

Annual Update 2004-05

About this 2004-05 Annual Update

This update of the RRHACS Division Policy and Funding Plan 2003-04 to 2005-06 outlines changes that have occurred to the division, and its policies and projects since the beginning of 2003-04.

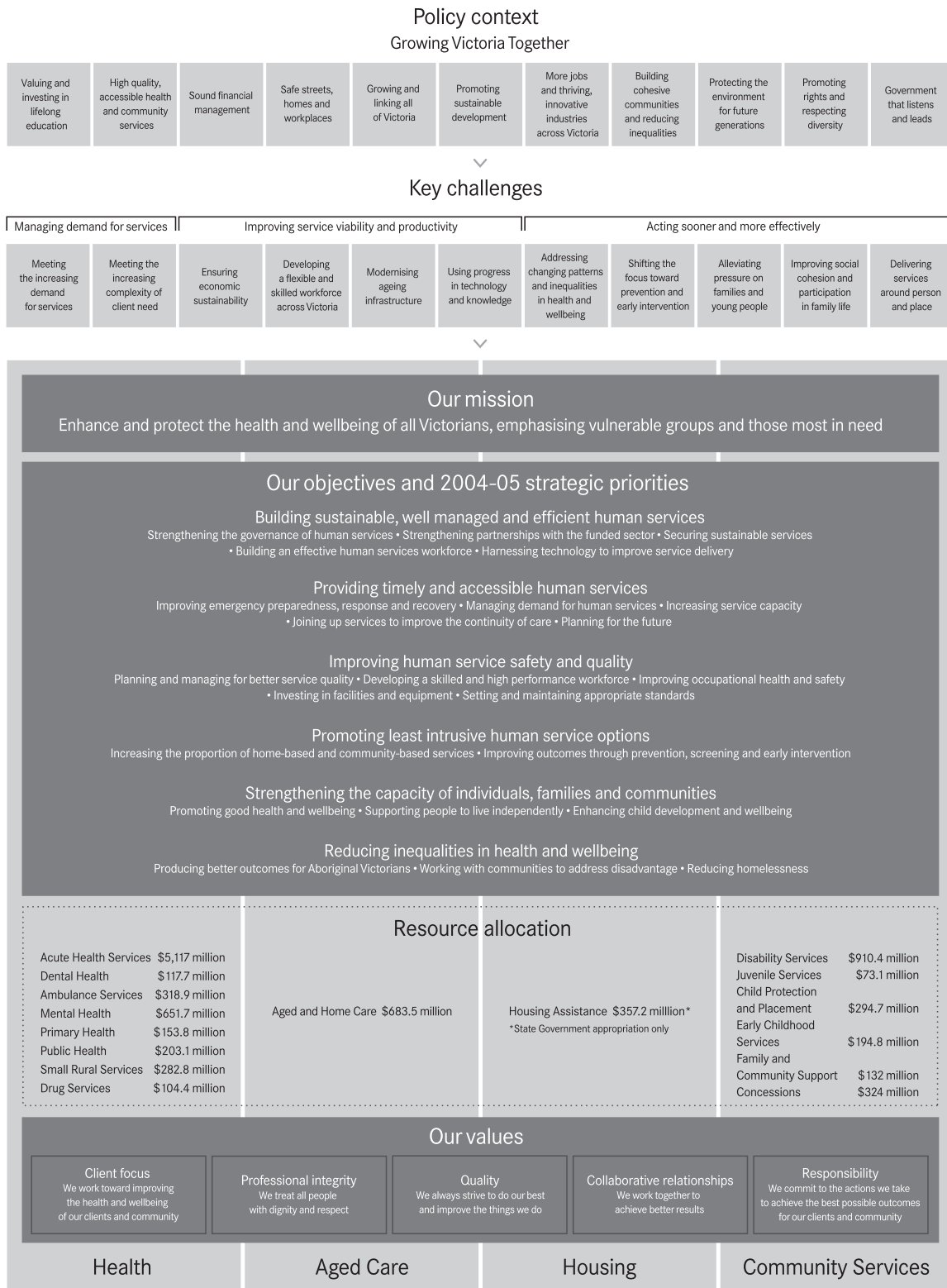
This 2004-05 update should be read in conjunction with the RRHACS Division Policy and Funding Plan 2003-04 to 2005-06. Where sections of the Policy and Funding Plan have been updated a cross-reference to the relevant sections in the 2003-04 to 2005-06 Policy and Funding Plan is included.

The 2004-05 update provides information on:

- | | |
|------------------------------------|---|
| RRHACS Division | <ul style="list-style-type: none"> • Changes to the division's roles and structure • 2003-04 development projects that have changed or are completed • Outline of new development projects for 2004-05 |
| Funding and accountability context | <ul style="list-style-type: none"> • Allocation of 2004-05 growth • Changes to RRHACS funding methods for 2004-05 • Changes to program-specific funding policies from 2004-05 |
| Budget | <ul style="list-style-type: none"> • Changes to RRHACS Output Group structure • Update of budget adjustments and service prices for 2004-05 • 2004-05 State Budget highlights • 2004-05 budget details for RRHACS Output Groups • 2004-05 budgets for services provided externally |
| Service Agreement information | <ul style="list-style-type: none"> • Changes to funding and accountability requirements for agencies, including funded activities, service standards and guidelines, and data collection and reporting requirements |

