



PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2011-12 BUDGET ESTIMATES QUESTIONNAIRE

DEPARTMENT OF HEALTH

PART B: Budget-sensitive information

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PART B: Budget-sensitive information

Responses to questions in Part B are due by 5.00 pm, Wednesday 4 May 2011

4. Strategic priorities

Question 4.1

- (a) What are the impacts of any differences in the Department's strategic priorities between 2010-11 and 2011-12 on funding and resource allocation?

Department of Health response

The priorities for 2011-12 differ significantly from the previous year in terms of:

- comprehensive planning of the Victorian health system
- substantially increased investment in system capacity
- focus on innovation and improvement throughout the Victorian health system
- commitment to increased transparency and accountability of information about the Victorian health system.

Planning for a better health system

To build integrated, sustainable health services into the future the following planning activities are underway:

- Victorian Health Priorities Framework 2012- 2022: Metropolitan Health Plan
- Metropolitan Health Plan : Technical Paper
- Rural and Regional Health Plan, Capital and Resources Plan 2022
- Victorian Health and Wellbeing Plan 2015.

N.B.: these planning activities are being delivered within existing Departmental resources

Developing service and system capacity

Specific initiatives to deliver improvements to service and system capacity include:

- 800 new beds to Victoria's hospitals to reduce waiting lists, reduce emergency department wait times and improve patient care, funding to meet growth in planned admissions, mental health services, sub-acute and diversion services (including palliative care)

- growth in Home & Community Care Service deliver
- This is supported by \$509.6 million in new investment in the health system asset base.

Driving improvement and innovation

A suite of initiatives to address growth in demand for hospital and health services, ensuring Victorians receive sustainable quality care:

- outpatient improvement fund (\$20 million over four years)
- patient treatment coordination (\$15.4 million over four years)
- employing more health professionals (\$48 million over four years)
- implementing patient focussed work practices (\$400,000 over four years)
- new mobile dental units for rural and regional Victoria (\$4.8 million over four years)
- focus on preventive health initiatives to reduce demand for hospital services (\$106.8 million over four years)

Increasing accountability and transparency

Specific initiatives include:

- release of hospital early warning system (HEWS) bypass patient transfer data.
- establishment of a hospital performance website (\$4 million over 4 years) - the new website will provide quarterly hospital performance information, and 'real time' performance data on emergency departments, ambulance services and outpatient services
- abolition of 'not ready for care' and open access board meetings (\$440,000 over four years).

(b) Please identify any programs or initiatives over \$2 million that have been curtailed, deferred, discontinued or completed as a result of changes in strategic priorities between 2010-11 and 2011-12.

Department of Health response

The following program is lapsing in 2011-12:

- Go For Your Life \$5.343 million

Note: Previous budgets did not allocate funding beyond 30 June 2011. An assessment has been initiated to refocus Health Promotion programs.

5. Budget preparation

Question 5.1 (Department of Treasury and Finance only)

In relation to the contingency items within the 2011-12 Budget and Appropriation Bill, namely:

- 'output contingencies not allocated to departments',
 - 'capital provision approved but not yet allocated' and
 - 'advance to the Treasurer to meet urgent claims that may arise before Parliamentary sanction',
- (a) please provide a detailed account of the rationale that is applied to ensure the adequacy of these allocations

Department of Health response

Not Applicable

- (b) please comment on the accuracy and utilisation of the contingency items in 2010-11.

Department of Health response

Not Applicable

Question 5.2 (Department of Treasury and Finance only)

In relation to the Estimated Financial Statements for the Victorian General Government Sector (estimated operating statement and estimated balance sheet), please explain any variations of more than 10 per cent between the 2011-12 estimates published in the 2010-11 budget papers, and the 2011-12 Budget forecasts shown in the 2011-12 budget papers.

Department of Health response

Not Applicable

Question 5.3 (Department of Treasury and Finance only)

- (a) What new features have been incorporated in the budget papers for 2011-12 and why?

Department of Health response

Not Applicable

- (b) What features have been omitted and why?

Department of Health response

Not Applicable

6. Spending

Question 6.1

In relation to output costs, please explain any variations of more than 10 per cent between the expected outcome for 2010-11 and the target for 2011-12 for individual outputs.

Department of Health response

Health Advancement (14.3 per cent increase from 2010-11 Expected Outcome to 2011-12 Target)

The increase in the 2011-12 Target, compared to the 2010-11 Expected Outcome, reflects additional Commonwealth funding in 2011-12 under the National Partnership Agreement for Preventative Health.

Public Health Development, Research and Support (17.8 per cent decrease from 2010-11 Expected Outcome to 2011-12 Target)

The decrease in the 2011-12 Target, compared to the 2010-11 Expected outcome, reflects movements in funding carried over between years (totalling \$1.9m)

Question 6.2

In relation to expenses from transactions that relate to 'Employee Benefits', please explain any variations of more than 10 per cent between the expected outcome for 2010-11 and the target for 2011-12.

Department of Health response

The variation between the Department's expected outcome for 2010-11 and the target for 2011-12 is less than 10 per cent.

Question 6.3

- (a) As 'other operating expenses' constitute around a third of total expenses for the general government sector, please provide a breakdown of the major components of the Department's expected expense for 2010-11 and the Department's target for this item for 2011-12.

Department of Health response

	2010-11 Expected Outcome	2011-12 Target		
	Total Department of Health Portfolio	Total Department of Health Portfolio	Variance	
	(\$m)	(\$m)	(\$m)	%
Purchase of Services – Intra-government	208.0	236.9	28.9	13.9%
Operating supplies and consumables	2,351.2	2,414.8	63.7	2.7%
Purchase of Services - External Suppliers other than the Commonwealth	2,193.1	2,348.1	155.0	7.1%
Maintenance	157.6	163.3	5.7	3.6%
Operating Leases	45.0	45.0	0.0	0.0%
Benefits to households and persons in goods and services	8.0	8.2	0.2	2.6%
Total Other operating expenses	4,963.0	5,216.4	253.5	5.1%

Other Operating Expenses for the Department of Health portfolio comprise both of payments and expenses administered by the Department, and those administered and relating to over one hundred (100) Health Services, Ambulance Services and other health agencies that consolidate as part of the Department of Health portfolio. Other Operating Expenses incurred by Health Services are funded from various sources including State Government, Commonwealth Government and own-sourced funding.

The components shown above are the account grouping classifications in accordance with the accounting classifications of the Victorian Whole-of-Government chart of accounts, administered by Department of Treasury and Finance.

- (b) Please explain any variations of more than 10 per cent between the expected outcome for 2010-11 and the target for 2011-12 for these major components.

Department of Health response

Purchase of Services – Intra-government (13.9 per cent increase between 2010-11 Expected Outcome and 2011-12 Target)

‘Purchases of Services – Intra-government’ reflects expenditure in relation to various services purchased from within the Victorian Government, including Medical Indemnity and other insurance coverage from the Victorian Managed Insurance Authority (VMIA), ambulance communication system support from the Emergency Services Telecommunications Authority (ESTA) and Departmental IT system support from CenITex.

The increase in the 2011-12 Target, compared to the 2010-11 Expected outcome, reflects additional expenditure in accordance with actuarial assessed exposure, in relation to Medical Indemnity and other insurance coverage from the Victorian Managed Insurance Authority (VMIA).

Question 6.4

(a) For your Department, please provide a breakdown of the expected expenditure for 2010-11 and the target for 2011-12 for the following items:

- (i) entertainment expenses;
- (ii) overseas travel;
- (iii) legal expenses;
- (iv) consultants;*
- (v) contractors;* and
- (vi) grants to non-government organisations.

* for the definitions of ‘consultants’ and ‘contractors’, see VGPB’s *All Procurement Policies* (Procurement Policies Master Manual), p.105

If this information cannot be extracted, please specify why.

Department of Health response

For 2010-11, the expected expenditure for the requested categories is as follows:

Expenditure classification	Estimate for 2010-11 \$000
Entertainment expenses	8.8
Overseas travel	76.5
Legal expenses	1,082.6
Consultants	1,436.0

Contractors	17,354.7
Grants to non-government organisations	1,745,519.0

- (b) Please explain any variations of more than 10 per cent between the expected outcome for 2010-11 and the target for 2011-12 for these expense items.

Department of Health response

For 2011-12, the expenditure estimates for items (i), (ii), (iii), (iv) and (v) are based upon departmental internal budget estimates and actual expenditure is subject to approval on a case by case basis in line with individual program objectives. The Department's budget for supplies and consumables for 2011-12, of which these expenses form part, is \$75.4 million. This budget also includes contracted service purchasing budgets, other administrative expenditure, and data collection and analysis costs. At this stage, subject to final 2011-12 State Budget announcements, the actual expenditure outcomes are estimated to approximate the 2010-11 estimated level of expenditure or less, once all savings decisions are confirmed.

Grants to non-government organisations are contained in the external services budget, which, for 2011-12 is currently \$10.3 billion. This budget incorporates payments hospital and Health Services, Non-Government Organisations, Community Health Centres, Local Government Authorities and other Community Services organisations.

N.B.: these figures will be updated in line with 2011-12 State Budget outcomes.

Question 6.5

Please complete the following table showing the estimated cost and planned completion timelines for each review, inquiry, study, audit and evaluation specifically requested by the new Government after the 2010 election that the Department will be undertaking during 2011-12.

Department of Health response

Review	Estimated cost	Expected completion date
Price Review of the Alcohol and Other Drug Treatment Services	TBC	2012

7. Efficiencies

Question 7.1

Please provide the following details about efficiency targets for 2011-12:

- (a) the total savings target for 2011-12 for the Department as a result of efficiency initiatives in the 2011-12 Budget

Department of Health response

The total savings for 2011-12 for the Department as a result of efficiency initiatives in the 2011-12 Budget is \$115.3 million.

- (b) for the efficiency initiatives announced in the 2008-09, 2009-10 and 2010-11 budgets (if applicable) which apply to 2011-12, please provide an update of the savings targets for 2011-12.

