

Victorian Health Promotion Foundation (VicHealth)

Annual Report

2021 – 2022



**VicHealth acknowledges the
Traditional Custodians of the
land. We pay our respects to all
Elders past, present and future.**

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Declaration by Chair of the Responsible

In accordance with the Financial Management Act 1994, I am pleased to present the Victorian Health Promotion Foundation's Annual Report for the year ending 30 June 2022.

Nicola Roxon

The Hon. Nicola Roxon
Chair of the Board

26 August 2022



ABOUT *Us*

Who we are

Since 1987, VicHealth has been making a difference. For the communities we support, the organisations we partner with, and the people of Victoria.

We believe that everyone deserves the right to live a healthy life. Our mission is to improve the health and wellbeing of all Victorians.

We promote good health and help prevent chronic disease. We also look towards the next big health challenges and work with others to overcome them.

Whether it's through providing world-class health interventions, key health and wellbeing research and behaviour change campaigns, we work closely with the government and communities to share our expertise, insights and bring global best practice approaches to Victoria.

We partner in everything we do. Our partners include many different people and organisations across health, education, community, sport, arts, food sectors and the media.

We work collaboratively with them, as a trusted, independent source of evidence-informed practice and advice.

We're here to support our community, influence conversations about health and wellbeing in Victoria, and take action when it's needed most.



Historical image – smoke-free advertisement.

Innovating for impact. It's in our DNA.

VicHealth was established by the Victorian Parliament as part of the Tobacco Act.

This Act started a ripple of change across the country and set the standard for international best practice. It banned tobacco advertising and used cigarette taxes to fund health promotion programs, anti-smoking campaigns and 'buy out' tobacco sponsorships. And it worked.

Tobacco companies no longer sponsor sports and art events. They no longer advertise in media or at sporting fields. Ultimately, branding was removed from packaging. Today, most workplaces and public spaces in Victoria are smoke-free, the legal age to buy tobacco is 18 years, and the number of adult smokers has almost halved.

It's an amazing success story from the efforts of many, and was the start of health promotion foundations being set up across Australia and in countries such as Thailand, Switzerland, Austria, the Philippines and Malaysia.

Today, we continue our focus on preventing tobacco use – as well as focusing on other important elements of health and wellbeing.

What is health promotion?

What does it mean to promote good health? It's more than just telling people how to be healthy. It's about encouraging the actions that people, communities, organisations and governments can all take to improve health and wellbeing. It's about looking to the future and identifying emerging health challenges, and innovating and investing to find solutions. It's about creating the places, spaces, neighbourhoods and communities that lead to good health. And helping people discover ways to enjoy a happy, healthy life.

Our Action Agenda

The VicHealth Action Agenda for Health Promotion 2013–2023 outlines our ambitious plan to see one million more Victorians with better health and wellbeing by 2023. It's our 10-year target and vision for a healthier Victoria.

Our Action Agenda explains how our programs meet this target and how our work meets our legislative requirements. It also shows how we're contributing to key Victorian Government priorities in health and wellbeing, mental wellbeing, fairness and inclusivity, gender equality and building capacity.

These focus areas are consistent with our obligations under the Tobacco Act. They align with the Victorian Government policy and program directions, national and international health promotion priorities, policies and research, such as the World Health Organization (WHO) charters and declarations for Health Promotion.

The Action Agenda also outlines 3 themes – gender, youth and community – across our work and shows how we're strengthening our work in health equity, research and the arts.



We know that today's health issues are becoming more and more complex and it's going to take collaboration, partnerships, and new and innovative ways of working to tackle them.

We focus on 5 strategic areas:



1 Encourage regular physical activity



2 Promote healthy eating



3 Improve mental wellbeing



4 Prevent tobacco use



5 Prevent harm from alcohol

CHAIR'S *Report*

VicHealth continues to adapt and strengthen our commitment to addressing health equity in everything we do.

As a sector leader, community partner and independent statutory authority, we are in a unique position and well positioned to contribute to the health priorities of Victorians.

DRIVING IMPACT AND SYSTEMS CHANGE

VicHealth has consolidated its place as a leading independent statutory authority and health promotion foundation – one that is effective, proactive and strives to understand the lived experiences of diverse communities across our state.