Figure 1 presents the Department's Human Services Planning Framework

2004-05 human services planning framework

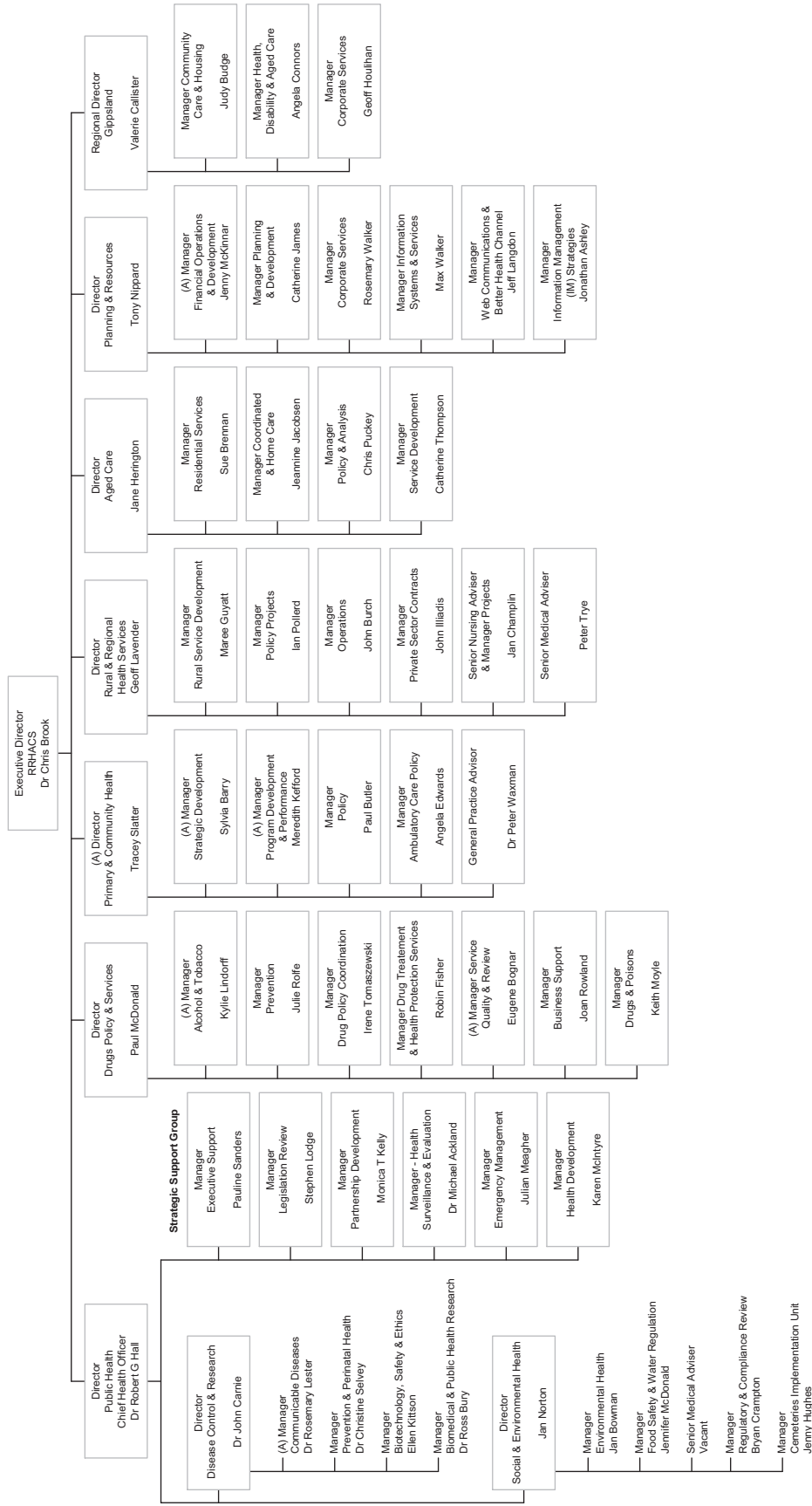


RRHACS Division Update

Structure

Figure 2 presents the RRHACS Division organisational chart.

Rural and Regional Health and Aged Care Services (RRHACS) Division



15 July 2004

Changes include:

- The transfer of the Office of Senior Victorians (OSV), previously in the Aged Care Branch of the department, to the Department for Victorian Communities (DVC) on 1 July 2004
- The establishment of an additional State Budget Output Group, Small Rural Services, managed by the Rural and Regional Health Services Branch (refer to page 3-4 of the 2003-04 to 2005-06 Policy and Funding Plan).

Development projects 2004-05

Developmental projects are ones that will affect RRHACS Division's relationships with agencies over 2004-05 to 2005-06, particularly, but limited to, funding and accountability arrangements.

This section provides an update where program policy and service development projects have changed direction from that outlined in the Policy and Funding Plan (refer to page 4-13 of the 2003-04 to 2005-06 Policy and Funding Plan).

Development Project	Branch	04-05 Status	Reference in 2003-04 to 2005-06 Policy and Funding Plan
Bush Nursing Centres	Rural and Regional Health Services	Ongoing	Page 4-14
Boards of management development for rural health agencies	Rural and Regional Health Services	Ongoing	Page 4-14
Ministerial Rural and Regional Health Advisory Forum	Rural and Regional Health Services	Ongoing	Page 4-14
Support for the rural and regional workforce	Rural and Regional Health Services	Ongoing	Page 4-15
Rural clinical schools	Rural and Regional Health Services	Ongoing	Page 4-15
Hospital integration project - Albury and Wodonga	Rural and Regional Health Services	Completed	Page 4-15
Occupational Health and Safety Improvement Strategy	Rural and Regional Health Services	Completed	Page 4-16
Rural hospital funding policy development	Rural and Regional Health Services	Ongoing	Page 4-16
Health Service capability and patient safety (Clinical Planning Frameworks)	Rural and Regional Health Services	Ongoing	Page 4-17
Victorian Patient Transport Assistance Scheme	Rural and Regional Health Services	Completed	Page 4-17
Cancer Services Improvement Program	Rural and Regional Health Services	Ongoing	Page 4-17
Aged care research	Aged Care	Ongoing	Page 4-18
Carer policy framework	Aged Care	Ongoing	Page 4-19
Food service review	Aged Care	New	
HACC planning and funds allocation	Aged Care	Completed	Page 4-20
Targeting in the HACC Program	Aged Care	Ongoing	Page 4-20
HACC Minimum Data Set Version 2	Aged Care	Delayed	Page 4-21
Personal Alert Victoria	Aged Care	Ongoing	Page 4-21
Public sector residential aged care: service support and development	Aged Care	Ongoing	Page 4-22
SRS research and pilot project	Aged Care	New	
Planning, monitoring and improving performance measurement	Drugs Policy and Services	Completed	Page 4-23
Annual provisions	Planning and Resources	Completed	Page 4-24
Streamlining agency reporting to the department	Planning and Resources	Ongoing	Page 4-25
New funding and accountability approach for small rural health services	Planning and Resources, Rural and Regional Health Services	Ongoing	Page 4-25
Statewide services directory	Planning and Resources, Primary and Community Health	Ongoing	Page 4-26
Primary Health Program funding and accountability approach	Planning and Resources, Primary and Community Health	Ongoing	Page 4-27
Client Information Management System	Planning and Resources, Primary and Community Health	Ongoing	Page 4-27
Dental health funding reform	Planning and Resources, Primary and Community Health	Completed	Page 4-28
Ambulatory care policy and planning framework	Primary and Community Health	New	
Community health policy development	Primary and Community Health	Ongoing	Page 4-29

Development Project	Branch	04-05 Status	Reference in 2003-04 to 2005-06 Policy and Funding Plan
General Practitioners in Community Health Services Strategy	Primary and Community Health	New	
Primary Care Partnerships Strategic Directions 2004-2006	Primary and Community Health	New	
Community health counselling, future directions and guidelines for quality counselling	Primary and Community Health	New	
Preschool dental services	Primary and Community Health	Ongoing	Page 4-29
Genetics services	Public Health	Ongoing	Page 4-30
Immunisation costing study	Public Health	Ongoing	Page 4-30
New accountability approach for the BBV/STI service sector	Public Health	New	

Rural and Regional Health Services

Clinical planning frameworks

Health Service Capability and Patient Safety is now known as Clinical Planning Frameworks. The department is continuing to work with rural and regional health services and other key stakeholders on the development of the Rural Birthing Services Framework. This framework will be the first of a number of Clinical Planning Frameworks that the department plans to commence throughout 2004-05.

Aged Care

Food service review

The department and the Municipal Association of Victoria (MAV) jointly reviewed the operation of HACC Food Services in Victoria during 2003-04. A discussion paper thoroughly exploring the provision of food services was released in December 2003 and formed the basis for development of a series of recommendations. DHS and MAV are currently considering the recommendations of the consultancy prior to responding and launching the report. It is anticipated a number of short-term recommendations will be achieved in 2004-05.

HACC Minimum Data Set Version 2

Release of Version 2 of the HACC Minimum Data Set has been delayed until June 2005.

Public sector residential aged care service support and development

Quality of Care Performance Indicators

The project is completed and its findings are being considered for ongoing implementation.

Complex Care Project

Commencement of this project has been deferred to 2004-05 as a result of minor delays with the tender process.

Supported residential services research and pilot project

The project will trial \$5,000 packages for residents in 6-7 identified pension level SRSs in order to improve viability of the SRS; increase capacity of the SRS to provide services to residents with medium to higher care needs; and enhance resident care and well-being. Funding will be provided to a number of NGOs in five regions to manage the provision of packages to residents of specific SRSs. An independent evaluation will report in late 2005.

Planning and Resources

Annual provisions

The review of the RRHACS Annual Provisions Program (APP) included the development of a new approach to the management and allocation of APP funds to funded agencies. This approach clarifies the purpose of APP funds, streamlines decision-making and allocation processes, and promotes a consistent approach across the state. The approach has been endorsed and applies from 2004-05 (refer to page 9 of this update for details of the new approach).

New funding and accountability approach for small rural health services

Multi-Purpose Services (MPSs) are a subset of small rural health services that operate under an integrated funding and accountability approach across service types.

The aim of the MPS program is to improve provision of services in small rural and remote areas by simplifying funding and accountability mechanisms, and by providing a more flexible, co-ordinated and cost-effective framework for service delivery. The concept involves pooling of State and Commonwealth program funds for health and aged care services. This allows a community to reconfigure services to better meet health needs and to provide staff with flexible work setting options across a range of services.