Department of Health response

The 2011-12 savings target for efficiencies initiatives announced in 2008-09, 2009-10 and 2010-11 Budgets is \$161.9 million. Additional efficiency savings are required to replace Commonwealth GST revenue arising from Grants Commission decisions.

8. Asset and output initiative funding

Question 8.1

Please provide the Department's expected total expenditure on asset investment projects in 2011-12 (including both 2011-12 Budget initiatives and initiatives from previous budgets for which expenditure is budgeted in 2011-12).

Department of Health response

Current Published Projects

Project Name (Published Name)	TEI	2011-12 Budget Allocation
	(\$'000s)	(\$'000s)
Ambulance Services – Whittlesea/Kinglake service upgrade (Kinglake) ^(a)	1,250	600
Austin Health Community Care Unit (Heidelberg)	14,200	10,000
Ballarat Base Hospital redevelopment (Ballarat)	20,000	12,000
Ballarat Regional Integrated Cancer Centre (Ballarat) ^(b)	55,000	35,500
Barwon Health Geelong Hospital masterplan (Geelong)	2,000	1,500
Barwon Health: Expanding health service capacity – Geelong Hospital (Geelong) ^(c)	26,600	11,730
Bendigo Hospital redevelopment (Bendigo) ^(d)	575,000	17,000
Bendigo Hospital Stage 1 – enabling works (Bendigo)	54,960	23,160
Box Hill Hospital redevelopment (Box Hill) ^(e)	447,500	61,000
BreastScreen Victoria's digital technology rollout (statewide)	10,000	6,100
Coleraine Hospital redevelopment (Coleraine) ^(f)	25,800	7,600
Dandenong Hospital emergency department redevelopment (Dandenong)	25,000	3,474
Dandenong Hospital mental health redevelopment and expansion (Dandenong)	66,000	37,874
Doutta Galla Kensington Community Health Centre - planning and development ^(g)	1,000	620
Ensuring our hospitals are as clean and safe as possible – Equipment (statewide)	5,000	2,186
Geelong Hospital – enhanced capacity works (Geelong) ^(h)	28,670	14,670
Healesville Hospital upgrade (Healesville)	3,000	1,350
HealthSMART shared information and communication technology (ICT) Operations (Statewide) ⁽ⁱ⁾	186,444	6,736
Kingston Centre redevelopment – stage 2 (Cheltenham)	45,000	19,775
Leongatha Hospital redevelopment – stage 2 (Leongatha) ^(j)	25,000	12,000
Monash Children's – acute and intensive care services expansion (Clayton) ^(k)	10,980	6,275

Project Name (Published Name)	TEI	2011-12 Budget Allocation
	(\$'000s)	(\$'000s)
MonashLink Community Health Centre - Oakleigh (Oakleigh)	2,500	500
MonashLink Community Health Service – Glen Waverley (Glen Waverley) ^(l)	9,100	6,500
North Richmond Community Health Centre relocation (North Richmond)	22,500	7,350
Northern Health catheterisation laboratory expansion (Epping) ^(m)	8,098	6,160
Olivia Newton-John Cancer and Wellness Centre – stage 2a (Heidelberg)	40,000	24,000
Redevelopment of the Royal Victorian Eye and Ear Hospital – planning (East Melbourne)	2,000	1,200
Rochester and Elmore District Health Service: Rochester Theatre and Hospital redevelopment (Rochester) ⁽ⁿ⁾	22,100	400
Royal Melbourne Hospital – Allied Health redevelopment (Parkville)	9,980	8,430
Sunbury Day Hospital – stage 2 (Sunbury)	6,400	400
Sunshine Hospital expansion and redevelopment – stage 2 (Sunshine)	73,500	3,500
Sunshine Hospital expansion and redevelopment – stage 3 (Sunshine)	90,500	66,400
Victorian Comprehensive Cancer Centre (Parkville) ^(o)	1,073,500	166,900
Warrnambool Hospital redevelopment – stage 1B (Warrnambool)	70,100	10,515
Warrnambool Hospital redevelopment – stage 1C (Warrnambool)	26,200	18,770
Youth prevention and recovery care services (statewide)	8,000	4,600
Werribee Mercy Hospital Expansion – Stage 1 (Werribee)	14,000	1,871
Commonwealth funding		
Expansion of Gippsland Cancer Centre (Traralgon) ^(p)	22,000	5,000
Statewide enhancements to regional cancer centres (statewide) ^(p)	9,500	800

Notes:

- (a) This initiative is a government-wide initiative previously reported in the 2010-11 Budget
- (b) The TEI for this initiative includes a \$42 million contribution from the Commonwealth Government as part of the Regional Cancer Centre Initiative
- (c) This project supports the Government's \$165 million commitment to hospital infrastructure in the Geelong area
- (d) The revised TEI for this initiative includes additional funding of \$102 million committed in the 2011-12 Budget to expand the scope of the project
- (e) The revised TEI for this initiative includes additional funding of \$40 million committed in the 2011-12 Budget for 100 additional beds
- (f) The TEI for this initiative includes a \$600 000 contribution from the Western District Health Service
- (g) This initiative was estimated to be completed in 2009-10. Delays in the project means that the project is now expected to be completed in 2011-12
- (h) The reduction in TEI for this initiative results from a transfer of the planning component of this project to the Geelong Hospital Upgrade initiative
- (i) The TEI has been revised to incorporate funding approved in 2003-04 Budget of \$139 million for Health ICT strategy, and \$21 million for electronic prescribing in key Victorian hospitals. This project is facing cost pressures and is under review
- (j) The TEI of this initiative includes a contribution from the Gippsland Southern Health Service

- (k) The TEI for this initiative includes a \$350 000 contribution from the Ronald McDonald House Monash
- (l) The TEI for this initiative includes a \$3.6 million contribution from the MonashLink Community Health Service
- (m) The increase in TEI for this initiative is a result of redesign of elements of the expansion
- (n) This initiative was previously scheduled to be completed in 2009-10. Delays in the project, together with an increase in the TEI, mean that the project is now expected to be completed in 2011-12
- (o) This is a joint initiative between the Commonwealth and the State. This initiative includes funding of \$219 million from non-government sources, \$426 million from the Commonwealth Government and \$429 million from the State Government. The procurement process is underway for the Victorian Comprehensive Cancer Centre and is to be delivered as a Partnerships Victoria project
- (p) This initiative has been funded through the Commonwealth Government's Regional Cancer Centre Initiative

New Works (2011-12 Budget Announcements)

Project Name (Published Name)	TEI	2011-12 Budget Allocation
	(\$'000s)	(\$'000s)
Casey Hospital expansion – planning and development (Berwick)	1,000	250
Charlton Hospital planning (Charlton)	1,000	850
Eating Disorder Day Program (Parkville)	400	400
Echuca Hospital redevelopment (Echuca)	40,000	3,000
Frankston Hospital inpatient expansion (Frankston)	35,959	1,000
Geelong Hospital upgrade – enabling and decanting works (Geelong) ^(a)	8,330	1,900
Geelong residential aged care - retention of surplus public land	2,000	1,000
Improving ambulance service delivery – outer metropolitan Melbourne ^(b)	21,231	6,752
Improving ambulance service delivery – rural and regional ^(b)	3,950	600
Increasing critical care capacity (statewide)	1,800	1,800
Kerang District Health residential aged care redevelopment (Kerang)	17,850	500
Maroondah Hospital expansion (Ringwood East)	21,987	750
Maryborough District Health Service – medical imaging (Maryborough)	600	600
Mental Health Inpatient Beds (Sunshine) ^(c)	1,800	900
Mildura Base Hospital expansion (Mildura)	5,000	300
Mobile Intensive Care Ambulance (MICA) single responder units	1,000	500
Monash Children's Hospital – land acquisition and planning (Clayton)	8,500	5,000
Motorcycle paramedic unit	1,000	500
Northern Hospital emergency department expansion (Epping)	24,480	2,450
Olivia Newton-John Cancer and Wellness Centre - Stage 2b ^(d)	31,969	3,826
Royal Children's Hospital ICT investment (Parkville)	23,947	5,000

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Royal Talbot Rehabilitation Centre – Mellor Ward refurbishment (Heidelberg)	5,876	200
Rural capital support	56,000	5,000
Safety of women in care (statewide)	4,000	1,000
Securing Our Health System – medical equipment replacement program (statewide)	35,000	35,000
Securing Our Health System – statewide hospital infrastructure renewal program (statewide)	20,000	20,000
Upgrade and build ambulance stations	16,000	2,000
Warragul Hospital emergency department upgrade (Warragul)	2,000	500
Commonwealth funding		
Improving hospital services – emergency department/elective surgery (statewide) ^(e)	89,400	22,350
Improving hospital services – sub-acute (statewide) ^(e)	186,900	29,300

Notes:

- (a) This funding represents the first stage of the Government's \$165 million commitment to hospital infrastructure in the Geelong area*
- (b) These initiatives were previously reported in the 2010-11 Pre-Election Budget Update*
- (c) This funding represents the first stage of the Government's broader commitment to mental health capital investment*
- (d) Additional output funding of \$13 million has been provided to the Department of Business and Innovation for the fit-out of the research facility*
- (e) These initiatives have been funded through the National Partnership Agreement on Improving Hospital Services*

Question 8.2

As details of expenditure can change over time, please provide up-to-date details of all output initiatives (both those released in this Budget and those released in previous budgets) for which more than \$10 million of expenditure is budgeted to occur in 2011-12, including each initiative's total funding and the budget allocation for each initiative for 2011-12.

