Delivering quality care more efficiently inquiry

Questionnaire response 46

Name: Victoria Department Of Health

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am a government department/agency

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

One of the key barriers is the way the health system is structured and funded, particularly in primary and acute care. The system is fundamentally designed to respond to illness, rather than prevent it. This is reinforced through:

Funding models (e.g. fee for service) , which financially reward activity and throughput (e.g. number of appointments, procedures, admissions), rather than health outcomes or the delivery of preventative care. This creates an incentive to “fill beds” and deliver more services to people who are already unwell, rather than investing in upstream efforts to keep people well.

Inability to record or fund preventive consultations: Preventive activities are often not recognised as distinct, fundable services. They are typically not captured in service delivery reporting systems, and therefore are not visible in performance metrics or resource allocation.

Service delivery requirements that drive reporting and funding decisions are narrowly defined around discrete, treatable episodes of care. This makes it difficult for health services to allocate time or resources toward preventive efforts that don’t fit neatly into existing reporting structures.

As a result, the current system architecture inadvertently disincentivises prevention and reinforces a focus on treating illness after it has occurred.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Healthy choices policy directive in health services

Healthy Choices is a Victorian Government framework for improving the provision and promotion of healthier food and drinks in key public settings. In 2021, the Victorian Minister for Health endorsed the release of the Healthy choices: policy directive for Victorian public health services. This directive built on the voluntary Healthy choices: policy guidelines for hospitals and health services, requiring health services to ensure that healthier food and drinks are sold, provided and promoted across all of their sites and facilities. The directive applies to in-house retail outlets, vending machines and catering in public hospitals, residential aged care services and integrated community health services. It aims to support the health and wellbeing of staff and visitors across Victorian public health services.

Due to the support of the Healthy Eating Advisory Service (HEAS), as well as the policy mandate, by the end of both 2023 and 2024, there were 99% of Victorian public health services that met all the food and drink requirements of the Policy directive. See <https://www.health.vic.gov.au/publications/healthy-choices-policy-directive-and-guidelines-for-health-services>.

Healthy Eating Advisory Service

The Healthy Eating Advisory Service (HEAS), delivered by the National Nutrition Foundation and funded by the Victorian Government, supports a range of public settings (including early childhood services, schools, Outside School Hours Care, sport and recreation facilities, health services) with implementing Victorian Government policies and guidelines. It also supports the health promotion workforce that support these settings. Since 2012, HEAS has supported over 3,600 organisations across Victoria with implementing policies and guidelines, enabling increased access to healthier food and drinks, and helping to shape healthier food environments where children and people spend their time. As such it is a successful implementation support model for increasing the uptake of government food and drink policies and guidelines. See <https://heas.health.vic.gov.au/>.

INFANT

INFANT (INfant Feeding, Active play and NuTrition) is an evidence-based program, developed by Deakin University and supported by the Victorian Department of Health, supporting new parents to establish healthy eating and active play for their baby. It can be delivered by maternal and child health nurses, and community health and early years professionals who have undertaken INFANT training. See <https://www.infantprogram.org/>.

Since 2020, 45 out of 79 local government areas have embedded INFANT in their existing service delivery, and 1,435 Victorian health professionals have completed the INFANT training.

INFANT has shown outstanding results in improving children's and family's diets and reducing children's sedentary time. Children's weekly intake of discretionary food and drinks is significantly less (1.7 serves by age 5), with health economic modelling showing that even a reduction of one serve per week in discretionary foods (equivalent to 2–3 sweet biscuits as an example) results in approximately $1,287 million savings in healthcare costs and can prevent over 50,000 cases of type 2 diabetes and over 20,000 cases of heart disease.

Vic Kids Eat Well

Vic Kids Eat Well is a priority initiative under Victorian Government's Healthy kids healthy futures five-year action plan that supports a settings-based approach to healthy eating. See https://www.vickidseatwell.health.vic.gov.au/

The program launched in 2022 and focuses on transforming food and drink environments in educational and community settings where children, young people and families spend their time.

Vic Kids Eat Well supports primary and secondary schools, outside school hours care (OSHC), sports clubs, sports and recreation facilities and community and council run facilities to implement simple achievable changes (known as ‘small bites’ and ‘big bites’) that improve access to healthy food and drink options.

The program is funded by the Victorian Government and delivered by Cancer Council Victoria in partnership with National Nutrition Foundation.

Since its launch Vic Kids Eat Well has supported 1,223 settings and reached 240,281 children and young people across Victoria.