MPSs are part of the group of agencies operating under the Small Rural Health Services (SRHS) funding and accountability approach. In 2004-05 some funding and accountability arrangements (financial reporting requirements, for example) within MPSs will be modified in consultation with agencies to bring them in line with other SRHS agencies.

Statewide services directory

The development of the Statewide Services Directory has been completed, and participating agencies are currently updating their data. It is anticipated that the service will be available from October 2004.

Client Information Management System

Responsibility for this development project has moved to the Office of Health Information Systems (OHIS), Metropolitan Health and Aged Care Services Division. The OHIS released the tender for the project in 2004-05 with a view to purchasing appropriate systems in August 2004.

Dental health funding reform

Work was undertaken within a more limited scope to make adjustments to the dental health funding formula for 2004-05, in light of 2004-05 budget outcomes.

Primary and Community Health (including Dental Health)

Ambulatory care policy and planning framework

Primary and Community Health has commenced a major joint project in partnership with the Metropolitan Health and Aged Care Service Division to develop a policy and planning framework for delivering integrated ambulatory care services in the community.

The aim of the project is to improve health outcomes for all Victorians by improving the accessibility, quality, responsiveness, flexibility, continuity of care, capacity and efficiency of the ambulatory care service system through:

- Developing evidence based models of care that focus on the needs of consumers, integrate services across boundaries, and recognise the importance of prevention and primary health care to improving health outcomes and managing demand for more acute services
- Strengthening partnering and coordination arrangements across service sectors;
- Aligning funding and reporting arrangements to support integration and flexible service delivery
- Developing a strategic approach to new capital and recurrent investment in community-based ambulatory care.

Community health policy development

The public consultation draft of the policy was released in December 2003, and community consultations held in February and March 2004. The final policy document, to be released in 2004, outlines the current community health services system in Victoria; sets out the vision for community health services over the next decade; and describes strategies and initiatives to achieve that vision.

General Practitioners in Community Health Services Strategy

The General Practitioners in Community Health Services Strategy aims to improve access to high quality GP services for Victorians experiencing difficulties accessing a GP by:

- Improving access to bulk-billing general practice, particularly for Victorians experiencing difficulty accessing a GP
- Generating genuine service integration and coordination between GPs and CHSs
- Improving workforce capacity for CHS medical teams.

The department is currently assessing submissions by agencies and will be rolling out project funding in the next few months.

Primary Care Partnerships Strategic Directions 2004-2006

The State Government initiated the Primary Care Partnership (PCP) Strategy in 2000 to improve the health and wellbeing of people using primary health care services and to reduce avoidable use of hospital, medical and residential services.

New directions have been set for the strategy for the period 2004-2006 to build on the achievements to date and to see the emerging benefits replicated more broadly.

The Primary Care Partnership Strategic Directions 2004-2006 are:

- The department will use Primary Care Partnerships to inform and coordinate all initiatives that require partnership across primary health care services, or between these services and other health and community services and sectors
- All departmental programs will implement service coordination, specifically the statewide tool templates, where relevant

- All department funded health promotion initiatives that are community-based will use the integrated health promotion framework and all local planned health promotion activity funded by the department will be informed by catchment-wide integrated health promotion planning.

An implementation plan for the Primary Care Partnership Strategy will be released in 2004 outlining the commitments by the Department to implement the strategic directions as well as the requirements for Primary Care Partnerships to 2006.

Community health counselling, future directions and guidelines for quality counselling

Following the review of counselling services funded by the community health program, a draft of the new policy, *Community Health Counselling, Future Directions and Guidelines for Quality Counselling*, will be released in early 2004-05 for comment. The policy provides future directions for community health counselling services based on the following principles: that counselling will be underpinned by the social model of health; a focus on developing more effective counselling models; incorporation of outcome measures; and a focus on increasing access for disadvantaged groups.

Public Health

New accountability approach for the BBV/STI service sector

The department provides funding to 32 agencies to deliver services in Victoria in the area of blood borne viruses and sexually transmissible infections (BBVs/STIs). There are three strategies that are used to guide the department in the development of services to address rates of BBVs/STIs:

- Victorian HIV/AIDS Strategy 2002-04
- Victorian Hepatitis C Strategy 2002-04
- Chlamydia Strategy for Victoria 2001-04

To improve the current agency reporting system, an in-house review of agency reporting, together with an external review of the Victorian AIDS Council/People Living With HIV/AIDS was conducted in 2003. The review findings demonstrated a need to develop a new approach to BBV/STI agency accountability, with an emphasis on defining key activities, data collection, service standards and guidelines, service agreement requirements including activity and key performance indicator changes, and the alignment of BBV/STI business processes with DHS standards. Changes to existing reporting practices will be implemented in the 2005-06 financial year.

Funding and Accountability Context

Funding and Accountability Policies

Details of RRHACS Division's strategic approach to funding and accountability within the context of the broad Government and departmental funding and accountability framework are outlined in Section 5 of the Policy and Funding Plan (refer to pages 5-2 to 5-11). The following sections provide an update to this approach.

RRHACS Funds Allocation/Provider Selection Methods

The RRHACS Division's allocation of new growth and initiatives funding in 2004-05 is outlined in the table below.

Table 1: New Growth and Initiative Funding Allocation Methods (as per published BP3 targets 2004-05)

New Program Funding	Total RRHACS Allocation \$M	Recommended Allocation Method	Comments/Rationale
Aged & Home Care			
Hospital Demand Management Strategy	1.0	Allocation yet to be determined	Allocations will be determined following the outcome of regional consultations held in June/July 2004 and in accordance with 2003-06 Ministerial priorities - (1) Increase the supply and improve the responsiveness of 'HACC Basic' services, (2) Increase the quantity and quality of 'HACC Basic' services for people from Culturally And Linguistically Diverse backgrounds, and (3) Increase the quantity and quality of HACC services for Aboriginal and Torres Strait Islander communities.
HACC	7.0	Direct Allocation & Advertised Submission	
Healthy & Active Living	0.3	NA	Transferred to the Department for Victorian Communities on 1/7/04
Positive Ageing	1.0	NA	Transferred to the Department for Victorian Communities on 1/7/04
Dental Health			
2003-04 ERC Policy Dental Demand	4.1	Direct Allocation	
Child Health Dental Initiative - Workforce Strategy	0.8	Direct Allocation	
Child Health Dental Initiative - Fluoridation	1.9	Direct Allocation	
School Dental Service - 12/24 Cycle	1.4	Direct Allocation	
Extended School Dental Services to Preschoolers	2.0	Direct Allocation	
Dental Health Strategy (General)	14.0	Direct Allocation	
Primary Health			
Hospital Demand Management Strategy	1.0	Direct Allocation	
Recruitment of General Practitioners	2.0	Advertised Submission	
Public Health			
CounterTerrorism Preparedness - Whole of Government initiatives	2.2	Direct Allocation	\$1,850,000 is funding to Public Health and will be provided to the two major public health laboratories for enhancements. The \$350K is for Specialist Personal Trauma support which is being managed by Operations Division
Expansion of Breast Screening Services	1.5	Direct allocation	
Total:	40.2		

Note: During 2004-05, some of the growth and new initiatives from the Output Groups of Aged and Home Care, Primary Health and Drugs Services may be transferred to the Small Rural Services Output Group.

RRHACS Funding Methods

This section outlines changes to RRHACS funding methods in 2004-05. Refer to page 5-11 of the 2003-04 to 2005-06 Policy and Funding Plan for details of funding methods for all Output Groups.

Table 2: Small Rural Services funding methods

Output	Funding mechanism
Small Rural Services - Acute Health	Block Funding
Small Rural Services - Aged Care	Block Funding Unit Priced - Output Based
Small Rural Services - Home and Community Care	Block Funding Unit Priced - Output Based
Small Rural Services - Primary Health	Block Funding

Program specific funding policies

This section provides information on changes to program-specific policies (refer to page 5-6 of the 2003-04 to 2005-06 Policy and Funding Plan for details of existing policies).