Department of Health response

Budget	Initiative	Funding Table					Five Year Total	Description
		2007-08	2008-09	2009-10	2010-11	2011-12		
\$m								
2008-09	Ambulance Service Strategy	-	31.0	38.1	40.8	41.9	151.8	Funding is provided to supply additional paramedic crews and peak period units across Victoria as well as new Mobile Intensive Care Ambulance (MICA) single responder units in metropolitan outer growth corridors and in four rural cities. Service capacity will be increased to meet growing demand by extending current air ambulance retrieval services to provide the state with expanded 24 hour adult, neonatal and paediatric retrieval coverage as well as a new air ambulance emergency service in south-west Victoria. This initiative contributes to the department's Ambulance Emergency Services output.
2008-09	HealthSMART	-	18.5	19.0	19.5	20.0	77.0	Funding is provided to operate the Shared ICT infrastructure to support the roll-out of the HealthSMART system to hospitals across the state. This initiative contributes to the department's Acute Health outputs.
2008-09	Improving Mental Health Services - DH allocation of funding	-	13.9	19.4	19.9	20.4	73.5	Funding is provided for Prevention and Recovery Care (PARC) beds in Burnside, Northern, Broadmeadows, Ringwood, Clayton and Frankston that were approved in the government's 2006 election commitments. Funding is also provided for a new integrated child and youth platform; more enhanced family support services, a statewide 24/7 mental health information and referral service, and increased mental health triage services. The funding also provides for increased services to homeless people who experience mental illness. This initiative contributes to the department's Clinical Care; and Psychiatric Disability Rehabilitation and Support Services outputs.
2008-09	Maintaining Health Systems Performance	-	162.0	171.0	175.3	179.7	687.9	Funding is provided for the growing demand for acute health services, including additional emergency and maternity services, increased activity at day hospitals and improved access to outpatient appointments and essential services such as renal dialysis and chemotherapy. Elective surgery capacity has been significantly expanded with an additional 12 400 patients to be treated over four years. This initiative contributes to the department's Acute Health and Small Rural Services – Acute Health outputs.

Question 8.2

Budget	Initiative	Funding Table					Five Year Total	Description
		2007-08	2008-09	2009-10	2010-11	2011-12		
\$m								
2008-09	Training new health workers	-	14.4	14.9	10.3	15.5	55.1	Funding is provided for clinical training and supervision for medical graduates in Victoria's health services. This initiative implements health workforce reform commitments agreed by the Council of Australian Governments. Funding is also provided for teaching infrastructure across the state to support the education and training of medical, nursing and allied health university students. This initiative contributes to the department's Acute Training and Development output.
2008-09	2008-09 Victoria Cancer Plan for 2008-2011: Innovation in Care - Saving Lives	-	30.1	34.2	40.6	45.2	150.0	Funding is provided for a package of initiatives to improve cancer prevention and care including maximising effective screening, supporting an expansion of the cancer workforce, and improving support for patients and their carers. Funding is also provided for the Victorian Cancer Agency and Victorian Cancer Biobank to translate research into treatment and clinical care. This initiative contributes to the department's Admitted Services; and Health Protection outputs.

Question 8.2

Budget	Initiative	Funding Table						Description
		2008-09	2009-10	2010-11	2011-12	2012-13	Five Year Total	
		\$m						
2009-10	Sustaining Health Services Capacity	66.5	175.0	177.5	179.8	182.2	780.9	Funding is provided to meet growing demand for acute health services including additional emergency and inpatient capacity, increased medical services including renal dialysis, chemotherapy and radiotherapy, a boost for sub acute and critical care services and improved access to outpatient appointments. This initiative contributes to the Department of Health Acute Health; Mental Health; and Small Rural Services – Acute Health outputs.
2009-10	Community Based Aged Care Services	-	12.7	13.4	14.4	15.1	55.6	Funding is provided to address the sustainability of community based services to support older people in the community through the Victorian Government's contribution to growth funding for Home and Community Care (HACC) services (jointly funded with the Commonwealth Government) and expanding the Personal Alert Victoria program. This initiative contributes to the Department of Health Aged Support Services; Primary Health; and Community Care and Support outputs.
2009-10	Hospital and Health Workforce Reform - Securing our Health Workforce	-	2.1	21.3	22.8	26.1	72.2	Funding is provided to implement workforce reform commitments agreed to by the Council of Australian Governments that include Victoria's contribution to increase medical clinical training and implement national registration and accreditation schemes. Funding is also provided for competitive workforce recruitment and retention initiatives that will boost the size and distribution of the health workforce. This contributes to the Department of Health Acute Training and Development output.
2009-10	Closing the Gap in Indigenous Health Outcomes	-	11.7	13.6	11.0	11.1	47.4	Funding is provided to reduce Indigenous chronic disease through targeted health care services in a variety of settings. This initiative will promote healthy lifestyle choices for Indigenous Victorians, such as smoking cessation and healthy transitions to adulthood, and better access to health care for vulnerable children and families. Cultural competency frameworks in universal health services and a clinical workforce training component in Aboriginal Community Controlled Organisations and Community Health Services will also be undertaken. This initiative contributes to a range of Department of Health outputs.

Question 8.2

Budget	Initiative	Funding Table					Five Year Total	Description
		2008-09	2009-10	2010-11	2011-12	2012-13		
\$m								
2009-10	Hospital and Health Workforce Reform - Activity Based Funding	-	4.7	5.0	11.0	14.7	35.4	Funding is provided to meet Victoria's commitment under the Council of Australian Governments to introduce a nationally consistent activity based funding approach to improve efficiency in public hospitals. This initiative contributes to the Department of Health Acute Health Services outputs.
2009-10	National E-Health Transition Authority's Core Operations	-	7.1	9.7	10.1	-	26.9	Funding is provided to support Victoria's contribution to the National E-Health Transition Authority (NEHTA) for foundation work agreed to by the Council of Australian Governments. Funding will support identifier and authentication services to allow the development of a National Individual Electronic Health Record (IEHR) system. This initiative contributes to the Department of Health Services' Acute Health Services outputs.

Question 8.2

Budget	Initiative	Funding Table						Description
		2009-10	2010-11	2011-12	2012-13	2013-14	Five Year Total	
		\$m						
2010-11	Growth in Hospital Services	15.0	185.0	133.2	136.6	140.0	609.8	Funding is provided for additional health service capacity including additional emergency and maternity admissions, expansion of critical care including ten new intensive care beds, growth in renal dialysis, radiotherapy, chemotherapy and blood services, improved access to outpatient appointments and an expansion of the Victorian Patient Transport Access Scheme which assists rural Victorians in accessing clinically needed treatment away from home. In addition, funding is provided for the opening of new mental health inpatient facilities at Barwon and Northern Health and 20 new youth prevention and recovery care service beds. Sub-acute, post acute, palliative care and transition care services will also be expanded in line with the focus on treating patients at the right time and in the right place. Funding is also provided for elective surgery to treat 9 000 patients over two years.
2010-11	Home and Community Care	1.3	14.6	15.7	16.9	18.2	66.7	Funding is provided to address the sustainability of community based services to support older people in the community through the Victorian Government's contribution to growth funding for Home and Community Care services.
2010-11	Support for Public Hospitals	-	72.0	38.7	39.7	-	150.3	Funding is provided for public hospitals to support clinical practice improvements, new technologies such as prosthesis and drugs and a range of reforms to better utilise hospital resources.

Question 8.2

Budget	Initiative	Funding Table						Description
		2010-11	2011-12	2012-13	2013-14	2014-15	Five Year Total	
\$m								
2011-12	Waiting list and emergency department reform		14.7	19.7	26.6		89.6	<p>The Government will undertake the following initiatives to improve access to elective surgery and the way in which health services manage elective surgery waiting lists:</p> <ul style="list-style-type: none"> • Abolish 'not ready for care • Increasing the number and skills of the health workforce • First on, first off rule • Outpatient Improvement Fund to fund additional staff and equipment in specialist clinics • Outpatient nurse coordinators to guide patients through their treatment • Patient treatment coordinators to case manage patients • Diabetes specialist nurses for diabetes nurse-led education services in public hospitals • Hospital Improvement Commission to facilitate improvement in emergency departments • Health Innovation and Reform Council to advise on reform measures and improve quality and safety. • Health interpreters to improve the quality of service provision • Hospital performance website to increase transparency and empower patients in decision making
2011-12	340 new ambulance officers	6.1	23.4	40.4	40.1	41.1	151.1	Funding is provided to recruit an additional 340 new ambulance staff. This will include 310 new ambulance paramedics plus 30 new patient transport officers.
2011-12	Hospital operations growth funding – including 800 new hospital beds election commitment		284.2	255.4	261.8	268.3	1069.7	Funding is provided to maintain and expand hospital activity including the implementation of elective surgery funding, addressing non-wage price factors, technology and innovation, and to commence the implementation of the Government's commitment to provide 800 new hospital beds in the Government's first term. The 2011-12 Budget will fund the first 100 beds of the Government's bed growth commitment and additional services to local communities as well as address cost pressures being faced by hospitals and provide for more complex care
2011-12	Home and Community Care (HACC)		27	27.7	28.4	29.1	112.2	Funding is provided to address the sustainability of community based services to support older people in the community through the Victorian Government's contribution to growth funding for Home and Community Care services

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2011-12	Home and Community Care (HACC) matching	15.8	16.2	16.6	17	65.6	
2011-12	National Partnership Agreement on Preventative Health – chronic disease prevention in Victoria	18.2	33.1	15.2	12.5	79	The National Partnership on Preventative Health will fund a range of measures aimed at promoting healthy behaviours and addressing lifestyle related chronic diseases. The funding provided will seek to reduce the prevalence of overweight people and obesity, improve nutrition and increase physical activity in children and adults, and reduce tobacco and alcohol use in adults. This follows funding provided in the 2009-10 Budget for the development of an implementation plan for the National Partnership Agreement. Note that this funding is provided to Victoria by the Commonwealth
2011-12	Alcohol and other drug strategy – treatment Services	39	39	39	39	156	Funding is provided for public hospitals to support clinical practice improvements, new technologies such as prosthesis and drugs and a range of reforms to better utilise hospital resources

Question 8.3

In relation to any unapplied output and asset funding carried forward to 2011-12, please provide:

- (a) a breakdown of the carried forward funding for both output and asset initiatives

Department of Health response

Capital

Asset Investment Appropriations:	2011-12 (\$m)
Commonwealth Programs	11.6
State Programs	33.5
Total	45.1

Output

Output funding:	2011-12 (\$m)
Commonwealth Programs	21.2
State Programs	18.6
Total	39.8

- (b) the underlying reasons for the Department's funding carryover for each category

Department of Health response

Capital

The estimated carryover of \$45.1 million for the Department's asset investment program, including Commonwealth contributions (\$11.6 million), represents approximately 10.68 per cent of the budgeted cashflow for 2010-11. It is important to note that unspent cashflow does not equate to budget surpluses or savings within specific capital projects, rather a re-phasing of estimated cashflows across future financial years. Underlying reasons for estimated unspent cashflows include unforeseen latent soil conditions, inclement weather (such as site flooding), rectification of town planning issues and prolonged planning and design processes, the impact of which can significantly affect the planned progression of a major capital project.

