Public Accounts and Estimates Committee

Inquiry into the 2022-23 Budget Estimates

20 May 2022

PORTFOLIO: HEALTH

Witnesses:

- Ms Lizzie Blandthorn (Chair)
- Mr Danny O'Brien (Deputy Chair)
- Mr Rodney Barton
- Mr Sam Hibbins
- Mr Gary Maas
- Mrs Beverley McArthur
- Mr James Newbury
- Ms Pauline Richards
- Mr Tim Richardson
- Ms Nina Taylor

QUESTIONS ON NOTICE

QUESTION 1 (Directed to the Secretary, Department of Health)

a. On pages 54 and 55 there are quite a number of items that are listed for 2021–22, and if you go to the column on the second page, page 55, at the very bottom, $3.5 billion is the total initiatives. Is that correct for 2021–22? [DN: seeking confirmation]

b. What the $3.556 billion figure is—how much of that is commonwealth funded? [DN: split affected by timing and vaccine-specific program – Victorian-based/Victorian and Commonwealth]

Mr D O'BRIEN: ... I will move on, Secretary. On pages 54 and 55 there are quite a number of items that are listed for 2021–22, and if you go to the column on the second page, page 55, at the very bottom, $3.5 billion is the total initiatives. Is that correct for 2021–22?

Prof. WALLACE: The $3.556 billion?

Mr D O'BRIEN: Yes. So just confirming: that is money that has already been spent?

Prof. WALLACE: I think the Premier responded to this in his PAEC hearing last week. This is money that—as you are familiar with—was identified in this current financial year which will be spent on those items across these years. For example, and I think the minister covered it in his introductory slides, there is significant funding for ongoing vaccine provision, for ongoing rapid antigen testing—

… (extensive verbal exchange between Mr O'Brien and Professor Wallace)

The CHAIR: Mr O'Brien, could you allow the Secretary to answer the question, please?

Mr D O'BRIEN: Of that $3.5 billion figure, is it roughly 50 per cent commonwealth?

Prof. WALLACE: No. The COVID NPA is 50-50 for testing, for vaccines—and again, the commonwealth was quite discrete in the provision of the 50-50 for vaccine spend, so it was in new infrastructure from April 2021. The investments that the Victorian government had

made in our own vaccine program prior to April were not accessible to the 50-50. So the 50-50 is related to—as you can appreciate, there are very discrete funding rules for what the commonwealth will partner with us for.

Mr D O'BRIEN: Sure. Perhaps can I ask on notice, then, if you could tell me what the $3.556 billion figure is—how much of that is commonwealth funded. Thank you.

Budget Estimates Hearing Transcript – Health, pp. 5-6

Name of Committee member asking questions: Mr O'Brien (Reference: Budget Paper No.3. pp. 54-55)

RESPONSE

Answer:

The $3.556 billion relates to funding for specific programs. Some of the initiatives are partially eligible for Commonwealth funding under either the National Health Reform (NHR) Agreement or the NHR National Partnership Agreement (NPA) on COVID-19 response. An estimated $1,143 million in expected Commonwealth revenue from the National Partnership Agreement (NPA) on COVID-19 response and $4 million from the National Health Reform Agreement (NHRA).

Source: Budget Paper No.3, pp. 54-55

QUESTION 2 (Directed to the Secretary, Department of Health)

a. Was Operation Mocha Extra Hot successful?
b. Rate of community-based, small pop-up components of the vaccine program.

Mrs McARTHUR: Thank you, Chair. Secretary, I refer to emails received through FOI from your department, and I ask: was Operation Mocha Extra Hot successful?

… (extensive verbal exchange between Mrs McArthur, the Chair, Mr Newbury, and Mr O'Brien)

Mr D O'BRIEN: Well, Chair, it is not unreasonable for me to assist, which I just did. It is budget paper 3, page 54, referring to vaccinations. That is the question. That is what I just did. Mrs McArthur is asking a question about vaccination programs, one of them titled—what was it, Mrs McArthur?

Mrs McARTHUR: Operation Mocha Extra Hot.

Mr D O'BRIEN: That is it.