Annual Provisions Program (APP)

From 2004-05, the approach to the management and allocation of annual provisions funds to funded agencies has been streamlined in RRHACS division. The aim of the new approach is to make the most efficient and effective use of the limited funds available.

The bulk of funds available for maintenance of assets in funded agencies will be distributed via a bid-based process in mid 2004-05. From 2005-06, the bid-based process will be undertaken early each financial year.

Department of Veteran Affairs and Transport Accident Commission funding

Funding for the Department of Veteran Affairs (DVA) and the Transport Accident Commission (TAC) is cashflowed in advance on the basis of historical levels of service and is included in agency agreements on this basis. However, actual funding is subject to a case-by-case review of each patient record by DVA and TAC, and the original historical cashflow is then adjusted to reflect the actual numbers of recognised patients. The department depends on agencies to accurately record information about veteran clients. For most service types, there is no cap on the number of patients receiving these services so funding levels will match the number of patients treated, and may be greater or less than the historical amount contained in the original agency service agreement.

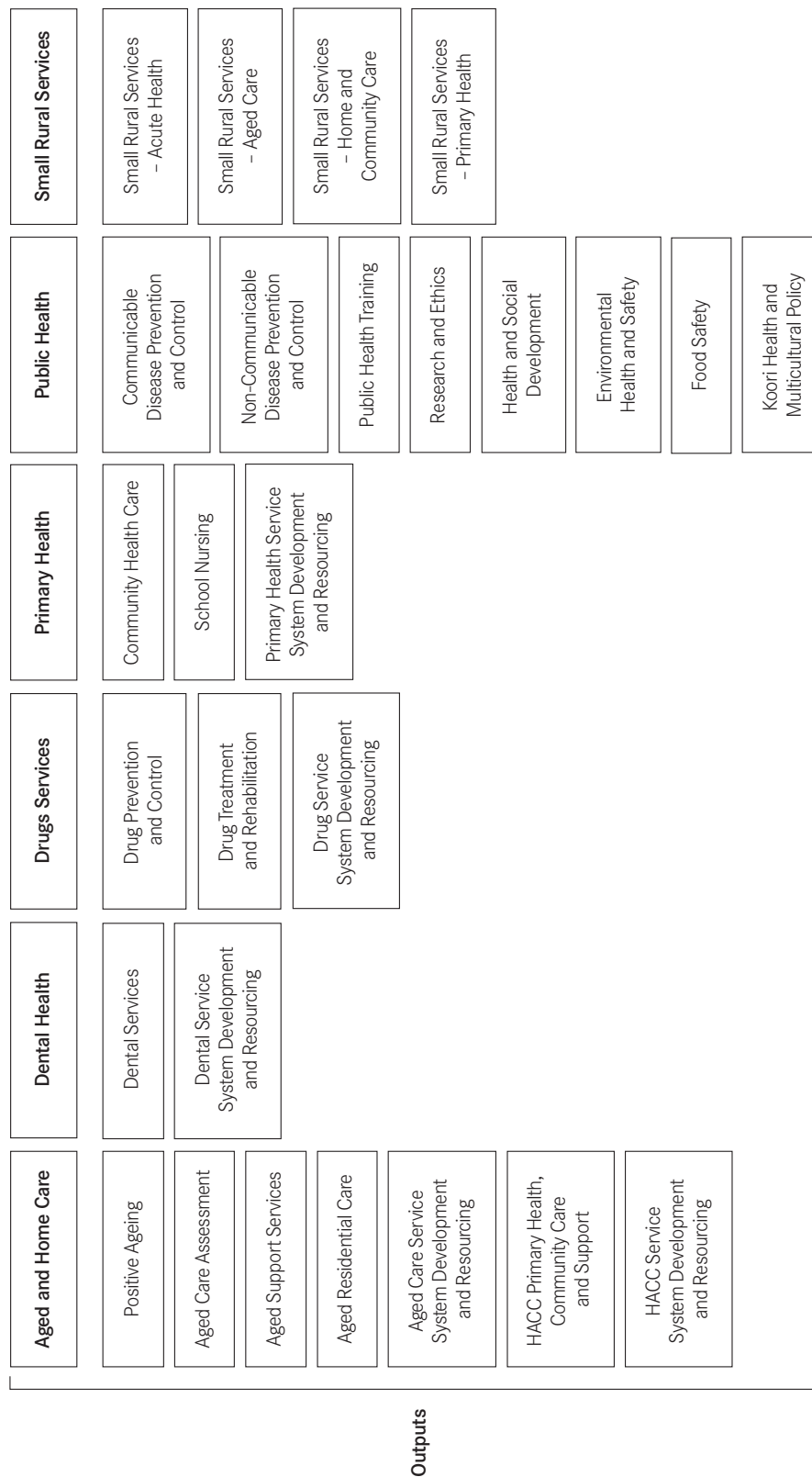
In previous years there have been special arrangements for veterans to gain access to delivered meals and planned activity groups funded through the HACC Program. These arrangements no longer apply. The new agreement between DVA and DHS is for an untied, unmatched contribution to the HACC Program each year for three years, to be allocated consistently with the program's priorities. Existing arrangements to fund delivered meals and planned activity groups at current levels are continuing to the end of June 2005. Priorities for this funding are being reviewed and providers will be informed of any changes in October 2004.

Budget

Chart of Accounts

Figure 3 includes the addition of the Small Rural Services Output Group in 2004-05.

Figure 3: RRHACS Output Groups and Outputs 2004-05



Outputs

Budget Adjustments

State Budget Adjustment Policies

This section outlines changes to the State Government budget adjustment policy and how this affects RRHACS program and agency allocations (refer to page 6-7 of the 2003-04 to 2005-06 Policy and Funding Plan for details of existing policies).

Non Government Organisation indexation of Drugs Services Output Group

The Non Government Organisation (NGO) indexation of the Drugs Services Output Group will again apply in 2004-05. An index of 2.6% will apply to Commonwealth and State funded Drugs Services activities.

Additionally, the NGO indexation of 2.6% will also apply to State funded Aged Care (non-Commonwealth), Primary Health and Public Health activities delivered by NGOs. Separate indexation arrangements apply to the HACC program (refer to page 6-7 of the 2003-04 to 2005-06 Policy and Funding Plan for details of existing policies).

Government Price Escalation Model

The State Government has introduced a new Government price escalation model in the 2004-05 financial year, which will replace the existing separate adjustments that are made for CPI, productivity and enterprise bargaining agreements (EBA) and other wage decisions. The new price escalation model consists of an adjustment as determined by the Government, and funding for EBA and other wage outcomes up to 2.25%. The productivity dividend has been eliminated.

Under the new Government price escalation model, at the start of each year, the department will apply a price escalation of 2.25% to all State funded programs, excluding those programs to which the NGO price index applies.

EBA and other wage adjustments in excess of price indexation

The introduction of the new Government price escalation model may require departments to implement and contribute to EBAs and other wage decisions from within the funding provided by the new price escalation model. The Government policy towards EBAs is that EBA outcomes over 2.25% will not be negotiated without agreement to demonstrable productivity improvements.

Public hospitals and community health services will receive adjustments based on public sector wide EBAs. Non-government organisations will receive the NGO price index.

Current EBAs are in place for HSUA 1, HSUA 5, AMA, Dental Officers and SACS (simplification) workers and most will not expire until mid 2005. EBA negotiations for ANF, HSUA 3 and HSUA 4 commenced in early 2004 and are expected to be certified early in 2004-05. The Government has agreed to provide additional supplementation funding for any EBA outcomes in excess of 2.25% and up to 3.0%, which were certified before 30/06/04. Once these agreements are in certified, the supplementation funding will be provided to agencies, together with funding to backdate pay rises to the dates specified in the agreement.