Engaging deeply with communities about their lived experiences ensures we can continue to co-design solutions based on community insights and the latest evidence. Connecting with our community to address the complex health challenges we face is an immense privilege and responsibility we acknowledge and embrace.

MAINTAINING GOVERNANCE AND RISK EXCELLENCE

I welcome Phil Wade, Div Pillay and Ian Hamm to the VicHealth Board, who bring excellent diverse experience and knowledge as we start preparations for our next Action Agenda. I thank Peggy O'Neal and Veronica Pardo for their invaluable contributions to the Board during their tenures.



Maintaining our position as a world-class statutory authority that serves the people of Victoria requires strong governance and risk mitigation excellence. Through implementing better financial management and stakeholder engagement systems, we've saved an estimated \$1 million in reduced administration effort and considerably improved our overall risk rating.

LOOKING TO THE FUTURE

As we begin the transition from our current Action Agenda and look to the future, VicHealth will continue working in areas such as tobacco, alcohol, physical activity, food systems, arts and culture, mental health, policy, research, and community engagement.

We will continue to support communities where we can have the greatest impact, implementing programs and partnerships that empower vulnerable people and communities in Victoria.

Finally, thank you to all Board members, Dr Sandro Demaio, committees and the VicHealth team for your commitment to the health and wellbeing of all Victorians.

A handwritten signature in black ink that reads "Nicola Roxon". The signature is fluid and cursive.

The Hon. Nicola Roxon
Chair, VicHealth

CHIEF EXECUTIVE OFFICER'S *Report*



In 2022, VicHealth's role as a sector convenor and leader is more important than ever. Over the past year, we've invested strategically in partnerships, alliances, major campaigns and research to help deliver on our Action Agenda to improve the health and wellbeing of Victorians.

INNOVATING AND INFLUENCING HEALTH PROMOTION AT SCALE

We kicked off our bold, three-year Future Healthy initiative to ensure that young people most impacted by the pandemic are not left behind. Our vision for a future with vibrant communities, where all young Victorians are socially connected, active and able to enjoy nutritious food. The voices of young people inform our Future Healthy investments, with a focus on communities experiencing systemic inequity.

In developing and implementing Future Healthy, we're listening deeply to our community – consulting and co-designing wherever possible. Our first in-depth community listening report revealed incredible insights into people's lived experiences of health and wellbeing, as well as their visions for a healthy future.

We continue our work with long-standing allies and welcome many new strategic partners. Our VicHealth Local Government Partnership and Research Partnerships with universities are just two of many examples of how we are driving change through practical actions and policies.

'This Girl Can – Victoria' continues to champion gender equality by challenging traditional stereotypes in sport, celebrating and empowering women and girls. The 2021 campaign was our most successful yet, with more than 340,000 women across Victoria inspired to get active as a result of the campaign. And 8 in 10 (81%) who became active after seeing the campaign remained active 4 months later. We're looking forward to building on these incredible results in our 2022 campaign.

CREATING AN ADAPTABLE ORGANISATION

This year, we also blossomed as a 'digital first' agency, by making large improvements to our IT systems for significant efficiencies.

By modernising our systems, we now have greater transparency across our business and investments, along with deeper insights and intelligence about our stakeholders and partners. This allows us to make better decisions, be more adaptable and have greater impact in terms of how we deliver and invest in health promotion for Victoria.

ENABLING COLLABORATION

We settled into our new offices at Spencer Street, West Melbourne and launched the Victorian Health Promotion Hub. The Hub is a contemporary workspace where our stakeholders and partners can come together and work collaboratively, leveraging the latest technology and ways of working – free of charge.

The Hub was officially opened by the Minister for Health Martin Foley MP on Friday 25 February 2022, attended by the VicHealth Board and major stakeholders and partners.

Over the last 12 months, we've also spent considerable time reconnecting with our partners and more regularly visiting communities and organisations throughout Victoria. Seeing health promotion work in progress and hearing from participants and communities about its impact is both energising and critical to VicHealth's continuous improvement.

BUILDING BACK BETTER, TOWARDS A HEALTHIER FUTURE

The last year has shown the importance of individual and collective health, and again highlighted the health drivers and needs of our communities, and the systems that service them.

Our role in promoting good health has never been more important. And many people share our vision for a better and fairer future, one where no one is left behind. It's with this in mind that we commence planning for our next Action Agenda, consulting deeply with communities and partners along the way.



