators, system load and resource utilisation to monitor the impact of changes.
Supporting older patients who do not have decision-making capacity	Provides dedicated Office of the Public Advocate (OPA) guardians, appointed by the Victorian Civil and Administrative Tribunal (VCAT), to support timely discharge for older patients who do not have decision-making capacity and have no family or legal guardian to act on their behalf.	Continues funding for OPA to ensure that there is dedicated pool of public Guardians for health services when VCAT appointments made – supporting more timely discharge.	1.2	Output appropriation	<ul style="list-style-type: none"> • Funded through EIIF – outcomes measures will be developed focussing on avoided cost.
Strengthening medication administration in non-government residential aged care services	Support eligible non-government residential aged care homes to implement new legislative requirements through workforce initiatives to grow the nursing workforce.	Changes to legislation that will come into effect from 1 July 2026 – restricting who can administer medication in residential aged care to only nurses (Enrolled Nurse or Registered Nurse) and	2.8	Output appropriation	<ul style="list-style-type: none"> • Outcomes and impacts will be identified through the final program design process.

		other registered health practitioners.			
Improving life-saving organ and tissue donation rates	<p>Strengthen Victoria's statewide organ retrieval service to enable more timely retrieval of donated organs across Victoria and Tasmania.</p> <p>Increase the success rate of kidney transplants with the aim of reducing the number of Victorians requiring long term dialysis.</p>	Statewide organ retrieval service is experiencing reduced capacity due to a reduction in retrieval surgeons and support staff. This limits Victoria's ability to maximise the utility of donated organs and reduce transplant waiting lists.	4.9	Output appropriation	<ul style="list-style-type: none"> Metrics on retrieval activity, kidney perfusion/transplantation outcomes
Vaccines for Victorians	<p>Funding is provided for the purchase, storage and distribution of vaccines, and a dedicated Victorian Meningococcal B immunisation program aimed at ensuring access to the vaccine while the Commonwealth Government considers whether to broaden its availability under the National Immunisation Program. Funding is also provided for an uplift to support the Secondary School Immunisation program.</p> <p>This initiative contributes to the Department of Health's Public Health output.</p>	<p>Intention is to sustain Victoria's immunisation system and uplift school-based immunisation delivery.</p> <p>This initiative will also support compliance with the Essential Vaccine Schedule.</p>	7.8	Output appropriation	<ul style="list-style-type: none"> Metrics are under development

Expenditure – lapsing programs (output initiatives, including grants)

Question 8

For all programs (output initiatives, including grants) with total funding of equal to or greater than \$5 million that were to lapse in the financial year 2025–26, where funding is to be extended in the 2026–27 Budget, please provide the:

- a) name of the program
- b) objective(s) of the program
- c) expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years)
- d) details of how the program will be funded (i.e. through new output appropriation, Commonwealth funding, internal reprioritisation etc.)
- e) confirmation that an evaluation of the program has been conducted as per *Section 6.1 Evaluating lapsing programs* of the Resource Management Framework (RMF). Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation in the questionnaire response. If ‘appropriate evidence’ or annual outcomes reporting was provided in lieu of an evaluation report (as permitted under the RMF for lapsing programs with less than \$20 million in funding), please briefly describe the evidence provided.¹
- f) evidence of the continued need for the program, and Government’s role in delivering it
- g) evidence of the program’s progress toward its stated objectives and expected outcomes, including the alignment between the program, its output (as outlined in *Budget Paper No. 3: Service Delivery*), departmental objectives and any Government priorities
- h) evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices
- i) extent and level of efficiencies realised in the delivery of the program
- j) information about the nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts
- k) evidence that the further funding reflects the actual cost required to deliver the program.

Guidance

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

Response

Name of the program	Safer Digital Healthcare program	
Objective(s) of the program	Protect the Victorian Health Sector from disruption to clinical care caused by cyber-attack.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	Output: \$20.2m Asset: \$15.8m	Output: \$20.8m Asset: \$16.2m
Details of how the program will be funded	Output appropriation of \$20.8 million and asset appropriation of \$16.2 million in the 2026-27 State Budget, page 46 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The program has been evaluated most recently in 2025. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	<p>The recent evaluation found that Australia's cybersecurity threat environment is escalating in frequency, sophistication and impact, with healthcare a primary target.</p> <p>Cybersecurity impacts all stages of the patient care journey, from securing medical devices used in treatment, through to ensuring the safe access and transfer of data among and within health service providers. It assists in the protection of health service operations from cyber-attacks that seek to exploit this data, ultimately causing operational disruption and patient harm.</p> <p>The program's centralised procurement model delivers economies of scale by consolidating cybersecurity contracts that provide protection, avoiding the higher costs and inefficiencies individual health services would face if procuring them independently.</p>	
Evidence of the program's progress toward its stated objectives and expected outcomes	<p>The evaluation found that the program:</p> <ol style="list-style-type: none"> 1. Provides a coordinated, sector-wide view to reduce cyber and ICT incidents and system downtime. 	

	<ol style="list-style-type: none"> 2. Is supporting the operational capability and preparedness of Victorian public health services to respond to and recover from cyber incidents when they occur. 3. Has delivered baseline cybersecurity protection to Victorian health services and planned changes are expected to provide more proactive solutions in response to increasing threats.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The recent evaluation found that the program: <ol style="list-style-type: none"> 1. Was delivered in line with its scope, budget and expected timeframes. 2. Has implemented appropriate governance and risk management processes.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	The recent evaluation reported that program's cessation may result in a range of negative impacts, including increased vulnerability to cyber-attacks, operational inefficiencies and increased costs, slower and costly system recoverability and reduced cyber awareness throughout the health sector.
Evidence that the further funding reflects the actual cost required to deliver the program	In line with the findings from the evaluation, funding in 2026-27 provides ongoing support to baseline cybersecurity protection for Victorian health services to ensure that they are equipped provide proactive solutions in response to increasing threats.

Name of the program	Supports for people with disability outside the NDIS	
Objective(s) of the program	Support Victorians who require assistance to live independently and maintain their health and wellbeing.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	22.0	22.5
Details of how the program will be funded	Output appropriation of \$22.5 million in the 2026-27 State Budget, page 46 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was conducted. As a component of a business case prepared for Cabinet consideration, it is Cabinet in Confidence and unable to be provided.	
Evidence of the continued need for the program and the Government's role in delivering it	Data demonstrates continued need for the program to support vulnerable Victorians to live independently in the community and maintain their health and wellbeing.	

Evidence of the program's progress toward its stated objectives and expected outcomes	The program supports improved health and wellbeing outcomes and contributes to reducing demand on hospitals and residential services, aligning with broader health system objectives.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The program is delivered within scope and timeframe. The Department has progressively implemented improvements to accountability and reporting processes to ensure the program continues to be delivered efficiently and effectively.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Discontinuation would lead to poorer health outcomes and increased demand on health and community services. It would also impact service delivery capacity, including workforce availability across the sector, which may affect continuity of care.
Evidence that the further funding reflects the actual cost required to deliver the program	A recent pricing review supported adjustments to the unit price to better reflect the cost of delivering the service. The Department of Health has updated pricing across 2025-26 and 2026-27.

Name of the program	Strengthening Public Sector Residential Aged Care Services (PSRACS)				
Objective(s) of the program	To deliver high-quality nurse-led care and assist in meeting nurse-to-resident ratios across PSRACS.				
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27			
	34.6	35.7			
Details of how the program will be funded	Output appropriation of \$35.7 million in the 2026-27 State Budget, page 46, BP3.				
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The evaluation is Cabinet in Confidence and unable to be provided.				
Evidence of the continued need for the program and the Government's role in delivering it	Public sector residential aged care services play a critical role as a provider of last resort, particularly in regional and rural communities. They support timely hospital discharge, reduce pressure on hospitals, and are an important part of Victoria's broader public health system.				

Evidence of the program's progress toward its stated objectives and expected outcomes	Funding supports the continuation of service capacity across the public aged care system and contributes to improved patient flow through hospitals.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Funding is provided through the established annual budget process and monitored through performance targets and monitoring frameworks.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	A reduction in future funding would result in closures of PSRACS beds and increase the number of older people waiting in hospital to be discharged to a residential aged care facility.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding received will maintain 2025-26 activity levels, enabling PSRACS to meet obligations under the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015. All PSRACS are meeting their 24/7 registered nurse and care minute requirements.

Name of the program	Supporting older patients who do not have decision-making capacity				
Objective(s) of the program	Guardianship in Hospital program supports timely discharge for vulnerable older Victorians.				
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28	2028-29	2029-30
	\$1.2	\$1.2	\$1.3	\$1.3	\$1.3
Details of how the program will be funded	Output appropriation of \$5.1 million over 4 years in the 2026-27 State Budget, page 46 BP3				
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The program does not meet the threshold requirements for formal evaluation.				
Evidence of the continued need for the program and the Government's role in delivering it	This program provides dedicated Office of the Public Advocate (OPA) guardians, appointed by the Victorian Civil and Administrative Tribunal (VCAT), to support timely discharge for older patients who do not have decision-making capacity and have no family or legal guardian to act on their behalf. Funding for the Guardianship in Hospital Program provides dedicated Office of the Public Advocate (OPA) guardians who, once appointed by VCAT prioritise older				

	patients in public hospitals. This supports a timelier discharge for these patients, who may otherwise be waiting for longer periods of time, impacting health service flow and the health and wellbeing of the older patient.
Evidence of the program's progress toward its stated objectives and expected outcomes	In hospital discharge planning, a high proportion of older patients require a publicly appointed guardian to make decisions about accommodation, medical treatment and support services. This program provides a dedicated team of OPA guardians for older patients in Victorian hospitals.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Funding is provided to OPA who employs a dedicated team of Guardians who are available to patients (once VCAT has made an appointment) who do not have decision-making capacity and have no family or legal guardian to act on their behalf. The department works closely with OPA to monitor the program.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	There would expect to be an increase in discharge delays of older people from hospital who are waiting for public guardians.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding in 2026-27 will enable the program to continue at the same level.

Name of the program	Hospital care for older people at residential aged care facilities				
Objective(s) of the program	Maintain critical Residential In-Reach service capacity to reduce avoidable hospitalisations of older people				
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28	2028-29	2029-30
	\$4.0	\$4.1	\$4.2	\$4.3	\$4.4
Details of how the program will be funded	Output appropriation of \$17 million over 4 years in the 2026-27 State Budget, page 47 BP3				
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	N/A – ongoing program and funding does not meet the threshold requirements for a formal evaluation.				
Evidence of the continued need for the program and the Government's role in delivering it	Older people living in residential aged care are at high risk of presenting to hospital due to the complexity of their care needs.				

	Demand for Residential In-Reach remains high with more people in 2025-26 receiving care than in any other year. Without lapsing funding this demand would not be met resulting in increased presentations of older people from residential aged care to hospitals.
Evidence of the program's progress toward its stated objectives and expected outcomes	Residential In-Reach services contribute to reducing unnecessary hospital presentations and admissions amongst aged care residents. Over 95% of older people who receive residential in-reach care, are not admitted to hospital.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Residential In-Reach is a non-admitted service delivered as a component of the Health Independence Program. Residential In-Reach provides hospital type care to aged care residents.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Increase in older people presenting to hospital from residential aged care homes.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding in 2026-27 will support current levels of service activity.

Name of the program	Victorian Aids and Equipment program (VAEP)	
Objective(s) of the program	To strengthen supports and services for vulnerable Victorians.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	2.7	5.0
Details of how the program will be funded	Output appropriation of \$5.0 million in the 2026-27 State Budget, page 46 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The program does not meet internal threshold for formal evaluation.	
Evidence of the continued need for the program and the Government's role in delivering it	The VAEP is a long-standing state-funded program providing essential supports to over 22,000 Victorians to remain independent at home every year. Demand continues to grow due to population ageing and reforms in Commonwealth aged care and NDIS systems.	

Evidence of the program's progress toward its stated objectives and expected outcomes	In 2024-25, VAEP provided essential aids and equipment to 22,967 Victorians, enabling them to remain independent in their home and participate in their community.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The program is delivered within budget and monitored through regular performance and reporting processes. High levels of customer satisfaction (94%) and timely processing of applications (98% of applications acknowledged within 10 days) demonstrate effective service delivery.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	The waitlist will grow meaning Victorians will wait longer to get essential supports, leading to poorer health outcomes and increased demand on health services.
Evidence that the further funding reflects the actual cost required to deliver the program	The additional funding reflects increased demand and the cost of delivering the program and associated equipment.

Name of the program	Preventative health support for Victorian women		
Objective(s) of the program	To close the gender health gap for women and girls. Women's health is a broad concept that encompasses a wide range of health issues, including those unique to women as well as conditions that affect both men and women but may impact women differently.		
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28
	9.2	9.8	0.6
Details of how the program will be funded	Output appropriation of \$10.4 million over two years in the 2026-27 State Budget, with \$9.8 million in 2026-27, page 46 BP3		
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation was undertaken by the Women's Health Service Evaluation Working Group and the Victorian Women's Health Service Network <ul style="list-style-type: none"> • Evaluation report — Women's Health Services Network • Our priorities — Women's Health Services Network 		
Evidence of the continued need for the program and the Government's role in delivering it	The program delivers positive outcomes and benefits for women, girls and gender diverse people as well as for the health sector, local governments and other services and organisations working to improve women's health and wellbeing outcomes. Increased health literacy and workforce capacity reduced need for accessing tertiary care.		

Evidence of the program's progress toward its stated objectives and expected outcomes	The evaluation has demonstrated a positive impact of investment in line with program objectives. In total, Women's Health Services (WHS) reached over 34,800 people in 2024-25 and supported 1,570 partnerships. Over 40,000 people participated in women's health events aiming to uplift knowledge, skills and health literacy. Over 50,000 workers participated in training to deliver gendered sensitive services. Over 780 women's health resources were launched. 1800 My Options supported over 22,000 women and gender diverse people.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The women's health organisations are delivering activities in line with the agreed parameters, including scope and budget. Activity is monitored through quarterly reviews and annual reporting.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	The program is continuing in 2026-27.
Evidence that the further funding reflects the actual cost required to deliver the program	The cost of delivering the program has informed funding awarded for 2026-27.

Name of the program	Protecting the health of priority populations	
Objective(s) of the program	To continue the Victorian HIV Treatment Program (the Program) for which state and Commonwealth funding lapses on 30 June 2026.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	6.2	6.4
Details of how the program will be funded	Output appropriation of \$6.4 million in the 2026-27 State Budget, page 47 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	N/A given this program is funding medication costs	
Evidence of the continued need for the program and the Government's role in delivering it	This program is a Commonwealth FFA funded HIV treatment program for people not eligible for Medicare. The program provides equitable access to HIV treatment with	

	<p>the aim of reducing HIV transmission. We are awaiting Commonwealth budget outcomes for the continuation of this program in 2026-27.</p> <p>The program is strongly aligned with one of the goals in the Victorian HIV plan 2022-30 - Victorians with HIV have access to best practice evidence-based treatment and care.</p>
Evidence of the program's progress toward its stated objectives and expected outcomes	<p>At the beginning of the program, modelling suggested that in Victoria estimates of 532 people would access the program, with annual growth expected.</p> <p>A total of 700 people accessed the program in 2023-24. This increased to 808 individuals in 2024-25 and the numbers are looking similar for 2025-26.</p>
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>The program has met all the FFA reporting requirements since its commencement on 1 July 2023.</p>
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	<p>If funding for this program ceases and the FFA is not renewed by the Commonwealth, we would see approximately 800 people living with HIV who could not afford treatment. This could see onward transmission of HIV into the community, which would have downstream effects on healthcare costs in the community.</p>
Evidence that the further funding reflects the actual cost required to deliver the program	<p>Currently under the program, medication is dispensed through public hospital pharmacies or the Melbourne Sexual Health Centre's pharmacy. The department reimburses pharmacies for the cost of medications dispensed on a quarterly basis. Annual costs listed above are actual costs of the medication being prescribed.</p>

Name of the program	Urgent care in the community	
Objective(s) of the program	To deliver urgent primary care services to Victorians closer to home, and to improve access to affordable primary care. The proposal will support Victorians to receive appropriate care where and when they need it and help reduce presentations at Emergency Departments (EDs), improving the health and patient experience of Victorians.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	27.2	10.0
Details of how the program will be funded	Output appropriation of \$10.0 million in the 2026-27 State Budget, page 46 BP3	

Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	A lapsing program evaluation or Priority Primary Care Centres (now known as Urgent Care Clinics) was undertaken by the Centre for Evaluation and Research Evidence in 2023-24. The Commonwealth is undertaking an independent evaluation of Medicare Urgent Care Clinics.
Evidence of the continued need for the program and the Government's role in delivering it	GP led Urgent Care Clinics are helping reduce pressure on emergency departments by opening extended hours and providing care for conditions that are urgent but do not require an emergency response.
Evidence of the program's progress toward its stated objectives and expected outcomes	There have been over 1 million visits to Urgent Care Clinics since they started opening in late 2022. Over half of respondents to a patient survey indicate they would have attended an emergency department if the Urgent Care Clinic was not an option.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The nine state funded clinics are operating in line with contractual requirements and with operational guidance that sets out safety and quality expectations. The clinics are performance monitored by Primary Health Networks.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	N/A
Evidence that the further funding reflects the actual cost required to deliver the program	The funding reflects the operational costs associated with delivering the program. This includes the costs associated with operating extended hours and the costs for Primary Health Networks to commission and monitor the clinics. The Commonwealth currently funds 29 of Victoria's Urgent Care Clinics. From 2026-27, Commonwealth funding that was previously managed by the State, will be provided directly to these clinics.

Name of the program	Victoria's Frontline Public Health System
Objective(s) of the program	To maintain Local Public Health Units (LPHUs) as Victoria's public health frontline for 2026-27, and for the same purpose in 2027-28. Established in 2020-21 to boost Victoria's COVID-19 response, LPHUs protect Victorians by managing and containing communicable diseases, reducing the impact of disease outbreaks, thereby keeping communities healthy and safe.

Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27
	33.1	34.5
Details of how the program will be funded	Output appropriation of \$34.5 million in the 2026-27 State Budget, page 46 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The Centre for Evidence and Research Evaluation conducted an evaluation of the LPHU program.	
Evidence of the continued need for the program and the Government’s role in delivering it	The public health frontline is a primary delivery mechanism for governmental obligations laid out in a variety of legislation, centring around the <i>Public Health and Wellbeing Act</i> . LPHUs conduct the public health follow up for 85 out of the 88 notifiable conditions under the <i>Public Health and Wellbeing Act</i> and Regulations. LPHU undertake health protection, prevention and promotion functions.	
Evidence of the program’s progress toward its stated objectives and expected outcomes	There were 10 findings and five recommendations in the Lapsing Program Evaluation. These recommendations were implemented over 2025.	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	LPHUs are guided by and submit quarterly responses to a Statewide Public Health Outcomes Framework. This tool evaluates the relative success of the units in delivering the public health activities for which they are funded.	
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Cessation of the program without funding any alternative solution would result in failure for Victoria to deliver on its own legislated and regulatory obligations, as well as defaulting on national agreements, international commitments and widely acknowledged best practice for health. It is likely that cases of communicable diseases in the community would increase	
Evidence that the further funding reflects the actual cost required to deliver the program	The department undertakes quarterly reconciliations of financial data, ensuring that the lead health services that host the local public health units acquit the funding for the specified purpose, in accordance with funding rules.	

Name of the program	Strengthening Psychiatry Training and Supports Program Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26) and Strengthening workforce sustainability (2026-27)</i>
Objective(s) of the program	To sustainably grow Victoria’s psychiatry training pipeline.

	To increase the public sector psychiatry workforce and reduce vacancies. Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26)</i> and <i>Strengthening workforce sustainability (2026-27)</i> .	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025-26	2026-27
	40.1	44.9 over four years <i>Part of Strengthening mental health workforce sustainability</i>
Details of how the program will be funded	Output appropriation through the 2026-27 State Budget, page 47 BP3 ²⁵ .	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	A lapsing program evaluation was conducted in 2025, with a Final Report delivered November 2025.	
Evidence of the continued need for the program and the Government’s role in delivering it	The Evaluation Report identified that the program is successfully addressing historic shortages in psychiatrists, including in regional and rural areas.	
Evidence of the program’s progress toward its stated objectives and expected outcomes	<p>The Evaluation Report found that between 2023 and 2026, the program will supply at least 123 trainees. Overall, currently funded initiatives are projected to result in an additional 171 psychiatrists by 2031.</p> <p>The Report also found that between 2022 and 2024, program initiatives supporting psychiatry training in regional and rural areas have contributed to a 54 per cent reduction in psychiatrist FTE vacancies and a 52 per cent reduction in trainee FTE vacancies in these areas.</p>	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The program is being delivered within its defined scope and budget. In 2025, the Strengthening Psychiatry and JMO programs used appropriate governance arrangements and external advisory input.	
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	The Evaluation Report found that ceasing funding would prevent the Victorian Government from meeting the projected unmet demand gap for	

²⁵ 2026-27 Budget Paper 3, page 47.

	psychiatrists, exacerbate workload pressures and would lead to a withdrawal of health service investment in psychiatry training programs.
Evidence that the further funding reflects the actual cost required to deliver the program	The 2026-27 State Budget supports a 2027 intake of 36 FTE first year psychiatry registrar positions.