Healthy Kids Advisors

The Healthy Kids Advisors initiative was a flagship intervention of the Victorian Government’s Healthy Kids, Healthy Futures five-year action plan. The initiative ran from July 2021 to June 2024, supporting 13 advisors (a dedicated workforce) in local government areas that were experiencing disadvantage. This dedicated workforce through the Vic Kids Eat Well movement guided primary and secondary schools, outside school hours care, sports clubs, sports and recreation facilities and community and council run facilities to achieve their self-identified healthy food and drink goals.

The Healthy Kids Advisors was supported by the Victorian and Australian Governments and delivered by the Stephanie Alexander Kitchen Garden Foundation. Over three years, the initiative successfully facilitated young Victorians to access nourishing food and drinks engaging over 62,000 young people in over 450 settings and encouraging the 450 organisations to participate in the department’s Vic Kids Eat Well program.

Baby Makes 3

Baby Makes 3, delivered by healthAbility with funding support from the Victorian Department of Health, is an award winning, evidence-based parenting program designed to support first-time parents through the transition to parenthood. The approach focuses on gender equality through fostering equal and respectful relationships between partners. There are tailored versions for Aboriginal, Torres Strait Islander, and culturally diverse communities. Evaluation has shown that participants gain a deeper understanding of their roles, feel more supported, and adopt more equitable parenting practices, contributing to healthier family dynamics

https://aifs.gov.au/research_programs/evidence-and-evaluation-support/cfc-program-profiles/baby-makes-3

Quit Victoria

Quit Victoria, funded by the Victorian Government since 1985, has successfully evolved to provide evidence-based smoking and vaping cessation support. In 2024, its Quitline service demonstrated exceptional performance with over 29,000 calls handled, a 93% quality rating, and zero negative feedback. Quitline is complemented by a range of other initiatives including social marketing and campaigns. For example, the impactful “Sounds Like” campaign highlighted early health effects of smoking, motivating 70% of viewers to consider quitting. Additionally, Quit Victoria’s collaboration with key education and health partners led to the development of free, evidence-based vaping education resources for Victorian schools, empowering students and educators across Years 5–10 (see: Seeing through the haze). These achievements underscore Quit Victoria’s continued success in reducing tobacco and vaping harm through innovation, education, and community engagement.

Beautiful Shawl Project

The Beautiful Shawl Project is a community-led initiative, driven by the needs of Aboriginal women and steered by Aboriginal services. The project provides customised shawls to Aboriginal women that are culturally appropriate, familiar and designed by Aboriginal artists to wear during their breast screen.

In 2024, Victoria celebrated 7 years of the partnership between VACCHO, BreastScreen Victoria and the Victorian Aboriginal Health Service. The Beautiful Shawl Project continues to grow year on year, with 27 Victorian ACCOs, health services and other Aboriginal-led services involved with the project.

Between September 2018 and June 2024, 1,312 Aboriginal women had breast screens as part of The Beautiful Shawl Project. Of these, 513 were first-time screeners and 368 were overdue for screening. Building on the success of the project, the Department of Health, Victoria now supports an ongoing partnership between the Australian Centre for the Prevention of Cervical Cancer and VACCHO to bring cultural safety and comfort to Aboriginal people during a cervical screen.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

There are several ways governments can strengthen and sustain investment in prevention activities that deliver broad population benefits and reduce long-term health system costs. These approaches help embed prevention as a core part of Australia's health, social, and economic infrastructure.

1. Embed prevention in core health system funding and planning

Move away from short-term, project-based funding by integrating prevention into ongoing service delivery and budget frameworks. Include prevention indicators and targets in health service planning and funding agreements.

Strengthen use of cost-effectiveness modelling to support long-term investment cases for prevention.

2. Use policy and regulatory levers to create health-promoting environments

Support uptake of preventive practices through clear standards, policy mandates, or procurement requirements—particularly in schools, health services, and community facilities.

Regulatory and incentive-based approaches can ensure consistent implementation and accountability, as seen with the Healthy Choices policy directive in Victorian public health services.

3. Invest in local capacity and community-led models

Fund a place-based workforce and community infrastructure to deliver and sustain prevention at the local level.

Prioritise community-led and Aboriginal-led initiatives that are culturally safe, locally trusted, and tailored to community needs.

Provide long-term funding certainty to organisations with demonstrated preventive impact.

4. Ensure prevention is measurable and visible

Integrate prevention into national and state performance and outcomes frameworks.

Develop shared indicators across sectors (e.g. education, sport, environment) to

promote joint accountability and co-investment, and promote the value of prevention through public reporting mechanisms.

5. Strengthen national leadership and coordination

Deliver on commitments in the National Preventive Health Strategy, including allocating 5% of total health expenditure to prevention. Establish a national prevention investment framework or fund to scale and sustain evidence-based programs across jurisdictions.

Support evaluation, research, and implementation science to guide investment and policy design.