Table 3 details known Enterprise Bargaining Agreement and Award Anniversary Dates in 2004-05 and 2005-06 (refer to page 6-7 of the 2003-04 Policy and Funding Plan for details of known Enterprise Bargaining Agreement and Award Anniversary Dates in 2003-04).

Table 3: Known Enterprise Bargaining Agreement and Award Anniversary Dates (as at 30 May 2004)

Award	Wage Increase Date
HSUA 1 (Health & Allied Services)	1 July 2004, 1 July 2005
HSUA 3 (Health Professionals)	1 April 2004, 1 October 2004, 1 October 2005
HSUA 4 (Hospital Pharmacists, Medical Scientists and Psychologists)	1 April 2004, 1 October 2004, 1 October 2005
HSUA 5 (Hospital Administration Officers, Chief Executive Officers and Deputy Chief Executive Officers)	1 July 2004, 1 July 2005
SACS Simplification (Social and Community Services)	9 July 2004
ANF (Nurses)	1 April 2004, 1 October 2004, 1 October 2005
AMA (Hospital Medical Officers)	1 January 2005
AMA (Specialist Dentists)	22 August 2004
Dental Officer Multi-Employer Certified Agreement (CA)	14 January 2005
DHSV (Dental Therapists CA)	October 2004
DHSV (Dental Assistants CA)	October 2004
DHSV (Maintenance Technicians CA)	February 2005

Community Sector Investment Fund (CSIF)

In partnership with the community sector, the State Government has established a \$7 million Community Sector Investment Fund (CSIF) to invest in initiatives and infrastructure that benefit Victoria's community services sector in the following areas:

- Community Care
- Disability Services
- Housing Assistance
- Alcohol and Drug Services
- Palliative Care
- Home and Community Care (HACC)

The fund will support improvements or innovations that can be applied across the sector to strengthen its sustainability and capacity to deliver services.

An advisory committee has been established to provide advice on areas and priorities for improving service capacity in the non-government sector. This committee is jointly chaired by the Parliamentary Secretaries for Community Services, and Treasury and Finance, and includes representatives from business, non-government organisations and the broader community.

Subject to input from community service organisations and other stakeholders, it is anticipated that CSIF investment will focus on:

- Workforce management and support
- Occupational health and safety
- WorkCover claims management
- Streamlined administration
- Access to government contracts.

Further information on the CSIF can be found on the Department's internet site at:
<http://www.dhs.vic.gov.au/pdpd/csif>

Service Prices

This section contains information on some RRHACS service prices, at 1 July 2004, where unit pricing is the funding mechanism that applies. Note that agencies will be advised of any changes to these unit prices during the year.

Table 4: Service Prices for RRHACS programs

Program	Service	Funded Unit	Prices
Aged & Home Care			
Public Sector Residential Aged Care*	Public Sector Residential Aged Care Supplement - Adjusted Subsidy Reduction Supplement - on designated High Care places	Operational places @ 99% occupancy	\$10.10 *
	Public Sector Residential Aged Care Supplement - Australian Nurses Federation Enterprise Bargaining Agreement (EBA) - on approved High Care places	Operational places @ 99% occupancy	To be advised (2003-04 Unit Price was \$16.84)
	Public Sector Residential Aged Care Supplement - Health Services Union of Australia 1 EBA - on approved High Care places	Operational places @ 99% occupancy	\$1.79
	Public Sector Residential Aged Care Supplement - Health Services Union of Australia 1 EBA - on approved Low Care places	Operational places @ 99% occupancy	\$3.56
	Aged Care Viability Grant	Block funded	Agency specific
	Nursing Home Complex Care Supplement - On designated High Care places	Operational places @ 99% occupancy	\$30.00
	Rural Small Nursing Home Supplement - 1-10 High Care Places	Operational places @ 99% occupancy	\$8.00
	Rural Small Nursing Home Supplement - 1-20 High Care Places	Operational places @ 99% occupancy	\$6.00
	Rural Small Nursing Home Supplement - 1-30 High Care Places	Operational places @ 99% occupancy	\$5.00
	Home and Community Care	HACC - Allied Health	Service Hour
HACC - Delivered Meals		Meal	\$1.26
HACC - Home Care		Service Hour	\$24.95
HACC - Linkages		Package	\$11,556.15
HACC - Nursing - Public Sector		Service Hour	\$64.18
HACC - Nursing - Other		Service Hour	\$62.06
HACC - Personal Care		Service Hour	\$28.53
HACC - Planned Activity Group - Core		Service Hour	\$10.14
HACC - Planned Activity Group - High		Service Hour	\$14.29
HACC - Property Maintenance		Service Hour	\$36.30
HACC - Respite - Home & Community		Service Hour	\$25.79
HACC - Respite - Overnight		Service 10 Hours	\$120.39
HACC - Volunteer Co-ordination	EFT Hour	\$29.59	
Public Health			
	Breast screening	Per screen	\$108.00
	Patient Screening for Tuberculosis	Per patient	\$110.00

* The 2004-05 unit price as published by the Commonwealth Department of Health and Ageing and only applicable on designated State high care places determined pre October 1997.

Table 4: Service Prices for RRHACS programs (continued)

Program	Service	Funded Unit	Prices
Drugs Services			
	Community Residential Withdrawal (CRDW)	Episode of Care/Separation	\$1,780.87
	Continuity of Care	Episode of Care	\$689.02
	Counselling, Consultancy and Continuing Care	Episode of Care	\$689.02
	Counselling, Consultancy and Continuing Care - Extended Hours Capacity	Episode of Care	\$861.65
	Home-Based Withdrawal	Episode of Care	\$1,134.12
	Koori Community A&D Resource Service (Model 1)	Episode of Care	\$470.62
	Koori Community A&D Resource Service (Model 2)	Episode of Care	\$1,453.55
	Koori Community A&D Resource Service (Model 3)	Episode of Care	\$1,453.55
	Koori Community A&D Worker (KCADW)	Episode of Care	\$1,164.32
	Methadone Regional Outreach Worker	Episode of Care	\$1,541.84
	Mobile Overdose Response Service (MORS)	Episode of Care	\$4,413.90
	Outpatient Withdrawal	Episode of Care	\$369.24
	Peer Support	Episode of Care	\$432.70
	Residential Rehabilitation	Episode of Care/Separation	\$10,359.13
	Rural Withdrawal	Episode of Care	\$1,134.12
	Specialist Methadone Service	Episode of Care	\$2,058.12
	Supported Accommodation - Metropolitan	Episode of Care/Separation	\$3,837.63
	Supported Accommodation - Rural	Episode of Care/Separation	\$5,116.83
	Youth Outreach	Episode of Care	\$1,142.65
	Youth Residential Withdrawal Service (RWS)	Episode of Care/Separation	\$6,393.00

2004-05 State Budget overview

The total statewide budget for 2004-05 for the Output Groups for which RRHACS Division has lead responsibility, as set out in the 2004-05 Service Delivery Budget Paper No.3, is \$1,545.4 million.

Of the total RRHACS budget for 2004-05:

- \$683.5 million is allocated to the Aged and Home Care Output Group
- \$117.7 million is allocated to the Dental Health Output Group
- \$104.4 million is allocated to the Drugs Services Output Group
- \$153.8 million is allocated to the Primary Health Output Group
- \$203.1 million is allocated to the Public Health Output Group
- \$282.9 million is allocated to the Small Rural Services Output Group

Details of these budgets are outlined in Tables 6A-6F on pages 24-29 of this update.

State Budget highlights 2004-05

This section outlines the highlights of the 2004-05 State Budget for RRHACS Output Groups and rural and regional health and aged care services, and describes some statewide initiatives that affect RRHACS programs and funded agencies.

Below is a summary of the State Budget highlights, which are detailed in the following sections.