Output

The expected unspent appropriations are a result of delays in implementation of new initiatives and lower than anticipated service delivery levels of funded agencies across a range of health programs.

The funding provided to the department through the State Budget process, as well as that provided by the Commonwealth, are made on estimated budget requirements based on agreed annual activity targets or other key performance indicators. Where these differ from actual service delivery, carryover of these funds are required, to ensure that these service obligations are delivered in the following fiscal period.

- (c) the intended revised timing for use of the carried forward funds, including project-specific details for asset initiatives.

Department of Health response

The estimated unspent cashflow for 2010-11 will be expended in the 2011-12 financial year as projects within the overall asset program progress through relevant stages of implementation.

N.B.: 2010-11 Budgeted cashflow includes TEI and Cashflow changes awaiting Treasurer's approval

9. Revenue initiatives, departmental income (fees, fines, taxation measures, concessions and subsidies) and tax expenditures

Question 9.1

In relation to 2011-12, please outline any new revenue-raising initiatives and/or major changes to existing revenue initiatives. For each initiative/change, please explain:

- (a) the reason for the initiative/change
- (b) the assumptions underlying the analysis
- (c) alternative scenarios considered
- (d) the impact of any changes on service delivery (i.e. please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)
- (e) the anticipated total value of revenue gained/foregone as a result of the initiative/change.

Department of Health response

The only change to revenue raising initiatives in 2011-2012 is that Ambulance membership fees will be discounted by 50% from 1 July 2011. This initiative reflects Government policy.

In accordance with the Monetary Units Act, statutory fees and penalties are expressed in fee units and penalty units in the relevant legislation. Each year the Treasurer sets the value of these units by notice in the Government Gazette. It is expected that fees and penalties for 2011-2012 will be indexed in line with inflation.

Question 9.2

In relation to 2011-12, please outline any new tax expenditures or concession/subsidy initiatives and/or major changes to existing tax expenditures or concession/subsidy initiatives. For each initiative/change, please explain:

- (a) the reason for the initiative/change
- (b) the assumptions underlying the analysis
- (c) alternative scenarios considered
- (d) the impact of any initiatives/changes on service delivery (i.e. please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)
- (e) the anticipated total value of revenue gained/foregone as a result of the initiative/change.

Department of Health response

The only change to revenue raising initiatives in 2011-2012 is that Ambulance membership fees will be discounted by 50% from 1 July 2011. This initiative reflects new Government policy.

In accordance with the Monetary Units Act, statutory fees and penalties are expressed in fee units and penalty units in the relevant legislation. Each year the Treasurer sets the value of these units by notice in the Government Gazette. It is expected that fees and penalties for 2011-2012 will be indexed in line with inflation.

Question 9.3

- (a) Please provide a list of any revenue measures (taxation, fees, fines etc.) or any concessions (or subsidies) where the rate has been changed for reasons other than keeping up with inflation.
- (b) Please provide an explanation for the changes.

Department of Health response

The only change to revenue raising initiatives in 2011-2012 is that Ambulance membership fees will be discounted by 50% from 1 July 2011. This initiative reflects new Government policy.

In accordance with the Monetary Units Act, statutory fees and penalties are expressed in fee units and penalty units in the relevant legislation. Each year the Treasurer sets the value of these units by notice in the Government Gazette. It is expected that fees and penalties for 2011-2012 will be indexed in line with inflation.

Question 9.4

For the Department's income categories shown in its operating statement, please provide an explanation for any items that have a variance of greater than 10 per cent between the revised estimate for 2010-11 and the budget for 2011-12.

Department of Health response

Grants (income) (32.4 per cent increase from 2010-11 expected outcome to 2011-12 target)

In 2011-12, a number of Victorian public hospitals will commence submitting electronic Highly Specialised Drugs revenue claims through Medicare Australia instead of offline claims via the Department. As a result, hospitals will receive grant income directly from Medicare Australia.

This revised payment arrangement results in an offsetting reduction in 'Output Appropriation', reflecting that this Commonwealth revenue will not be paid to the Department and therefore not available to access under Annotation arrangements under Section 29 of the *Financial Management Act*.

10. Grants from the Commonwealth

Question 10.1

- (a) What impact have developments at the Commonwealth level, including initiatives under the COAG Reform Agenda, had on the Department's component of the 2011-12 State Budget?

Department of Health response

On Sunday 13 February 2011, COAG agreed to a revised health reform package. The Heads of Agreement on National Health Reform will form the basis of a new National Health Reform Agreement that will replace the National Health and Hospitals Network Agreement. A revised National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) was also signed by First Ministers.

The revised health reform package commits the Commonwealth to a guaranteed share of 'efficient' growth funding for hospital services, which will be no less than \$16.4 billion nationally between 2014-15 and 2019-20.

In addition, the NPA IPHS will provide up to \$822.2 million in funding over 5 years to Victoria from 2009-10 to 2013-14. In the 2011-12 State budget \$143.3 million is allocated to Victoria for operating and capital funding. The Commonwealth will provide an additional \$21.6 million for reward funding if Victoria meets set targets under the NPA.

At COAG it was agreed to bring forward funding of \$80 million nationally from 2011-12 to 2010-11 and \$120 million nationally from 2012-13 to 2011-12 – this resulted in \$50.2 million of Victoria's reward funding being brought

forward as facilitation payments to fund hospital services sooner. This funding will be included in the State budget for 2011-12.

On 31 March 2011, Victoria submitted an interim Implementation Plan for the NPA IPHS. The interim Implementation Plan and methodology is yet to be agreed with the Commonwealth and as such some funding allocated to Victoria in 2010-11 may not become available until 2011-12.

As part of the April 2010 COAG Agreement, Commonwealth funding will be redirected from high care residential aged care places to State governments to provide similar levels of care for Long Stay Older Patients (LSOP) in public hospitals. Victoria expects to receive \$26.9 million for this initiative as indicated in Commonwealth 2010-11 Budget papers. Victoria also expects to receive \$3.6 million in 2011-12 to establish new and increase the capacity of existing, multi-purpose service facilities.

- (b) In describing the impact of these developments for 2011-12, please outline the Department's progress to date in transitioning to the COAG Reform Council's new performance reporting framework.

Department of Health response

Under the Intergovernmental Agreement on Federal Financial Relations (IGA FFR), the COAG Reform Council (CRC) is tasked with independent assessment of whether predetermined performance benchmarks have been achieved before an incentive payment to reward nationally significant reforms under National Partnership Agreements (NPA) is made. The CRC's assessment role will continue with the revised National Partnership Agreement on Improving Public Hospital Services, which has committed \$99 million of reward funding for Victoria over the life of the agreement.

In addition to the CRC's assessment role, the CRC will continue to provide annual performance reports to COAG on progress against the National Healthcare Agreement (NHA) 70 performance indicators (PI) and nine performance benchmarks (PB). The NHA report is provided to COAG on 30 April and is made public in June each year. The Department has continued to provide data and other information as part of the annual reporting process.

Complementing the CRC's current reporting arrangements, the new Health Reform arrangements (agreed on 13 February 2011) reaffirm the establishment of a new National Health Performance Authority (NHPA) from 1 July 2011. The NHPA will develop and produce reports on the performance of hospitals and health care services, including primary health care services. The reporting requirements under the new NHPA are yet to be determined.

Under the new Health Reform arrangements, the CRC's role in providing clear and transparent regular public reporting on all jurisdictions' performance will be expanded. Additional reporting will be provided against: the new National Standards; and the new national clinical quality and safety standards, as developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). The new standards and accompanying reporting are yet to be determined.

The new Health Reform arrangements also reaffirm the CRC's role in advising COAG on changes to improve performance reporting against the NHA. Heads of Treasuries (HoTs) undertook a review of National Agreements, National Partnership Agreements and Implementation Plans under the IGA FFR throughout 2010. As a result of the HoTS review, a working group led by Senior Officials from First Ministers' and Treasury agencies will review the performance framework of the NHA. The review will address the conceptual adequacy of the NHA Performance Reporting Framework and will be completed by 31 December 2011.

Question 10.2

In the accompanying Excel file, please supply breakdowns (as indicated in the spreadsheets) for each of the following categories of Commonwealth grants for which the Department received funding in 2011-12:

- (a) Specific Purpose Payments (SPPs)
- (b) Nation Building – Economic Stimulus Plan
- (c) National Partnership project payments
- (d) any other Commonwealth grants pertaining to functions carried out by the Department.

Department of Health response

In accordance with the *Framework for Federal Financial Relations* agreed by the Council of Australian Governments (COAG) in 2008, the majority of Specific Purpose Payment, Nation Building and National Partnership project payments are paid by Commonwealth Treasury to State Treasury departments on a monthly basis.

Therefore, the only Commonwealth grant funding the Department of Health is expecting to receive directly from the Commonwealth are the grants shown in the table supporting question 10.2 (d) above.

The Department of Health does not receive or have access to any Commonwealth funding provided for Specific Purpose Payments [Question 10.2 (a)], or Nation Building – Economic Stimulus Plan [Question 10.2 (b) – therefore the Excel spreadsheet cannot be completed for these two items].

The accompanying table provides details of Commonwealth funding for which:

- the Department has authority to access via the Department of Treasury and Finance, under Section 29 of the *Financial Management Act* [Questions 10.2 (c)]; and/or
- the Department receives directly (from the Commonwealth) [Questions 10.2 (d)].