Name of the program	Junior Medical Officer Mental Health Rotations program Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26) and Strengthening workforce sustainability (2026-27)</i>	
Objective(s) of the program	Improve mental health capability amongst the junior doctor workforce. Increase attraction of psychiatry as a specialty of choice. Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26) and Strengthening workforce sustainability (2026-27)</i> .	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025-26	2026-27
	40.1	44.9 over four years <i>Part of Strengthening mental health workforce sustainability</i>
Details of how the program will be funded	Output appropriation through the 2026-27 State Budget, page 47 BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	A lapsing program evaluation was conducted in 2025, with a Final Report delivered November 2025.	
Evidence of the continued need for the program and the Government’s role in delivering it	The Evaluation Report found that: Victoria’s population continues to experience significant challenges in mental wellbeing. Current shortages in the public health system psychiatry workforce are expected to increase without continued investment. Health services individually cannot deliver psychiatry training at the scale required to close current and projected workforce gaps. To meet the mental health needs of the community, there is an ongoing need for state-funded programs.	

Evidence of the program's progress toward its stated objectives and expected outcomes	The Evaluation Report found that Junior Medical Officer (JMO) program has contributed to an increased demand for accredited psychiatry training with a 93 per cent increase in applications between 2022 and 2025. Stakeholders observe improvements in JMOs' mental health literacy.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Funding is provided to support 132 FTE Junior Medical Officer mental health rotations and associated supervision. This equates to approximately 575 rotations to support approximately 70 percent of JMOs to undertake a mental health rotation. This was an agreed target with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch following release of the updated National Framework for Prevocational (PGY1 and PGY2) Medical Training, which does not require mandatory rotations.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	A loss of JMO positions would exacerbate and negatively impact service delivery. Health services would be unable to maintain current levels of training provision, resulting in a redirection of resources to service delivery. A critical mass of trainees and JMOs would be lost, leading to a retraction of current program expansion and diminished trainee and JMO experiences, impacting retention and possibly deterring future trainees. The JMO Program commenced in 2021, with a co-contribution model introduced in 2024. Health services have therefore had time to see the benefits of the program and its importance within their service delivery model. However, there is variable capacity amongst health services to sustain the program should funding be ceased.
Evidence that the further funding reflects the actual cost required to deliver the program	The program continues to support health services to offer rotations in psychiatry to junior doctors.

Name of the program	Psychology Registrar Program Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26) and Strengthening workforce sustainability (2026-27)</i>	
Objective(s) of the program	This initiative supports the expansion of psychologists into public mental health settings by funding psychology registrars and educator positions.	
	2025-26	2026-27

Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	40.1 <i>Part of Strengthening the sustainability of the health workforce budget initiative</i>	44.9 over four years <i>Part of Strengthening mental health workforce sustainability</i>
Details of how the program will be funded	Funded through the 2026-27 State Budget, page 47 ²⁶ BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation of the program found: <ul style="list-style-type: none"> • The program has supported the expansion of the psychology workforce but shortages remain in regional areas. • The program has led to improved standardisation of registrar programs across mental health and wellbeing services in Victoria. • Continued funding to support psychology registrar programs was supported by health services consulted for the evaluation. 	
Evidence of the continued need for the program and the Government’s role in delivering it	Victoria continues to face psychologist workforce shortages in public mental health services, particularly in regional areas, with continued demand for psychologists. Psychologists are the second-most sought-after health professional for mental health support, surpassed only by general practitioners according to two major population health surveys conducted between 2020-23. Without continued program funding, health services are likely to withdraw investment in psychologists and their registrar programs.	
Evidence of the program’s progress toward its stated objectives and expected outcomes	The program has progressed its aims in attracting and retaining the psychology workforce in response to workforce shortages. The program has supported over 300 psychology registrar roles since its commencement in 2022. In 2023, 99 per cent of psychology registrars were retained by AMHWS and 100 per cent of psychology clinical educators recruited were retained for the duration of the program. The program has also contributed to significant workforce growth, with a 33 per cent increase in FTE in public mental health services between 2021 and 2025.	
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The program to date was delivered within its allocated budget. Health services invested in the program through co-contributions and these investments likely would not have occurred in the absence of the program indicating efficiency	

²⁶ 2026-27 Budget Paper 3, page 47.

	of program delivery. Roles are commissioned through an EOI process, and an annual acquittal process are in place to ensure delivery accountability.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Health services are unlikely to invest in their psychology registrar program without government funding. Vacancies are also likely to persist. The evaluation found that continued workforce investments are required to ensure the psychologist workforce shortage is addressed.
Evidence that the further funding reflects the actual cost required to deliver the program	Including health services contributions, the cost of the 2024 cohort of 76 funded or co-funded registrars was estimated to be \$22 million.

Name of the program	Speech Pathology and Occupational Therapy Student (SPOTS) Grants Program Program part of <i>Strengthening the sustainability of the health workforce budget initiative (2025-26) and Strengthening health workforce sustainability (2026-27)</i>	
Objective(s) of the program	The SPOTS Program aims to increase the number of speech pathologists and occupational therapists working in rural and regional Victoria to improve access to allied health services.	
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025-26	2026-27
	40.1	28.7
Details of how the program will be funded	Funded through the 2026-27 State Budget, page 47 ²⁷ BP3	
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	A formal evaluation of the SPOTS Program has not yet been delivered as the Program is in its final round of delivery. Data regarding effectiveness and efficiency has been collected to date through the grant administration process.	

²⁷ 2026-27 Budget Paper 3, page 47.

Evidence of the continued need for the program and the Government's role in delivering it	There has been strong demand for the Program to date, with 256 grants across the first two rounds, resulting in 153 occupational therapists and 103 speech pathologists working in rural and regional Victoria. Victoria continues to experience ongoing shortages of allied health professionals, including speech pathologists and occupational therapists, especially in rural and regional Victoria. This leads to poorer health outcomes and inequities for rural and regional communities. Sustained investment is required to continue building the pipeline of speech pathologists and occupational therapists to respond to emerging government priorities like Thriving Kids.
Evidence of the program's progress toward its stated objectives and expected outcomes	There has been strong uptake for the program. Program evaluation data to date has demonstrated: <ul style="list-style-type: none"> • 256 grants have been awarded (153 occupational therapists and 103 speech pathologists). • 82 per cent of grant recipients reported the grant incentivised them to work in regional and rural Victoria • 93.5 per cent stated intended to continue working in regional and rural Victoria
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The first two rounds of the Program have been delivered within scope, budget and expected timeframes. This is expected to occur for the third round.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	If program funding is ceased, outcomes could include reduction of graduate speech pathologists and occupational therapists working in rural and regional Victoria. A reduced workforce will decrease access to critical allied health services for children and families with disability or developmental delays, negatively impacting poor health outcomes for rural and regional communities.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding through the 2026-27 State Budget will provide 250 SPOTS grants for graduate speech pathology and occupational therapy students across two years (2027, 2028).

Name of the program	Better at Home (2022-23) / Improving care closer to home (2026-27)		
Objective(s) of the program	The Better at Home program enables hospital-level care to be delivered in patients' homes, supporting system capacity, improving patient flow and strengthening overall health system resilience.		
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28
	207.2	67.4	65.9
Details of how the program will be funded	Output appropriation in the 2026-27 State Budget for “Improving care closer to home” - page 47 BP3.		
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	<p>An evaluation conducted by the Department of Health found that between 2021-22 and 2024-25, Better at Home enabled delivery of approximately 326,000 Hospital in the Home (HITH) bed days.</p> <p>The evaluation found the program has delivered against its five objectives, including improving patient outcomes and experience, supporting culturally safe care, enhancing patient flow, increasing system capacity and supporting financial sustainability. While home-based care has a higher average cost per episode, it delivers broader system efficiencies that outweigh these costs.</p> <p>Most surveyed clinicians and administrators (74 per cent) reported Better at Home was implemented as intended, despite early challenges. The evaluation also highlighted strong sector support for home-based care and the need for ongoing departmental stewardship, particularly in relation to virtual care.</p>		
Evidence of the continued need for the program and the Government’s role in delivering it	<p>Sustained funding alleviates pressure on physical hospitals, improve access to emergency care, and reduces ambulance handover delays.</p> <p>All surveyed clinicians and administrators reported an ongoing need for home-based care, with demand consistently outstripping capacity. HITH bed days have increased each year since 2019-20, reflecting sustained demand. Recent slowing in growth is attributed to workforce constraints rather than reduced need.</p>		

Evidence of the program’s progress toward its stated objectives and expected outcomes	In 2024-25, Better at Home supported delivery of approximately 90,000 additional bed days at home, equivalent to the capacity of a mid-sized hospital, without requiring capital investment.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	Since 2021-22, more than 326,000 bed days have been delivered through Better at Home initiatives. A KPMG evaluation found that 28,000 bed days delivered over seven months equated to \$96 million in avoided annual capital costs, demonstrating the program’s scalability and value.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	<p>Ceasing Better at Home funding would shift care back into hospital settings, significantly increasing inpatient demand and exacerbating emergency department congestion and ambulance delays.</p> <p>. Funding cessation would result in an estimated 40 per cent reduction in home-based care activity, significantly undermining system capacity.</p>
Evidence that the further funding reflects the actual cost required to deliver the program	<p>The further funding reflects the actual cost of sustaining Better at Home activity and delivering essential inpatient capacity in the home setting.</p> <p>Program funding has been informed by analysis of historical expenditure and activity levels, including the demonstrated cost of delivering hospital level care across workforce, clinical governance, digital enablement and service coordination.</p>

Name of the program	Mental health bed-based services (2025-26) / Expanding mental health Hospital in the Home (2026-27)		
Objective(s) of the program	Hospital in the Home (HiTH) beds provide an alternative pathway for consumers needing inpatient mental health admission as recommended by the Royal Commission. HiTH beds help reduce pressure on physical beds to meet the ongoing demand for mental health beds. This lapsing bid sought funding for the continuation of the existing HiTH beds operated by Barwon Health and Parkville Youth Mental Health and Wellbeing Service (PYMHWS), as operational funding is currently time-limited to 30 June 2026.		
	2025–26	2026–27	2027-28

Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	81.6 ²⁸	13.3	16.4
Details of how the program will be funded	Output appropriation in the 2026-27 State Budget for ‘Expanding mental health Hospital in the Home’, page 47 BP3		
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation of the pilot program was undertaken by Cube Group Management Consulting, delivered October 2022. Executive Summary included in Final Evaluation Report ²⁹ . Since, an evaluation has not been required for lapsing HiTH beds as these beds are part of the health services’ ongoing performance monitoring under the department’s Performance Monitoring Framework and the Mental Health Performance and Accountability Framework.		
Evidence of the continued need for the program and the Government’s role in delivering it	The high occupancy of the HiTH beds at Barwon Health and PYMHWS indicate that almost all the HiTH beds are in continuous use. This demonstrates the need to continue funding the program given the service is now well embedded in the public mental health system. With strong evidence of its impact, including lower readmission rates, reduced symptom severity, and improved consumer choice, the HiTH model is now recognised as a scalable and sustainable component of Victoria’s future mental health and wellbeing system, in alignment with the recommendations of the Royal Commission and the Statewide Service and Capital Plan.		
Evidence of the program’s progress toward its stated objectives and expected outcomes	Since commencement in 2021, the HiTH beds have demonstrated sustained and increasing utilisation, reflecting both growing demand and the maturity of the model of care. Furthermore, findings of the 2022 evaluation indicated that the program prevents hospital admissions or significantly reduces hospital stays by providing intensive support at home. Additionally, it found that culturally appropriate care for the whole family promoted faster and more sustainable recovery, strengthening family relationships. This program will continue to be monitored and managed through established accountability mechanism, include the department’s Performance Monitoring Framework and Mental Health Performance and Accountability Framework.		

¹¹ Department of Treasury and Finance, The Resource Management Framework Part 1 of 2 – Main document, Melbourne, 2026, p. 137

²⁸ Part of *Mental health bed-based services* initiative in the 2025-26 State Budget, page 50 BP3

²⁹ [Lapsing Program Evaluation of the Mental Health Hospital in the Home Pilot – Final Evaluation Report](#)

Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The HiTH beds have been operational since 2021 and are now fully established, with services maintaining readiness to continue delivery without the need for additional capital investment. Expenditure to date has aligned with approved funding allocations. Program delivery is overseen through existing departmental governance structures, including performance monitoring and accountability mechanisms under the Performance Monitoring Framework and Mental Health Performance and Accountability Framework, with regular reporting on activity, quality and safety indicators. Key risks including workforce capacity, demand exceeding capacity and interface with inpatient services, are actively managed through routine performance review, engagement with health services and escalation via existing department processes.		
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Funding is provided beyond 2026-27. Strategies to manage access to bed-based services form part of ongoing engagement with health services and the sector more broadly.		
Evidence that the further funding reflects the actual cost required to deliver the program	This lapsing funding request is based on Barwon Health and the PYMHWS's actual 2024–25 National Weighted Activity Unit (NWAU) activity of 80.86 NWAU per bed, ensuring the cost reflects the demonstrated level of service delivery. Following the transition of admitted mental health funding to the national activity-based funding model, the department had updated the costing methodology for this program from a bed day rate to NWAU per bed, providing a more accurate reflection of the costs required to deliver the program.		
Name of the program	Mental health and wellbeing support for children and young people (2025-26 Budget) / Mental health and wellbeing care in the community (2026-27 Budget)		
Objective(s) of the program	The Youth Outreach Recovery Support program (YORS) is a statewide service for young people aged 16 to 25, offering a unique focus on recovery and psychosocial development. It supports young people recovering from mental ill health to build the skills and confidence needed to live independently, manage their mental health, and thrive in their communities.		
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28
	16.6 ³⁰	9.8	0.2

³⁰ Part of *Mental health and wellbeing support for children and young people* initiative in 2025-26 State Budget, page 50 BP3

Details of how the program will be funded	Output appropriation in the 2026-27 State Budget for 'Mental health and wellbeing care in the community', page 47 BP3.
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	An evaluation of YORS was undertaken by ACIL Allen and delivered to the Department of Health in January 2023.
Evidence of the continued need for the program and the Government's role in delivering it	Evaluation confirms YORS is highly valued, operates at capacity and reduces pressure on acute services by complementing clinical care for young people with psychosocial support needs while broader system reform is underway across the mental health and disability sectors.
Evidence of the program's progress toward its stated objectives and expected outcomes	Evaluation findings confirm YORS is operating at capacity and is highly valued by young people, families, carers and providers, and is the only statewide outreach option for this cohort. YORS is supported by evidence that the service fills a critical access gap rather than duplicating existing provision.
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The department monitors YORS performance measures and collects data as part of regular program oversight. Over the next two years, performance data including service activity and access, outcomes and impact and system integration will inform development of the new psychosocial support model being progressed under the Community Service Redesign arising from Royal Commission Recommendation 5.
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	Cessation of YORS would result in a significant gap in statewide outreach-based psychosocial support for young people with mental ill health, increasing the likelihood of disengagement from care and escalation to acute services. Given the program's unique role and absence of comparable alternatives, impacts would be particularly felt by young people with complex psychosocial needs. Identified mitigation strategies in the event of the program ceasing include planned transition for active consumers (warm referrals and handover to alternative services where available, noting that alternatives such as the statewide intake hotline and wellbeing support program are not directly comparable). Additional mitigation measures include coordinated communication with stakeholders (e.g., service providers, referring services, peak bodies) and workforce planning to manage staff impacts.
Evidence that the further funding reflects the actual cost required to deliver the program	Funding reflects the demonstrated cost of delivering YORS within its approved service model, supported by provider financial acquittals and expenditure reporting.

	Sector wide cost pressures, including wage increases, have reinforced that current funding represents the minimum level required to maintain service delivery.
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Name of the program	Alcohol and other drug community support services (2025-26 Budget) / Alcohol and other drugs services (2026-27 Budget)		
Objective(s) of the program	Deliver targeted and evidence-based pharmacotherapy services to maintain baseline capacity and ensure continuity of support for those impacted by unexpected gaps in the system.		
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28
	8.2	14.9	16.8
Details of how the program will be funded	Output appropriation in the 2026-27 State Budget for ‘Alcohol and Other Drugs Services’, page 46 BP3		
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	A comprehensive pharmacotherapy system review is currently being undertaken (following an initial review commissioned by the Department of Health). Once completed, the review will provide insights into system and services gaps and provide recommendations for future reform.		
Evidence of the continued need for the program and the Government’s role in delivering it	A review of the opioid pharmacotherapy program identified changes to help expand access to pharmacotherapy treatment.		
Evidence of the program’s progress toward its stated objectives and expected outcomes	Pharmacotherapy services continue to deliver evidence--based treatment for people with opioid dependence across Victoria, supporting access and continuity of care in metropolitan, regional and rural areas. Services provide regular activity and performance reports to the department, demonstrating progress through sustained service delivery, workforce approvals and training activity, and department led interventions.		
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	The pharmacotherapy program is delivered within approved scope and funding parameters, with services operating under established funding agreements and time limited grants, and providing regular financial, activity and performance reports to the department. Program oversight is supported through departmental approvals, contract management, and governance and risk management arrangements, including monitoring of service delivery risks and targeted intervention where system pressures arise.		
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	If pharmacotherapy funding ceased, existing community and specialist services would be unable to sustain delivery, resulting in treatment disruption for people currently receiving opioid pharmacotherapy, increased risk of overdose, and heightened system instability where high-volume prescribers or clinics withdraw. Strategies to minimise these impacts would require departmental intervention		

	through use of surge capacity and community health pharmacotherapy capacity, active care coordination via the Pharmacotherapy Advocacy Mediation Support (PAMS) service, and targeted workforce and service redeployment to maintain continuity of treatment.
Evidence that the further funding reflects the actual cost required to deliver the program	The funding reflects the actual cost required to deliver pharmacotherapy services, as identified through the first department commissioned review of the opioid pharmacotherapy program, which found that increasing clinical complexity and workforce pressures have driven costs beyond existing funding and Commonwealth MBS arrangements. The proposed funding directly responds to these findings by supporting service sustainability, addressing known cost gaps, and maintaining baseline access.

Name of the program	Health-based response to public intoxication (2023-24 Budget) / Public Intoxication services (2026-27 Budget)		
Objective(s) of the program	To improve public safety, reduce harm and connect people intoxicated by alcohol in public to health care instead of criminalisation. More specifically, the objective of this program is to continue assertive and on-demand outreach and Places of Safety for Aboriginal people in metropolitan Melbourne and in eight regional locations to prioritise self-determined, effective, and sustainable strategies aimed at reducing alcohol and drug-related harms, while also strengthening connections to mental health services, family violence support, and homelessness resources for Aboriginal Victorians.		
Expenditure in the financial years 2025–26 and 2026–27 (and where relevant, future years) (\$ million)	2025–26	2026–27	2027-28
	26.5	28.5	23.8
Details of how the program will be funded	Output appropriation in the 2026-27 State Budget for ‘Public Intoxication services’ page 46 BP3.		
Confirmation that an evaluation for the program has been conducted. Please advise who undertook the evaluation and attach a copy of the executive summary of the evaluation	The Justice Evaluation report on Public Intoxication Reform (PIR) has been undertaken by Monash University. The Health Evaluation has not yet been finalised.		
Evidence of the continued need for the program and the Government’s role in delivering it	Public intoxication continues to present a significant health, wellbeing and community safety challenge across Victoria. Without a health-led response, there		

	would be increased reliance on emergency services and greater risk of alcohol and other drug-related harms, particularly for people experiencing vulnerability.
Evidence of the program's progress toward its stated objectives and expected outcomes	<p>The metropolitan outreach and sobering responses have demonstrated progress toward their objectives through sustained 24/7 operations, delivering high volumes of on demand and assertive outreach, transports, and access to sobering services for people intoxicated in public. Reported activity shows reduced reliance on police and emergency services and improved access to health based, culturally safe support, with implementation monitoring confirming the model's effectiveness in managing demand in metropolitan hotspots.</p> <p>In areas of Victoria with the dedicated health response, it has been demonstrated to free up police resources to focus on priority incidents, as well as strengthen culturally safe and self-determined pathways for Aboriginal communities.</p> <p>Available data also shows that Victoria Police broadly met reform objectives. The evaluation highlights the important role of outreach services, sobering facilities, and the centralised intake and dispatch line as key diversionary pathways.</p>
Evidence of the program being delivered within its scope, budget, expected timeframe and in line with appropriate governance and risk management practices	<p>The metropolitan outreach and sobering response is being delivered within approved scope, funding and timeframe, with services operating under formal funding agreements and providing regular financial, activity and performance reporting to the department. Delivery is supported by established governance and risk management arrangements, including ongoing departmental contract and risk management.</p> <p>Public Intoxication Reform Places of Safety are being delivered within approved scope, funding and timeframe, with services operating under formal funding agreements and providing regular financial, activity and performance reports to the department. Delivery is supported by established governance and risk management arrangements, including ongoing departmental contract and risk management.</p>
Nature of the impact of the program ceasing and what strategies have been identified to minimise any negative impacts	If the services ceased, people intoxicated in public would lose access to timely, health-based support, increasing the risk of harm and shifting demand back to police, emergency departments and ambulance services. Identified mitigation strategies focus on operational responses, including prioritised triage for highest -risk presentations, continued use of cross -service referral pathways with health and

	emergency partners, and adaptive use of alternative outreach resources to manage risk.
Evidence that the further funding reflects the actual cost required to deliver the program	The funding reflects the actual cost of delivering the health-led response, informed by observed service activity levels, 24/7 staffing requirements, transport and clinical support costs, and the operation of intake, triage and dispatch functions. Implementation monitoring demonstrates that this level of resourcing is required to sustain timely outreach and access to sobering supports at the scale necessary to safely manage demand and reduce reliance on police and emergency services.

Question 9

For all programs (output initiatives, including grants) with total funding of equal to or greater than \$5 million that are to lapse in 2025–26, please provide the:

- a) name of the program
- b) objective(s) of the program
- c) expenditure in the financial year 2025–26
- d) reasons why the program was established
- e) details of who (describe the type of users for example, health care providers, families, volunteers etc.) and how many used the program, and evidence of the outcomes achieved
- f) reasons why further funding is not being sought
- g) impact of ceasing the program
- h) strategies that are being implemented to minimise any negative impacts.