Additional RRHACS funding 2004-05 - recurrent funding

Aged and Home Care	\$2 million
Dental Health	\$20.1 million
Primary Health	\$3 million

Additional RRHACS funding 2004-05 - Capital

Total health services expenditure that includes:	\$142.8 million
• Residential aged care facilities	\$29.5 million
• Capital expansion and upgrades for dental services	\$3 million
• Rural ambulance expansion	\$6.1 million

Additional funding for statewide initiatives 2004-05

Total Hospital Sustainability & Demand Management Strategy	\$333.2 million
• Primary Health	\$1 million
• Aged and Home Care (non HACC growth)	\$1 million
State-wide infrastructure renewal strategy	\$20 million
Medical equipment	\$25.0 million
Fire Risk Management Strategy	\$9.0 million

Additional recurrent funding allocated in 2003-04

Aged and Home Care	\$7.3 million
Dental Health	\$6 million
Public Health	\$7.2 million

Detailed additional RRHACS funding 2004-05 - recurrent funding

The 2004-05 State Budget included a total increase of \$25.1 million in recurrent funding to expand services and fund new policy initiatives within the following RRHACS Output Groups:

Aged and Home Care	\$2 million
Positive Ageing	\$1 million
Hospital Demand Management Strategy	\$1 million
Dental Health	\$20.1 million
School Dental Service - 12/24 cycle	\$1.35 million
Extend school dental services to preschoolers	\$2.1 million
Workforce Strategy	\$0.75 million
Fluoridation	\$1.9 million
Dental Health Strategy	\$14 million
Primary Health	\$3 million
Recruitment of GPs to CHSs	\$2 million
Hospital Demand Management Strategy	\$1 million
Total RRHACS Output Groups	\$25.1 million

Additional 2004-05 RRHACS recurrent funding approved in last year's 2003-04 Budget

An additional \$17.97 million representing 2004-05 growth funding has been provided for the second year of commitments for the Labor's Financial Statement 2002 Output initiatives that were approved in the 2003-2004 State Budget.

Aged and Home Care	\$7.3 million
Growth and boost to home and community care	\$7 million
Healthy and active living	\$0.3 million
Dental Health	\$6 million
Additional growth funding for the expansion of public dental health services	\$4 million
Capital - expansion of public dental services	\$2 million
Public Health	\$4.67 million
Expansion of breast screening services	\$1.5 million
Counter terrorism preparedness	\$3.17 million
Total of additional RRHACS recurrent funding	\$17.97 million

Aged and Home Care

Positive ageing - \$1 million

The Government's commitment to delivering more responsive services to senior Victorians continues with funding of \$1 million in 2004-05, rising to \$1.5 million in 2007-08 (\$5 million over four years) for a Positive Ageing Strategy. The strategy will focus on the needs of all seniors from the active to the frail, and is intended to encourage greater participation by seniors in community life.

Note: The Positive Ageing strategy is managed by the Office of Senior Victorians (OSV). The OSV transferred to the Department for Victorian Communities on 1 July 2004.

Additional 2004-05 funding approved in last year's budget

Home and Community Care (HACC) - \$7 million

HACC is a joint State and Commonwealth program that assists frail older people with disabilities to live independently in their own homes. An additional \$7 million will be provided for Home and Community Care Services this year, completing the LFS commitment to increase funding to HACC by \$19 million over the 2003-04 and 2004-05 budgets. The extra funding will boost the basic HACC service system, with a particular focus on responding to people from culturally diverse backgrounds and people from indigenous communities. The expansion of basic HACC services will include nursing, allied health, assessment, home care, personal care and meals.

Healthy and active living - \$0.3 million

A further \$300,000 is provided in 2004-05 to allow older people to be socially and physically active and interact with their local community. This builds on \$250,000 allocated in the 2003-04 budget, and completes the LFS commitment to increase funding to this area by a total of \$550,000 over the 2003-04 and 2004-05 Budgets. An expanded range of sport, recreational and leisure activities will be available to encourage senior Victorians to participate in the community and enjoy good health and well being.

Note: The Healthy and Activity Living initiative is managed by the Office of Senior Victorians (OSV). The OSV transferred to the Department for Victorian Communities on 1 July 2004.

Dental Health

The 2004-05 State Budget provides \$20.1 million for the expansion of public dental health services.

Child Dental Initiative - \$6.1 million

Funding of \$3.45 million (\$26.8 million over four years) is provided to increase access for kindergarten children to dental services and to improve recall times for primary school children attending the school dental service. Over 77,000 kindergarten children and 75,000 school children will benefit from this program over the next four years. There will be a focus on oral health promotion and on families and children from disadvantaged backgrounds so that Victorian children can enter adulthood with good oral health, and with the knowledge and skills to maintain their oral health for life.

A further \$750,000 (\$3.1 million over four years) will be allocated to strengthen the public dental workforce strategy to reduce shortages of dental professionals,

especially in rural Victoria. New or expanded initiatives will include statewide professional development, mentoring for new graduates, and scholarships and retention initiatives in rural areas. Work will continue to increase the numbers of dental professionals being trained, and to facilitate overseas dentists to work in Australia.

The Government will also make additional funds of up to \$1.9 million available in 2004-05 and beyond to extend water fluoridation to rural communities who request it.

Dental Health Strategy - \$14 million

Funding of \$14 million (\$58 million over four years) is provided for a public dental health strategy. Additional services will be targeted at adults and adolescents in most need of care. The strategy will also significantly reduce the waiting time for people who need dentures.

Additional 2004-05 funding approved in last year's budget

Expanding public dental health services - \$4 million

Building on the Government's 2003-04 commitment to reduce waiting times for health services, dental health will also receive an additional \$4 million in 2004-05, in line with the LFS commitment to provide a total of \$21 million over four years to improve public dental services. The extra funds will be used to train more dental therapists, open more dental chairs in community clinics, support the Victorian Denture Scheme and for oral health promotion.

Primary Health

Recruitment of GPs to CHSs - \$2 million

The 2004-05 Budget provides \$2 million (\$8 million over four years) to implement the Government's Healthy Communities policy for the recruitment of General Practitioners (GPs) to Community Health Services.

This initiative aims to improve access to primary medical care for Victorians by substantially increasing GP services available through Community Health Services. This initiative also focuses on increasing the number of Community Health Services that offer bulk-billing and extended hour GP services, particularly in high needs areas and to high needs groups. There will also be an emphasis on improving access to nursing and allied health services.

Public Health

Additional 2004-05 funding approved in last year's budget

Expansion of breast screening services - \$1.5 million

An additional \$1.5 million will be provided in 2004-05 for the Breast Screening Program for Women, completing the Government's commitment to increase funding for these services by \$3.0 million over the 2003-04 and 2004-05 budgets.

The new funds are part of a four-year strategy, which commenced last year, to increase the numbers of women being screened for breast cancer each year by over 90,000.

The Breast Screening Program helps women of all ages and abilities to live healthy and active lives in the community through the early detection and treatment of breast cancer. The increase in funding will be used to further promote the importance

of breast screening to all women, particularly those in the primary target age group (50-69 year olds). Promotion will be aimed at increasing the proportion of women screened in this age group to the national target of 70 per cent over the next three years. Other eligible women in the 40-74 year age group will also be screened.

Additional counter terrorism preparedness - \$3.17 million

Building on funding allocated in 2003-04 for counter terrorism initiatives, an additional \$3.17 million (\$10.5 million over four years) is allocated to the human services sector to further enhance Victoria's capacity to deal with terrorism. The counter terrorism strategy is a Whole of Government initiative to establish and maintain an increased level of emergency preparedness in the State.

Funding of \$2.2 million in 2004-05 will support initiatives to enhance the State's biological response capability through increased public health laboratory capacity. Funds will also be used to establish a specialist personal trauma support program to support individuals and families affected by major trauma.

Capital funding of \$5.47 million over four years, including \$970,000 in 2004-05, is provided for projects to improve the State's capacity to deal with terrorism.

These funds will be used to improve hospital isolation capacity and capability to contain the potential spread of infectious diseases in the event of a bio-terrorism attack or an outbreak of diseases such as SARS by the quarantining of air-conditioning in hospital emergency departments and ward precincts. The number of negative pressure isolation rooms will also be increased to minimise the potential for spread of infectious disease via the air conditioning.