I'd like to thank the VicHealth team for their tireless work, our partners and stakeholders for their commitment to health promotion, and the Victorian public for supporting our vision of a healthier Victoria.

As we look to 2023, we'll continue to innovate and drive change with our partners and the people of Victoria, so we can serve Victorians for years to come and improve health for everyone.

Dr Sandro Demaió
Chief Executive Officer, VicHealth



This year's *Highlights*

Investing to create a healthier Victoria

As Victoria evolves and rebuilds from the effects of the pandemic, VicHealth has adapted and increased our commitment to addressing health equity in everything we do.

Building on our strengths as an independent statutory authority and sector leader, we are investing in ambitious and innovative initiatives to improve the wellbeing of Victorians.

In 2020–21, we diversified and evolved our investment model to create even more impact by partnering with local and regional community organisations to deliver place-based programs, co-designed by young people.

This included providing smaller investments to keep local organisations thriving, while also investing larger amounts for ambitious projects and partnerships that will lead to systems change.

Investing more heavily in programs for young people and communities most affected by the pandemic has been an important evolution in our work. By working with these populations to build back better and fairer, we know this is where we can have the greatest impact.

Our investments extend beyond funding – we help create partnerships, build skills and capabilities, and drive opportunities for innovation that create additional value and amplify the voices and lived experiences of Victorians.



Did you know?

For every \$1 invested, health protection and promotion interventions return an average of \$14.30 in benefits.

Source: Masters R, Anwar E, Collins B, Cookson R, Capewell S (2017) Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health*, 71(8): 827–834.



352

Number of organisations funded

\$28.4m

Total funding amount

(excluding expenses and project support costs)

\$1m

Added to funding pool due to organisational business improvements



**Where we
invested
in 2021-22:**



\$19.8m

(70%) to organisations
in Metro Melbourne

\$5.4m

(19%) to organisations in
Inner Regional Victoria

\$3.2m

(11%) to organisations in
Outer Regional Victoria



Connecting with Victorians

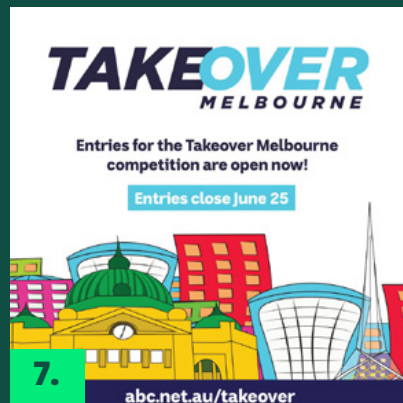
During 2021-22, we regularly connected with communities throughout Victoria (in COVID-safe ways, of course!), to drive conversations and actions that support health and wellbeing for all Victorians.

1, 2, 3 Getting out of the office and connecting with the community.

4 Sandro joined Raf Epstein on ABC Drive every fortnight to share health insights.

5 The Victorian Health Promotion Awards celebrated the incredible work of a wide range of organisations. We hosted the Awards online, due to COVID-19.

6 The Victorian Health Minister, the Hon. Martin Foley MP, launched the Victorian Health Promotion Hub on 25 February 2022.



7 We partnered with ABC Takeover to amplify the voices and lived experiences of young people across Victoria. ABC Takeover Shepparton was the first time this initiative had been held in a regional area.

8 Promoting good health through the magic of a children's book in partnership with Museums Victoria.

9 Our Social Marketing and Communications team visiting Minus 18.

10 Sarah Loh, presenting at the The Federation of Ethnic Communities' Councils of Australia (FECCA) conference.



Working with the
Community

Future Healthy

We have a vision for a Victoria where no young person is denied a future that is healthy. We see a future with vibrant communities, where young people are connected, active, enjoy wholesome food and feel great. A future inspired by, shaped by and shared by the people of Victoria.

\$45m
in investments

3 years
of action

Countless opportunities
to be heard

Launched in September 2021, Future Healthy is working with organisations right across Victoria to make a difference in local communities.

Future Healthy includes multiple streams of investments – major investments for new programs and a grants program supporting locally-led and statewide organisations. There is also marketing and communications activity, including advertising.