Response

Name of the program	
Objective(s) of the program	Not applicable
Expenditure in the financial year 2025–26 (\$ million)	Not applicable
Reasons why the program was established	Not applicable
Details of who and how many used the program and evidence of the outcomes achieved	Not applicable
Reasons why further funding is not being sought	Not applicable
Impact of ceasing the program	Not applicable
Strategies that are being implemented to minimise any negative impacts	Not applicable

Capital asset expenditure

Question 10

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 2026–27 budget cash flow statement, please provide a breakdown of these costs and indicate which capital project they relate to.

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

Guidance

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

Response

Please see Excel Worksheet for response

Public Private Partnerships – expenditure

Question 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 2026–27 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	2024–25 Actual (\$ million)	2025–26 revised Budget (\$ million)	2026–27 Budget (\$ million)
Interest Expense	297	365	330
- PPP related	244	323	264
Other Operating Expenses	9,329	9,197	9,167
- PPP related	239	339	399
Total	9,626	9,562	9,497
Interest Expense			
Casey/Berwick Hospital	2	2	1
Royal Women's Hospital	10	10	9
Royal Children's Hospital	36	34	32
Victorian Comprehensive Cancer Centre	52	47	41

Bendigo Hospital	20	20	19
Casey Hospital Expansion	2	1	1
New Footscray Hospital	76	102	67
Frankston Hospital	42	96	68
Melton Hospital	4	12	27
Total	244	323	264
Other Operating Expenses * <i>(comprises lifecycle maintenance costs, service costs, refurbishment, contingent, insurance and other costs)</i>			
Casey/Berwick Hospital	18	12	12
Royal Women's Hospital	30	28	29
Royal Children's Hospital	78	88	96
Victorian Comprehensive Cancer Centre	40	52	39
Bendigo Hospital	58	68	70
Casey Hospital Expansion	5	7	8
New Footscray Hospital	0	52	82
Frankston Hospital	0	32	63
Melton Hospital	10	0	0
Total	239	339	399

b)

PPPs	2024–25 Actual (\$ million)	2025–26 revised Budget (\$ million)	2026–27 Budget (\$ million)	2027-28 Estimated/Forecast (\$ million)	2028-29 Estimated/Forecast (\$ million)	2029-30 Estimated/Forecast (\$ million)
Casey/Berwick Hospital	20	14	13	13	15	7
Royal Women's Hospital	41	37	38	33	32	31

Royal Children's Hospital	114	122	127	126	123	130
Victorian Comprehensive Cancer Centre	92	98	79	76	73	72
Bendigo Hospital	78	88	89	84	86	87
Casey Hospital Expansion	6	9	9	7	6	2
New Footscray Hospital	76	154	149	156	170	176
Frankston Hospital	42	129	131	128	130	135
Melton Hospital	14	12	27	55	77	161
Total	483	662	663	678	713	803

Public Private Partnerships – expected and actual benefits

Question 12

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

- a) the expected benefits of the PPP project in the uncommissioned (planning and construction) stages
- b) the value to the State of the expected benefits of the PPP project in the uncommissioned stages
- c) the actual/existing benefits of the PPP projects in its commissioned (operations and maintenance) stage
- d) the value of the actual/existing benefits of the PPP projects in its commissioned stage per year
- e) how benefits are monitored, measured and publicly reported.

Response:

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

- Reduced operational exposure and increased certainty of outcome, due to the efficient allocation of risks.
- Incentives for the private sector to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term.
- Reduced financial commitments at the delivery stage of the project by leveraging private capital, reducing initial reliance on public funds and increasing opportunity to harness private sector innovation in complementary site activation to enhance the experience for hospital users and the broader community.
- New or substantially redeveloped and purpose-built health facilities, including:
 - modern facilities that support the delivery of accessible, cost effective and high-quality patient services
 - efficiently operating facilities, capable of achieving health service plan targets and sustaining service levels into the future
 - achievement of State sustainability policies/objectives including greenhouse gas and peak energy reduction, water conservation and waste
 - additional services such as childcare, cafes and other commercial facilities improving the amenity for users
 - integration of teaching, training and research linking clinical areas, with health services, universities, and research institutions.

PPP	Expected benefits in uncommissioned (planning and construction) phases	Value of expected benefits to the State (\$ million)	Actual/existing benefits of commissioned (operations and maintenance) stage	Value of actual/existing benefits per year (\$ million)	How benefits are monitored, measured and publicly reported
Royal Women's Hospital (April 2005) ³¹	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at April 2005) is 0.67 per cent, or \$2.46 million, less under PPP delivery³². • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. • Provided full integration of up-front design and construction costs with ongoing service delivery, operational, maintenance and refurbishment costs was incorporated into the PSC. 	\$2.46 million as at April 2005	<p>The contracted scope was delivered with construction completion on time and budget³³.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>	Not available	The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.
Royal Children's Hospital (February 2008)	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at February 	\$70 million as at February 2008	The contracted scope was delivered with construction completion on time and budget.	Not available	The PPP Contract Management function ensures that there are no

³¹ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership](#) (audit.vic.gov.au), p.2, accessed 26 March, 2026

³² VAGO, 2008, [The New Royal Women's Hospital - a public private partnership](#) (audit.vic.gov.au), p.29, accessed 26 March, 2026

³³ VAGO, 2008, [The New Royal Women's Hospital - a public private partnership](#) (audit.vic.gov.au), p.56, accessed 26 March, 2026

	<p>2008) is 6.9 per cent, or \$70 million, less under PPP delivery³⁴.</p> <ul style="list-style-type: none"> • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. • Enhanced amenity from expanded food and retail operations, gymnasium, hotel, childcare facilities, consulting suites. These additional facilities will be transferred back to the State for nil consideration at Project expiry. • A significant annual guaranteed payment to RCH from the retail precinct plus upside sharing if actual retail performance exceeds forecast. • Various Environmentally Sustainable Development (ESD) initiatives. 		<p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>		<p>departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.</p>
<p>Victorian Comprehensive Cancer Centre (May 2012)</p>	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at May 2012) is 0.67 per cent, or \$9.3 million, less under PPP delivery³⁵. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that 	<p>\$9.3 million as at May 2012</p>	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in</p>	<p>Not available</p>	<p>The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured</p>

³⁴ [080228-RCH Project Summary FINAL](#) (dtf.vic.gov.au), p.7, accessed 26 March 2026

³⁵ [VCCC-Project-Summary.pdf](#) (dtf.vic.gov.au), p15, accessed 26 March 2026

	<p>ensure the asset and services performance continue to be fit for purpose for the contract term.</p> <ul style="list-style-type: none"> Enhanced user amenities including 16 serviced apartments, with 18 beds, to be used as country patient and family overnight accommodation, landscaped rooftop garden/function area, greater choice of retail outlets. Private sector provision of the cyclotron space and equipment and commercial production of isotopes in joint venture with Peter MacCallum Cancer Centre. 		<p>accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>		<p>KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.</p>
Bendigo Hospital (October 2013)	<p>Value for money benefits</p> <ul style="list-style-type: none"> According to the Public Sector Comparator (PSC), the net present cost (as at October 2013) is 15.5 per cent, or \$203.9 million, less under PPP delivery³⁶. The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. Enhanced user amenities, such as multi-deck car parking, childcare and conference centres, low-cost family accommodation. 	\$203.9 million at October 2013	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>	Not available	<p>The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract</p>

³⁶ [Bendigo Hospital - Project summary.pdf \(dtf.vic.gov.au\)](#), p14, accessed 26 March 2026

					term.
Casey Hospital (2002) and Casey Hospital Expansion Project (November 2017)	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at 8 September 2017) is 1.3 per cent, or \$2.1 million, less under PPP delivery³⁷. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. • The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. • Innovative program allowing commissioning of the hospital in four stages for progressive and earlier use prior to the approved completion date. 	\$2.1 million as at November 2021	<p>The contracted scope was delivered with construction completion on time and budget.</p> <p>The facilities continue to be maintained in the specified condition and assets are replaced in accordance with the agreed life cycle regime.</p> <p>The whole of life price and performance mechanism incentivises the Project Co to ensure the asset is maintained in a condition consistent with that at construction completion.</p>	Not available	<p>The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.</p>
New Footscray Hospital (May 2021)	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at May 2021) is 15.0 per cent, or \$582 million, less under PPP delivery³⁸. <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> • Designed to enable the future electrification of the hospital to support Victoria's transition to a carbon neutral economy. 	\$582 million as at May 2021	N/A	Not available	<p>The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment occurs via a formal structured</p>

³⁷ [Casey-Hospital-Expansion-Project-Summary-November-2017.pdf \(dtf.vic.gov.au\)](#), p. 21, accessed 26 March 2026

³⁸ [New Footscray Hospital - Project Summary.pdf \(dtf.vic.gov.au\)](#), p.28, accessed 26 March 2026

	<ul style="list-style-type: none"> • Compliance with 5 Star NABERS water and energy targets and 5 Star Green Star including capacity to collect and reuse 90 per cent of roof rainwater. • 90.39 per cent local content on project³⁹. • Indigenous procurement 1.45% of Design and Construct price. • Disabled procurement 0.15% of Design and Construct price. • Disadvantaged procurement 0.2% of Design and Construct price. • Indigenous employment 2% of hours in Development phase and 2.5% of hours in Operating phase. • Disabled employment 1.02% of hours in Development 2% of hours in Operating Phase. • Disadvantaged employment 1.04% of hours in Development 5% of hours in Operating Phase. 				KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.
Frankston Hospital (June 2022) – Now Peninsula University Hospital	<p>Value for money benefits</p> <ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at June 2022) is 0.5 per cent, or \$10.5 million, less under PPP delivery⁴⁰. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. 	\$10.5 million as at June 2022 N/A	N/A	Not available	Stage 1 – Operational Phase commenced 20 January 2026. The PPP Contract Management function ensures that there are no departures from the agreed PPP regime. Assessment

³⁹ [New Footscray Hospital - Project Summary.pdf \(dtf.vic.gov.au\)](#), p.24, accessed 26 March 2026

⁴⁰ [Frankston Hospital Redevelopment Project Summary FINAL.pdf \(dtf.vic.gov.au\)](#), p28, accessed 26 March 2026

	<p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> • All-electric energy solution, supporting Victoria's net zero by 2050 target. • Project will support up to 1,700 jobs in construction and new job opportunities for healthcare workers, as well as attracting new investment through ancillary and specialist health services relocating to the area. • 91.6 per cent local content on project. • Indigenous procurement 1.6% of Design and Construct price. • Disabled procurement 0.18% of Design and Construct price. • Social enterprise procurement 0.36 of Design and Construct price. • Indigenous employment 2.2% of hours in Development phase and 2.0% of hours in Operating phase Disadvantaged employment Indirect participation in Development Phase through social enterprise. • Public Housing Tenant Employment Program – Minimum 6 public housing tenants in Development Phase – 4 in Operating Phase. 				<p>occurs via a formal structured KPI regime that validates performance of the assets and services ensuring it continues to be fit for purpose over the contract term.</p> <p>Stage 2 - Delivery of the government policy benefits is being monitored by the project team (including the Project Control Group and Steering Committee) and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal.</p>
New Melton Hospital	Value for money benefits	\$37 million as at 31 May	Not applicable as	Not available	Delivery of the government

	<ul style="list-style-type: none"> • According to the Public Sector Comparator (PSC), the net present cost (as at 31 May 2024) is 2 per cent, or \$37 million less under PPP delivery⁴¹. • The private sector is incentivised to provide an optimised and innovative design within the affordability constraints. The optimised design is supported by a whole of life price and performance mechanisms that ensure the asset and services performance continue to be fit for purpose for the contract term. <p>The following government policy benefits have been identified:</p> <ul style="list-style-type: none"> • All-electric energy solution, supporting Victoria’s net zero by 2050 target. • Project will support up to 700 direct and 1,700 indirect jobs in construction and 3975 new direct job opportunities for healthcare workers. • 91.56% local content on project. • 98.52% locally milled and fabricated steel on the project. • Expenditure of 2.1% of the Design and Construct price on social procurement including: <ul style="list-style-type: none"> ○ 1.72% procurement from Victorian Aboriginal businesses ○ 0.29% procurement from Victorian social enterprises ○ 0.09% from Australian Disability Enterprises. • Expenditure of \$3.5m per annum on social procurement during the Operational phase. 	<p>2024</p>	<p>project has not been completed.</p>		<p>policy benefits is being monitored by the project team and reported periodically through the Victorian Management Centre – Industry Capability Network (ICN) portal.</p>
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⁴¹ [New Melton Hospital Project Summary \(parliament.vic.gov.au\)](https://parliament.vic.gov.au), p23, accessed 9 April 2025

	<ul style="list-style-type: none">• Victorian Aboriginal People employment 2.0% of Development phase workforce and 2.0% of Operating phase workforce.• Priority Jobseekers employment 3.8% of Development phase workforce.• Disabled employment 0.7% of development phase workforce.				
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Savings initiatives

Question 14

For each of the savings initiatives detailed in the 2025–26 Budget,^[1] please detail:

- the department's saving target for 2025–26 and 2026–27
- a breakdown of how the department will meet the savings targets in 2025–26 and 2026–27
- the impact that these actions will have on the delivery of services and assets/infrastructure during 2025–26 and 2026–27.

Response

Initiative	2025–26			2026–27		
	Savings target for (\$ million)	Breakdown of how the department met savings targets	Impact these actions had on the delivery of services and assets/infrastructure	Savings target (\$ million)	How the department will meet savings targets	Impact these actions will have on delivery of services and assets/infrastructure
Savings and efficiencies and expenditure reduction measures in 2025–26 Budget	96.649 million	Savings expected to be met through general savings and efficiencies measures, including reduced spending on corporate and back-office functions, administrative and other efficiencies, such as streamlining processes, realignment of priorities and under-utilised funding.	No anticipated material impacts on frontline service delivery or asset/infrastructure projects.	108.096 million	Savings expected to be met through general savings and efficiencies measures, including reduced spending on corporate and back-office functions, administrative and other efficiencies, such as streamlining processes, realignment of priorities and under-utilised funding.	No anticipated material impact on frontline service delivery or asset/infrastructure projects.

^[1] Department of Treasury and Finance, *Budget Paper No. 3: 2024–25 Service Delivery*, Melbourne, 2024, p. 92.

Question 15

For each of the savings initiatives detailed in the 2026–27 Budget, please detail (on the same basis of consolidation as the budget papers):

- the department's saving target for 2026–27
- how the department will meet the various savings targets in 2025–26
- the impact that these actions will have on the delivery of services and assets/infrastructure during 2025–26.

Response

Initiative	Savings target for 2026–27 (\$ million)	Savings target for 2027–28 (\$ million)	Savings target for 2028–29 (\$ million)	Savings target for 2029–30 (\$ million)	Savings target for 2030–31 (\$ million)	How the department will meet various savings targets	Impact these actions will have on delivery of services and assets/infrastructure
Whole of Government savings and efficiencies – see 2026–27 Budget, Paper 3, Chapter 1, page 102.	N/A	N/A	N/A	N/A	N/A	Data cannot be provided at this stage, as details of individual savings initiatives are subject to the final whole of government implementation approach and consultation with impacted staff.	Data cannot be provided at this stage, as details of individual savings initiatives are subject to the final whole of government implementation approach and consultation with impacted staff.

Use of funds saved from other programs or initiatives

Question 16

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2026–27, please identify:

- a) the amount expected to be spent under the program or initiative during 2026–27 at the time of the 2025–26 Budget
- b) the amount currently to be spent under the program or initiative during 2026–27
- c) the use to which the funds realised by this reduction will be put. Please include the name(s) of any program or initiative that will be funded or partially funded.

Response

No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2026-27 State Budget.

Program/initiative that has been reprioritised, curtailed or reduced	The amount expected to be spent under the program or initiative during 2026–27 (\$ million)		The use to which the funds will be put
	At the time of the 2025–26 Budget	At the time of the 2026–27 Budget	
Not applicable			

Service delivery

Question 17

- a) Please provide the total estimated cost to the department (if any) of the machinery of government changes made since July 2025.

Response

Not applicable.

- b) Please complete the table below detailing the impacts of any machinery of government changes on the department since July 2025.

Response

Impact to the department	Not applicable
Impact to departmental outputs	Not applicable
Impact to departmental agencies	Not applicable
Impact to portfolios	Not applicable
Impact to statutory authorities	Not applicable
Estimated cost and date changes are anticipated to be fully implemented	Not applicable
New portfolio responsibilities and/or how responsibilities are shared, if relevant	Not applicable
* Where the machinery of government change has no impact on the department, please type Not applicable where appropriate in the table above.	

Question 18

Department Performance Statement: Service Delivery presents departmental performance statements that state the department's outputs by departmental objectives.

Please provide by ministerial portfolio, the relevant objective(s), objective indicator(s), output(s), and performance measure(s) as provided in the 2026–27 Budget. Where responsibility for outputs, initiatives or performance measures is shared, please clearly outline what is shared and how responsibility is divided between Ministers or portfolios.

Please use a separate table for each portfolio.

Please use one line per output and ensure that outputs align with the relevant objective and indicators.

Minister*	Shing		
Portfolio	Health		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Admitted Services	<ul style="list-style-type: none"> • NWAU funded emergency separations – all hospitals • NWAU funded separations – all hospitals except small rural health services • Number of patients admitted from the planned surgery waiting list • Palliative separations • Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average • Sub-acute separations • Total separations – all hospitals • Eligible newborns screened for hearing deficit before one month of age • Hand hygiene compliance • Healthcare worker immunisation – influenza • Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days • Major trauma patients transferred to a major trauma service

			<ul style="list-style-type: none"> • Percentage of patients who reported positive experiences of their hospital stay • Public hospitals accredited • Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days • Unplanned readmission after hip replacement surgery • Unplanned readmission after knee replacement surgery • Unplanned readmission after paediatric tonsillectomy and adenoidectomy • Unplanned readmission after treatment for acute myocardial infarction • Unplanned readmission after treatment for heart failure • Non-urgent (Category 3) planned surgery patients admitted within 365 days • Semi-urgent (Category 2) planned surgery patients admitted within 90 days • Urgent (Category 1) planned surgery patients admitted within 30 days
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal Health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Community health care	<ul style="list-style-type: none"> • Rate of preventable hospitalisations for Aboriginal Victorians • Service delivery hours in community health care • Agencies with an Integrated Health Promotion plan that meets the stipulated planning requirements

<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Dental services	<ul style="list-style-type: none"> • Children participating in the Smiles 4 Miles oral health promotion program • Persons treated • Priority and emergency clients treated • Schools visited by Smile Squad • Students examined by Smile Squad • Students receiving treatment by Smile Squad • Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours • Waiting time for dentures • Waiting time for general dental care
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Emergency Services	<ul style="list-style-type: none"> • Emergency presentations • Emergency patients re-presenting to the emergency department within 48 hours of previous presentation • Emergency patients that did not wait for treatment • Patients' experience of emergency department care • Emergency Category 1 treated immediately • Emergency patients treated within clinically recommended 'time to treatment' • Emergency patients with a length of stay of less than four hours • Proportion of ambulance patient transfers within 40 minutes • Average number of Victorian Virtual Emergency Department (VVED) calls received per day (<i>new measure for 2026-27</i>)
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care 	Objective indicators are not allocated to individual ministerial portfolios.	Public Health	<ul style="list-style-type: none"> • Inspections of cooling towers • Inspections of Radiation Practices • Number of HIV and sexually transmissible infections tests conducted at PRONTO! • Number of education or monitoring visits of smoke-free areas

<ul style="list-style-type: none"> • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 			<ul style="list-style-type: none"> • Number of education or monitoring visits of tobacco or e-cigarette retailers • Number of people trained in emergency management in the Department of Health and the health sector • Percentage of Aboriginal children fully immunised at 60 months • Percentage of Aboriginal mothers that smoked during pregnancy • Percentage of newborns having a newborn bloodspot screening test • Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program • Persons screened for prevention and early detection of tuberculosis • Women screened for breast cancer by BreastScreen Victoria • Immunisation coverage – at five years of age • Immunisation coverage – at two years of age • Local Government Authorities with Municipal Public Health and Wellbeing Plans • Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities • Percentage of adolescents (aged 15) fully immunised for HPV • Participation rate of women in target age range screened for breast cancer • Public health responses initiated for urgent notifications within 48 hours • Anaphylaxis investigations commenced within one business day of notification attributable to food in people with a known allergy
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care 	Objective indicators are not allocated to individual ministerial portfolios.	Health workforce training and development	<ul style="list-style-type: none"> • Clinical placement student days (allied health) • Clinical placement student days (medicine) • Clinical placement student days (nursing and midwifery) • Funded FTE in formal PGY1 and PGY2 transition-to-practice programs • Funded FTE in formal allied health transition-to-practice programs • Funded positions in formal nursing and midwifery graduate programs

<ul style="list-style-type: none"> • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 			<ul style="list-style-type: none"> • Funded post graduate nursing and midwifery places at Diploma and Certificate level • Number of filled Victorian Rural Generalist Advanced Skills positions • Number of undergraduate nursing and midwifery scholarships supported • Scholarships for refresher programs and re-entry to practice courses for nurses and midwives • Sign-on bonuses for nursing and midwifery graduates • Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Non-admitted services	<ul style="list-style-type: none"> • Community palliative care episodes • Health Independence program direct contacts • Patients treated in Specialist Outpatient Clinics – unweighted • Post-acute clients not readmitted to acute hospital • Health Independence program clients contacted within three days of referral
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing 	Objective indicators are not allocated to individual ministerial portfolios.	Small rural services	<ul style="list-style-type: none"> • NWAU Eligible Separations • Service delivery hours in community health care • Small Rural Urgent Care Presentations • Percentage of health services accredited