10.2(a) - Specific Purpose Payments (SPPs)

Please provide the following details for any Specific Purpose Payments (SPPs) to be received by your Department from the Commonwealth in 2011-12. Please provide all figures to the nearest \$0.1 million.

Department of Health response

Service delivery program	Budget 2010-11 (\$m)	Revised 2010-11 (\$m)	Budget 2011-12 (\$m)	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
					The Department of Health does not receive or have access to any Commonwealth funding provided for Specific Purpose Payments.

10.2(b) - Nation Building - Economic Stimulus Plan

Please provide the following details for any Nation Building - Economic Stimulus Plan funding to be received by your Department from the Commonwealth in 2011-12

Please provide all figures to the nearest \$0.1 million

Department of Health response

Program/plan	Budget 2010-11 (\$m)	Revised 2010-11 (\$m)	Budget 2011-12 (\$m)	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
					The Department of Health does not receive or have access to any Commonwealth funding provided for Nation Building – Economic Stimulus Plan

10.2(c) - National Partnership project payments.

Please provide the following details for any National Partnership project payments to be received by your Department from the Commonwealth in 2011-12. Please provide all figures to the nearest \$0.1 million.

Department of Health response

Output/project	Budget 2010-11 (\$m)	Revised 2010-11 (\$m)	Budget 2011-12 (\$m)	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
<i>Output Programs</i>					
Aged Care Assessment Services	18.7	18.7	18.7	0%	
Bringing nurses back into the workforce program	1.8	0.0	0.0	0%	
National Bowel Cancer Screening Program	0.4	0.4	0.0	-100%	As per the funding agreement, Commonwealth funding is expected to cease at the end of 2010-11.
Dept of Veterans Affairs - Home Care Services	4.2	4.3	4.3	0%	
Home and Community Care	304.3	301.5	322.6	7%	Growth in funding based on Commonwealth estimate of growth in population and cost indexation: 2011-12 estimate to be updated upon receipt of Commonwealth Letter of Offer.
OzFoodNet	0.2	0.2	0.2	2%	
Essential Vaccines	84.6	61.4	60.8	-1%	The Commonwealth is changing procurement arrangements in regards to certain vaccines, resulting in a reduced Commonwealth payment to Victoria.
National High Security Unit / Human Quarantine	0.0	0.0	0.0	0%	
Elective Surgery Waiting List Reduction Plan	0.0	2.0	0.0	-100%	Phasing as per funding agreement.. Note: Reduction replaced by State growth funds.

Output/project	Budget 2010-11 (\$m)	Revised 2010-11 (\$m)	Budget 2011-12 (\$m)	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
National Perinatal depression initiative National Partnership	1.5	1.5	2.2	50%	Phasing as per funding agreement.
Victorian Cytology Service	7.3	7.3	7.7	5%	Growth in funding as per Implementation Plan
CDM-Net Australia	0.0	2.2	1.2	-45%	Phasing as per Implementation Plan
Improving Public Hospital Services - output	123.7	158.2	87.4	-45%	Phasing as per funding agreement
Improving Public Hospital Services - Financial Assistance for Long Stay Older Patients	17.3	0.0	26.9	0%	As per the funding agreement, this program is expected to commence in 2011-12
Vaccines Preventable Disease Surveillance	0.0	0.2	0.2	3%	
Subtotal	564.0	557.9	532.2	-5%	
<i>Capital Programs</i>					Note: Cash flow (Phasings) for capital projects vary year to year based on the staging of projects.
Olivia Newton John Cancer Centre	0.0	0.5	0.0	-100%	Balance of 2009-10 allocation received from the Commonwealth in 2010-11. No further Commonwealth funding is expected for this program.
Victorian Comprehensive Cancer Centre	99.4	16.7	166.9	901%	As per revised project phasings
Ballarat Regional Integrated Cancer Centre	3.0	3.0	32.0	967%	As per project phasing
Digital Mammography	0.0	11.4	15.3	34%	Phasing as per Implementation Plan.
Enhancements to Regional Cancer Services	7.7	7.7	0.8	-90%	As per project phasing

Output/project	Budget 2010-11 (\$m)	Revised 2010-11 (\$m)	Budget 2011-12 (\$m)	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
Expansion of Gippsland Cancer Services	5.0	5.0	5.0	0%	
Improving Public Hospital Services (asset funding)	24.8	73.1	55.9	-24%	Phasing as per funding agreement.
Improving Public Hospital Services - Expanding Multipurpose Services (Asset)	2.4	5.2	3.6	-31%	Phasing as per funding agreement.
Subtotal	142.5	122.6	279.5	128%	
TOTAL	706.5	680.5	811.7	19%	

10.2(d) - Other Commonwealth grants

Please provide the following details for any other Commonwealth grants pertaining to functions carried out by the Department in 2011-12
Please provide all figures to the nearest \$0.1 million.

Department of Health response

Output/project	Budget 2010-11	Revised 2010-11	Budget 2011-12	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
<i>Other Commonwealth Grants</i>					
CanNet Cancer Service Networks	0.1	0.2	0.3	112%	2011-12 increase reflects agreed cashflow of project funding subject to achievement of KPI's / milestones under the agreement.
Highly Specialised Drugs Program	173.0	158.0	60.0	-62%	Budget for 2011-12 has been reduced to reflect changes in payment process - Medicare Australia has commenced paying health services direct instead of paying DH. It is anticipated that by end of 2011 calendar year that vast majority of health services will be paid directly by Medicare Australia.
National Radiotherapy Projects	0.2	0.3	0.2	-23%	Phasing as per funding agreement.
National Reform Agenda for Organ and Tissue Donation	0.0	6.5	6.5	-1%	
Palliative Care Projects	0.0	0.4	0.0	-100%	One-off palliative project in 2010-11.
Quitline Enhancement Project	0.0	0.2	0.1	-38%	Phasing as per funding agreement.
Warley / Philip Island Medical Group funding	0.1	0.1	0.0	-100%	Commonwealth funding was provided for four years ceasing in 2010-11. Subject to future Commonwealth budget decisions
National Standards for Mental Health Services	0.0	0.1	0.0	-100%	One off allocation in 2010-11 as per funding agreement.
Other Minor Commonwealth Grants	0.0	0.0	0.0	-60%	Phasing as per funding agreement.
TOTAL	173.4	165.7	67.1	-60%	

Question 10.3 (Department of Treasury and Finance only)

Please explain how any major changes between financial agreements with the Commonwealth have impacted on the State's budget for 2011-12, e.g. new national health and hospitals reform.

Department of Health response

Not Applicable

Question 10.4 (Department of Treasury and Finance only)

What has been the impact of changes to Victoria's share of the GST pool for 2011-12 and beyond?

Department of Health response

Not Applicable

11. Net debt

Question 11.1 (Department of Treasury and Finance only)

In relation to the net debt projections for the non-financial public sector for the 2011-12 budget year and over the forward estimates to 2014-15, please provide a breakdown of the spread of net debt between the general government sector and each of the public non-financial corporations concerned.

Department of Health response

Not Applicable

Question 11.2 (Department of Treasury and Finance only)

What plans are in place to reduce Victoria's net debt position over time?

Department of Health response

Not Applicable

Question 11.3 (Department of Treasury and Finance only)

Does the Government expect to maintain Victoria's AAA credit rating? If so, what strategies have been put in place to achieve this?

Department of Health response

Not Applicable

12. Environmental challenges

Question 12.1

- (a) What are the key environmental issues that are predicted to have an impact on services delivered by the Department's portfolios in 2011-12?

Department of Health response

Increases in total energy consumption across the portfolio and the expected increase in energy costs will have an impact on the operating costs of health services, which may have unintended consequences in other service areas. Total energy costs are growing significantly faster than total energy consumption, however, the energy intensity per unit of output is decreasing.

Government will need to assess the impact and/or of an ETS on Victorian Health Care and the Hospital system.

- (b) How have these issues been addressed in the Department's budget for 2011-12 and over the forward estimates to 2014-15?

Department of Health response

The following Department of Health environmental initiatives are included within the current budget estimates:

- investment in sustainability in health care capital projects through setting minimum standards and an additional 2.5 per cent of total construction cost for 'leading' sustainability initiatives
- continuing the operation of 36 megawatts of co-generation within the Alfred Hospital, Dandenong Hospital, Geelong Hospital, Royal Melbourne Hospital and St Vincent's Hospital up until June 30 2020.

In addition, the Department is funding internally:

- a feasibility study into the expansion of co-generation within public hospitals
- a pilot Energy Performance Contract at the Heidelberg Repatriation and Royal Talbot hospitals in line with the Whole-of-Government Greener Government Buildings program
- research projects covering sustainability in health care capital works, environmental data management, energy use of medical equipment, sustainable health care procurement and waste management in health care have been internally funded
- implementation of the Corporate Environmental Management System aims to manage, monitor and reduce the environmental impacts of departmental corporate operations.

In order to reduce the impact of the environment, including climate change, on the health and wellbeing of Victoria's vulnerable populations the Department will:

- continue to support heatwave planning, communications and surveillance activities across the health system, State and local governments
- undertake applied research and associated development of resources to enable health service providers, including the Department of Health, to consider the impacts of climate change on human health and vulnerable populations
- work with stakeholders to embed climate change into Municipal Public Health and Wellbeing Planning and the State Public Health and Wellbeing Plan.

- (c) Please list up to five key projects or programs worth over \$1 million (new and/or existing) where increased funding has been provided in the Budget to address environmental issues (including responding to climate change). Please provide a comparison of funding levels for 2010-11 and 2011-12 for existing projects if applicable.

Department of Health response

All of the Department's budget bids for capital projects include a 2.5 per cent allowance for sustainability within the project. Depending on the overall cost of the project, some capital projects will have a sustainability allowance of over \$1 million.

13. Geographic considerations

Question 13.1

In the following table, please outline the critical issues facing metropolitan, regional and rural communities in 2011-12 that depend on services provided by the Department and how the Department's 2011-12 budget addresses these issues.