Prof. WALLACE: Thank you. The state-led COVID vaccination program has probably been one of the most successful programs not just in Australia but worldwide. One of the key things around the program, one of the driving principles of the program, from the outset was to ensure that all Victorians—no matter who they are, no matter where they live—had equitable access to vaccines. The commonwealth's reporting on equitable access for Victoria shows equal access to vaccines across our state and across all of our LGAs in a manner that is actually not reflected anywhere else in our sister states and territories. The program that you referred to was one of the very bespoke, community-based vaccine delivery access opportunities for locals to get access. It was about reaching in, particularly to our culturally and linguistically diverse communities, to provide access. If the question, as I understand it, Mrs McArthur, is around 'Were our community-based, small pop-up components of the vaccine program successful?', they were really successful.

Mrs McARTHUR: So how many jabs were administered in that?

Prof. WALLACE: I will take that on notice. I mean, we have numbers for the total program if you are interested.

Budget Estimates Hearing Transcript – Health, pp. 23-24

Name of Committee member asking questions: Mrs McArthur (Reference provided by Mr O'Brien: Budget Paper 3, p. 54)

RESPONSE

Answer:

A critical component of immunising Victorians against COVID-19 was the Neighbourhood Vaccination Program, which created opportunities for COVID-19 vaccination that were micro-local, convenient, and culturally safe in everyday settings. The program was highly successful in vaccinating people in priority and hard-to-reach populations. As part of the Neighbourhood Vaccination Program, small scale pop-up sites were established in a range of settings, including at strategically chosen Degani Cafes in the Northern suburbs of Melbourne. Details of each pop-up are in Table 1 below.

Table 1: Completed Degani Neighbourhood pop-ups

Location	Doses Administered	Date
Mernda Junction	40	13 October 2021
Epping Aurora	40	13 October 2021
Craigieburn	48	21 October 2021
Plenty Valley	19	27 October 2021
Roxburgh Park	10	27 October 2021
TOTAL	**157**	

Source:

Engagement and Partnerships, COVID-19 Vaccination Program

QUESTION 3 (Directed to the Secretary, Department of Health)

a. Is there an issue with the Hospital in the Home program in Victoria?
b. Can you confirm the department had a meeting about this [comparison between Victoria's rate of hospitalisations with that of other states, notably, New South Wales and Queensland] on Friday?

Mrs McARTHUR: ... Is there an issue with the Hospital in the Home program in Victoria?

Prof. WALLACE: No, there is not.

Mrs McARTHUR: Oh, it is going perfectly?

Prof. WALLACE: There are now two components of the Hospital in the Home, so-called HITH, program. There is our standard HITH program that has been in place for many, many, many years. Again, it is part of the transition of hospital-based care out into the community. As a specific response to the pandemic, the COVID response division worked with our acute hospitals division to create an expanded HITH program for COVID. It is part of the COVID Positive Pathways. As you would be familiar with, the COVID Positive Pathways take individuals from self-care all the way through to HITH and then admission, and there are some 75,000 Victorians on the COVID Positive Pathways this morning, today. So the HITH program for COVID, yesterday—I do not have today's numbers, apologies—I think had 178 people in the program. It is working extremely well. It is one of the reasons that Victorians with COVID have by and large managed to avoid hospitalisation at the rates that we see in our sister states. The rates of hospitalisation in Victoria are significantly lower than in New South Wales and in Queensland, for example, partly because of our highly successful program. The senior doctor that you refer to—presumably the tweet is in the public domain—if you can tell me his or her name, then I can perhaps answer more precisely the anxieties that they might be having.

Mrs McARTHUR: Can you confirm the department had a meeting about this on Friday?

Prof. WALLACE: I cannot, but let me take that on notice. I mean, we have meetings clearly every day, and particularly around our HITH program, our COVID Positive Pathways. If there was a meeting on Friday on our COVID Positive Pathways and our HITH program, that would not be a surprise to me. I would be surprised if we were having a meeting specifically in response to a tweet.

Budget Estimates Hearing Transcript – Health, p. 25

Name of Committee member asking question: **Mrs McArthur**

RESPONSE

Answer:

There is no issue with Hospital in the Home capacity in Victoria.

The department did not have a meeting about this program on the Friday referenced in the hearing.

As was established at the Committee the Doctor concerned lives and works in Queensland.