<ul style="list-style-type: none"> • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 			
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Shing		
Portfolio	Ambulance Services		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Ambulance services	<ul style="list-style-type: none"> • Community Service Obligation emergency road and air transports • Community Service Obligation non-emergency road and air transports • Statewide emergency air transports • Statewide emergency road transports • Statewide non-emergency air transports • Statewide non-emergency road transports • Treatment without transport • Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards • Audited cases statewide meeting clinical practice standards • Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes • Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly • Proportion of patients very satisfied or satisfied with overall services delivered by paramedics • Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7 500 population

			<ul style="list-style-type: none"> Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Stitt		
Portfolio	Mental Health		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> Keep people healthy and safe in the community Care closer to home Keep improving care Improve Aboriginal health and wellbeing Move from competition to collaboration A stronger workforce A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Drug services	<ul style="list-style-type: none"> Number of clients on the Pharmacotherapy program Number of commenced courses of treatment through community-based drug treatment services Number of drug treatment activity units provided in community-based services Number of drug treatment activity units provided in residential-based services Number of needles and syringes provided through the Needle and Syringe program Number of phone contacts from family members seeking support Number of telephone, email, website contacts and requests for information on alcohol and other drugs Percent of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements Percentage of new clients accessing services (with no access in prior five years) Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt Percentage of residential rehabilitation clients remaining in treatment for ten days or more

			<ul style="list-style-type: none"> • Percentage of residential withdrawal clients remaining in treatment for two days or more • Percentage of treatment events ending in the reference period where a significant treatment goal is achieved • Median wait time between assessment and commencement of treatment • Median wait time between intake and assessment • Percentage of new licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons within six weeks following receipt of full information • Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	<p>Objective indicators are not allocated to individual ministerial portfolios.</p>	<p>Mental Health Clinical Care</p>	<ul style="list-style-type: none"> • Clinical inpatient separations • Number of community service hours (adult) • Number of community service hours (aged) • Number of community service hours (child and adolescent) • Number of consumers accessing clinical mental health services – adult • Number of consumers accessing clinical mental health services – child and adolescent • Number of consumers accessing clinical mental health services – older persons • Percentage of community cases newly opened • Percentage of occupied bed days (residential) • Percentage of occupied bed days (subacute) • Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards • Percentage of admissions with a preadmission contact – inpatient • Percentage of consumers followed up within 7 days of separation – inpatient (Child and Adolescent Mental Health Services)

		<ul style="list-style-type: none"> • Percentage of consumers followed up within 7 days of separation – inpatient (adult) • Percentage of consumers followed up within 7 days of separation – inpatient (older persons) • Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive • Percentage of families/carers reporting a ‘very good’ or ‘excellent’ overall experience of the service • Percentage of families/carers who report they were ‘always’ or ‘usually’ felt their opinions as a carer were respected • Percentage of mental health consumers reporting they ‘usually’ or ‘always’ felt safe using this service • Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours • Percentage of new consumers accessing services (with no access in prior five years) • Percentage of re-admissions within 28 days of separation – inpatient (older persons) • Percentage of re-admissions within 28 days of separation – inpatient (CAMHS) • Percentage of re-admissions within 28 days of separation – inpatient (adult) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic) • Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons) • Percentage of departures from emergency departments to a mental health bed within 8 hours
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<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Mental Health Community Support Services	<ul style="list-style-type: none"> • Client support units provided by community mental health support services • Clients receiving community mental health support services • Number of occupied bed days in community mental health support services providing residential services • Gamblers Help Service clients who receive a service within five days of referral • Website visitation to gambling-related information and Gambler's Help support services • Mainstream Gambler's Help client service hours provided by therapeutic and financial counselling activities
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Stitt		
Portfolio	Ageing		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Aged and home care	<ul style="list-style-type: none"> • Aged care assessments • Available bed days • Clients accessing aids and equipment • Personal alert units allocated • Applications for aids and equipment acknowledged in writing within 10 working days • Percentage of Comprehensive Assessments (community and in-hospital) for high-priority clients completed within the relevant timeframe • Percentage of Comprehensive Assessments (community and in-hospital) for low-priority clients completed within the relevant timeframe

			<ul style="list-style-type: none"> Percentage of Comprehensive Assessments (community and in-hospital) for medium-priority clients completed within the relevant timeframe Clients satisfied with the aids and equipment services system Funded research and service development projects for which satisfactory reports have been received Residential care services - registered Victorian Eyecare Service (Unique Patients Seen) Victorian Eyecare Service (Visual Aids prescribed)
<ul style="list-style-type: none"> Keep people healthy and safe in the community Care closer to home Keep improving care Improve Aboriginal health and wellbeing Move from competition to collaboration A stronger workforce A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Small Rural Services	<ul style="list-style-type: none"> Home and Community Care for Younger People – hours of service delivery Small rural available bed days Residential care services - registered
<ul style="list-style-type: none"> Keep people healthy and safe in the community Care closer to home Keep improving care Improve Aboriginal health and wellbeing Move from competition to collaboration 	Objective indicators are not allocated to individual ministerial portfolios.	Home and Community Care Program for Younger People	<ul style="list-style-type: none"> Home and Community Care for Younger People – hours of service delivery Home and Community Care for Younger People – number of clients receiving a service

<ul style="list-style-type: none"> • A stronger workforce • A safe and sustainable health system 			
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Blandthorn		
Portfolio	Children		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • Keep people healthy and safe in the community • Care closer to home • Keep improving care • Improve Aboriginal health and wellbeing • Move from competition to collaboration • A stronger workforce • A safe and sustainable health system 	Objective indicators are not allocated to individual ministerial portfolios.	Maternal and Child Health and Parenting Services	<ul style="list-style-type: none"> • Hours of additional support delivered through the Enhanced Maternal and Child Health program • Total number of Maternal and Child Health Service clients (aged 0 to 1 year) • Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications

* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Minister*	Horne		
Portfolio	Health Infrastructure		
Objective	Objective indicator/s	Output	Performance measures
<ul style="list-style-type: none"> • Keep people healthy and safe in the community 	Objective indicators are not allocated to individual ministerial portfolios.	Not applicable	Not applicable

<ul style="list-style-type: none">• Care closer to home• Keep improving care• Improve Aboriginal health and wellbeing• Move from competition to collaboration• A stronger workforce• A safe and sustainable health system			
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* Where Ministers share responsibility for outputs, initiatives or performance measures please detail where appropriate

Question 19

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

Response

Ministerial Portfolio	Name of agency/entity/body	Category of agency/entity/body
Ambulance Services	Ambulance Victoria	Statutory public entity (<i>Ambulance Services Act 1986</i>)
Children	Ballarat Early Parenting Centre (Grampians Health) Bendigo Early Parenting Centre (Bendigo Health) Geelong Early Parenting Centre (Monash Health) Whittlesea Early Parenting Centre (Mercy Public Hospitals Inc) Wyndham Early Parenting Centre (Tweddle Child and Family Health Service)	Statutory public entity (<i>Health Services Act 1988</i>)
Health / Mental Health / Ageing	Albury Wodonga Health Alexandra District Hospital Alpine Health Austin Health Bairnsdale Regional Health Service Barwon Health Bayside Health (incl Paula Fox Melanoma and Cancer Centre) Beaufort and Skipton Health Service Beechworth Health Service Benalla Health Bendigo Health Boort District Health Calvary Bethlehem Melbourne	Statutory public entity (<i>Health Services Act 1988</i>)

	<p>Casterton Memorial Hospital (merging with Western District Health Service effective 1 Apr 2026)</p> <p>Central Gippsland Health Service</p> <p>Central Highlands Rural Health</p> <p>Cohuna District Hospital</p> <p>Colac Area Health</p> <p>Corryong Health</p> <p>Dhelkaya Health</p> <p>Eastern Health</p> <p>East Grampians Health Service</p> <p>East Wimmera Health Service</p> <p>Echuca Regional Health</p> <p>Goulburn Valley Health</p> <p>Grampians Health</p> <p>Great Ocean Road Health</p> <p>Heathcote Health</p> <p>Hesse Rural Health Service</p> <p>Heywood Rural Health</p> <p>Inglewood and Districts Health Service</p> <p>Kerang District Health</p> <p>Kyabram District Health Service</p> <p>Latrobe Regional Hospital</p> <p>Mallee Track Health and Community Service</p> <p>Mansfield District Hospital</p> <p>Maryborough District Health Service</p> <p>Melbourne Health</p> <p>Mercy Public Hospitals Inc</p> <p>Mildura Base Public Hospital</p> <p>Monash Health</p> <p>Moyne Health Services</p>	
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	<p>NCN Health Northeast Health Wangaratta Northern Health Omeo District Health Oral Health Victoria Orbost Regional Health Parkville Youth Mental Health and Wellbeing Service Peter MacCallum Cancer Centre Portland District Health The Queen Elizabeth Centre Robinvale District Health Services Rochester and Elmore District Health Service The Royal Children's Hospital The Royal Victorian Eye and Ear Hospital The Royal Women's Hospital Rural Northwest Health Seymour Health South Gippsland Hospital South West Healthcare St Vincent's Hospital Swan Hill District Health Tallangatta Health Service Terang and Mortlake Health Service Timboon and District Healthcare Service Tweddle Child and Family Health Service Western Health West Gippsland Healthcare Group West Wimmera Health Service Western District Health Service Yarram and District Health Service</p>	
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	Yarrawonga Health Yea and District Memorial Hospital	
Health	Safer Care Victoria	Administrative Office
Health	Ballarat Community Health Barwon Health Bendigo Community Health Service Cohealth Gateway Health Gippsland Lakes Complete Health Grampians Community Health Latrobe Community Health Service	Registered community health service (under the <i>Health Services Act 1988</i>)
Health	Victorian Comprehensive Cancer Centre Ltd	Joint venture (VCCC Alliance)
Health	Ballarat General Cemeteries Trust Geelong Cemeteries Trust Greter Metropolitan Cemeteries Trust Remembrance Parks Central Victoria Southern Metropolitan Cemeteries Trust	Statutory public entity (<i>Cemeteries and Crematoria Act 2003</i>)
Mental Health / Health Infrastructure / Transport Infrastructure	Victorian Infrastructure Delivery Authority (incorporates the Victorian Health Building Authority)	Administrative office of the Department of Transport and Planning
Mental Health	Mental Health and Wellbeing Commission	Statutory Commission (<i>Mental Health and Wellbeing Act 2022</i>)
Mental Health	Victorian Collaborative Centre for Mental Health and Wellbeing	Statutory entity (<i>Mental Health and Wellbeing Act 2022</i>)
Mental Health	Victorian Institute of Forensic Mental Health (incl Thomas Embling Hospital)	Statutory entity (<i>Mental Health and Wellbeing Act 2022</i>)

b) Please identify functions that have been moved into the department in line with the Government's response to the Independent Review of the Public Service⁴² (or are planned to be moved in this budget year and over the estimates)?

⁴² Victorian Government, *Ensuring the public sector is focused on what matters most*, Melbourne, 2025, p. 9.

Function	Entity previously responsible for function	What is/will be the impact on the department of taking on these functions? (including budgetary and service delivery impacts)	What is/will be the impact on the function of moving it into the department?
Procurement and logistics services to Victoria's public health services.	HealthShare Victoria	The department has commenced a coordinated, portfolio-level approach to implementation planning for the three entity integrations.	HealthShare Victoria will be abolished as a standalone entity, with its functions absorbed into the department.
Management of complaints about health service providers and about the management of health information under the <i>Health Records Act 2001</i> .	Health Complaints Commissioner	The department has commenced a coordinated, portfolio-level approach to implementation planning for the three entity integrations.	The Health Complaints Commissioner will be absorbed into Safer Care Victoria, an administrative office of the Department of Health. This will streamline operations and reduce administrative overheads.
Delivery of health promotion activities across Victoria.	Victorian Health Promotion Foundation (VicHealth)	The department has commenced a coordinated, portfolio-level approach to implementation planning for the three entity integrations.	VicHealth will be abolished as a standalone entity, with its functions absorbed into the department.

Departmental objectives

Question 20 – new objectives

For all new departmental objectives in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a) a description of the objective
- b) an explanation of why the objective was added
- c) related outputs
- d) related objective indicators
- e) how the departmental objective aligns with Government objectives and priorities.

Response

Output	
Description of the objective	Nil
Explanation of why the objective was added	Nil
Related outputs	Nil
Related objective indicators	Nil
How departmental objective aligns with Government objectives and priorities	Nil

Question 21 - – modified objectives

For all modified departmental objectives in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a) a description of changes made to the objective
- b) an explanation of why the objective was changed.

Response

Output	
Description of changes made to the objective	Nil
Explanation of why the objective was changed	Nil

Question 22

For all discontinued departmental objectives in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a. a description of the objective
- b. an explanation of why the objective was discontinued
- c. any objectives that will replace the discontinued objective in part or in full.

Response

Output	
Description of the objective	Nil
Explanation of why the objective was discontinued	Nil
Any objectives that will replace the discontinued objective	Nil

Objective indicators

Question 23 – new indicators

For all new objective indicators in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a. the related objective
- b. a description of the indicator
- c. an explanation of why the indicator was added
- d. the assumptions and methodology underpinning the indicator
- e. the target (if applicable)
- f. how the target was set (if applicable)
- g. any shortcomings of the indicator, including data limitations, that limit the ability to assess performance against departmental objectives.

Response

Output	
Related objective	Nil
Description of the indicator	Nil
Why the indicator was added	Nil
Assumptions and methodology underpinning the indicator	Nil
Target	Nil
How the target was set	Nil
Any shortcomings of the indicator, including data limitations	Nil

Question 24 – modified objective indicators

For all modified objective indicators in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a. a description of changes made to the indicator
- b. an explanation of why the indicator was changed.

Response

Output	
Description of changes made to the indicator	Nil
Explanation of why the objective was changed	Nil

Question 25 – discontinued indicators

For all discontinued objective indicators in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a) a description of the indicator
- b) an explanation of why the indicator was discontinued
- c) any impacts on the ability to measure achievement of departmental objectives
- d) any indicators that will replace the discontinued indicator in part or in full.

Response

Output	
Description of the objective	Nil
Explanation of why the objective was discontinued	Nil
Any impacts on the ability to measure achievement of departmental objectives	Nil
Any indicators that will replace the discontinued indicator	Nil

Outputs

Question 26 – new outputs

For all new outputs in the 2026–27 Department Performance Statement: Service Delivery, please provide:

- a) a description of the output
- b) an explanation of why the output was added
- c) related performance measures
- d) how the output will contribute to outcomes in terms of departmental objectives.

Response

Output	
Description of the output	Nil
Explanation of why the output was added	Nil
Related performance measures	Nil
How the output will contribute to outcomes in terms of departmental objectives	Nil

Question 27 - modified outputs

For all modified outputs in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a) a description of changes made to the output
- b) an explanation of why the output was changed.

Response

Output	
Description of changes made to the output	Nil
Explanation of why the output was changed	Nil

Question 28 - discontinued outputs

For all discontinued outputs in the *2026–27 Department Performance Statement: Service Delivery*, please provide:

- a) a description of the output
- b) an explanation of why the output was discontinued
- c) any impacts on the achievement of departmental objectives
- d) any outputs that will replace the discontinued output in part or in full.

Response

Output	
Description of the output	Nil
Explanation of why the output was discontinued	Nil
Any impacts on the achievement of departmental objectives	Nil
Any outputs that will replace the discontinued output	Nil

Performance measures

Question 29 – new performance measures

For all new performance measures in the 2026–27 Department Performance Statement, please provide:

- the output the measure relates to
- a description 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, including data limitations.

Response

Performance measure	Average number of Victorian Virtual Emergency Department (VVED) calls received per day
Output the measure relates to	Emergency Services
Description of the measure	Target from 2026-27 to be 1,250 average calls per day. The inclusion of Victorian Virtual Emergency Department (VVED) call volume as a performance metric within the Department Performance Statement (DPS) measure is warranted given the significant investment announced in the 2025–26 Victorian Budget, which allocated \$437 million to expand the VVED. The number of calls received is a key activity indicator that reflects service utilisation and operational demand. Furthermore, expanded call targets have been publicly announced, reinforcing the importance of tracking this metric to assess performance against government commitments.
Assumptions and methodology underpinning the measure	The average calls per day is a key metric to demonstrate activity levels and demand for the VVED service across the financial year.
How target was set	Set in partnership with Northern Health, based on previous year's growth and demand.
Shortcomings of the measure, including data limitations	Nil

Question 30 – modified performance measures

For all existing performance measures with an associated target that has been modified in the *2026–27 Department Performance Statement*, please provide:

- the output the measure relates to
- a description 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 2024–25, if applicable and the 2025–26 expected outcome
- the methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget.

Response

Performance measure	Palliative separations
Output the measure relates to	Admitted Services
Description/purpose of the measure	The number of palliative care separations in public hospitals. A separation occurs when a patient is discharged from hospital or when they change care type.
The previous target	7,816 (number)
The new target and how it was set	8,271 (number)
The justification for changing the target	The increased target reflects the average growth in demand for admitted palliative care over the previous three financial years. The result has been above target since 2021-22 due to increasing service demand. Currently health services have responded using sub-acute capacity (national weighted activity unit) to support local demand.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	Both the 2024-25 result and the 2025-26 expected outcome reflect the consistently increasing demand for admitted palliative care. Health services have responded using subacute capacity (national weighted activity unit) to support local demand.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	The 2025-26 estimated outcome was calculated using the reported Q1 and Q2 YTD activity and the estimated Q3 and Q4 activity.

Performance measure	Total separations – all hospitals
Output the measure relates to	Admitted Services
Description/purpose of the measure	The number of hospital separations is a measure of public hospital admitted patient throughput. A separation occurs when an admitted patient's episode of care ends (discharged from hospital, transfer, death or change in care type).
The previous target	2,088 (number (thousand))
The new target and how it was set	2,283 (number (thousand))
The justification for changing the target	Target adjusted to reflect current activity levels.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	2024-25 target was met. The 2025-26 expected outcome is higher than the target as activity was higher than anticipated with population growth as key driver.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand. This takes into consideration historical activity.

Performance measure	NWAU funded separations – all hospitals except small rural health services
Output the measure relates to	Admitted Services
Description/purpose of the measure	This measure includes public hospital admitted patient activity funded by NWAU. Small rural health services are block funded and are therefore excluded from this measure. A separation occurs when a patient is discharged from hospital or when they change care type e.g. from acute to rehabilitation.
The previous target	1,894 (number (thousand))
The new target and how it was set	2,084 (number (thousand))
The justification for changing the target	The target for this measure has been updated to include MH admitted activity brought into scope for NWAU funding in 2024-25.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result is higher than the target. Mental health admitted activity was brought into scope for national weighted activity unit (NWAU) funding in 2024–25, contributing to an increase in funded separations. Based on the NWAU value of activity funded by the department, the variance is estimated at around 3.5%.

	The 2025-26 expected outcome to exceed the target. Mental Health admitted activity was brought into scope for NWAU (national weighted activity unit) funding in 2024-25, contributing to an increase in funded separations. Target to be adjusted in 2026-27 to include Mental Health admitted activity.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand.

Performance measure	NWAU funded emergency separations – all hospitals
Output the measure relates to	Admitted Services
Description/purpose of the measure	This measure includes public hospital emergency department activity funded by NWAU. A separation occurs when a patient is discharged from hospital or when they change care type e.g. from acute to rehabilitation.
The previous target	710 (number (thousand))
The new target and how it was set	759 (number (thousand))
The justification for changing the target	Target adjusted to reflect current activity levels.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	2024-25 result within 5% variance. 2025-26 expected outcome to exceed the target, and reflects activity driven by demand.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand. This takes into consideration historical activity.

Performance measure	Number of undergraduate nursing and midwifery scholarships supported
Output the measure relates to	Health Workforce Training and Development
Description/purpose of the measure	This measures the number of undergraduate nursing and midwifery scholarship instalments paid to eligible students.
The previous target	3,959 (number)
The new target and how it was set	1,750 (number) This number is based on the number of students enrolled in the program and expected to receive a scholarship instalment in 2026-27.

The justification for changing the target	Target adjusted to reflect the number of scholarship instalments anticipated to be paid for 2026-27, which is based on the number of students who will be eligible.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result is lower than target because this measure is demand driven, based on eligibility criteria. The outcome reflects the number of scholarships approved for eligible individuals. The 2025-26 expected outcome is likely to meet target.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand for the program. This takes into consideration historical activity.

Performance measure	Scholarships for refresher programs and re-entry to practice course for nurses and midwives
Output the measure relates to	Health Workforce Training and Development
Description/purpose of the measure	This measures the number of nurse and midwife scholarships for refresher programs and re-entry to practice courses paid to eligible participants.
The previous target	250 (number)
The new target and how it was set	54 (number) This number is based on anticipated program demand.
The justification for changing the target	Target adjusted to reflect the anticipated demand for the program.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result was lower than target due to lower than anticipated demand across health services for the Refresher program. The 2025-26 result was lower than target due to lower than anticipated demand across health services for the Refresher program.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	The methodology is based on actual demand from health services. Data is collected in real-time through and Expression of Interest process.

Performance measure	Sign-on bonuses for nursing and midwifery graduates
Output the measure relates to	Health Workforce Training and Development

Description/purpose of the measure	This measures the number of undergraduate nursing and midwifery graduate sign-on bonus instalments paid to eligible participants.
The previous target	2,850 (number)
The new target and how it was set	3,000 (number) This number is based on the number of individuals left in the program and expected to receive an instalment in 2026-27.
The justification for changing the target	Target adjusted to reflect the number of instalments anticipated to be paid for 2026-27, which is based on the number of eligible individuals.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result was higher than the target because this measure is demand-driven, reflecting high levels of attraction and retention of graduate nurses and midwives within the Victoria public health system. The 2025-26 will come in over target. This above target results reflects higher levels of retention within the Victorian public health system of graduate registered nurses/registered midwives from 2022, 2023 and 2024
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand for the program. This takes into consideration historical activity.