Department of Health response

	Critical issues	Explanation of how these issues are addressed through the 2011-12 Budget
Metropolitan Melbourne	General population growth Metropolitan population growth is a major driver of demand for health and hospital services. Over the last decade, Victorian hospitals have experienced a 40 per cent increase in admissions and a 48 per cent increase in emergency service presentations	<ul style="list-style-type: none"> Unplanned admissions and presentations <i>Maintain emergency access performance levels and meet age-weighted population growth</i>
		<ul style="list-style-type: none"> Planned admissions <i>Meet unavoidable service growth, including: Elective surgery admissions, Elective medical services, Chemotherapy, radiotherapy and dialysis services and Maternity services</i>
		<ul style="list-style-type: none"> Outpatient Improvement Fund <i>Assist hospital specialist (outpatient) clinics to treat more patients in a timely manner</i>
		<ul style="list-style-type: none"> Expansion of physical capacity <i>Beds (and associated services) in Frankston, Northern, Maroondah Box Hill Hospitals</i>
	Ageing One of the most significant impacts of the Victorian health system over the next 20 years will be the growing number of seniors	<ul style="list-style-type: none"> Home and Community Care (HACC) <i>The HACC Program provides services such as personal care, nursing, allied health and social support that enable targeted groups to remain in the community</i>
	Chronic disease The pattern of disease is changing. Diseases today are typically chronic in nature, with almost four in five Australians having at least one long-term or chronic health condition	A variety of initiatives are aimed at tackling chronic disease in the community: <ul style="list-style-type: none"> Healthy Living Victoria – Life! Diabetes and Cardiovascular Disease Prevention Program <i>This program will provide people at high risk of Type 2 diabetes and cardiovascular disease (CVD) with the skills and motivation to adopt a healthier lifestyle to reduce dramatically the risk of disease</i>

	Critical issues	Explanation of how these issues are addressed through the 2011-12 Budget
	<p>Increased Alcohol and Other Drugs (AOD) service demand Increasing client complexity and unprecedented population growth, particularly in outer metropolitan growth corridors has resulted in the AOD treatment sector experiencing increasing demand pressures for comprehensive and specialised counselling services</p>	<ul style="list-style-type: none"> Establishment of new therapeutic Counselling, Consultancy and Continuing Care (CCCC) services <i>These services commenced operation on 1 January 2011 in the North and West metropolitan regions (Casey, Hume, Melton, Whittlesea and Wyndham)</i> <i>The 2011-12 Budget funds an additional three therapeutic CCCC services, providing 1,320 courses of treatment each year in regions experiencing significant demand. This investment will ensure that a comprehensive response is in place to the demand pressures for AOD treatment services in all outer metropolitan growth corridors</i>
	<p>Sustained Mental Health service demand pressure The specialist public mental health service system is experiencing high levels of sustained demand pressures in outer metropolitan growth areas. It is estimated that in any given year, 44 per cent of people with severe psychotic disorders do not access treatment and care</p>	<ul style="list-style-type: none"> Improve access to timely treatment and care <i>Provision of 19,000 hours of service provides improved access to timely treatment and care for up to 800 additional adults with severe and enduring mental illness.</i> <i>This growth funding will be allocated to the continuing care teams in Area Mental Health Services experiencing high and sustained demand pressures due to rapid population growth, with priority given to outer urban growth areas of Wyndham, Melton, Whittlesea and Casey</i>
Regional Cities	<p>Medical equipment and infrastructure reaching the end of its useful life</p>	<ul style="list-style-type: none"> Statewide program to replace prioritised medical equipment and infrastructure
	<p>Population growth increased demand and workforce capacity</p>	<ul style="list-style-type: none"> Boost to Healthcare in Ballarat <i>Twenty additional doctors and 80 additional nurses will be employed over four years; recruitment of 10 GPs from interstate</i>
	<p>Growth in health care service requirements Assets for health service delivery ageing and no longer fit for purpose</p>	<ul style="list-style-type: none"> Bendigo works <i>Building a new Bendigo Hospital and upgrading infrastructure in targeted areas of Bendigo Health. Undertaking capital works at Geelong Hospital and advancing planning for a hospital south of Geelong. Redevelopment and expansion of the Ballarat District Nursing premises</i>
	<p>Medical equipment and infrastructure reaching the end of its useful life</p>	<ul style="list-style-type: none"> Statewide program to replace prioritised medical equipment and infrastructure

Rural Victoria	Responding to increased demand	<ul style="list-style-type: none"> • Mobile Dental Units <i>Provide access to dental services in rural and regional areas with poor access to public dental clinics</i>
		<ul style="list-style-type: none"> • Palliative Care Measures <i>Palliative care services to fill major service gaps, particularly in rural areas and metropolitan growth corridors</i>
		<ul style="list-style-type: none"> • Rural Health Services Upgrade <i>Specialist rural GPs, relocation and retention incentives for doctors and maternity and obstetrics services</i>
		<ul style="list-style-type: none"> • Rural Dental Practitioners <i>help dental clinicians relocate from metropolitan locations to rural and regional communities</i>
	Ageing	<ul style="list-style-type: none"> • Home and Community Care (HACC) Funding
	Assets for health service delivery ageing and requiring renewal to deliver changed models of care and some growth	<ul style="list-style-type: none"> • Asset redevelopment and expansion at Kerang, Echuca Mildura and Ballan Hospitals
	Medical equipment and infrastructure reaching the end of its useful life	<ul style="list-style-type: none"> • Statewide program to replace prioritised medical equipment and infrastructure

Question 13.2

What general principles does the Department use to determine resource allocation between regional cities compared to rural localities? Please provide two examples, if possible, of programs in regional Victoria and how the breakdown of resource allocation to regional cities and rural areas was determined in those programs.

Department of Health response

Capital Projects and Service Planning

Principle: Service profiles and levels in regional cities need to be built up to manage their own existing and projected growth and to fulfil their role as major regional hospitals supporting the sub regional and local hospitals in the region and providing the majority of tertiary care for the region's broader population.

Allocation of resources to grow and develop major regional hospitals is therefore a high priority, e.g. investment in the New Bendigo Hospital.

Asset development in rural localities has other drivers such as ageing infrastructure, Commonwealth residential aged care regulation and changing models of care and needs to continue in a staged manner alongside regional city service growth and development, e.g. the Kerang District Health Residential Aged Care Redevelopment.

Mental Health Beds

The principles underlying the development of Adult Mental Health Services include ensuring that no matter where a person lives, that there is access to certain core mental health services within a given catchment. Specifically, adult and aged acute inpatient beds, and specialist community residential beds including: Community Care Units, mental health aged persons residential care and Prevention and Recovery Care (PARC) services (which are progressively being rolled out across Victoria).

More specialist services, e.g. Secure Extended Care Unit (SECU), are developed on a regional or cross-regional basis as a minimum population size is required for viability. Child and Adolescent Mental Health inpatient services are even more specialised, so there is linkage of metropolitan services to rural areas. More specialist services (i.e., mother-baby services, forensic, etc.) are metropolitan-based and provided either on a statewide basis or to defined catchments which will include a rural area.

The Department uses population data in catchment areas serviced by health services to determine bed number requirements. These data are then overlaid with viability or service model requirements, e.g. Prevention and Recovery Care (PARC) services are generally established in configurations of 10 beds, inpatient units are generally not viable unless they include at least 10-12 beds and/or co-located with other mental health inpatient services.

Home and Community Care (HACC)

Additional annual funding ('HACC growth funding') is allocated across regions according to a population-based formula, based on the proportion of older people and people with disabilities in each LGA.

As the HACC target population is forecast to grow at an average rate of approximately 2.4 per cent per annum for the next ten years, the general principle is to allocate available annual growth funding to keep pace with population growth while systematically improving historical inequities between regions and LGAs in terms of levels of per capita funding. Relative progress towards these goals depends on total available funds.

It is also recognised that there are particular issues in small rural communities with static or declining populations. Although some LGAs are above average in per capita funding, it is important to maintain ongoing viability of HACC service provision due to the combination of the demography and size of the population.

Question 13.3

Please complete the following table for up to five of the Department's largest projects (in terms of expenditure) benefiting regional and rural Victoria:

Department of Health response

Project	Budget allocation for 2011-12 (\$m)	New or existing project?	Purpose of the project	How is the funding to be spent?	What performance measures are in place?	Expected net benefits	Net present value (in 2011 dollars), where applicable (\$m)
Warrnambool Hospital Redevelopment - Stage 1B (Warrnambool)	10.515	Existing	This project will deliver the second phase of the staged redevelopment of South West Healthcare's Warrnambool Hospital campus and includes a new inpatients' building and associated facilities.	Lump sum procurement approach	Project milestones are completed on time and on budget	The redevelopment will ensure that the Warrnambool Hospital meets its role as the sub-regional level health service for South West Victoria and meets the health care needs of the growing regional population.	70.100
New Bendigo Hospital	40.160	New/ Existing	The initiative provides funding for the Bendigo Hospital to be redeveloped as a world class health facility. The New Bendigo Hospital will provide Bendigo Health with 21st century facilities, enabling them to deliver improved patient care according to recognised best practice, develop a skilled health workforce for the future, improve operational efficiency and provide for the health needs of a growing population.	To be determined	Project milestones are completed on time and on budget	Improved health outcomes for the regional population. A sustainable and adaptable health system which meets current and future demand. Enhanced community confidence in, and support of, the Victorian health system. Further development of Bendigo as a regional hub.	692.960