How we're investing to create a healthy future

UP TO \$50K

Funding smaller investments of up to \$50k for grassroots community organisations, who know their local areas better than anyone and know how to make change happen (e.g. community garden, sports clubs or arts organisation)

\$50-\$250K

Supporting organisations who are ready to make a big difference. This could be in a geographic area or for a group of people with similar challenges around being connected, active, or accessing food that's good for them and the planet.

\$250-\$750K

Large investments to support major programs of work that will aim to 'move the dial' on health challenges faced by young people. These investments are targeted, working with partners who help create the biggest impact.

The Big Connect

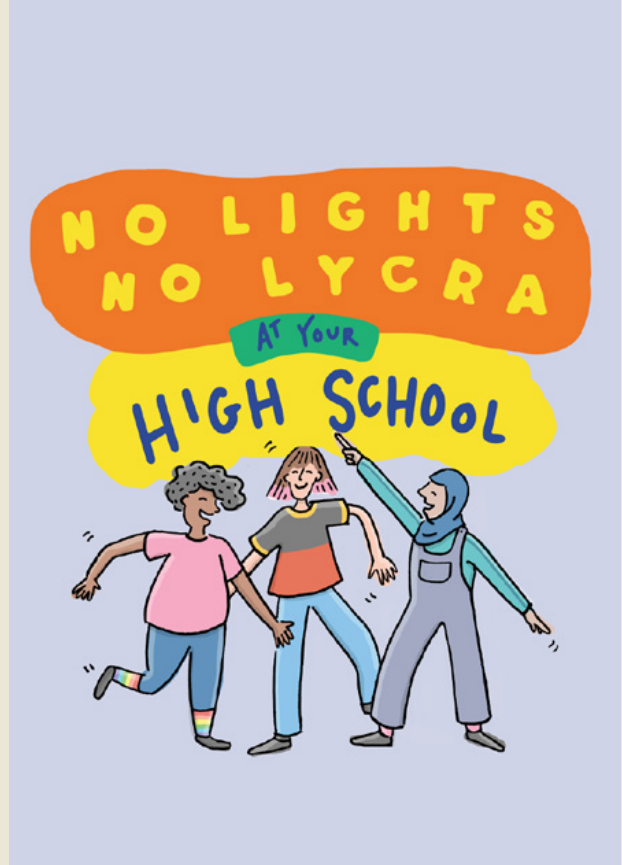
We've invested \$5 million in 27 programs that will create 100,000+ new social connection opportunities for Victoria's young people.

We're working with a range of organisations to deliver place-based and youth-led programs across Victoria's sports, active recreation, arts, cultural, youth, health promotion and community food sectors.

The Big Connect is an integrated health promotion package, including funded partnerships, sector capability building, educational support for families and a public-facing health promotion campaign.

“Research shows that building and maintaining meaningful social connections helps children, young people and their families boost their mental wellbeing, while reducing their likelihood of developing longer term ill-health.”

**Dr Sandro Demaio,
CEO, VicHealth**



NO LIGHTS NO LYCRA STUDENT AMBASSADOR DANCE PROGRAM

No Lights No Lycra (NLNL) aims to reduce levels of social isolation and inactivity in young adolescents.

It fulfils several ideas that we heard in our 2021 Future Healthy Survey about what young people need in order to feel better connected, including access to safe spaces where they can 'express themselves and connect with others in healthy ways'.

NLNL also addresses findings from the 2019 VicHealth Young Australian Loneliness Survey, which found that one in 6 Victorian adolescents aged 12-17 reported problematic levels of loneliness and social isolation.

NLNL improves social connection and physical and mental wellbeing by providing young people with a safe, inclusive and non-judgemental space. The Program is not competitive and young people don't need to have special skills or training to participate.

JumpStart!

JumpStart! is creating hundreds of community-led initiatives for Victoria's children and young people (aged 0-25, including families). Funding from \$3,000 to \$50,000 was available in 2020-21, with over \$3.75 million invested in 123 organisations, to support young people to:

Learn about their own food culture and identity and share this with others

Get physically active in welcoming and inclusive places

Connect through arts, cultural and play-based activities.



LITTLE SPROUTS KIDS GARDENING PROGRAM

Food Is Free Inc. will provide monthly educational and fun workshops – the Little Sprouts Kids Gardening Program – for Ballarat's primary school-aged children experiencing disadvantage. The workshops will enable children to connect with food and culture and learn food security, sustainability and environmental skills via organic gardening at the Food Is Free Green Space.