Performance measure	Number of consumers accessing clinical mental health services – older persons
Output the measure relates to	Mental Health Clinical Care
Description/purpose of the measure	The number of consumers admitted to or receiving clinical contact from a public clinical mental health service classified as an aged service.
The previous target	9,298 (number)
The new target and how it was set	12,107 (number)
The justification for changing the target	
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result was higher than the target due to a greater number of older adults being seen by health services in the community. The result highlights the significant work undertaken by health services to improve access to community mental health services over the past two years.

	The 2025-26 expected outcome is higher than the target reflecting more inpatient and community mental health services are available for older Victorians, including the establishment of new dedicated older adult community teams.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Reported prior FY result

Performance measure	Client support units provided by community mental health support services
Output the measure relates to	Mental Health Community Support Services
Description/purpose of the measure	The average number of clients receiving Mental Health Community Support Services (MHCSS) under the specified funded activities.
The previous target	600 (number)
The new target and how it was set	750 (number)
The justification for changing the target	Target increased due to continued overperformance.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 outcome and 2025-26 expected outcome are higher than the target due to service demand and capacity.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Q2, Q3 and Q4 is Line of best fit forecast based on quarterly actuals. Expected EOY result is the sum of Q1 to Q4.

Performance measure	Patients treated in Specialist Outpatient Clinics – unweighted
Output the measure relates to	Non-Admitted Services
Description/purpose of the measure	A simple measure of hospital outpatient activity counting service events by Tier 2 category. A non-admitted patient service event is defined as an interaction between a healthcare provider with a non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.
The previous target	2,007 (number (thousand))
The new target and how it was set	2,790 (number (thousand)) The new target based on the 2024-25 actual result using the new business rules.

The justification for changing the target	Business rules were refined in 2025-26 to update the data source (from AIMS to VINAH) and in-scope health services. The target adjustment is to reflect current activity levels that are delivered through existing funding.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result is higher than the target, which is a positive reflection of performance, with a greater volume of patients treated. The 2025-26 expected outcome is higher than the target due to revised specifications that more accurately reflect activity.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual results and 12-month average results.

Performance measure	Number of patients admitted from the planned surgery waiting list
Output the measure relates to	Admitted Services
Description/purpose of the measure	The total number of patients admitted from the planned surgery waiting list
The previous target	210,000
The new target and how it was set	214,000 The new target was set using a mixture of data from Elective Surgery Information System (ESIS) for existing reporting health services and 2024-25 surgical activity from the Victorian Admitted Episodes Dataset (VAED) for newly reporting ESIS health services / campuses.
The justification for changing the target	The 2026-27 target reflects updates to reporting.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result was slightly higher than the target, which is a positive reflection of performance, with a greater volume of patients treated. 2025-26 expected outcome is the target will be met.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Planned Care Accountability Framework engagement approach with health services, where nuanced phased targets are set and health service specific year-end estimations are advised through mid-year review process in Q3.

Performance measure	Women screened for breast cancer by BreastScreen Victoria
Output the measure relates to	Public Health
Description/purpose of the measure	Indicates the magnitude of screening, in terms of number of women screened to detect breast cancer in its early and most treatable stage.
The previous target	292,000 (number)
The new target and how it was set	303,000 (number)
The justification for changing the target	The target increase reflects funding expansion and related performance expectations for BreastScreen Victoria. The 2024-25 target increased from 282,000 to 292,000 for 2025-26. The higher 2025-26 target reflects the 2022 election commitment to screen an additional 36,000 eligible women by 2026-27.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	In 2024-25 the target was exceeded. In 2025-26, the expected outcome is at or just below target.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Count of total number of women screened through BreastScreen Victoria.

Performance measure	Small Rural Urgent Care Presentations
Output the measure relates to	Small Rural Services
Description/purpose of the measure	The measure will enable understanding of the demand for, and delivery of, emergency care in small rural communities.
The previous target	93 (number (thousand))
The new target and how it was set	86 (number (thousand))
The justification for changing the target	For 2026–27, the scope has been refined to exclude services that are no longer classified as small rurals, resulting in a revised cohort and a reduction target.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result is higher than the target. The data shows an increase in presentations to urgent care centres in popular tourist areas such as Daylesford, and along the Great Ocean Road and the Murray River. There was also growth in presentations to urgent care centres in peri-urban areas experiencing population growth. The 2025-26 expected outcome is projected to exceed the target. Increased activity is projected primarily in urgent care centres located in peri-urban areas reflecting

	population growth, and in urgent care centres situated in popular tourist locations. Urgent care clinic activity in more isolated small rural health services remains static.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand.

Performance measure	Persons treated
Output the measure relates to	Dental Services
Description/purpose of the measure	Measures the number of people who receive public dental treatment.
The previous target	332,150 (number)
The new target and how it was set	334,650 (number)
The justification for changing the target	The 2026-27 target reflects the impact of funding provided in the 2026-27 Budget.
An explanation of why the target was not met in 2024–25, if applicable, and the 2025–26 expected outcome	The 2024-25 result is lower than the target due to increased complexity of treatment (more visits) per client. Increased activity in Smile Squad and public dental workforce challenges have also affected the outcome. The department continues to support Oral Health Victoria to implement initiatives that increase the oral health workforce. The 2025-26 expected outcome is projected to reach the target.
The methodology behind estimating the 2025–26 expected outcome in the 2026–27 Budget	Methodology is based on actual and forecasted demand.

Measure Name change:

Performance measure	Percentage of Comprehensive Assessments for medium-priority clients completed within the relevant timeframe in all settings
Output the measure relates to	Aged and Home Care
Description/purpose of the measure	The performance measure, 'Percentage of Comprehensive Assessments for medium-priority clients completed within the relevant timeframe in all settings' has been renamed to align with the new Commonwealth agreement.
The previous measure name	Percentage of Comprehensive Assessments for medium-priority clients completed within the relevant timeframe in all settings

The new 2026-27 measure name	Percentage of Comprehensive Assessments (community and in-hospital) for medium-priority clients completed within the relevant timeframe
The justification for changing the target	New Commonwealth contract

Performance measure	Percentage of Comprehensive Assessments for high priority clients completed within the relevant timeframe in all settings
Output the measure relates to	Aged and Home Care
Description/purpose of the measure	The performance measure, 'Percentage of Comprehensive Assessments for high-priority clients completed within the relevant timeframe in all settings' has been renamed to align with the new Commonwealth agreement.
The previous measure name	Percentage of Comprehensive Assessments for high priority clients completed within the relevant timeframe in all settings
The new 2026-27 measure name	Percentage of Comprehensive Assessments (community and in-hospital) for high-priority clients completed within the relevant timeframe
The justification for changing the target	New Commonwealth contract

Performance measure	Percentage of Comprehensive Assessments for low priority clients completed within the relevant timeframe in all settings
Output the measure relates to	Aged and Home Care
Description/purpose of the measure	Assessment Organisations are adapting to the Commonwealth's new Single Assessment System and the new Aged Care Act. Comprehensive and Hospital assessments only, does not include Home Support assessments. The performance measure, 'Percentage of Comprehensive Assessments for low-priority clients completed within the relevant timeframe in all settings' has been renamed to align with the new Commonwealth agreement.
The previous measure name	Percentage of Comprehensive Assessments for low priority clients completed within the relevant timeframe in all settings

The new 2026-27 measure name	Percentage of Comprehensive Assessments (community and in-hospital) for low-priority clients completed within the relevant timeframe
The justification for changing the target	New Commonwealth contract

Performance measure	Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening
Output the measure relates to	Public Health
Description/purpose of the measure	Indicates the level of activity to identify individuals who are at risk of tuberculosis (TB) infection. Cases of active TB have a risk assessment to identify situations where others may have been put at risk of TB transmission.
The previous measure name	Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening
The new 2026-27 measure name	Persons screened for prevention and early detection of tuberculosis
The justification for changing the target	This measure was renamed to 'Persons screened for prevention and early detection of tuberculosis' as data collected only relates to tuberculosis not any other conditions.

Performance measure	Public health responses initiated for urgent notifications within 24 hours
Output the measure relates to	Public Health
Description/purpose of the measure	Measures the timeliness of the department's response to urgent notifications.
The previous measure name	Public health responses initiated for urgent notifications within 24 hours
The new 2026-27 measure name	Public health responses initiated for urgent notifications within 48 hours
The justification for changing the target	This measure was renamed to 'Public health responses initiated for urgent notifications within 48 hours'. The move to a 48-hour timeframe is based on aligning with existing response protocols, rather than a change in actual performance data.

Performance measure	Residential care services accredited
Output the measure relates to	Aged and Home Care

Description/purpose of the measure	Indicates the extent to which public sector residential care services are registered in accordance with Commonwealth requirements to deliver aged care services and receive Commonwealth funding, as set out in legislation.
The previous measure name	Residential care services accredited
The new 2026-27 measure name	Residential aged care services - registered
The justification for changing the target	The performance measure, 'Residential care services accredited' has been renamed to reflect language changes in the New Aged Care Act 2024 (Commonwealth).

Performance measure	Residential care services accredited
Output the measure relates to	Small Rural Services
Description/purpose of the measure	Indicates the extent to which public sector residential care services are registered in accordance with Commonwealth requirements to deliver aged care services and receive Commonwealth funding, as set out in legislation.
The previous measure name	Residential care services accredited
The new 2026-27 measure name	Residential aged care services - registered
The justification for changing the target	The performance measure 'Residential care services accredited' has been renamed to reflect language changes in the New Aged Care Act 2024 (Commonwealth).

Question 31 - discontinued performance measures

For performance measures that are identified as to be discontinued in the *2026–27 Department Performance Statement*, please provide:

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

Response

Performance measure	Average waiting time (calendar days) from referral to assessment
Output the measure related to	Aged and Home Care
Description/purpose of the measure and year introduced	This measure counts the average number of days between a client being referred to being assessed for their care requirements. Performance targets are based on the category of the client – high priority referrals require a response within 48 hours; medium priority referrals require a response time between 2 and 14 days; low priority referrals require a response in more than 14 days and within 36 days. Assessments can be made in either a hospital or community-based setting. Actual measurement is from referral to ‘first clinical intervention’ - usually face-to-face assessment. Introduced: 2017-18
The previous target	16 days (in 2023-24)
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	No target was set for 2025-26 as following the implementation of the Commonwealth’s new Single Assessment System, this measure duplicates timeliness measures and has been discontinued. The three timeliness measures (Percentage of Comprehensive Assessments for high/low/medium-priority clients completed within the relevant timeframe in all settings) will be adjusted to align with new KPIs under the new single assessment system.
Performance measures that will replace the discontinued measure	Nil

Performance measure	Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ)
Output the measure related to	Public Health

Description/purpose of the measure and year introduced	Food Standards Australia New Zealand (FSANZ) seeks public submissions to applications and proposals to change the Food Code. The standard consultation period is six weeks but may be longer for complex matters or shorter for urgent proposals that are subject to statutory timeframes. This measure tracks whether the department meets the submission deadlines. Introduced: 2023-24
The previous target	100 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure has been transferred to the Department of Energy, Environment and Climate Action.
Performance measures that will replace the discontinued measure	Nil

Performance measure	Enquiries related to food regulation are responded to within 5 business days
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	This measure replaced 'Calls to food safety hotlines that are answered' to better manage and prioritize enquiries based on risk. Introduced: 2025-26
The previous target	98 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure has been transferred to the Department of Energy, Environment and Climate Action.
Performance measures that will replace the discontinued measure	Nil

Performance measure	Number of sales to minors test purchases undertaken
Output the measure related to	Public Health

Description/purpose of the measure and year introduced	The number of sales to minor test purchases of tobacco retailers undertaken by local councils under the Municipal Association of Victoria (MAV) Tobacco Education and Enforcement Program Service Agreement. Introduced: 2021-22
The previous target	3,000 (number)
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure is being discontinued to reflect changes in regulatory activity in line with other jurisdictions.
Performance measures that will replace the discontinued measure	Nil

Performance measure	Percentage of high-risk food recalls acted upon within 24 hours in circumstances where activity in Victoria was required within 24 hours
Output the measure related to	Public Health
Description/purpose of the measure and year introduced	Food recalls occur because a food has been found to be unsafe due to contamination by microorganisms, chemicals, physical hazards or undeclared allergens. This measure reflects the need for critical timeline processes to be in place to ensure that there is a response within a 24-hour window to high-risk food recalls. Introduced: 2025-26
The previous target	100 per cent
When the target was last modified and reason for modification	Nil
The justification for discontinuing the measure	This measure has been discontinued from the Department and has been transferred to the Department of Energy, Environment and Climate Action.
Performance measures that will replace the discontinued measure	Nil

Employees

Question 32

The Victorian Government's response to the Independent Review of the Victorian Public Service stated that the Government will reduce executive-like roles by 332 and reduce the proportion of senior VPS5 and VPS6 positions. In terms of the Government's response, please indicate:

- the planned number roles reduced in 2025–26 by VPS/Executive classification (Please list each level and actual FTE)
- the number of roles planned for reduction in 2026–27 by VPS/Executive classification (Please list each level and actual FTE)
- anticipated total budgeted savings made as part of the Review for 2025–26 (\$ million)
- anticipated total budgeted savings made as part of the Review for 2026–27 (\$ million)
- the functions within the department expected to be impacted by the reduction of roles
- the impact of role reductions on service delivery.

Response

Number of roles planned for reduction in 2025–26 by VPS/Executive classification (Actual FTE)	Number of roles planned for reduction in 2026–27 by VPS/Executive classification (Actual FTE)	Anticipated total budgeted savings for 2025–26 (\$ million)	Anticipated total budgeted savings in 2026–27 (\$ million)	Functions expected to be impacted by the reduction of roles	Impact of the role reductions on service delivery
<p>The Department removed 25 executive roles from its structure in February 2026 following the <i>Independent Review of the Victorian Public Service</i> to achieve the target set by the Review and wider savings and efficiencies.</p> <p>The Department is currently undertaking a major change process under the <i>VPS Enterprise Agreement 2024</i>, which will</p>	<p>It is intended that all planned reductions occur prior to 1 July 2026</p>	<p>Anticipated savings depend on the number of VPS roles reduced. This is subject to outcomes of consultation underway as part of the major change process under the <i>VPS Enterprise Agreement 2024</i>.</p>		<p>The department expects that reductions to executives and senior VPS and executive office support roles will be broadly offset by more efficient ways of working, enabled by increasing spans of control and reduced layers of hierarchy.</p>	<p>Frontline service delivery will not be impacted.</p>

result in the reduction of VPS roles. The number of VPS roles reduced is subject to outcomes of consultation underway as part of that process.				
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Question 33

Please provide the department's (actual/expected/forecast) Full Time Equivalent (FTE) staff numbers for the financial years ending 30 June 2025, 30 June 2026 and 30 June 2027:

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

Guidance

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

Response

a)

Classification	As at 30-06-2025		As at 30-06-2026		As at 30-06-2027	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Secretary	1.0	0.04%	1.0	0.05%	1.0	0.05%
EO-1 (SES 3)	5.0	0.22%	7.5	0.36%	7.5	0.37%
EO-2 (SES 2)	40.3	1.77%	30.3	1.46%	30.3	1.49%
EO-3 (SES 1)	91.2	4.00%	72.7	3.50%	71.7	3.53%
Senior Medical Advisor (SMA)	8.8	0.39%	9.0	0.43%	8.5	0.42%

Senior Technical Specialist (STS) (VPS Grade 7)	18.0	0.79%	17.2	0.83%	15.4	0.76%
VPS Grade 6	684.1	30.01%	544.8	26.24%	529.8	26.11%
VPS Grade 5	805.1	35.32%	768.3	37.00%	751.8	37.05%
VPS Grade 4	353.1	15.49%	361.5	17.41%	350.9	17.29%
VPS Grade 3	172.3	7.56%	160.0	7.71%	158.0	7.79%
VPS Grade 2	40.3	1.77%	48.2	2.32%	48.2	2.38%
VPS Grade 1	5.4	0.24%	4.0	0.19%	4.0	0.20%
Other (Please specify)*	54.9	2.41%	52.0	2.50%	52.0	2.56%
Total	2,279.4	100.00%	2,076.5	100.00%	2,029.1	100.00%

Note:

- Actual FTE as at 30 June 2025 – Source data: Department of Health Annual Report 2024-2025 (page 43-44), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP Employee System. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2026 and Forecast FTE as at 30 June 2027 – Source data: Department of Health FTE Dashboard (data at 15 April 2026 was used to forecast FTE at 30 June 2026 and 30 June 2027). Forecasts account for the expiry of fixed-term roles and reductions made in relation to the department's response to the Silver Review. Note: The final number of VPS role reductions is subject to outcomes of consultation underway as part of the major change process under the VPS Enterprise Agreement 2024. Forecasts exclude Safer Care Victoria.
- Forecasts do not represent any change to FTE in relation to the Silver Review's proposed changes to VicHealth, the Health Complaints Commission and HealthShare Victoria as they relate to the Department of Health.
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- *Other classification includes solicitors, nurses and scientists.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

b)

Category	As at 30-06-2025		As at 30-06-2026		As at 30-06-2027	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)

Ongoing	1,937.1	84.98%	1,770.0	85.24%	1,770.0	87.23%
Fixed-term	337.7	14.82%	302.3	14.56%	254.9	12.56%
Casual	4.5	0.20%	4.2	0.20%	4.2	0.21%
Total	2,279.4	100.00%	2,076.5	100.00%	2,029.1	100.00%

Note:

- Actual FTE as at 30 June 2025 – Source data: Department of Health Annual Report 2024-2025 (page 43-44), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP Employee System. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2026 and Forecast FTE as at 30 June 2027 – Source data: Department of Health FTE Dashboard (data at 15 April 2026 was used to forecast FTE at 30 June 2026 and 30 June 2027). Forecasts account for the expiry of fixed-term roles and reductions made in relation to the department's response to the Silver Review.
- The final number of VPS role reductions is subject to outcomes of consultation underway as part of the major change process under the VPS Enterprise Agreement 2024. Forecasts exclude Safer Care Victoria.
- Forecasts do not represent any change to FTE in relation to the Silver Review's proposed changes to VicHealth, the Health Complaints Commission and HealthShare Victoria as they relate to the Department of Health.
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

c)

Identification	As at 30-06-2025		As at 30-06-2026		As at 30-06-2027	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
Men	756.2	33.18%	695.6	33.50%	682.1	33.62%
Women	1,469.7	64.48%	1,331.8	64.14%	1,298.9	64.01%
Self-described	53.4	2.34%	49.1	2.36%	48.1	2.37%
Total	2,279.4	100.00%	2,076.5	100.00%	2,029.1	100.00%

Notes:

- Actual FTE as at 30 June 2025 – Source data: Department of Health Annual Report 2024-2025 (page 43-44), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP Employee System. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2026 and Forecast FTE as at 30 June 2027 – Source data: Department of Health FTE Dashboard (data at 15 April 2026 was used to forecast FTE at 30 June 2026 and 30 June 2027). Forecasts account for the expiry of fixed-term roles and reductions made in relation to the department’s response to the Silver Review.
- The final number of VPS role reductions is subject to outcomes of consultation underway as part of the major change process under the VPS Enterprise Agreement 2024. Forecasts exclude Safer Care Victoria.
- Forecasts do not represent any change to FTE in relation to the Silver Review’s proposed changes to VicHealth, the Health Complaints Commission and HealthShare Victoria as they relate to the Department of Health.
- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- Methodology based on Financial Reporting Directions #29: Workforce data disclosures in the Report of Operations – public service employees.

d)

Identification	As at 30-06-2025		As at 30-06-2026		As at 30-06-2027	
	(Actual FTE Number)	(% of total staff)	(Expected FTE Number)	(% of total staff)	(Forecast FTE Number)	(% of total staff)
People who identify as Aboriginal or Torres Strait Islander	28.9	1.27%	25.8	1.24%	25.0	1.23%
People who identify as having a disability	54.0	2.37%	46.6	2.24%	46.6	2.30%

Notes:

- Actual FTE as at 30 June 2025 – Source data: Department of Health Annual Report 2024-2025 (page 43-44), available at: <https://www.health.vic.gov.au/department-of-health-annual-report> and SAP Employee System. Data excludes Safer Care Victoria.
- Expected FTE as at 30 June 2026 and Forecast FTE as at 30 June 2027 – Source data: Department of Health FTE Dashboard (data at 15 April 2026 was used to forecast FTE at 30 June 2026 and 30 June 2027). Forecasts account for the expiry of fixed-term roles and reductions made in relation to the department’s response to the Silver Review.

- There may be rounding errors in FTE tables due to data being formatted to one decimal place.
- The department generally uses People Matter Survey (PMS) results to measure composition of the workforce of people with disability, aligned to whole-of-government reporting for *Getting to Work: Victorian Public Sector Disability Employment Action Plan*. From the 2025 PMS, 176 respondents identified as a person with disability. This represents 9.04% of total respondents from the 2025 PMS. Staff numbers reported using PMS data is greater than actual SAP Employee System data as PMS is an anonymous survey and employees with a disability may be more willing to identify as a person with a disability in circumstances where they may remain anonymous.

Workforce capability and capacity

Question 34

What are the main gaps in the department's capability and capacity identified in the 2025–26 financial year, and expected in the 2026–27 and 2027–28 financial years?

Response

Financial year	Main gaps in capability and capacity
2025–26	The department is actively working to strengthen core public administration capabilities, including in respect of financial and people management. Despite the department's concerted efforts to attract suitable specialist talent, it has faced challenges in recruiting senior Information Technology (IT) roles (such as IT Architects, Cyber Security experts, Advanced Microsoft 365 product or program managers and developers), as well as senior Solicitors and senior Public Health experts (i.e. Epidemiologists).
2026-2027	Identified capability and capacity gaps are expected to diminish over future years due to interventions including proactive and targeted learning and development program implementation, workforce planning, talent succession and pipeline strategies, and continuous evaluation of the department's evolving capability requirements.
2027-2028	Capability and capacity assessments will continue to be conducted and reviewed annually, with capability programs implemented to address identified areas.