Project	Budget allocation for 2011-12 (\$m)	New or existing project?	Purpose of the project	How is the funding to be spent?	What performance measures are in place?	Expected net benefits	Net present value (in 2011 dollars), where applicable (\$m)
Echuca Hospital Redevelopment	3,000	New	The redevelopment will provide significant enhancements and expansion in new purpose built acute facilities including an expanded emergency department, new inpatient accommodation and front entry to the Echuca hospital.	Lump sum procurement approach	Project milestones are completed on time and on budget	Increased capacity of an additional 22 multi day beds; six short stay observational beds and ten treatment spaces in the emergency department to meet growth demands for Echuca Regional Health.	40,000
Geelong Hospital - Enhanced Capacity Works (Geelong)	14,670	Existing	Funding will provide an additional 24 bed surgical ward, as well as 8 additional mental health beds in the Swanston Centre. It will allow fit-out of the second new theatre and associated fabric and infrastructure upgrades, and will reconfigure clinical service areas to improve service delivery.	Construction Management	Project milestones are completed on time and on budget	These works will support Barwon Health to continue to meet its designated strategic role in the provision of health services. The investment will also provide for critical infrastructure upgrades to support the ongoing operation of the existing hospital.	28,670

Project	Budget allocation for 2011-12 (\$m)	New or existing project?	Purpose of the project	How is the funding to be spent?	What performance measures are in place?	Expected net benefits	Net present value (in 2011 dollars), where applicable (\$m)
Rural Capital Support	5.000	New	This capital works program will strengthen and sustain existing rural and regional health services through upgrades of facilities. This investment will assist rural and regional health services throughout Victoria to respond to current and future demand pressures and assist in providing their communities with a strong and sustainable local health service where appropriate care is delivered in the most appropriate setting. A minor funding round will allow 'local' health services to make an application to invest in projects of a small scale capital nature.	Various – depending on size and scale of individual projects	Project milestones are completed on time and on budget	This initiative will enable rural and regional health services to undertake capital works projects to strengthen and maintain their facilities. Funding will assist in bringing services to a more consistent, effective, safe and sustainable level.	56.000

<i>N.B.: New Bendigo Hospital TEI includes:</i>	<i>\$m</i>	<i>2011-12 Budget allocation for New Bendigo Hospital includes:</i>	<i>\$m</i>
• Bendigo Hospital Enabling Works (2009-10)	\$54.960	• Bendigo Hospital Enabling Works (2009-10)	\$23.160
• New Bendigo Hospital (2010-11)	\$473.000	• New Bendigo Hospital (2010-11)	\$17.000
• New Bendigo Hospital (expanded (2011-12))	\$102.000	• New Bendigo Hospital (expanded (2011-12))	\$0

14. Performance measures

Question 14.1

Please provide the rationale for any change in performance measures presented in the budget papers for 2011-12 (including new and discontinued measures).

Department of Health response

New Measures	
Output Name	Measure Name
Admitted Services	<p><i>Consumer Participation Indicator – index score with a range of 20-100*</i></p> <p><i>Eligible newborns screened for hearing deficit before one month of age</i></p> <p><i>Intensive Care Unit central line associated blood stream infections (CLABSI) per 1,000 device days</i></p> <p><i>Staphylococcus aureus bacteraemias (SAB) infections per 10,000 patient days</i></p> <p><i>Unplanned/unexpected readmission for acute myocardial infarction per 1,000 separations</i></p> <p><i>Unplanned/unexpected readmission for heart failure per 1,000 separations</i></p> <p><i>Unplanned/unexpected readmission for paediatric tonsillectomy and adnoidectomy per 1,000 separations</i></p> <p><i>Unplanned/unexpected readmission for hip replacement per 1,000 separations</i></p> <p><i>Unplanned/unexpected readmission for knee replacement per 1,000 separations</i></p> <p>Rationale: New performance measures introduced to reflect Government commitment to increased transparency.</p> <p>* Patient rating of involvement in decision-making</p>
Emergency Services	<p><i>Number of occasions of Hospital Early Warning System (HEWS)</i></p> <p><i>Operating time on HEWS</i></p> <p><i>Proportion of ambulance patient transfers within 40 minutes</i></p> <p>Rationale: New performance measures introduced to reflect Government commitment to increased transparency.</p>
Seniors Programs and Participation	<p><i>New University of the Third Age (U3A) programs funded</i></p> <p><i>Seniors funded activities and programs: number approved</i></p> <p><i>Eligible seniors in the seniors card program</i></p> <p><i>Senior satisfaction with Victorian Seniors Festival events</i></p> <p>Rationale: These performance measures have been introduced as a result of machinery-of-government changes. The Office of Senior Victorians was transferred from the Department of Planning and Community Development to the Department of Health on 1 January 2011.</p>
Community Health care	<p><i>Number of referrals made using secure electronic referral systems</i></p> <p>Rationale: New performance measure introduced to reflect Government commitment to increased transparency.</p>

New Measures	
Output Name	Measure Name
Drug prevention and control	<p><i>Number of telephone, email and in person responses to queries and requests for information on alcohol and drug issues (through the Alcohol and Drug Foundation)</i></p> <p>Rationale: New performance measure for 2011-12 to reflect the Government commitment to increased transparency.</p>
Drug treatment and rehabilitation	<p><i>Number of new residential withdrawal clients</i></p> <p><i>Residential bed days</i></p> <p><i>Percentage of residential rehabilitation courses of treatment greater than 65 days</i></p> <p><i>Percentage of new clients to existing clients</i></p> <p>Rationale: New performance measures introduced to reflect Government commitment to increased transparency.</p>

Proposed Discontinued Measures	
Output Name	Measure Name
Health Advancement	<p><i>Primary schools in Victoria signed up as members of Kids – Go for your life!</i></p> <p>Rationale: This performance measure has been proposed to be discontinued as previous budgets did not allocate funding beyond 30 June 2011.</p>
Public Health Development, Research and Support	<p><i>Funded public health projects for which satisfactory reports have been received</i></p> <p>Rationale: The program this performance measure relates to has been finalised.</p> <p><i>Number of people trained in emergency response</i></p> <p>Rationale: Performance relating to this performance measure is captured within new and existing Health Protection and Health Advancement measures. This measure does not reflect the accountability split between Department of Health and Department of Human Services.</p>
Drug Prevention and Control	<p><i>Participants in peer education programs for injecting users</i></p> <p>Rationale: The performance measure relates to a single program within one agency, reducing the opportunity for innovation.</p>
Drug Treatment and Rehabilitation	<p><i>Evaluation, research and development projects satisfactorily completed</i></p> <p>Rationale: The performance measure is no longer relevant and does not refer to the quality of the service delivered.</p>

Replacement Measures	
Output Name	Measure Name
Aged Care Assessment	<p><i>Existing measure: Average wait between client registration and ACAS assessment – community-based assessment</i></p> <p><i>Replacement measure: Percentage of Priority 1 and 2 clients assessed within the appropriate time – community-based assessment</i></p> <p>Rationale: The replacement performance measure is a better indicator of responsiveness to the urgency of client needs based on information available at the time of assessment. The appropriate time is determined by the priority level as defined in the national ACAP guidelines. For Priority 1 intervention in 2 days and for Priority 2 intervention in 3 - 14 days.</p> <p><i>Existing measure: Average wait between client registration and ACAS assessment – hospital-based assessment</i></p> <p><i>Replacement measure: Percentage of Priority 1 and 2 clients assessed within the appropriate time – hospital-based assessment</i></p> <p>Rationale: The replacement performance measure is a better indicator of responsiveness to the urgency of client needs based on information available at the time of assessment. The appropriate time is determined by the priority level as defined in the national ACAP guidelines. For Priority 1 intervention in 2 days and for Priority 2 intervention in 3 - 14 days.</p>
Community Health care	<p><i>Existing measure: Agencies with satisfactorily completed health promotion plans</i></p> <p><i>Replacement measure: Agencies with an Integrated Health Promotion (IHP) plan that meets the stipulated planning requirements.</i></p> <p>Rationale: The performance measure name has been revised in line with the emphasis on an integrated approach to health promotion initiatives. The new approach has more stringent requirements governing the preparation of IHP plans.</p>
Health Protection	<p><i>Existing measures:</i></p> <ul style="list-style-type: none"> • <i>Public Health emergency response calls dealt with within designated plans and procedure timelines</i> • <i>Environmental health inspections undertaken and occasions of technical advice</i> <p><i>Replacement measures:</i></p> <ul style="list-style-type: none"> • <i>Inspections of cooling towers</i> • <i>Inspections of radiation safety management licences</i> <p>Rationale: The replacement performance measures better reflect the nature of health promotion service delivery.</p>

Replacement Measures	
Output Name	Measure Name
	<p><i>Existing measure: Persons screened for prevention and early detection of health conditions</i></p> <p><i>Replacement measures:</i></p> <ul style="list-style-type: none"> • <i>Persons screened for prevention and early detection of health conditions – cervical cancer screening</i> • <i>Persons screened for prevention and early detection of health conditions – newborn and maternal serum screening</i> • <i>Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis (TB) screening</i> • <i>Persons screened for prevention and early detection of health conditions – breast cancer screening</i> <p>Rationale: The four replacement performance measures provide a more detailed recording of activity for different types of screening.</p>
Health Advancement	<p><i>Existing measure: Local Government Authorities with Municipal Public Health Plans</i></p> <p><i>Replacement measure: Local Government Authorities with Municipal Public Health and Wellbeing Plans</i></p> <p>Rationale: The performance measure name has been revised in line with legislative change.</p>
Public Health Development, Research and Support	<p><i>Existing measure: Department of Health funded public health training positions</i></p> <p><i>Replacement measure: Department of Health funded public health training scholarships</i></p> <p>Rationale: The performance measure name has been revised to better reflect the current format of the program.</p> <p><i>Existing measure: Graduating public health trainees achieving Master of Health Science (Monash University) qualification</i></p> <p><i>Replacement measure: Department of Health funded public health trainees achieving postgraduate qualifications</i></p> <p>Rationale: The replacement performance measure reflects that the program now allows students to complete qualifications to the level of both Masters and Doctorate.</p>
Clinical Care	<p><i>Existing measure: Community service hours</i></p> <p><i>Replacement measure: Community contact hours</i></p> <p>Rationale: The replacement performance measure aims to ensure consistency with definitions and data entry compliance.</p>

Question 14.2

For any performance measures where there is a variance of over 10 per cent between the expected outcome for 2011-12 and the target for 2011-12, please provide the reasons for the variance.