Additional RRHACS funding 2004-05 - Capital

The 2004-05 State Budget also included funding for a range of capital projects for RRHACS programs.

Table 5: Capital Projects

Project	Cost
Grace MacKellar Centre	\$50 million
Geelong Hospital Radiotherapy Services	\$18 million
Residential Aged Care Facility - Yarrowonga District Health Services Redevelopment	\$10.5 million
Residential Aged Care Facility - Seymour District Memorial Hospital	\$5 million
Residential Aged Care Facility - Colac Area Health - Polwarth Nursing Home	\$14 million
Latrobe Regional Hospital - Cancer Treatment Centre	\$11 million
Goulburn Valley Dental Health Services	\$3 million
Maryborough District Health Redevelopment Stage 2	\$9.5 million
Latrobe Valley Community Mental Health Centre, Traralgon	\$8 million
Echuca Regional Health Acute Redevelopment, Theatres	\$7.7 million
Bush Nursing Hospitals and Centres	\$1.8 million (\$7 million over four yrs)
Statewide initiative - Medical Equipment	\$25 million
Statewide initiative - Health Services Infrastructure Renewal Strategy	\$20 million

Grace MacKellar Centre - \$50 million

The Government's commitment to improving services for senior Victorians is continued with funding of the next stage of redevelopment of the Grace MacKellar Centre in Geelong. This stage includes construction of new facilities to accommodate 153 existing residential aged care beds, construction of the Community Rehabilitation Centre, medical imaging and cafeteria, and refurbishment of existing buildings for associated services.

Geelong Hospital Radiotherapy Services - \$18 million

Funding of \$18 million has been provided for the expansion and refurbishment of the existing Andrew Love Cancer Centre, including the construction of two new radiotherapy bunkers, expanded patient, clinical and support accommodation and a new CT simulator. This funding is in addition to a Commonwealth contribution of \$2 million. The project will also provide outpatient accommodation and client car parking to support the expanded services.

Yarrawonga District Health Services Redevelopment - \$10.5 million

Funding is provided for redevelopment of facilities at Yarrawonga District Health Service including the construction of a new 30-bed residential aged care facility and the commencement of the staged redevelopment of the acute services building, including the reconstruction of a new 21-bed inpatient ward and other related temporary and site infrastructure works.

Seymour District Memorial Hospital - \$5 million

An allocation of \$5 million is provided for the construction of a new 30-bed residential aged care facility and associated site works at the Seymour District Memorial Hospital.

Colac Area Health - Polwarth Nursing Home - \$14 million

Funding of \$14 million has been provided to redevelop residential aged care facilities at Colac Area Health. The redevelopment will include demolition and construction works to provide a new 75-bed residential aged care facility.

Latrobe Regional Hospital - Cancer Treatment Centre - \$11 million

This investment will establish a Cancer Treatment Centre at the Latrobe Regional Hospital to deliver more accessible and co-ordinated cancer treatment services. This funding is in addition to a Commonwealth contribution of \$10 million. The Centre will include a new radiotherapy facility comprising two bunkers along with the expansion and co-location of chemotherapy services and the relocation of dialysis and oncology specialist clinics.

Goulburn Valley Dental Health Services - \$3 million

\$3 million is provided to expand the number of dental chairs at Goulburn Valley Health Services to support the new rural dental clinical school. The project will provide 12 chairs in Shepparton and an additional chair at the Rumbalara Aboriginal Co-operative.

Maryborough District Health Redevelopment Stage 2 - \$9.5 million

Funding of \$9.5 million has been provided for the redevelopment of existing facilities at the Maryborough campus of the Maryborough District Health Service to provide a fully integrated flexible health service. Stage 2 of the redevelopment includes reconfiguration of existing wards and new construction providing 35 multi-day acute beds, 6 same-day beds and 3 dialysis places, upgrade of accident and emergency, birthing, medical records, pharmacy and dental, relocation of allied health and community health, and provision of a new rural ambulance facility.

Latrobe Valley Community Mental Health Centre, Traralgon - \$8 million

An allocation of \$8 million has been provided to redevelop the former Traralgon Hospital site. The centre will provide a range of integrated mental health services for the Gippsland region. The project involves the relocation of the Latrobe Valley Community Mental Health Centre and the Regional Mental Health Medical and Support Services to purpose built facilities along with the provision of a new 14-bed Regional Community Residential Care Unit.

Echuca Regional Health Acute Redevelopment (Theatres) - \$7.7 million

Funding of \$7.7 million is provided to commence redevelopment of acute facilities at the Echuca Regional Health site. This stage includes redevelopment of the operating theatre suite, central sterile supply department, day procedures and mortuary, relocation of the pathology unit and associated works.

Bush Nursing Hospitals and Centres - \$1.8 million (\$7 million over four years)

Funds have been allocated for investment in Bush Nursing Hospitals and Centres to enable them to modernise their medical equipment and improve facilities. The improved facilities will allow ongoing provision of accessible quality health care services to local rural communities.

Additional capital funding for statewide initiatives 2004-05**Medical equipment - \$25 million**

The Government continues its commitment to the upgrade and replacement of medical equipment in health care facilities with a further \$25 million to be allocated across the sector in 2004-05.

Health Services Infrastructure Renewal Strategy - \$20 million

An allocation of \$20 million across the State is provided for immediate and vital infrastructure upgrade and replacement needs focussed on engineering services and components.

Detailed 2004-05 budget breakdown - RRHACS Output Groups

This section presents the overall RRHACS budget for 2004-05 by Output Group and Output.

Tables 6A-6F provide more detailed breakdowns for 2004-05 of Services Provided Externally, Departmental Program Management and Services, and Other funding for each Output Group.

The figures provided are correct as at 21 May 2004. There may be some relatively minor changes to these figures during the financial year.

Table 6A: Budget Details - Aged and Home Care Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Positive Ageing ^a	3.8
Aged Care Assessment	19.0
Aged Support Services	40.4
Aged Residential Care	50.5
Aged Service System Development and Resourcing	7.6
HACC Primary Health, Community Care and Support	333.4
HACC Service System Development and Resourcing	27.4
Total Services Provided Externally	482.1
Departmental Program Management and Services	
Regional	4.0
Central Office ^b	9.5
Central Office - Positive Ageing	1.1
Total Departmental Program Management and Services	14.6
Other	
Capital Assets Charge	28.9
Other	21.7
Revenue	136.2
Total Other	186.8
Total Aged and Home Care Output Group Budget^c	683.5

a. During 2004-05, programs under the Positive Ageing Output will transfer to the Department for Victorian Communities.

b. Central Office budget increased from \$6.3m in 2003-04 to \$9.5m in 2004-05, due to administrative savings actually achieved through efficiency gains in services provided externally.

c. The total Aged and Home Care Output Group Budget of \$683.5m reflects the recurrent transfer of funding to the new Small Rural Services Output Group.

Table 6B: Budget Details - Dental Health Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Dental Services	85.2
Dental Service System Development and Resourcing	14.0
Total Services Provided Externally	99.2
Departmental Program Management & Services	
Regional ^a	0.0
Central Office ^b	1.2
Total Departmental Program Management & Services	1.2
Other	
Capital Assets Charge	6.4
Other	6.2
Revenue	4.7
Total Other	17.3
Total Dental Health Output Group Budget	117.7

a. Program management for dental services in regional areas is provided by Dental Health Services Victoria (DHSV).

b. Central Office budget has increased from \$1.0m in 2003-04 to \$1.2m in 2004-05 due to a reallocation of Corporate Accountables from Other

Table 6C: Budget Details - Drugs Services Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Drug Prevention and Control ^a	9.3
Drug Treatment and Rehabilitation	71.4
Drug Service System Development and Resourcing	9.9
Total Services Provided Externally^b	90.6
Departmental Program Management and Services	
Regional	1.2
Central Office	7.5
Total Departmental Program Management and Services	8.7
Other	
Capital Assets Charge	1.5
Other	3.6
Revenue	0.0
Total Other	5.1
Total Drugs Services Output Group Budget^a	104.4

a. Drug Prevention and Control Output increased from \$4.5M in 2003-04 to \$9.3M in 2004-05 due to the recurrent transfer of the Local Initiatives activity from Drug Service System Development and Resourcing Output.

b. The total Services Provided Externally of \$90.6m reflects the recurrent transfer of funding to the new Small Rural Services Output Group.