Contractors

Guidance

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

Question 35

For each of the 2024–25, 2025–26 and 2026–27 financial years, please outline the actual, expected or anticipated:

- spend on contractors
- occupation categories for those contractors
- total number of contractor arrangements.

Response

	2024–25 (actual)	2025–26 (expected)	2026–27 (anticipated)
Spend	\$264,307,353	Year to date (31 March 2026): \$157,131,166	Contractor spend is allocated based on a budget request and assessment process and, subject to internal controls, is approved based on assessment of specific business needs. Financial delegates are responsible for the decision to engage contractors, which cannot be forecast in advance. The department therefore cannot accurately forecast anticipated future expenditure
Occupation categories	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Facilities Management 	Typical Contractors Occupation Categories include: <ul style="list-style-type: none"> Facilities Management Information Communications and Technology 	Not Known

	<ul style="list-style-type: none"> • Information Communications and Technology • Specialised Services • HR Services • Health Services • Drugs & Pharmaceutical Products • Marketing and Advertising • Laboratories and Research • Logistics • Professional Services 	<ul style="list-style-type: none"> • Specialised Services • HR Services • Health Services • Drugs & Pharmaceutical Products • Marketing and Advertising • Logistics • Laboratories and Research • Corporate Services 	
Total number of contractor arrangements	670 vendors engaged under various arrangements	454 vendors engaged under various arrangements	Not Known

Consultants

Guidance

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

Question 36

- a) For the 2024–25 financial year, please outline the department's total spend on consultants and completed consultancy projects.

Response

\$3,428,590 (excluding GST)

- b) For the 2024–25 financial year please outline: the **top five** department consultancy projects that were completed by spend, the actual outcomes achieved by the listed **top five**, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- c) For the 2025–26 financial year please outline: the department's expected spend on consultants, the relevant occupation categories for those consultants, and the total number of consultant arrangements
- d) For the 2026–27 financial year please outline: the department's anticipated spend for consultants, and what the anticipated occupation categories are for consultant arrangements.

Response

	2024–25	2025–26	2026–27 (Anticipated)									
Spend	<p>Top five consultancy engagements by spend (completed in financial year 2024-25):</p> <table border="1"> <thead> <tr> <th>Consultant</th> <th>Purpose of consultancy</th> <th>Expenditure 2024-25 (excl GST)</th> </tr> </thead> <tbody> <tr> <td>NOUS GROUP PTY LTD</td> <td>Review, Core training and development arrangements</td> <td>\$739,000</td> </tr> <tr> <td>DELOITTE</td> <td>Advice, Organisational design and affordability</td> <td>\$294,282</td> </tr> </tbody> </table>	Consultant	Purpose of consultancy	Expenditure 2024-25 (excl GST)	NOUS GROUP PTY LTD	Review, Core training and development arrangements	\$739,000	DELOITTE	Advice, Organisational design and affordability	\$294,282	<p>Year to date (31 March 2026): \$3,192,775 (excluding GST)</p>	<p>Consultancy spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and, subject to internal controls, is approved based on assessment of specific business needs. The Secretary or the financial</p>
Consultant	Purpose of consultancy	Expenditure 2024-25 (excl GST)										
NOUS GROUP PTY LTD	Review, Core training and development arrangements	\$739,000										
DELOITTE	Advice, Organisational design and affordability	\$294,282										

	<table border="1"> <tr> <td>KORDAMENTHA PTY LTD</td> <td>Review, Mercy Hospitals Victoria</td> <td>\$225,188</td> </tr> <tr> <td>DELOITTE</td> <td>Evaluation, Cardiovascular program</td> <td>\$207,154</td> </tr> <tr> <td>KORDAMENTHA PTY LTD</td> <td>Advice, Hospitals Victoria</td> <td>\$192,225</td> </tr> </table>	KORDAMENTHA PTY LTD	Review, Mercy Hospitals Victoria	\$225,188	DELOITTE	Evaluation, Cardiovascular program	\$207,154	KORDAMENTHA PTY LTD	Advice, Hospitals Victoria	\$192,225	<p>In 2023-24, there were 28 consultancy engagements with recorded expenditure. Details of all consultancy engagements for 2024-25 are available in the department's Annual Report.</p>		<p>delegate is responsible for the decision to engage consultants.</p>
KORDAMENTHA PTY LTD	Review, Mercy Hospitals Victoria	\$225,188											
DELOITTE	Evaluation, Cardiovascular program	\$207,154											
KORDAMENTHA PTY LTD	Advice, Hospitals Victoria	\$192,225											
<p>Outcomes</p>	<p>Actual outcomes achieved for the top five consultancy engagements by spend in FY 2024-25 included:</p> <ul style="list-style-type: none"> • Review, Core training and development arrangements <p>The Department engaged Nous Group to deliver an independent, evidence-based review of Victoria's health core recurrent Training and Development funding arrangements, including a focused assessment of mental health workforce programs.</p> <ul style="list-style-type: none"> • Advice, Organisational design and affordability <p>The Department engaged Deloitte to provide independent organisational design and affordability advice to support the eHealth Division to operate within its approved salaries budget.</p> <ul style="list-style-type: none"> • Review, Mercy Hospitals Victoria <p>The Department engaged KordaMentha to undertake an</p>	<p>Not applicable</p>	<p>Not applicable</p>										

	<p>independent review of the financial position of Mercy Hospitals Victoria.</p> <ul style="list-style-type: none"> • Evaluation, Cardiovascular program <p>The Department engaged Deloitte to undertake a comprehensive evaluation of the Cardiovascular Diseases Program delivered through Safer Care Victoria.</p> <ul style="list-style-type: none"> • Advice, Hospitals Victoria <p>KordaMentha Pty Ltd was engaged to provide independent, impartial advice to support the establishment of the new Department of Health division, Hospitals Victoria.</p>		
<p>Occupation categories</p>	<p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	<p>Typical Consultancy Occupation Categories include:</p> <ul style="list-style-type: none"> • Capital, business and planning • Information, data and technology • Policy/program advice and delivery • Probity, data integrity and audit • Program assessment and evaluation • Workforce support 	<p>Not known</p>
<p>Total number of consultant arrangements</p>	<p>28</p>	<p>Year to date (31 March 2026): 29</p>	<p>Not Known</p>

Labour Hire arrangements

Guidance

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

Question 37

For the 2024–25, 2025–26 and 2026–27 financial years, please outline the department's actual, expected or anticipated:

- spend on labour hire arrangements
- occupation categories for those labour hire arrangements
- total number of labour hire arrangements.

Response

	2024–25 (actual)	2025–26 (expected)	2026–27 (anticipated)
Spend	\$8,084,120 (excluding GST)	Year to date (31 March 2026): \$5,652,566 (excluding GST)	Labour Hire spend is part of the broader Contractor spend (as per the Financial Reporting Directions) and, subject to internal controls, is approved based on assessment of specific business needs.
Occupation categories	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services Information Communications and Technology 	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services Information Communications and Technology Payroll 	Typical Labour hire Occupation Categories include: Administration: <ul style="list-style-type: none"> Clerical Customer Services Information Communications and Technology Payroll

	<ul style="list-style-type: none"> • Payroll • Project manager • Senior management 	<ul style="list-style-type: none"> • Project manager • Senior management 	<ul style="list-style-type: none"> • Project manager • Senior management
Total number of labour hire arrangements	Not available	Not available	Not known

Enterprise Bargaining Agreements

Question 38

- a) Please list all Enterprise Bargaining Agreements (EBAs) that are expected to be completed during the 2026–27 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 2026–27 employee benefits.

Response

a)

It is expected that the MCH Nurses (Department of Health) Agreement 2026 will be completed during the 2026-27 financial year. The MCH Nurses (Department of Health) Agreement 2026 when finalised, would cover approximately 0.9% as FTE of the department's total workforce.

b)

The department is currently in the process of bargaining with the Australian Nurses and Midwifery Federation (ANMF) Victorian Branch in relation to the MCH Nurses (Department of Health) Agreement 2026. No employee benefits or entitlements have yet been agreed or finalised and therefore their impact cannot be assessed.

Relationship between the Commonwealth and Victoria

Question 39

What impact, if any, have changes to federal/state capital funding agreements and Commonwealth Government policy initiatives had on the department's 2026–27 Budget?

Response

- The *2026–27 Victorian Budget* was prepared and tabled on 5 May 2026, before the 2026–27 Commonwealth Budget was released on 12 May 2026.

Capital response

- Community Health and Hospitals Program (CHHP) Federal Financial Agreement (FFA) (executed in 2020–21) provides Victoria with \$194 million for capital projects and is expected to expire on 31 March 2030.

Source: federalfinancialrelations.gov.au/agreements/community-health-and-hospitals-program-victoria

Commonwealth-state health agreement and policy initiatives

New or extended Federal Financial Agreements (FFAs) signed since 1 July 2025, which are reflected in the *2026-27 Victorian State Budget*

- *Fighting Cancer – Regional Cancer Treatment Centres for Radiation Therapy (variation) FFA* - This Schedule supports the expansion of radiation oncology support services in the Gippsland region. It provides funding to Victoria of \$4.45 million over five years. The Schedule is expected to expire on 30 June 2027.
- *Stillbirth autopsies and investigations (extension)* - The Commonwealth provided a 12-month extension to this FFA until 2026–27. It provides \$0.9 million to Victoria and is expected to expire on 30 June 2027.
- *Essential Vaccines Schedule FFA* - This Schedule supports the coordinated and effective delivery of the National Immunisation Program and Australia's National Immunisation Strategy 2025–30. The Schedule is expected to expire on 30 June 2028.
- *Communicable diseases of public health concern – Access to HIV Pre-Exposure Prophylaxis (PrEP) for people who are not eligible for Medicare* - This Schedule supports the delivery of HIV prevention and care to people at risk of HIV transmission in Australia who are not eligible for Medicare. It provides \$7.48 million to Victoria and is expected to expire on 30 June 2027.
- *Public dental services for adults 2025-2026 (extension)* – This Schedule improves access to oral health services by supporting Victoria to deliver dental services to patients eligible for public dental services as per Victoria's specified criteria. It is expected to expire on 30 June 2026.

Other intergovernmental agreements

- Victoria is currently negotiating a bilateral agreement with the Commonwealth for the ongoing provision of aged care assessment services from 1 July 2026.

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

Source for agreements under negotiation: [Budget 2025-26](#)

Table 4.12: Payments for health services

(\$ million)

	2025-26 revised	2026-27 budget	Change %
National Health Reform Agreement ^(d)			
Funding to support the public hospital system, provided largely on the basis of activity and an independently determined national efficient price.	7 774	9 020	16.0
National Partnerships			
<i>Adult Public Dental Service ^(e)</i>			
Funding to contribute to public dental services for eligible adults.	27	..	(100.0)
<i>National Mental Health and Suicide Prevention ^(f)</i>			
Funding to contribute to the provision of a range of mental health and suicide prevention services.	41	..	(100.0)
<i>Community Health and Hospitals Program</i>			
Funding for Victorian initiatives to support the delivery of improved and expanded health services.	..	23	n.a.
Other	8	5	(34.3)
Total health services	7 850	9 048	15.3

Source: [Victorian Budget 2026-27](#), Budget Paper No.5, Chapter 4, Table 4.12 (Payments for health services), p.189.

2026–2031 Addendum to the National Health Reform Agreement

- The NHRA is the primary intergovernmental agreement governing Commonwealth contributions to public hospital services in Australia. On 30 January 2026, National Cabinet agreed terms of a new five-year Addendum, which was subsequently signed by the Premier and all states, territories and the Commonwealth. Compared to the previous agreement, Victoria will be eligible to receive an additional \$5.8 billion over five years.
- Victoria will also receive \$680 million over five years to deliver ‘Thriving Kids’, the first phase of Foundational Supports for children with developmental delay and/or autism with low to moderate support needs.
- The 2026-27 State Budget estimates \$9,020 million⁴³ in 2026-27 in hospitals and health services funding from the Commonwealth to Victoria. 2025-26 revised budget for Commonwealth National Health Reform Agreement funding to Victoria is \$7,774 million.

- *Health Reform - Additional Funding Support for Hospital and Related Health Services 2025-26* – This FFA provided \$402 million⁴⁴ in additional funding support to Victoria in 2025-26 for public hospitals and related health services. It is expected to expire on 26 September 2026. This FFA is an additional fixed top up contribution to National Health Reform Funding and gives effect to the one-year extension of the National Health Reform Agreement.

⁴³ [Victorian Budget 2026-27](#), Budget Paper No.5, Chapter 4, Table 4.12 (Payments for health services), p.189.

⁴⁴ [Commonwealth Budget 2025-26 BP3](#), page 28, accessed 15 April 2025.

Climate Change

Question 40

- a) Please specify the initiatives in the department’s 2026–27 Budget that will contribute to Climate Action Act 2017. Please also outline the budget allocation, the ways in which the initiatives will contribute to Climate Action Act 2017 and the year the initiative will likely realise benefits.

Response

Initiatives in 2026–27 Budget that contribute to Climate Change Strategy	Budget allocation in 2026–27 Budget	How will the initiative contribute to Climate Action Act 2017	Year likely to realise benefits
Improving Energy Efficiency in Public Hospitals (Melbourne)	\$5.712 million		Estimated completion date quarter 4 2026/27 ⁴⁵

- b) *The Climate Action Act 2017*, Part 3, section 17, requires decision makers from some departments to have regard to climate change.
- i. What is the most significant challenge for the department in complying with section 17?
 - ii. What guidance does the department have in place to assist decision makers to comply with the *Climate Action Act 2017*?
 - iii. What work is planned and budget allocated in 2025–26 to facilitate compliance of the department with section 17?

Response

Most significant challenge with compliance	For the Department of Health, section 17 of the <i>Climate Action Act 2017</i> applies to decisions made and actions taken under state and municipal public health and wellbeing plan provisions in the <i>Public Health and Wellbeing Act 2008</i> . To comply with section 17, decision makers need knowledge of the likely impacts of their decisions on climate change. While the impacts of public health interventions on emissions generally are understood, the department continues to build its evidence base as climate science evolves to assist decision makers.
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⁴⁵ [2026-27 State Capital Program](#), p.56

Guidance in place to assist decision makers	<p>The <i>Victorian Public Health and Wellbeing plan 2023-2027</i>⁴⁶ recognises that climate change is a leading threat to health and wellbeing and ‘tackling climate change and its impacts on health’ is included as a key priority in the plan. This priority aims to increase action to reduce greenhouse gas emissions across systems at the scale and pace required, create resilient and safe communities that are adapting to the public health impacts of climate change, and to share successes and promote good practice examples of climate action.</p> <p>The department has developed the resource <i>Tackling climate change and its impacts on health through municipal public health and wellbeing planning: Guidance for local government (2024)</i>⁴⁷ to assist local government in meeting their legislative obligation to have regard to climate change under the <i>Climate Action Act 2017</i>.</p>
Work planned/budget allocation to facilitate compliance in 2026–27	The department will support Victorian local councils in 2026-27 to have regard to climate change as they deliver their 2025-2029 municipal public health and wellbeing plans ⁴⁸ .

- c) Under *FRD 24 Reporting of environmental data by government entities*, Victorian Government organisations must report their greenhouse gas emissions and other environmental impacts. Does the department have internal targets for reducing greenhouse gas emissions? If yes, please provide details, quantifying where possible and outlining actions that will be taken in the 2026–27 year onwards to achieve these targets.

Response

Internal targets for reducing greenhouse gas emissions	Actions to be taken in 2026–27 and onward to achieve these targets
The Department of Health must meet the Victorian Government’s <i>Financial</i>	The department will continue to support health services and cemetery trusts to reduce their carbon emissions and comply with FRD 24 reporting requirements.

⁴⁶ <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>

⁴⁷ <https://www.health.vic.gov.au/publications/tackling-climate-change-impacts-health-municipal-public-health-wellbeing-planning>

⁴⁸ <https://www.health.vic.gov.au/environmental-health/municipal-public-health-and-wellbeing-planning-and-climate-change>

<p><i>Reporting Direction 24 – Reporting of environmental data by government entities (FRD 24)</i> and is working towards contributing to the Victorian Government’s net zero emissions target by 2045. The department has not set internal emission reduction targets.</p>	<p>Through the Greener Government Buildings program, the Victorian Government is investing \$7.6 million to improve the energy performance of Barwon Health facilities through mechanical plant optimisation, improved building controls, installing approximately 7,000 high-efficiency LEDs, and 1,300 kilowatt-peak of solar⁴⁹. The project aims to deliver a 16 per cent saving in electricity use per year and save around \$1.46 million a year.</p> <p>With hospitals shifting to using 100 per cent renewable electricity from 1 July 2025⁵⁰, natural gas has become the health sector’s largest source of building-related energy emissions. All new public health infrastructure is all-electric⁵¹. For example, the \$1.1 billion redevelopment of Peninsula University Hospital, formerly known as Frankston Hospital, delivered a new all-electric tower with 12 levels of clinical services and main entrance, 130 more beds, new spaces for mental health and oncology services and 15 new operating theatres⁵². The new Melton hospital, due to be completed in 2029 will be Victoria’s first all-electric greenfield hospital⁵³.</p> <p>Through Victorian Infrastructure Delivery Authority (VIDA) Health’s Guidelines for Sustainability in Capital Works⁵⁴; sustainability, carbon reduction and climate adaptation measures will be embedded into all capital projects delivered over 2026-27.</p> <ul style="list-style-type: none"> • In October 2025 VIDA Health released its Net Zero Building Handbook⁵⁵ that sets clear targets and actions to reduce whole life carbon emissions across Victoria’s health infrastructure delivery pipeline and embeds net zero principles into every stage of the asset lifecycle. These targets, which will apply to new projects in 2026-27, are: <ul style="list-style-type: none"> • 15 per cent reduction in operational energy demand compared to a reference project for all capital projects over \$20 million, and • 15 per cent reduction in upfront embodied carbon emissions due to construction of the asset compared to a reference project for all capital projects over \$50 million.
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⁴⁹ [Barwon Health - Energy performance contract | VHBA](#)

⁵⁰ <https://www.health.vic.gov.au/environmental-health/renewable-electricity-health-sector>

⁵¹ [Environmental sustainability | VHBA](#)

⁵² [Frankston Hospital redevelopment | VHBA](#)

⁵³ [New Melton Hospital](#)

⁵⁴ <https://www.vhba.vic.gov.au/guidelines-sustainability-capital-works>

⁵⁵ [Victoria’s health infrastructure to go net zero | VHBA](#)

Gender Responsive Budgeting

Question 41

- a) Please list the programs/initiatives (output and asset) from the 2026–27 Budget for which the department has undertaken a gender impact assessment and describe the main outcomes or results of the gender impact assessment process for each program/initiative. Please also advise what percentage of the department’s 2026–27 output and asset initiatives have been subject to a gender impact assessment.

Response

Initiative	Outcome/result of gender impact assessment
Supports for people with disability outside of the NDIS	The Gender Impact Assessment (GIA) for the HACC PYP notes a positive gender impact, in addition to supporting people with disability and other vulnerable people. The GIA notes the program will relieve some of the caring burden which disproportionately falls on women.
Victorian Early Parenting Centre service network	The GIA report found the EPC service continues to have a positive impact. The extent to which this initiative impacts on gender equality will be determined by the extent to which the commissioned lead agency undertakes meaningful consultation with the early education workforce (which is predominantly female) and with children and families in sub-population groups. The department will seek to monitor gender impact in contract management and reporting processes during implementation.
Preventative health support for Victorian women	The GIA finding is positive. The initiative advances the needs of girls, women and gender diverse people across Victoria.
Community-based Chronic Disease Program	The expansion of care pathways into chronic disease program statewide has a positive gender impact and supports both genders and people of varying cultures and socio-economic backgrounds to access care.
Vaccines for Victorians	Immunisation programs are expected to have a positive gender impact as they remove or reduce potential financial, social or location barriers to access and assist in providing equitable health coverage.
Health emergency management capability	Strengthening emergency management capability is expected to have a positive gender impact.
Protecting the health of priority populations	The overall gender impact of this policy is neutral/positive in that it considers intersectionality. Based on HIV demographics, men will mostly benefit.
Public dental in community hospitals	GIA highlights positive impact as the initiative will provide oral health benefits to eligible people of all genders.

Responding to public health threats	The overall gender impact of this program is neutral/positive in that it considers intersectionality and enables women and their families impacted by notifiable conditions to have access to appropriate screening, assessment and treatment.
Reducing and eliminating blood-borne viruses and sexually transmitted infections	Overall gender impact is positive. The initiative considers intersectionality, priority populations and Aboriginal Victorians. Secondary impact would address health inequalities that disproportionately affect women, girls and gender diverse people.
Urgent care in the community	GIA highlights a positive gender impact. The provision of free GP services throughout business and after-hours periods supports both genders and people of varying cultures and socio-economic backgrounds to access care. Females are over-represented in hospitals EDs and UCCs provide a free alternative to EDs, close to home.
Victoria's frontline public health system	The Local Public Health Unit (LPHU) program is expected to have a positive impact on gender equity. LPHU priorities and engagement are guided by consideration of gender differences in terms of relative disease risks, underlying health conditions, as well as relevant roles and norms.
Safer digital healthcare program 2026-27	The GIA found the program has a positive gender impact in providing cybersecurity protection to Victoria's public health sector, which has a predominantly female workforce. It also noted the trend toward a male dominated IT and cyber security workforce.
Strengthening medication administration in non-government residential aged care services	The overall gender impact of this program is positive. The funding will support the growth of the aged care nursing workforce to meet legislative requirements.
Strengthening public sector residential aged care services	The overall gender impact of this program is positive. It demonstrates a commitment to improving access to public sector residential aged care and recognises the role of accessible services in strengthening communities. The program meets the requirements of the Gender Equality Act by acknowledging the historical economic and psychosocial disadvantages experienced across genders, particularly by women and others impacted by various intersectional factors. Gender is not a criterion for eligibility for admission to residential aged care, which is based on assessed care needs and functional capacity. Legislative and regulatory frameworks require care to be delivered without discrimination, including on the basis of gender.
Victorian Aids and Equipment program (VAEP)	VAEP access is based on the Priority of Access framework with clients triaged to ensure people most in need receive aids and equipment. Gender is not a factor in determining eligibility or priority status.
More accurate triaging and ambulance dispatch	The GIA assessed the overall gender impact as neutral to positive, noting that measures to improve triage, reduce avoidable Code 1 demand and improve ambulance handover times apply equitably across genders, with no material gender-specific costs or adverse impacts identified.