Future Reset: Young People, Arts and Mental Wellbeing

VicHealth is investing big in the arts sector to create more opportunities for young people to build meaningful social connections and improve mental wellbeing through the arts.

We're bringing together 9 arts organisations with specialised knowledge to work with VicHealth as a collective to create a program of work to be rolled out across the state. These arts organisations are hiring 'Young Creative Leaders' from communities that experience structural inequity to create events, installations and creative activations all over the state.

Through this new process and funding model, these 9 arts organisations will collaborate in a very hands-on way with young people and their communities leading the way. All so that young people will have more ways to socialise, find their people and thrive. Future Reset will focus on providing opportunities for youth-led arts initiatives in communities where they are needed most.

Planning is in full swing for the Future Reset Summit (being held in Melbourne and in Shepparton) in October 2022. This Summit, led and curated by young people with diverse lived experience, will bring together young

creatives, changemakers and organisations to explore the role of the arts in mental wellbeing in ways that work for young people. The Summit is an opportunity for a collective re-imagining of the healthy future young people want and need.

We are also building a bespoke digital platform to act as a living archive for the process, relationships and artistic outputs created through Future Reset. The digital platform will act as a virtual gallery and a space for online engagement.

“Art is a medium to develop a sense of self and perspective of the world, and to find solidarity with other people who have similar challenges/experiences.”

Young creative leader



! Kicking off our Arts Collective collaboration.

Future Active: Activating Underutilised Spaces

VicHealth, together with Reclink Australia, has commenced a major, multi-year program of work. We are moving the dial to empower young people (aged 16–25) to get active in their community.

Creating new opportunities for young people to be physically active, designed by them, for them. We're transforming spaces in communities that are not currently being used to their full potential. With a focus on 16 areas in regional and rural Victoria and outer metropolitan Melbourne, we're working with young people every step of the way.

Future Active will remove the barriers to physical activity, provide access to new spaces, more of them and more no cost/low-cost activities. It will support more young people to do the activities they enjoy, in spaces they feel comfortable in.

Future Active will also provide local training and employment opportunities for young people.