Table 6D: Budget Details - Primary Health Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Community Health Care	97.4
Primary Health Service System Development and Resourcing ^a	10.3
Total Services Provided Externally^b	107.7
Departmental Program Management & Services	
Regional	1.6
Central Office ^c	8.2
School Nursing - Regional Direct Service Delivery	11.3
Total Departmental Program Management & Services	21.1
Other	
Capital Assets Charge	8.8
Other	15.0
Revenue	1.4
Total Other	25.2
Total Primary Health Output Group Budget	154.0

a. Primary Health Service System Development and Resourcing decreased from \$16.3 million in 2003-04 to \$10.3 million in 2004-05 due to the recurrent transfer of Development & Resourcing activity to Community Health Care.

b. The total services provided externally reflects the recurrent transfer of funding to the new Small Rural Services Output Group

c. Central Office budget has increased from \$4.4 million in 2003-04 to \$8.2 million in 2004-05 due to a reallocation of Corporate Accountables from Other.

Table 6E: Budget Details - Public Health Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Communicable Disease Prevention and Control	73.6
Non-Communicable Disease Prevention and Control	44.9
Health and Social Development	35.1
Public Health Training ^a	0.0
Research and Ethics ^b	6.6
Environmental Health and Safety	1.1
Food Safety	1.5
Koori Health and Multicultural Policy ^c	0.5
Total Services Provided Externally	163.3
Departmental Program Management and Services	
Regional	2.6
Central Office	25.9
Total Departmental Program Management and Services	28.5
Other	
Capital Assets Charge	1.0
Other	10.3
Revenue	
Total Other	11.3
Total Public Health Output Group Budget	203.1

a. Public Health Training decreased from \$0.8m in 2003-04 to \$0.0m in 2004-05 due to Public Health Training being funded under Central Office in 2004-05.

b. Research and Ethics decreased from \$8.1m in 2003-04 to \$6.6m in 2004-05 due to recurrent transfers to Health and Social Development.

c. Koori Health and Multicultural Policy decreased from \$1.8M in 2003-04 to \$0.5M in 2004-05 due to the transfer of Koori Health Liaison Officers funding to the Acute Health Output Group.

Table 6F: Budget Details - Small Rural Services Output Group

Description of Budget Item	2004-05 Budget Allocations (\$ Million)
Services Provided Externally	
Small Rural Services - Acute Health	134.4
Small Rural Services - Aged Care	16.7
Small Rural Services - Home and Community Care	19.1
Small Rural Services - Primary Health	11.4
Total Services Provided Externally	181.6
Departmental Program Management and Services	
Regional	0.0
Central Office	1.7
Total Departmental Program Management and Services	1.7
Other	
Capital Assets Charge	26.9
Other	20.5
Revenue	52.1
Total Other	99.5
Total Small Rural Services Output Group Budget	282.8

Table 7C: Drugs Services Output Group 2004-05 Base Budget by Output and Region, and 2004-05 Budget by Output for Services Provided Externally (\$ million) (as at 21 May 2004)

Output	Barwon South Western							Total		
	Western	Grampians	Loddon Mallee	Hume	Gippsland	North/West	Eastern			
Drug Prevention and Control	0.1	0.0	0.0	0.0	0.0	2.5	0.1	1.7	4.9	9.3
Drug Treatment and Rehabilitation	5.2	2.2	3.8	2.1	3.2	18.1	6.8	10.1	19.9	71.4
Drugs Service System Development and Resourcing	0.1 ^b	0.0 ^b	0.0 ^b	0.0 ^b	0.0 ^b	0.2 ^b	0.1 ^b	0.4 ^b	9.1	9.9
Total	5.4	2.2	3.8	2.1	3.2	20.8	7.0	12.2	33.9 ^a	90.6

a. Central Office includes the full year effect of all 2004-05 recurrent funding for growth, new initiatives and wage escalation funding.

b. The decrease for all regions in the Drug Service System Development and Resourcing Output reflects the return of Alcohol & Drug Training funds to Central Office for reallocation, and the recurrent transfer of Family Counselling and Local Drug Strategy funding to the Drug Prevention and Control Output.

Table 7D: Primary Health Output Group 2004-05 Base Budget by Output and Region, and 2004-05 Budget by Output for Services Provided Externally (\$ million) (as at 21 May 2004)

Output	Barwon South Western							Total		
	Western	Grampians	Loddon Mallee	Hume	Gippsland	North/West	Eastern			
Community Health Care	6.9	6.0	7.0	4.3	5.3	28.8	11.9	16.2	11.0	97.4
Primary Health Service System Development and Resourcing	0.8	0.8	1.1	0.9	1.0	1.2	1.2	1.2	2.1	10.3
Total	7.7	6.8	8.1	5.2	6.3	30.0	13.1	17.4	13.1	107.7 ^a

a. Central Office includes the full year effect of all 2004-05 recurrent funding for growth, new initiatives and wage escalation funding.

Note: All services under the School Nursing Output are delivered internally.

Table 7E: Public Health Output Group 2004-05 Base Budget by Output and Region, and 2004-05 Budget by Output for Services Provided Externally (\$ million) (as at 21 May 2004)

Output	Barwon South										Total
	Western	Grampians	Loddon Mallee	Hume	Gippsland	North/West	Eastern	Southern	Central Office		
Communicable Disease Prevention and Control	0.1	0.1	0.3	0.2	1.0	2.0	0.5	4.3	65.1	73.6	
Non-Communicable Disease Prevention and Control	NA	NA	NA	NA	NA	NA	NA	NA	44.9	44.9	
Health and Social Development	NA	NA	NA	NA	NA	0.1	NA	NA	35.1	35.2	
Public Health Training	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	
Research and Ethics	NA	NA	NA	NA	NA	NA	NA	NA	6.6	6.6	
Environmental Health and Safety	NA	NA	NA	NA	NA	NA	NA	NA	1.1	1.1	
Food and Activity	NA	NA	NA	NA	NA	NA	NA	NA	1.5	1.5	
Koori Health and Multicultural Policy	NA	NA	NA	NA	NA	NA	NA	NA	0.5	0.5	
Total	0.1	0.1	0.3	0.2	1.0	2.1	0.5	4.3	154.8	163.4 ^a	

a. Central Office includes the full year effect of all 2004-05 recurrent funding for growth, new initiatives and wage escalation funding.

NA: Service Agreements for external services are managed centrally.

Table 7F: Small Rural Services Output Group 2004-05 Base Budget by Output and Region, and 2004-05 Budget by Output for Services Provided Externally (\$ million) (as at 21 May 2004)

Output	Barwon South										Total
	Western	Grampians	Loddon Mallee	Hume	Gippsland	Northern	Western	Eastern	Central Southern	Office	
Small Rural Services - Acute Health	17.5	19.3	23.7	45.7	10.3	NA	NA	NA	17.9	134.4	
Small Rural Services - Aged Care	2.5	3.9	3.2	5.7	0.6	NA	NA	NA	0.8	16.7	
Small Rural Services - Home and Community Care	3.1	3.7	4.0	5.5	2.8	NA	NA	NA	0.0	19.1	
Small Rural Services - Primary Health	1.6	2.0	2.6	3.0	1.8	NA	NA	NA	0.4	11.4	
Total	24.7	28.9	33.5	59.9	15.5	NA	NA	NA	19.1	181.6 ^a	

a. Central Office includes the full year effect of all 2004-05 wage escalation, growth and price review funding.

NA: All SRS services are provided by Rural Regions.