AND Preserving emergency ambulance availability AND Improving care closer to home	
Additional paediatric planned surgery and specialist care	The overall gender impact of this program is positive. Proposed services will provide increased flexibility for those with caregiving responsibilities and improve visibility of demand, reducing delays in care for women, girls, men, boys and gender diverse people.
Care and support for people born with variations in sex characteristics	The initiative will support all people born with variations in sex characteristics. There is a positive gender impact in addressing long-standing human rights issues impacting people born with variations in sex characteristics and ensuring more equitable health and wellbeing outcomes through improved care that is tailored to the variation in sex characteristics, and reflects individual mental health, social and health literacy needs.
Safe births for every Victorian woman and baby	GIA highlights overall gender impact as positive. The program is a strategic approach that recognises and responds to the varied needs of those accessing maternity services across Victoria. Intersectional approaches are embedded throughout the initiative, ensuring it is not only gender-responsive but also actively works to reduce inequities for women who experience multiple, overlapping forms of disadvantage.
Better outcomes through early endoscopy detection	The overall gender impact of this program is positive, with potential to improve equity in access and experience, particularly for women and gender-diverse individuals who face systemic barriers to timely care. Embedding gender considerations into model of care and referral improvements, this program can address current disparities (such as longer wait times for women and lower engagement among men) and prioritise inclusive approaches in all improvement strategies.
Public fertility services care services for more Victorian families	The investment in Public Fertility Care is expected to have a positive gender impact. It directly addresses long-standing inequities in access to fertility services. Making Public Fertility Care eases the financial burden for eligible people requiring fertility treatment to start a family, provide continuity of care and support priority groups including single women, LGBTIQ+ individuals, and regional communities. By embedding inclusive, person-centred care in the public health system, the program ensures that people of all genders can access fertility care regardless of income, location, or identity.
Improving life-saving organ and tissue donation rates	Health service activity data is routinely collected and analysed to capture information on gender, which assists in identifying patterns in service access and utilisation across various groups. Based on the assessment of the above information, alongside the program's characteristics and available data evidence, GIA highlights no overall gender impact for this program.

Investing in cancer care, research and outcomes	The GIA shows a positive impact as it strongly considers gender in the development and implementation of programs and initiatives. Gender impacts are evaluated in all SunSmart programs.
Opening and operating hospital facilities	This program is expected to have an overall neutral to positive gender impact. New points of care will be available to all eligible people regardless of gender, sexual orientation and/or cultural background. New facilities will increase the availability of care closer to home through community hospitals and additional services in metropolitan growth areas and regional areas.
Meeting the need for life-saving blood products	There is no overall gender impact identified for this program. Access to treatment is determined exclusively by established clinical criteria, and there are currently no observable gendered costs or benefits associated with participation. Maintaining data collection and analysis will assist in proactive identification and addressing potential gender disparities ensuring equitable access and outcomes for all participants in accordance with the Gender Equality Act.
Strengthening palliative care for Victorians	Investment supports equitable access, inclusive service delivery, and workforce employment stability in a sector that has a high proportion of care-related roles. This in turn will help reduce the burden on unpaid carers, predominately women, though, for example, supporting continued access to respite and community-based care and support services.
Strengthening access to life-preserving dialysis	The GIA report highlights a positive gender impact, improving outcomes for priority groups, empowerment, and choice. This initiative directly addresses barriers that have historically limited women's access to dialysis, such as caregiving responsibilities.
Strengthening health workforce sustainability	The overall gender impact is considered positive.
More support for Victorian patients	The GIA found there was neutral gender impact. Allocation of funding to services is made on basis that agencies provide care based on clinical need and ensure that programs are in place (education, physical location etc) to ensure that all groups (staff and patients) are provided with a secure, culturally safe environment.
The Nest – Improving mental health and wellbeing for First Peoples children and families	The GIA indicates an overall positive impact. The initiative will include a range of support targeted at children and caregivers, and families. It will ensure gender diverse people are provided with adequate mental health services/spaces that will allow them to better their own mental health outcomes and those of their children.
Expanding mental health Hospital in the home AND	The GIA across new bed-based services is positive overall. Services will be gender inclusive. These services will provide integrated treatment, care and transform mental health support and care to make it accessible, flexible and responsive. Mental Health Hospital in the Home (HITH).

Expanding Thomas Embling Hospital	<p>The continued youth HITH program enhances access to care for young women and those from minority groups and diverse backgrounds, promotes quicker recovery times, and decreases the burden on emergency services.</p> <p>Thomas Embling Hospital</p> <p>The criminal justice system has a proportionately large number of men, and the operation of new beds is expected to mirror this demand, while ensuring capacity for women.</p>
Mental health and wellbeing care in the community	<p>The overall gender impact of each of the initiative components is positive. The culturally diverse and appropriate provision of community mental health services offers numerous benefits, including enhanced engagement and improved mental health outcomes for participants from diverse backgrounds. The group-based parenting program will likely result in improved mental health outcomes for all people accessing the service and will likely have a greater impact for mothers.</p>
Alcohol and other drug community support services	<p>GIA found an overall positive impact.</p> <p>Women and gender diverse people will experience an improvement in the appropriateness and responsiveness of AOD support and treatment, due to the creation of physically and psychologically safe environment spaces, particularly in specialised services. Men will continue to receive AOD support and treatment that is appropriate and responds to their needs.</p> <p>Extensive and comprehensive consultation with sector stakeholders and lived experience/family during the implementation of the subcomponents, including with diverse and minority experiences, will ensure the appropriateness for and responsiveness to the needs of all Victorians.</p> <p>The initiative supports the continuation of core AOD treatment service capacity and introduces responsive initiatives to protect critical service capacity. Evidence indicates that men benefit most from AOD services due to higher access rates; however, women who access these services also experience significant benefits. While fewer women engage with these programs compared to men, the overall benefits of this proposal far outweigh the costs.</p> <p>Although more men than women access harm reduction services, the Reducing Drug Harm initiative aims to meet the needs of people of different genders and support all people using illicit drugs, and the communities they live in or use drugs in. Mitigation strategies include specialising in women’s and LGBTIQ+ specific harm reduction services and educating staff in responding to women and diverse services users.</p>
Improving Victoria’s mental health crisis response services	<p>The GIA found a positive gender impact for this initiative. Women are more likely to report and seek help for psychological distress; one in five women compared to one in eight men. After-hours service models will improve access to services for women and carers, who may struggle to seek help during standard business hours.</p>

Mental health support for diverse and marginalised communities	The GIA found a positive gendered impact for this initiative. The initiative improves access to mental health supports for women, LGBTIQ+ people, and gender-diverse communities by funding a gender-affirming program.
Mental Health Tribunal	The GIA found a positive gender impact, supporting gender equity and inclusion through stronger legislative safeguards, rights-based processes, and improved information management. The rollout of new protocols and training embeds gender-responsive, trauma-informed, and culturally safe practices, directly supporting the Gender Equality Act.
Mental Health and Wellbeing (MHW) Hubs	The GIA found an overall positive gender impact. Positive impacts include access to free local mental health and wellbeing supports for women, employment opportunities for women in the lived experience workforce, and positive experience of treatment, care and support through provision of a welcoming, culturally safe and inclusive space for people of all genders and backgrounds.
Public Intoxication Services	The GIA has had an overall positive impact. Evidence shows men primarily directly benefit from all alcohol services because they access them more. Women who directly access these services also benefit, and although there are fewer women than men, the benefits of this proposal outweigh the costs. Women, girls and gender diverse people who are experiencing harms from people intoxicated with alcohol will benefit from the services, as they will provide supports and if needed, onward referral to other support services.
Supporting groups disproportionately impacted by suicide	GIA's undertaken returned positive results, with further assessment to also be undertaken as part of planned evaluations of some initiatives. Most initiatives overtly take an inclusive and/or intersectional approach to supporting their cohorts.
Minor Capital Works Renewal Program – public sector residential aged care 2026-27	The GIA found a neutral to positive gender impact. The impact will be beneficial to all people but in some respects has a gender impact in providing a safer and more accessible environment for women accessing and providing the services.
Engineering Infrastructure Replacement Program 2026-27	The GIA found a strong positive gender impact. The needs of different genders are met by improving workplace safety (especially for women), supporting accessibility, and enabling strategic, long-term planning. Targets the disproportionate risks faced by women and vulnerable groups and supports compliance with gender equality legislation. Enables ongoing stakeholder engagement, targeted support for underrepresented groups, and robust monitoring of outcomes to ensure continuous improvement.
Medical Infrastructure Replacement Program 2026-27	The GIA found a strong positive gender impact. The needs of different genders are met by improving workplace safety (especially for women), supporting accessibility, and enabling strategic, long-term planning. Targets the disproportionate risks faced by women and vulnerable groups and supports compliance with gender equality legislation. Enables ongoing

	stakeholder engagement, targeted support for underrepresented groups, and robust monitoring of outcomes to ensure continuous improvement.
Collaborative care through Local Health Networks Implementation	The overall gender impact is neutral to positive. The initiative will impact patients of all genders across Victoria. This initiative and the associated reforms aim to improve the patient journey and provide more access to care, closer to home - which will reduce carer burden - often shouldered by women. The initiative also seeks to strengthen support for the Victorian public hospital workforce, which is approximately 78 per cent female.
Regional Health Infrastructure Fund 2026-27	The GIA noted a strong positive gender impact. The initiative meets the needs of different genders by improving workplace safety (especially for women), supporting accessibility, and enabling strategic, long-term planning, addressing the needs of a diverse workforce and patient population. Gender inequality is addressed by targeting the disproportionate risks faced by women and vulnerable groups and supporting compliance with gender equality legislation. Gender equality is promoted by enabling ongoing stakeholder engagement, targeted support for underrepresented groups, and robust monitoring of outcomes to ensure continuous improvement.
Metropolitan Health Infrastructure Fund 2026-27	The GIA noted a strong positive gender impact. The initiative meets the needs of different genders by improving workplace safety (especially for women), supporting accessibility, and enabling strategic, long-term planning, addressing the needs of a diverse workforce and patient population. Gender inequality is addressed by targeting the disproportionate risks faced by women and vulnerable groups and supporting compliance with gender equality legislation. Gender equality is promoted by enabling ongoing stakeholder engagement, targeted support for underrepresented groups, and robust monitoring of outcomes to ensure continuous improvement.
Mental Health and Alcohol and Other Drugs Capital Renewal Fund 2026-27	The GIA found a positive gender impact. Targeted outreach programs are likely to reduce disparities in service access and outcomes. The benefits for men and gender-diverse people are significant, and the approach supports broader gender equality objectives.

	Proportion of initiatives subject to Gender Impact Assessment (as percentage)
Output budget	98 per cent (46 of 47 initiatives were subject to a GIA)
Asset budget	67 per cent (2 of 3 initiatives were subject to a GIA)

- b) Please list any other programs/initiatives (output and asset) in the 2026–27 Budget where Gender Responsive Budgeting (GRB) processes or principles were applied/considered by the department. Please detail: the initiative, how GRB was applied/considered and the outcome of this consideration.

Response

Initiative	How GRB was considered	Outcome of GRB consideration
As above		

- c) Please list what evaluations of the department's programs/initiatives have been undertaken from a gender perspective and what the key findings of the evaluations were.

Response

Programs/initiatives that have been evaluated from a gender perspective	Key findings of the evaluation
Not applicable	

- d) What further work is being undertaken by the department in 2026–27 to embed GRB?

Response

Further work being undertaken by the department in 2026–27 to embed GRB
<p>In 2026–27, the Victorian Department of Health is focused on embedding Gender Responsive Budgeting (GRB) as a core component of its financial and policy framework, transitioning from policy to legislated requirements under the amended <i>Financial Management Act 1994</i>.</p> <p>Key work undertaken to embed GRB includes:</p> <ul style="list-style-type: none"> • Implementing Legislated GRB Requirements: Following the 2024 legislative changes, the Department is embedding gender impact assessments into budget proposals and, specifically, the Women's Budget Statement to identify how investments affect different genders. • Targeted Investments in Women's Health: The 2026-27 approach prioritizes funding to address gendered health gaps, such as implementing recommendations from the Women's Pain Inquiry to address "medical misogyny". • Intersectional Gender Analysis: The Department is scaling up GRB to include intersectional analysis, ensuring that the health needs of women from diverse backgrounds (including migrant and refugee women) are considered in funding allocation. • Integrating Gender Equity in System Reforms: GRB is being integrated into Local Health Service Network (LHSN) transitions, ensuring that new, restructured health services are designed with gender equity as a foundation.

- **Strengthening Prevention Infrastructure:** The Department is supporting evidence-based programs aimed at preventing gendered violence, with a focus on sustainable, multi-year funding to strengthen the capacity of women's health services.
- **Data-Driven Decision Making:** The Department is focusing on using Gender Impact Assessments for new policy proposals to identify and reduce long-term structural inequalities in health service access.

These efforts are supported by the "Our Equal State" strategy (2023–2027), which includes 110 actions for reducing gender inequality, with 2026-27 serving as a critical year for evaluating and ensuring the longevity of these initiatives.

Implementation of PAEC recommendations

Question 42 - Update on status of implementation

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

- a) Committee recommendations that were made in the *Report on the 2024–25 Budget Estimates* and supported by the Government
- b) Committee recommendations that were made in the *Report on the 2025–26 Budget Estimates* and supported by the Government

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

Response

Update on the implementation of recommendations made in the *2024–25 Budget Estimates Report*

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
WoVG	Department of Health (DH)	Departments report individually and accurately on how they are achieving savings, including any staffing reductions, that form part of the whole of government savings initiatives outlined in Budget Paper No. 3, as well as savings measures that formed the 2023–24 Budget's COVID Debt Repayment Plan, in future Committee questionnaires.	DH continues to report on workforce changes through standard reporting process, such as annual reports and through the Victorian Public Sector Commission.	In progress

WoVG	DH	Victorian Government departments implementing output initiatives that form part of the Early Intervention Investment Framework publicly report on the initiative's progress through the outcome measures developed during the budget process, either in the departmental annual reports or via an annually released whole of government publication.	For new initiatives that form part of the Early Intervention and Investment Framework, the budget papers publish descriptions, output performance measures, estimated avoided costs and economic benefits over ten years.	In progress
WoVG	DH	The Department of Health reports on the number of staff reduced as part of departmental savings initiatives and the impact of these savings on service delivery in upcoming annual reports and future responses to the Committee's questionnaire.	The department routinely reports staffing numbers in annual reports, PAEC questionnaires and to the Victorian Public Sector Commission. Where it is relevant to note any service delivery impacts associated with staffing changes, the department will endeavour to do this, noting that savings can be achieved through a combination of operating efficiencies and workforce recalibration.	Completed
HV	DH	The Department of Health report on the impacts on health services of sector-wide cost containment measures, including any effects on care.	The specific impacts of these levers cannot be separated from the rest of the reforms and interventions implemented in the past 12 months. As such, the department is unable to disaggregate performance such that it solely reflects the impact of any cost containment measures. Broader performance of Victorian	N/A

			public health services is already reported publicly on the Victorian Health Services Performance website https://vahi.vic.gov.au/reports/victorian-health-services-performance	
HV	DH	The Department of Health publish a breakdown of the additional \$1.5 billion in off-budget funding, including the proportion allocated to implement the recommendations of the Health Services Plan.	The \$1.5 billion formed part of the total allocation pool provided to health services for the 2024-25 financial year and cannot be disaggregated further. Funding provided to individual health services is publicly reported through their annual reports. The department also notes that the \$1.5 billion was provided for health service activity, not the implementation of specific recommendations of the Health Services Plan.	N/A
HSRP	DH	The Department of Health evaluate the impacts of the Planned Surgery Reform Blueprint to assess its effectiveness at improving timely access to planned surgery.	Noting that the Blueprint was published in October 2023 and that it contains reforms with timelines of greater than ten years, the department will consider evaluation needs at an appropriate time in the future.	Yet to commence
VIDA	DH	The Department of Health publish on the Victorian Infrastructure Delivery Authority's website revised forecasts for the number of jobs, the increase to hospital capacity, and the work and investment expended on the Arden site that can and cannot be repurposed for the redevelopment of the	The Victorian Health Building Authority (VHBA) routinely publishes information on its website for projects when in delivery; this includes job figures, what the investment provides and the benefits, timelines and other relevant project information. VHBA transferred from the department in April 2024 to become part of the Victorian Infrastructure Delivery Agency within the auspice of the Department of Transport and Planning. VIDA's website links on its landing page	Completed

		Royal Melbourne Hospital and Royal Women's Hospital at Parkville.	to the VHBA website which is the platform for health infrastructure projects.	
BFI	DH	The Department of Health publish the findings from the service planning currently underway for the three community hospitals in Eltham, Emerald Hill and Torquay once complete.	Following recent investments in health services and demographic shifts at three sites - Eltham, Emerald Hill and Torquay - the requirement to review the original service planning for the Community Hospitals Program was identified. The impact of additional investments, including new Commonwealth commitments, is currently being reviewed.	In progress
AHWD	DH	The Department of Health has addressed the issues identified with the performance measure under the Community Health Care output with altered or new performance measures, for inclusion in the 2025–26 Budget.	The department has identified that the performance measure “The Number of Aboriginal Community Controlled Organisations who have transitioned to self-determined Outcomes-Based Framework (OBF)” is no longer suitable given the reconfiguration of the OBF project. This measure has been discontinued.	Completed

Update on the implementation of recommendations made in the 2025–26 Budget Estimates Report

Division	Department	Recommendation supported by Government	Actions taken at the time of this questionnaire	Update on status of implementation
HV	Department of Health (DH)	The Department of Health identify ways to report on the impacts of financial reform and financial discipline measures undertaken in	Since 2024, the Department has implemented a range of funding reforms in Victoria's health system to ensure a fit-for-purpose funding model. The results of these reforms can be seen in the Health Service Annual Reports that are published online each year. In addition, the	Completed

		2024–25 and 2025–26 on Victoria’s health system and publish information about these impacts.	Department’s annual reports also provide sector-wide financial measures and Departmental outputs relevant to the funding reforms.	
MHWD		The Department of Health update its response to Recommendation 11(3) on its website to provide information regarding how, where, and when it will deliver the 100 additional mental health beds across Victoria.	The Department of Health website for Recommendation 11 has been updated to show that delivery of an additional 100 mental health beds across the State is underway including: <ul style="list-style-type: none"> • 10 HiTH Beds established at Western Health in 2025-26 and a further 10 HiTH beds to be established at Monash Health as part of the 2026-27 State Budget • an additional 16 mental health beds built as part of the New Footscray Hospital and Frankston Hospital redevelopment • 25 mental health beds to be delivered at Melton Hospital • planning underway for new beds at Shepparton and Ballarat. 	In progress

Community consultation on budget initiatives

Question 43

With regard to the new initiatives in the 2026–27 Budget, which relevant and interested community groups and stakeholders did the department consult or engage with? Please detail the budget initiatives' consultation related to and the final outcomes of consultation.

Response

The Nest – Improving social and emotional wellbeing for Aboriginal children and families

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) led the development of the business case.

More support for Victoria's Early Parenting Centres

The budget initiative was informed by the data and information provided to the Department of Health by Early Parenting Centre health services, including outcomes data from the Queen Elizabeth Centre and Monash University. No stakeholders were directly consulted on the development of the business case.

Expanding Thomas Embling Hospital

The department consulted Forensicare.

Alcohol and other drug community support services

The budget initiative was informed by the work of Victorian Aboriginal Health Service (VAHS). No stakeholders were directly consulted on the development of the business case.

The Medically Supervised Injecting Room (MSIR) was consulted on the development of the low dose methadone treatment trial and evaluation.

Additional paediatric planned surgery and specialist care

Over the past 12 months the department has consulted with health services, primary care providers, peak bodies and consumers along with other jurisdictions to inform the components of the budget proposal, including need for focused activity and the specialist advice now service.

VicKey has been codesigned in partnership with Victorian health services through working groups and workshops. Additionally, the VicKey delivery team partnered with Validitron to review VicKey content and delivery to ensure cultural accessibility and inclusivity.

Care and support for people born with variations in sex characteristics

The *Health Safeguards for People Born with Variations in Sex Characteristics Act 2026*, which was passed in February 2026, followed more than 5 years of consultation, including with:

- people born with variations in sex characteristics and their families; specialist clinicians and health services; health sector peak bodies and professional groups; experts in human rights, law, and regulations; and Victorian Government advisory groups (particularly the LGBTIQ+ Taskforce).

There was an Engage Victoria survey that received 205 responses; 7 facilitated workshops; and one-on-one interviews to capture lived, clinical, health regulation, and legal expertise. Key stakeholders will continue to be engaged through a staged and collaborative approach to implementation of the new scheme.