The safe conclusion we can all draw is that the meeting Ms McArthur refers to took place in Queensland. We refer the Committee to the Queensland Government.

Source:
Director, COVID Pathways Program

QUESTION 4 (Directed to the Secretary, Department of Health)

What is the latest figure [waitlists for dental care] today?

Mrs McARTHUR: Secretary, in December the waitlists for dental care were 151 500. What is the latest figure today?

Prof. WALLACE: I will ask Ms Geissler to go to some specific figures about dental services. Again, I think, as has been reported before, lots of our services have been interrupted by the different phases of the pandemic. But Ms Geissler might have some specific numbers.

Ms GEISSLER: I will just start by saying that the relevant reference in the budget papers is we are investing $327.7 million in dental services this budget. The public dental waiting times for the full year to 30 June for general care went from 19.4 months to 22.7 months, and denture care from 17.8 months to 21.6 months. I think it is really important to say, however, that none of our emergency clients, none of the priority clients that require immediate care—urgent care—go onto the dental waiting list.

Mrs McARTHUR: So 151 500 in December—how many now on the waitlist?

Ms GEISSLER: I will have to get back to you on that.

Budget Estimates Hearing Transcript – Health, p. 26

Name of Committee member asking questions: **Mrs McArthur**

RESPONSE

Answer:

As at 31 March 2022, there were 102,910 people on the general dental wait list in Victoria.

It is important to note that waiting lists are used for clients who require routine dental care only.

Those assessed as needing emergency care or priority clients (for example, people experiencing homelessness, pregnant women or children and young people) are not placed on a wait list and are offered the next available appointment.

Source:

Dental Health Services Victoria (*not publicly released by the Victorian Department of Health*)

QUESTION 5

a. There has been a bit of discussion about the advice that you receive and then the publishing of that advice, but my understanding is that under the *Public Health and Wellbeing Act* you are actually not required to release health advice when you do not subsequently make an order. Is that correct?
b. Can you provide the most recent advice from the CHO in regard to what should be done, if anything, to minimise the pandemic's increasing effects on the hospital system?
c. If you are provided with advice and you do not subsequently make an order, do you still table or publish that advice?

Mr HIBBINS: .... There has been a bit of discussion about the advice that you receive and then the publishing of that advice, but my understanding is that under the *Public Health and Wellbeing Act* you are actually not required to release health advice when you do not subsequently make an order. Is that correct? And can you provide the most recent advice from the CHO in regard to what should be done, if anything, to minimise the pandemic's increasing effects on the hospital system?

Mr FOLEY: Sorry, could you say that first part of the question again?

Mr HIBBINS: If you are provided with advice and you do not subsequently make an order, do you still table or publish that advice?

Mr FOLEY: Yes—any advice. But fortunately I have not been in the position of not acting on the advice. Every piece of advice has led to orders since this part of the Act came into place in December. Whilst dozens and dozens and dozens of orders have been made, mostly to ease restrictions, I am not aware of—I might take this on notice, and if I am wrong, I will certainly get back to the committee—any piece of advice that the chief health officer and the public health team have provided not being published.

Budget Estimates Hearing Transcript – Health, pp. 31-32

Name of Committee member asking questions: **Mr Hibbins**

RESPONSE

Answer:

5a and 5c

- The *Public Health and Wellbeing Act 2008* ('the Act') requires that I request, consider, publish and table advice provided by the Chief Health Officer (CHO), when a pandemic order is made, varied, extended or revoked. I have done so in respect of all Orders that I have made under the Act. The public health advice provided to me by the Chief Health Officer has been published publicly along with my Statement of Reasons explaining why I considered the introduction of a pandemic order, and any restrictions they may contain,-reasonably necessary to protect public health.
- While the Act does not require that I publish or table advice provided by the Chief Health Officer where a pandemic order is not made, all advice I have received from the Chief Health Officer, in relation to Orders, has led to the making of Orders and therefore has been published.