160
sites

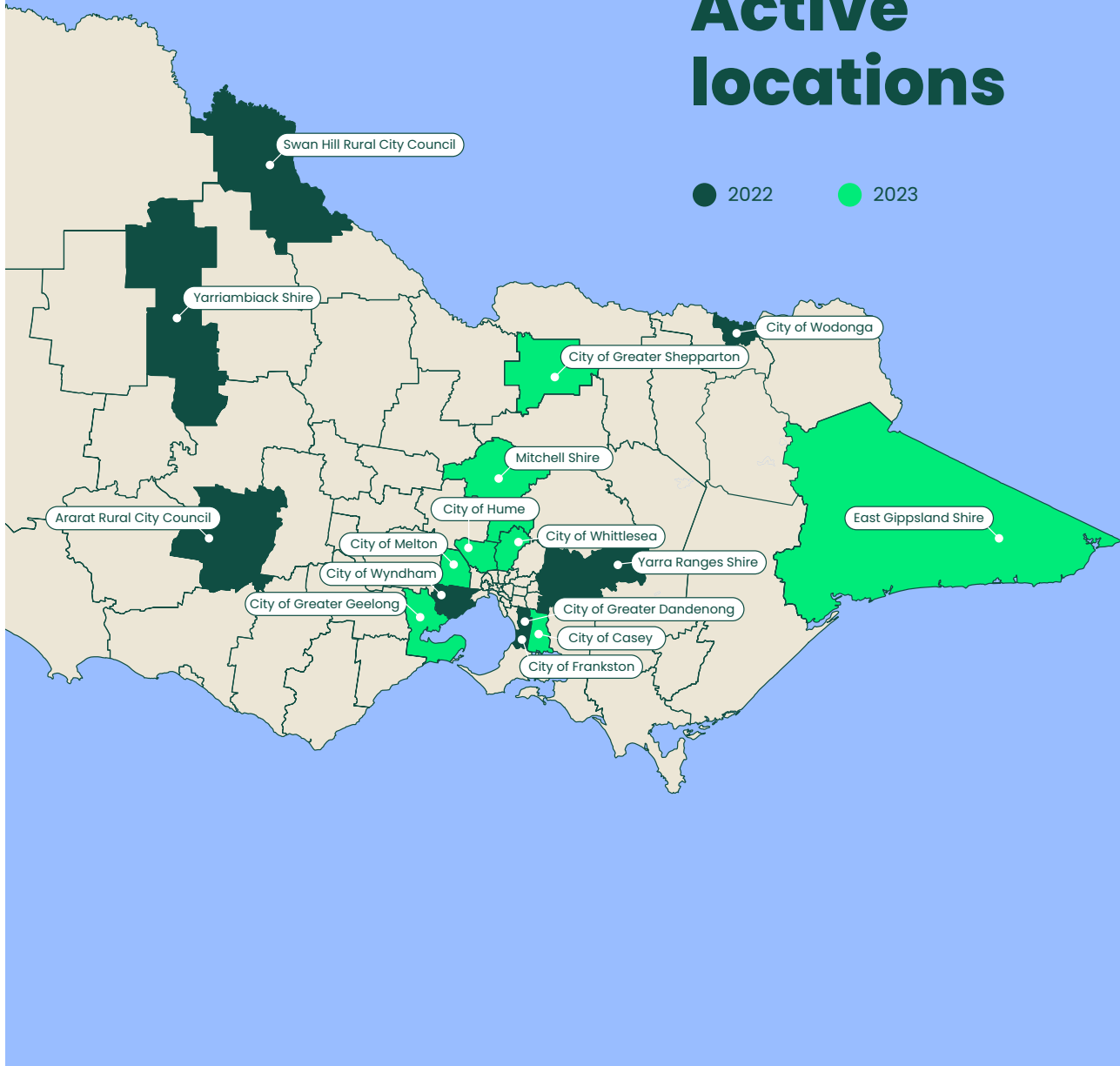
100,000
young people

Countless
options
to get moving

“Young people have told us they want more places and spaces in their local areas to move freely and connect with others. We see an opportunity to reimagine what getting active looks like in neighbourhoods around the state.”

Sarah Loh, Executive Manager, Future Healthy Group, VicHealth

Future Active locations



2022

- Ararat Rural City Council
- City of Wodonga
- City of Wyndham
- City of Frankston
- City of Greater Dandenong
- Swan Hill Rural City Council
- Yarra Ranges Shire
- Yarriambiack Shire

2023

- City of Casey
- City of Greater Geelong
- City of Greater Shepparton
- City of Hume
- City of Melton
- City of Whittlesea
- East Gippsland Shire
- Mitchell Shire



Future Healthy Food Hubs

Our Future Healthy Food Hubs are set to revolutionise and reimagine our local food systems.

We're harnessing the collective strength of community food suppliers and organisations to deliver healthy food at affordable prices. Everyone deserves access to nutritious, delicious food.

Our Food Hubs program offers a share of \$4.15 million in funding for new and existing healthy food hubs, to accelerate and give organisations the boost they need to revolutionise the way we grow, buy and share food!

Designed by young people, for young people, these spaces bring together and educate a new generation on healthy and sustainable food sourcing and practices.

These Food Hubs will:



Connect up to 50,000 shoppers

to locally grown food per space



Provide meaningful employment

for 125 people across Victoria



Support 150

local growers and producers



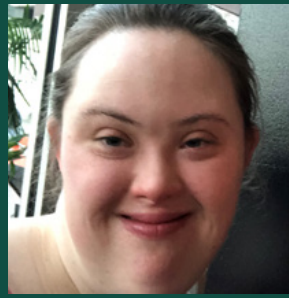
Deliver 20

unique paid traineeship opportunities for young people over 2 years

Future Healthy Community Champions

Our Future Healthy Community Champions are generously sharing their stories and ideas to help shape the solutions for the future. Together, we are on a mission to support Victoria’s young people to lead healthier, happier lives.

Our 12 ambassadors represent Victoria’s young people as part of the Future Healthy initiative. They host events, speak to media and connect with communities to share their lived experiences and drive conversations about the importance of including young people in decision making.



“I don’t think people think about things being difficult if you have a disability, but it’s hard to know how long to cook things for and what to do next, so I don’t cook a lot when I am on my own.”

“Access to fresh food and green spaces, which allow people to be active and eat well, is really important.”

Alannah

Ashika



“I would like to see a future where people can feel safe wherever they are, as well a sense of confidence that you’re part of a community and you’re supported.”