More accurate triaging and ambulance dispatch and Preserving emergency ambulance availability - the initiatives to support more accurate triaging and ambulance dispatch at Triple Zero Victoria (TZV) was developed in close consultation with Ambulance Victoria with input from Triple Zero Victoria (TZV).

Safe births for every Victorian woman and baby –The Victorian Maternity Taskforce Report recommended the appointment of Victoria’s first Chief Midwife. The Report and recommendations were informed by extensive consultation, including a call for written submissions from 50 key organisations involved in maternity care across Victoria. Members of the Taskforce had expertise across consumer experience, front line service delivery, midwifery, obstetrics and tertiary and regional services. The critical supports to maintain safe and sustainable service delivery in the west metropolitan region was developed in consultation with Western Health, the Royal Women’s Hospital, Mercy Health, Northern Health, Barwon Health and Grampians Health. Further, Safer Care Victoria were engaged.

Better outcomes through early endoscopy detection

Significant engagement has occurred with health services to understand system level challenges. Engagement was via convening a group of Chief Executive Officers from eight of Victoria’s largest public health services, endoscopy questionnaires with responses from 21 health services and follow-up meetings, and hosting a Community of Practice session with 113 attendees from across Victoria. In addition, presentations and discussions were held with Victorian Director of Surgery group, SCV’s Inter-jurisdictional peri-operative meeting and dedicate meetings with inter-jurisdictional departmental

colleagues. Strategic solutions were developed in conjunction with the Victorian Endoscopy Expert Advisory Group. This group is chaired by the department's Chief Surgical Advisor and made up of representatives from health services, including clinicians and operational executives in both public and private settings.

Engineering Infrastructure Replacement Program 2026-27

Information from health services has been used as the basis for the initiative. This data collected by the Department of Health informed the focus of the initiative.

Local Health Service Networks implementation

To inform the design and implementation of Local Health Service Networks, the independent committee and the department engaged with health services, peak bodies (including the Australian Medical Association and the Victorian Healthcare Association), unions, healthcare users and healthcare workers. The information provided by these stakeholders has been – and continues to be – used to inform the implementation of Networks and the initiatives they deliver.

Medical Equipment Replacement Program 2026-27 - Information from health services has been used as the basis for the initiative. This data collected by the Department of Health informed the focus of the initiative.

Safer Digital Healthcare Program 2026-27 - Extensive and regular consultations were undertaken with the health sector cybersecurity and Information and Communications Technology (ICT) governance groups (including the Victorian Health Cybersecurity Council, Victorian Health Cybersecurity Working Group, Health Sector ICT Operations Working Group and Victorian Health CIO Forum), partner department and agencies (Department of Government Services, HealthShare Victoria and the Victorian Managed Insurance Authority), thematic workshops with cybersecurity leaders from critical hospitals and cybersecurity capability reference groups. These engagements directly informed the development of the Safer Digital Healthcare business case.

Strengthening access to life-preserving dialysis – Relevant health services were consulted to understand current demand and capacity for dialysis including the availability and usage of dialysis chairs.

Wathaurong Dreaming Project - VACCHO led the drafting of this bid in close consultation with the Dandenong and Districts Aborigines Co-operative Limited.

Public dental in community hospitals – information from DPV Health was used as the basis for the budget initiative. No stakeholders were directly consulted on the development of the business case.

Community-based chronic disease prevention – Community Health First was engaged in the Care Pathways for Chronic Disease component of the bid. City of Greater Bendigo were engaged in the Healthy Regions component of the bid.

Victoria's Housing Statement

Question 44

- a) Please list the department's output and asset initiatives in the 2026–27 Budget that will deliver on outcomes outlined in *Victoria's Housing Statement: The decade ahead 2024-2034*.^{[11](#)}

Response

Initiative	2025–26 funding (\$ million)	2026–27 funding (\$ million)	2027–28 funding (\$ million)	2028–29 funding (\$ million)	2029–30 funding (\$ million)
Not Applicable					

- b) What will be the impact of the initiatives on
- housing affordability
 - Victoria's planning system
 - housing supply (expressed as a number)
 - the regulation of rental properties
 - public housing supply (expressed as a number)
 - community housing supply (expressed as a number)

Response

Initiative	Timeframe (e.g. 1-5 years, 5-10 years)	Housing affordability (if applicable)	Victoria's planning system (if applicable)	Housing supply (if applicable)	The regulation of rental properties (if applicable)	Public housing supply (if applicable)	Community housing supply (if applicable)
Not Applicable							
Not Applicable							

¹¹ Department of Premier and Cabinet, *Victoria's Housing Statement: The decade ahead 2024-2034*, Melbourne, 2023, <https://content.vic.gov.au/sites/default/files/2023-09/DTP0424_Housing_Statement_v6_FA_WEB.pdf>

Cyber security

Question 45

- a) What actions has the department taken over 2025–26, and plans to take over 2026–27, to improve cyber security and mitigate the risk of a cyber-attack or data breach?

Response

	Cyber security and cyber-attack risk mitigation measures planned by department
2025–26	In 2025–26, the department continued to actively manage cyber security risk through a coordinated, risk-based approach aligned with whole-of-government cyber policy and the Victorian Protective Data Security Standards (VPDSS). Cyber security remains a recognised enterprise risk, overseen through established governance and supported by mandatory training and awareness programs for all staff to reduce the likelihood and impact of cyber-attacks and information security breaches.
2026–27	In 2026–27, the department will focus on consolidating and maturing its cyber security capabilities to ensure they remain fit-for-purpose in an evolving threat environment. This will include refreshing the department’s Cyber Strategy and Roadmap and continuing to strengthen cyber governance, assurance and awareness arrangements.

	Cyber security and cyber-attack risk mitigation measures in the Victorian Health Sector
2025–26	In 2025–26, the department continued to deliver a mature, health sector-wide cyber security program to detect, prevent and mitigate cyber-attacks affecting public and community health services. This program supports the protection of clinical systems, sensitive patient information and the continuity of essential health services.
2026–27	In 2026-27, the department will continue to deliver the health sector-wide cyber security program to detect, prevent and mitigate cyber-attacks affecting public and community health services. This will include ongoing strategic investment in sector-wide cyber security technologies and continued replacement of ageing ICT infrastructure that poses cyber and clinical risk.

b) What resources in terms of funding levels and staffing has the department assigned to cyber security for 2025–26 and 2026–27?

Response

	Department cyber security funding (\$ million)	Staff (FTE)
2025–26	Funding includes \$20.2 million ⁵⁶ for cybersecurity program work and \$15.8 million ⁵⁷ in clinical technology refresh funding.	13 FTE
2026–27	Funding includes \$20.8 ⁵⁸ million for cybersecurity funding and \$16.2 ⁵⁹ million in clinical technology refresh funding.	11 FTE

If the department (or any of the department’s agencies) have experienced a cyber attack or data breach in 2025-26:

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

Response

Cyber attack/data breach	Impact on department/agency resources	Impact on staffing	Impact on services provided by department/agency to community	Ongoing support to individuals impacted by cyber-attack or data breach
DH 2025-26: Data Breach – Confidential information sent to a private email.	Internal communications to remind staff of their obligations under the department’s Acceptable Use of Technology Policy and published guideline for information handling up to PROTECTED classification.	Nil	Nil	N/A
Health Sector 2025-26: Peter MacCallum Cancer Centre –	Explicit content streamed to some clinical staff.	NA	NA	NA

⁵⁶ 2025-26 State Budget, Budget Paper No.3, Table 1.14, p.49.

⁵⁷ 2025-26 State Budget, Budget Paper No.3, Table 1.15, p.59.

⁵⁸ 2026-27 State Budget, Budget Paper No.3, Table 1.15, p.46.

⁵⁹ 2026-27 State Budget, Budget Paper No.3, Table 1.16, p.59.

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

Response

The department continues to manage cybersecurity risks through rigorous and mandatory training programs. The department's cybersecurity supplier compliance program continues to monitor suppliers' cyber compliance and strengthen as required.

Health spending – DH only

Question 46

- a) When comparing one year to the next from 2022–23 to the forecast for 2027–28, please state the amount of funding provided to each of the below service types. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending for the service type:
- Primary and community health
 - Ambulance services
 - Public hospitals
 - Services for mental health

Guidance

The Committee notes that for the purposes of this question, the Committee uses the definitions of services in the sector as used in the Productivity Commission, Report on Government Services. See: <https://www.pc.gov.au/ongoing/report-on-government-services/2025/health> (accessed 12 March 2025).

Response

(a)	2022–23 (\$ million) Actual Expenditure	2023–24 (\$ million) Actual Expenditure	2024–25 (\$ million) Actual Expenditure	2025–26 (\$ million) Expected Outcome 26-27 Budget Papers (b)	2026–27 (\$ million) Target 26- 27 Budget Papers (c)	2027–28 (\$ million) (d)	Reason for any year-on-year variances ±5%
Acute Health Services	19,796.1	19,878.3	22,310.9	23,563.3	24,026.8	TBD	Rising expenditure reflects increased government investment

Ambulance services	1,482.8	1,433.4	1,612.5	1,589.5	1,575.6	TBD	Rising expenditure in earlier years reflects increased government investment
Mental Health Services	2,551.0	2,706.0	2,987.6	3,216.5	3,250.0	TBD	Rising expenditure reflects increased government investment
Aged and Home Care	798.8	893.3	982.4	961.4	890.3	TBD	A reduction in estimated expenditure for 2026-27 reflects the pending finalisation of a new agreement with the Commonwealth for Aged Care Assessment Services and associated funding for 2026-27. This is expected to be confirmed in the near future.
Primary, Community and Dental Health	828.6	864.6	872.1	963.5	820.8	TBD	Rising expenditure in earlier years reflects increased government investment
Small Rural Services	778.7	819.7	874.8	975.8	948.7	TBD	Rising expenditure in earlier years reflects increased government investment
Public Health (e)	877.7	489.7	421.5	445.4	406.1	TBD	Fluctuation in expenditure in early years reflects pandemic requirements
Drug Services	329.1	355.2	394.1	398.6	415.5	TBD	Rising expenditure reflects increased government investment

(a) Expenditure has been reported by departmental output group

(b) Expected 2025-26 outcome as per the published budget. See 2026-27 Department Performance Statement page 61

(c) 2026-27 figures are the published budget. See 2026-27 Department Performance Statement page 61

(d) Forecast output budget for 2027-28 is not available

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

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

Response

N/A

- c) How much did the Victorian Government spend overall on health in 2022–23, 2023–24, 2024–25, 2025–26 and 2026–27. Where the year-on-year variance is +/- 5 per cent, please provide an explanation for the increase/decrease in spending.

Response

Year	Total health spending	Reason for any year-on-year variances $\pm 5\%$
2022–23	27,442.7	
2023–24	27,440.2	
2024–25	30,455.9	Rising expenditure reflects increased government investment
2025–26	TBD	
2026–27	TBD	

Question 10 - Capital asset expenditure

2026-27 State Budget Paper No. 5/Relevant state financial reports

Line item	2023-24 Actual (\$ million)	2024-25 budget (\$ million)	2024-25 revised (\$ million)	2024-25 actual (\$ million)	2025-26 budget (\$ million)	2026-27 budget (\$ million)
Payment for non financial assets	1695.5	2,252.6	1,471.7	1,411.4	1,875.0	2,104.0
Total	1695.5	2,252.6	1,471.7	1,411.4	1,875.0	2,104.0

2026-27 State Budget Paper No. 4

Capital projects	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2024-25 revised (\$ million)	2024-25 actual (\$ million)	2025-26 budget (\$ million)	2026-27 budget (\$ million)
New						
Dandenong Hospital Redevelopment (Dandenong)						13.7
Engineering Infrastructure Replacement Program 2026-27 (statewide)						20.0
Medical Equipment Replacement Program 2026-27 (statewide)						35.0
Mental Health and Alcohol and Other Drugs Capital Renewal Fund (statewide)						10.0
Metropolitan Health Infrastructure Fund 2026-27 (statewide)						15.0
Minor Capital Works Renewal Program - public sector residential aged care (statewide)						7.5
Regional Health Infrastructure Fund 2026-27 (statewide)						75.0
Gippsland Hospitals Upgrade Program (Regional)						3.7
Better outcomes through early endoscopy detection						10.0
Safe births for every Victorian woman and baby						8.3
Safer digital healthcare program 2026-27						16.2
Existing						
A new ambulance station for Armstrong Creek (Armstrong Creek)	0.4	9.6	2.6	0.0	10.6	17.4
Additional acute mental health beds in regional Victoria (various)	3.8	14.2	6.7	0.2	13.5	33.5
Austin Hospital Emergency Department Upgrade (Heidelberg)	4.6	41.2	18.6	19.4	64.3	83.3
Ballarat Base Hospital mental health, alcohol and other drugs emergency department hub (Ballarat)	0.0	0.0	0.0	0.0	0.0	2.3
Ballarat Health Services expansion and redevelopment and the new Central Energy Plant (Ballarat)	90.3	113.2	81.7	100.0	158.4	138.9
Barwon Women's and Children's Hospital (Geelong)	9.2	80.8	55.0	54.7	147.1	154.0
Better aged care services for regional Victorians (regional various)	1.8	13.7	15.2	9.6	46.7	84.5
Building emergency departments kids and families can count on (statewide)	12.5	11.7	3.8	2.5	6.8	19.3
Community hospitals to give patients the best care (statewide)	246.2	431.5	233.0	183.7	172.1	117.0
Contemporary information architecture for mental health and wellbeing (statewide)	3.6	25.3	0.0	10.9	11.9	18.8
COVID catch-up plan (statewide)	54.0	15.0	9.2	8.0	11.3	2.1
Dandenong and Districts Aborigines Co-operative accommodation (Dandenong)	0.0	0.0	0.0	0.0	9.7	7.8
Early Parenting Centre – Shepparton (Shepparton)	0.0	15.8	1.3	0.3	20.6	14.9
Emergency Departments Expansion Program – Casey Hospital and Werribee Mercy Hospital (Casey) (Werribee)	13.1	68.1	42.0	38.7	146.7	127.6
Engineering infrastructure and medical equipment replacement program 2020-21 (statewide)	10.0	6.8	2.1	3.1	4.5	1.4
Engineering infrastructure and medical equipment replacement program 2021-22 (statewide)	10.9	15.4	4.4	4.3	11.1	5.6
Engineering infrastructure replacement program 2022-23 (statewide)	2.9	8.0	2.1	1.5	3.4	1.5
Engineering infrastructure replacement program 2024-25 (statewide)	0.0	20.0	10.4	10.6	13.7	16.0
Engineering Infrastructure Replacement Program 2025-26 (Statewide)	0.0	0.0	0.0	0.0	61.8	0.8
Forensic Mental Health Expansion Project Stage 1 and 2 (Fairfield)	122.7	260.7	221.5	204.6	72.2	30.2
Harm reduction initiatives (metropolitan)	0.0	5.4	3.0	2.8	18.0	18.8
Improving Energy Efficiency in Public Hospitals (Melbourne)	7.2	27.8	12.1	6.5	15.0	5.7
Improving safety in mental health intensive care areas (various)	13.5	46.0	22.2	22.2	22.7	8.7
Medical equipment replacement program 2024-25 (statewide)	0.0	35.0	16.6	16.8	14.1	4.7
Medical Equipment Replacement Program 2025-26	0.0	0.0	0.0	0.0	52.3	0.8
Meeting ambulance response times (statewide)	9.2	24.8	10.8	15.5	7.8	13.9
Mental health and alcohol and other drugs residential rehabilitation facility – Mildura (Mildura)	0.2	1.9	1.2	2.0	8.4	30.1
Mental Health and Alcohol and Other Drugs Capital Renewal Fund 2023-24 (Statewide)	1.5	4.8	0.0	0.0	4.2	1.3
Mental Health and Alcohol and Other Drugs Capital Renewal Fund 2024-25 (Statewide)	0.0	10.0	0.5	0.4	5.0	7.8
Mental Health and Alcohol and Other Drugs Capital Renewal Fund (2025-26)	0.0	0.0	0.0	0.0	10.0	0.0
Metropolitan Health Infrastructure Fund 2020-21 (metropolitan various)	31.1	34.9	19.2	15.8	14.1	29.5
Metropolitan Health Infrastructure Fund 2022-23 (metropolitan various)	6.9	0.7	1.6	1.3	2.5	1.0
Metropolitan Health Infrastructure Fund 2023-24 (metropolitan various)	13.5	17.4	10.0	7.7	8.0	12.9
Monash Medical Centre Redevelopment (Clayton)	3.8	13.0	10.0	11.1	30.0	141.4
More hospital and aged care beds for Melbourne's East (Angliss Hospital Expansion Stage 2) (Upper Ferntree Gully)	6.1	40.0	31.0	30.9	62.8	13.8
More PET scanners for Victorian hospitals (statewide)	3.1	14.4	9.4	9.2	11.1	8.1
Northcote – Early Parenting Centre (Northcote)	0.0	5.0	0.2	0.4	5.0	12.6
Northern Hospital Redevelopment (Epping)	3.9	48.0	19.6	18.0	150.9	114.7
Parkville Precinct Redevelopment (Parkville)	20.9	192.6	58.0	39.2	273.8	170.2
Redevelopment of Thomas Embling Hospital Stage 3 (Fairfield)	4.5	42.8	1.3	1.3	47.4	45.3
Regional Health Infrastructure Fund (regional various)	5.0	1.6	1.3	3.2	2.1	9.0
Regional Health Infrastructure Fund 2019-20 (regional various)	14.6	11.5	13.2	15.2	0.6	6.7
Regional Health Infrastructure Fund 2020-21 (regional various)	14.9	26.0	16.3	18.2	21.7	14.2
Regional Health Infrastructure Fund 2022-23 (regional various)	57.4	68.0	41.5	40.4	12.9	30.4
Royal Children's Hospital expansion (Parkville)	3.1	12.0	11.6	11.0	22.6	8.7
Royal Melbourne Hospital Critical Infrastructure Works (Melbourne)	0.0	0.0	0.0	0.0	2.3	12.3
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (2022-23) (regional various)	9.4	59.0	62.8	67.8	50.2	17.1
Rural residential aged care facilities renewal 2020-21 (regional various)	1.5	3.1	1.4	2.4	0.7	0.3
Supporting the next generation of paramedics (statewide)	0.0	0.0	0.0	0.0	3.2	1.1
Sustaining statewide health service delivery at The Alfred (Prahran)	0.0	3.4	0.2	0.2	15.0	59.6
Swan Hill District Hospital emergency department upgrade (Swan Hill)	24.1	20.0	19.0	20.4	13.5	2.0
The Alfred Hospital urgent infrastructure (Prahran)	0.3	0.0	1.7	0.5	21.0	35.2
Warrnambool Base Hospital redevelopment (incl Warrnambool Logistics Hub) (Warrnambool)	41.7	134.8	34.0	26.3	221.6	134.8
Minor Capital Renewal Program - public sector residential aged care (Statewide)	0.0	0.0	0.0	0.0	7.5	0.0
Hospital Infrastructure Delivery Fund (statewide)	5.9	6.9	6.9	6.9	2.9	0.0

Completed						
Additional acute mental health beds in Warrnambool (Warrnambool)	2.1	6.8	6.7	3.3	0.1	0.0
Building a better hospital for Melbourne's inner west (Footscray)	8.0	464.2	12.6	16.2	107.4	0.0
Building a new rehabilitation centre for Bendigo (Bendigo)	0.0	4.0	5.7	6.5	8.4	0.0
More help for Victorian mums and dads (statewide)	36.0	9.2	13.8	13.5	1.3	0.0
Quadra scanner Paula Fox Melanoma and Cancer Centre (Melbourne)	0.0	24.0	0.0	5.6	0.0	0.0
Backing our paramedics to keep saving lives (statewide)	20.5	9.3	10.2	5.2	2.8	0.0
Building a World Class Hospital in Maryborough (Maryborough)	43.5	48.0	46.0	47.7	12.0	0.0
Equitable cancer care and prevention (statewide)	3.7	0.0	0.0	0.0	3.9	0.0
Expanding mental health treatment facilities for Victoria's youth (statewide)	25.7	85.1	42.4	44.7	36.5	0.0
Guaranteeing Future Energy Supply (statewide)	17.6	3.4	15.6	12.7	8.8	0.0
Medical equipment replacement program 2022-23 (statewide)	7.3	3.0	0.9	1.3	2.7	0.0
Publicly led fertility care services for Victoria (statewide)	5.2	11.7	1.5	1.4	11.7	0.0
Regional Health Infrastructure Fund 2021-22 (regional various)	3.1	6.2	2.3	2.3	12.2	0.0
Rural residential aged care facilities renewal 2019-20 (regional various)	0.0	3.0	1.2	1.4	1.1	0.0
Safer Digital Healthcare Program 2025-26	0.0	0.0	0.0	0.0	15.8	0.0
Sub total	1,061.8	2,739.8	1,305.1	1,227.4	2,371.7	2,063.9

Line item	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2024-25 revised (\$ million)	2024-25 actual (\$ million)	2025-26 budget (\$ million)	2026-27 budget (\$ million)
Other projects 1	608.34	-	956.34	141.14	153.59	-
Sub total	608.34	-	956.34	141.14	153.59	-

PPPs	2023-24 actual (\$ million)	2024-25 budget (\$ million)	2024-25 revised (\$ million)	2024-25 actual (\$ million)	2025-26 budget (\$ million)	2026-27 budget (\$ million)
New Melton Hospital (Cobblebank)	13.5	63.8	14.2	20.5	139.9	325.9
Building a world class hospital for Frankston families (Frankston)	11.9	405.3	11.3	9.9	158.2	42.3
Sub total	25.4	469.1	25.5	30.4	298.1	368.2

Total Payment for non financial assets	1,695.5	2,252.6	1,471.7	1,411.4	1,875.0	2,104.0
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