5b

- The most recent advice was verbal advice provided by the CHO to the Minister on 19 April 2022 (refer to 'Sources' below) which built on the advice from the Acting CHO to the Minister on 7 April 2022 (refer to 'Sources' below).
- Regarding minimising the effects on the hospital system, the Acting CHO and CHO advised:
  - Although Victoria has achieved high vaccination coverage, and a substantial proportion of the population with a level of natural immunity from recent surging Omicron infections, the potential impacts of Omicron and the BA.2 sub-lineage mean that public health social measures (PHSMs) continue to play a vital role by reducing the amount of contact between people and the risk of transmission during interactions, limiting further spread of COVID-19 and the potential impact on the health system.
  - Early and consistent implementation of a suite of measures is the best strategy to limit further impacts from Omicron, including BA.2 and any new variants that emerge. These measures, if implemented as a suite, will help to limit the impacts to Victorian residents who are most at risk of serious illness, reduce effects on the health system and support the continuity of critical services.
  - The measures the CHO/Acting CHO provided at the time of this advice were:
    - continuing community education on risks posed by COVID-19
    - face mask requirements for individuals aged eight years and over in higher risk indoor settings
    - COVIDSafe plans in workplaces
    - testing, isolation and quarantine requirements
    - obligations for individuals to report/notify
    - management of international arrivals
    - cruise ship protocols
    - third dose (booster) requirement for high-risk workforces
    - care facilities visitation requirements.
  - Evidence about the Omicron sub-lineage BA.2 and the potential implications for individuals, the population and the health system is building. Initial evidence demonstrates that BA.2 has a moderate growth advantage over BA.1 (World Health Organisation 2022) (United Kingdom Health Security Agency 2022). The growth advantage of BA.2 over other variants and sub-lineages translates to greater transmission, posing a significant risk due to the potential for a steep rise in infections and hospitalisations over the coming weeks, from a baseline of sustained community transmission.
  - **Sources:**
- https://www.health.vic.gov.au/covid-19/latest-news-and-data-covid-19
- https://www.health.vic.gov.au/covid-19/pandemic-order-register
- https://www.health.vic.gov.au/covid-19/victorias-pandemic-management-framework
- Statement of Reasons – 22 April 2022
- Acting Chief Health Officer Advice to Minister for Health – 7 April 2022

- Record of meeting between the Minister for Health and the Chief Health Officer – 19 April 2022
- *Public Health and Wellbeing Act 2008*

QUESTION 6

Do you have any data on the number of doctors, nurses and allied health that are leaving the hospital system?

Mr HIBBINS: .... want to ask now about staff retention within the health system. Obviously with a lot of nurses and health workers and what have you quite exhausted and leaving the health system, experienced staff members are difficult to replace. Do you have any data on the number of doctors, nurses and allied health that are leaving the hospital system?

Mr FOLEY: Again, I might seek the assistance of the departmental officials, but what we have seen is at that global level people come and people go for a whole range of reasons, but undoubtedly fatigue is a major part of that, not only in departing the system but in changing the way in which they stay in the system. The number of people who, particularly over the last six months, have gone from full time to part time or part time to casual has been quite high and has been a consistent feature right across the state. As that becomes an expression of how the fatigued workforce member seeks to manage their fatigue, so too have there been in addition—it got up to many, many thousands at the height of the omicron wave in January—an average of about 1500 a day furloughed. In addition to that, the number of no-shows has also increased. So whether it is the resignations—and I look to my colleagues here—or changing how you manage your relationship if you are staying in the system or your relationship with when you come to work and do not come to work, all expressions of that fatigue issue have been an issue of significant concern to our healthcare services. But I might just see if any of my colleagues at the table have that data, and if not, I will undertake to provide it to you. Ms Geissler.

Ms GEISSLER: We have the data that we shared on the presentation in terms of the numbers of staff and the increase over time from 2015 across the workforce—doctors, nurses, medical support and ancillary staff. But in terms of attrition, we would have to get back to you.

Budget Estimates Hearing Transcript – Health, p. 32

Name of Committee member asking questions: **Mr Hibbins**

RESPONSE

Answer:

Data on public health service 'separations' is published at aggregate level only.

Total separations (headcount)1 reported from June 2020 to June 2021 for healthcare workers from public health service employers was 15,991 (as at 30 June 2021).

[1] A separation occurs when a healthcare worker leaves their current public health service employer for any reason. These numbers include healthcare workers who have left one public health service employer and immediately found employment at another public health service

Source:

Victorian Public Sector Commission (2021)