“I think an unhealthy future is where some of us thrive and some of us don’t get that same opportunity and get left behind.”

“I want everyone to have easy access to any fitness opportunity they want, no matter ability or disability or socio-economic group.”

“People with disability want to stay social, and we want to be involved in groups, join trivia nights, just be interactive within our community.”

Danica

Felicia

James

Jessi



“A healthy future would be feeling limitless in your opportunity and ability to create, regardless of your level of ability or disability.”

Jet



“Sport doesn’t just keep me fit and healthy, it’s also a good social platform where you can meet other great people along the way.”

Josh



“A program where people come along and they cook with each other and they connect, I think that would be awesome.”

Manahil



“It’s important young people recognise what we can do as a community. The number one thing is to let young people lead the way. Make sure they’re given resources to actually lead and design things.”

Mark



“There can be anxiety around joining new groups, but when you step into one that is safe and supportive those sort of thoughts and anxieties dissipate and disappear.”

Mitch



“A healthy future is one where people can have safe spaces to express themselves and connect with others in healthy ways.”

Zahra

This Girl Can – Victoria

Despite the challenges of 2021, more than 340,000 women across Victoria were inspired to get active and stay active as a result of our This Girl Can – Victoria campaign, making it the campaign’s most successful year yet!

CAMPAIGN FINDINGS

Research by La Trobe University* into our 2021 This Girl Can – Victoria campaign showed:

1 in 6
women aged 18 to 65

in Victoria to move their bodies through its inspirational videos and free and inclusive online workouts

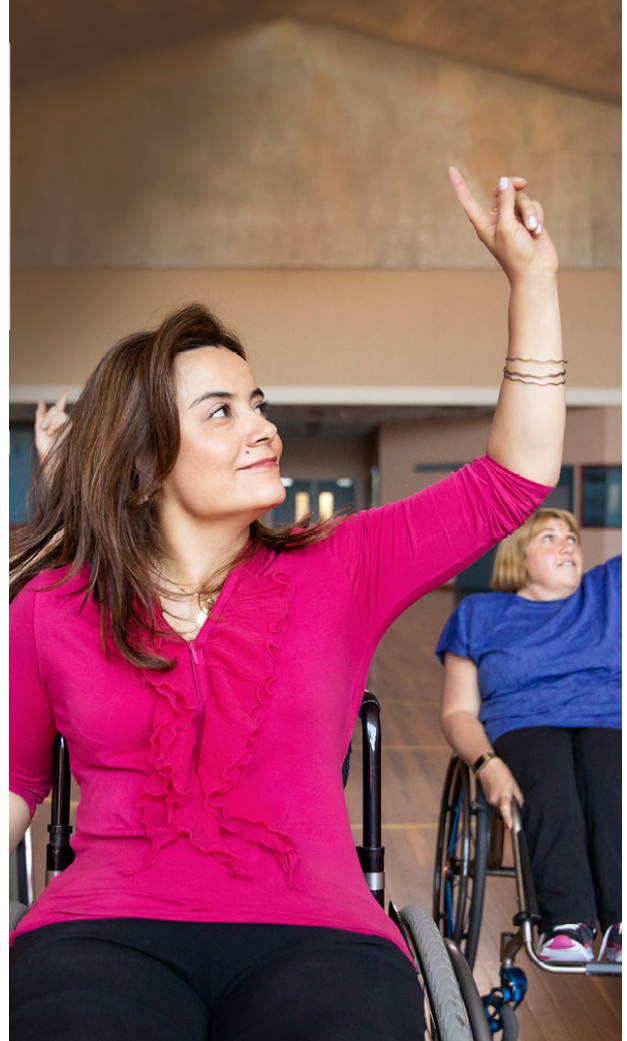
8 in 10
of the women

who got active after seeing the campaign were still keeping active 4 months later

3 in 5
of the women

who were inspired to get active as a result of the campaign were committed to staying active throughout the rest of the year. An additional 1 in 3 said they were somewhat committed to maintaining their activity levels.

* La Trobe University 2021, This Girl Can Campaign Tracker, VicHealth, Melbourne



JUSTINE'S STORY

Justine Streager, age 32 from Keysborough in Melbourne, says This Girl Can – Victoria inspired her to get active and connect with other active women, while juggling motherhood, working from home and the many other challenges of life in 2021.