Department of Health response

Performance measure	Proposed DTF Footnotes
Major trauma patients transferred to a major trauma service	The higher 2010-11 Expected Outcome reflects the patterns of transfer across the system, and indicates that patients were transferred appropriately to a trauma service in accordance with trauma triage guidelines
Emergency patients transferred to ward within 8 hours	The 2010-11 Expected Outcome reflects health services experiencing higher acuity presentations
Time on hospital bypass	This is a positive result
Emergency Category 3 treated in 30 minutes	The 2010-11 Expected Outcome has remained consistent despite health services experiencing higher acuity presentations
Non-admitted emergency patients with a length of stay of less than four hours	The 2010-11 Expected Outcome has remained consistent despite health services experiencing higher acuity presentations
Total full time equivalent (FTE) (early graduate) medical positions in public system	The increased 2011-12 Target reflects increases in approved funding for this output
Statewide air cases (Ambulance Emergency Services Output)	The 2010-11 Expected Outcome and 2011-12 Target reflect increased demand for emergency air cases
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	The 2011-12 Target for this measure is appropriate and performance is subject to ongoing service improvement. The 2010-11 Expected Outcome reflects the impact of increased demand
Statewide air cases (Ambulance Non Emergency Services Output)	The 2011-12 Target reflects decreased demand in metropolitan non emergency air cases. The 2010-11 Expected Outcome is lower due to the prioritisation of air activity to emergency responses and is matched by a corresponding increase in emergency activity
Emergency patients admitted to a mental health bed within eight hours	The 2010-11 Expected Outcome relates to the acuity and increased demand in the western suburbs
Clients receiving psychiatric disability support services	The 2010-11 Expected Outcome is higher than the 2010-11 Target due to increased demand for psychiatric support services
Senior funded activities and programs: number approved	The 2011-12 Target is lower due to program delivery changes
Standard Equivalent Value Units (HACC Primary Health, Community Care and Support)	The 2011-12 Target has been revised following agency initiated renegotiation of service mix and approved growth funding

Performance measure	Proposed DTF Footnotes
Persons completing the Life! Taking Action on Diabetes course	The lower 2010-11 Expected Outcome is due to uptake being lower than expected resulting from delays in external referrals to the program and interruptions to the social marketing program beyond the program's control. The lower 2011-12 Target follows a realignment of the program based on the experience of previous years
Local Government Authorities with Municipal Public Health Plans	This performance measure replaces the 2010-11 performance measure 'Local Government Authorities with Municipal Public Health Plans'. The 2011-12 performance measure is the same as the 2010-11 performance measure and measures the same activity as the performance measure in 2010-11. The increased 2011-12 Target reflects legislative requirements
Graduating public health trainees achieving Master of Health Science (Monash University) qualification	This is a positive result
Commenced courses of treatment: community-based drug treatment services	The higher 2010-11 Expected Outcome is a result of improved compliance in data entry and increased demand for community based drug treatment services. As a consequence, the Department is reviewing the target setting process and will adjust the target accordingly next financial year
Successful courses of treatment (episodes of care): community-based drug treatment services	The higher 2010-11 Expected Outcome is a result of improved compliance in data entry, increased demand and increased capacity for services to see clients through their treatment to completion. As a consequence, the Department is reviewing the target setting process and will adjust the target accordingly next financial year
Average working days between screening of client and commencement of residential-based drug treatment	The 2010-11 Expected Outcome reflects the loss of available treatment beds during the year due to temporary closure of some service providers and the need to improve referral and access protocols for bed based services
Average working days between screening of client and commencement of community-based drug treatment	The 2010-11 Expected Outcome reflects that the waiting time between identifying clients wanting to address their addiction and accessing support is decreasing

Question 14.3

For each initiative (asset or output) in the 2011-12 Budget with a total cost over the forward estimates greater than \$20 million (or a TEI over \$20 million), please list all new and existing performance measures in the budget papers related to the initiative.

Department of Health response

Initiatives	Related performance measures
<p>Hospital Growth (including 800 beds)</p>	<p>Admitted Services</p> <ul style="list-style-type: none"> • Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services • WIES Funded Separations – all hospitals except small rural health services • WIES Funded Emergency Separations – all hospitals • Total Separations – all hospitals • Sub-acute bed days <p>Non-Admitted Services</p> <ul style="list-style-type: none"> • Patients treated in Specialist Outpatient Clinics – unweighted • Patients treated in Specialist Outpatient Clinics – weighted • Sub-acute ambulatory care occasions of service • Completed post acute episodes <p>Emergency Services</p> <ul style="list-style-type: none"> • Emergency presentations <p>Clinical Care</p> <ul style="list-style-type: none"> • Clinical inpatient separations • Residential bed days
<p>Hospital Price Sustainability Non-Wage Indexation Costs (3.96% net of DFM 2.5%)</p>	<p>No impact to performance measures</p>
<p>Growth and Sustainability and Improving Hospital and Health Services Employ Health Professionals</p>	<p>No impact to performance measures</p>
<p>Palliative Care Measures</p>	<p>Palliative care bed days</p>
<p>Expansion of Community Clinical Mental Health</p>	<p>No impact to performance measures</p>

Initiatives	Related performance measures
Alcohol and Other Drug (AOD) Strategy – treatment services	<p>Drug Treatment and Rehabilitation</p> <p>Commenced courses of treatment:</p> <ul style="list-style-type: none"> • community-based drug treatment services • residential-based drug treatment services <p>Successful courses of treatment (episodes of care):</p> <ul style="list-style-type: none"> • community-based drug treatment services • residential-based drug treatment services <p>Average working days between screening of client and commencement of residential based drug treatment</p> <p>Average working days between screening of client and commencement of community based drug treatment</p>
Cut Ambulance Membership	No impact to performance measures
NPA on Preventative Health - Chronic Disease Prevention in Victoria	No impact to performance measures
Healthy Living Victoria - Life! Diabetes & Cardiovascular Disease Prevention Program	Persons completing the Life! Taking Action on Diabetes course
HACC Matching (2011-12)	<p>HACC Primary Health, Community Care and Support</p> <ul style="list-style-type: none"> • HACC service delivery hours
HACC Growth	<p>HACC Primary Health, Community Care and Support</p> <ul style="list-style-type: none"> • HACC service delivery hours

15. Staffing matters

Question 15.1

Please fully complete the spreadsheet in the accompanying Excel file, providing actual EFT staff numbers at 30 June 2010 and estimates of EFT staff numbers (non-executive officers, executive officers and departmental secretary classifications) at 30 June 2011 and 30 June 2012 for the Department and its major budget-funded agencies.

Department of Health response

Classification	30 June 2010 (Actual) (EFT)					30 June 2011 (Estimate) (EFT)					30 June 2012 (Estimate) (EFT)				
	Ongoing	Fixed term	Casual	Funded vacancy	Total	Ongoing	Fixed term	Casual	Funded vacancy	Total	Ongoing	Fixed term	Casual	Funded vacancy	Total
Executives	43	0			43	40.0	0.0			40.0	40.0	0.0			40.0
Other	56	10			66	59.0	18.0			77.0	59.0	18.0			77.0
Senior Technical Services	9	0			9	8.0	0.0			8.0	8.0	0.0			8.0
VPS 1	1	0			1	0.9	0.0			0.9	0.9	0.0			0.9
VPS 2	57	19			76	61.1	12.7			73.8	61.1	12.7			73.8
VPS 3	122	36			158	119.7	24.0			143.7	119.7	24.0			143.7
VPS 4	198	66			264	224.1	50.9	0.5		275.5	224.1	50.9	0.5		275.5
VPS 5	487	151			638	495.2	139.3	0.4		635.0	495.2	139.3	0.4		635.0
VPS 6	253	87			340	274.0	74.0			348.0	274.0	74.0			348.0
TOTAL	1,226	369			1,595	1,282.0	318.9	1.0		1,601.9	1,282.0	318.9	1.0		1,601.9
Doctors					7,742					8,175					8,339
Nursing					32,629					33,342					34,009
Medical Support & Ancillary Staff					13,756					14,217					14,501
Other					20,287					20,770					21,185
TOTAL					74,414					76,504					78,034

Contact details

Department: **Department of Health**

Contact Officer: **Greg Stenton**

Position: **Director, Business Planning and Communications**

Contact Numbers: Telephone: **9096 1415**

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E-mail: greg.stenton@health.vic.gov.au

The completed questionnaire must be returned in two parts:

PART A: by 5:00 pm, Thursday, 28 April 2011

PART B: by 5:00pm, Wednesday, 4 May 2011

Please return the response (**including an electronic Word version**) of the questionnaire to:

Ms Valerie Cheong

Executive Officer

Public Accounts and Estimates Committee

Level 3, 55 St Andrews Place

EAST MELBOURNE VIC 3002

Telephone: (03) 8682 2863

Fax: (03) 8682 2898

Email: paec@parliament.vic.gov.au

For inquiries on this questionnaire, please contact the Executive Officer or:

Christopher Gribbin

Ian Claessen

Senior Research Officer

Research Officer

(03) 8682 2865

(03) 8682 2861

10.2(d) - Other Commonwealth grants

Please provide the following details for any other Commonwealth grants pertaining to functions carried out by the Department in 2011-12.

Please provide all figures to the nearest \$0.1 million.

Output/project	Budget 2010-11	Revised 2010-11	Budget 2011-12	Change between 2011-12 Budget and Revised 2010-11 (%)	Reason for change
Refugee Minors Program	1.0	2.3	2.4	2.5%	Revised Budget for 2010-11 reflects additional revenue from the Commonwealth to respond to an increase in the number of unaccompanied humanitarian refugee minors. The figure for 2011-12 is consistent with the department's revenue forward estimates and assumes the number of clients will not decrease over the period. The increase of 2.5% between the Revised Budget for 2010-11 and 2011-12 Budget represents indexation.
Housing Affordability Fund	0	0	54.1	-	Commonwealth funding schedule provided \$39.7m in 2009-10, no funding for 2010-11, \$54.1m in 2011-12 and \$81.5m in 2012-13.