"I really resonate with the messaging of This Girl Can because it's all about just getting out and giving it a go without fear of judgement," Justine says.

"Worrying about what others think is something that has plagued my mind. Surrounding myself with the messaging of This Girl Can, and getting involved with activities that align with this messaging, made me feel safe to try lots of different activities."

In 2020-21, Justine tried online group training with a diverse personal trainer and coach to 5km using the NHS CHOICES UK podcast. When restrictions allowed, she also tried hiking with Escaping Your Comfort Zone, which she's now a leader for, and GO Soccer Mums.

"I've documented my experiences on Instagram and I love being encouraged by This Girl Can and seeing others doing the same as me, just giving it their best. I love making social connections and supporting and uplifting others in their fitness goals too," Justine said.

"I'm no longer sitting on the sidelines and am no longer isolated. I have community and that feels big."



#ThisGirlCanVIC

About This Girl Can – Victoria

This Girl Can – Victoria campaign is about celebrating everyday women getting active however, wherever and whenever they choose. The campaign is designed to encourage, motivate, and inspire women to become more active as well as challenging traditional stereotypes.

We know moving more and sitting less benefits our overall health and wellbeing. Alarming, 1 in 5 Victorian women don't do any physical activity at all in a typical week. A common barrier is fear of judgement. The campaign is just one element of VicHealth's broader work to support gender equality and to both empower and enable Victorian women and girls to be more physically active.

Community Visits

Throughout the year, where COVID-19 restrictions allowed, we continued visiting our partners and other organisations and community groups doing impactful health promotion work in regional and urban areas.

It's been wonderful to see and hear about the impact of their work and gain valuable insights that enable us to continue to be a responsive partner.

As part of our plan to reconnect with communities across Victoria and those we hope to meaningfully support with our work, we'll be visiting regional and metro partners and stakeholders during all of 2022.

Visiting communities gives us deeper insights into the opportunities and challenges that each community is experiencing and helps us better support the communities and partners that we serve. The knowledge we gain from our visits informs the work that we do, both now and into the future.

Even more importantly, after spending a day in the community, we always walk away feeling energised and excited to continue the work that we do.



“I found it incredibly inspiring and rewarding...to sit and listen to the community groups we support and partner with...they're so passionate about the work they do and the need to continue making a difference within their communities.”

Shannon Crane, VicHealth Media and PR Lead

Community Listening Report

In 2021, we partnered with Health Issues Centre to gather insights from young people, parents and carers. We wanted to hear about their experiences, ideas and vision of what health and wellbeing looks like for them and understand what's important to them.

Above all, we wanted to give those who rarely get a say, a voice for a healthier future.

As communities start to create their 'new normal' we see an opportunity to build back healthier and fairer. With the voices of young people from across our state guiding the way, we are confident we'll create a future that is healthy for all. Young people are a positive force to be reckoned with – and we want to listen.

WHAT WE HEARD

Some of the main things that matter to young people, parents and carers:

- Timely access to appropriate information and education
- Access to healthy natural environments
- Access to health and community services that meet their needs
- Feeling empowered, represented and safe
- Being able to afford the resources and activities that support them
- Better access to technology and positive ways to use it
- Access to opportunities and resources
- Having suitable and affordable transport available
- Learning from the pandemic and promoting the importance of wellbeing.

"Youth-led programs created by the youth for the youth."

"Huge investments into green spaces and creating community gardens and spaces where good healthy lifestyles can happen."

"Health and climate action considered in all policy making. Reduced capacity of corporate interests to influence health policy."

"Normalising mental health and that it is ok to seek help from an early age."

"Being able to go out and dance and feel safe and respected by everyone."

"Funding for our youth in regional centres to access culture and engage with mob in regards to women's and men's business."

"Bring in more activities, whether its traveling sport or music or dance opportunities, to regional areas."

"Accessing healthy food can be difficult due to lack of options near people."

"Promoting different sports and activities (surfing, skateboarding, dance, aerobics...), as well as more information promoting healthy sleep habits, lifestyle hacks, and guidance tools to work towards a healthy lifestyle."

"More free, community based activities that bring people together."

"More safe bike routes through suburbs."



Partnering for *Greater Impact*

We partner with a wide range of organisations to achieve our mission of improving health and wellbeing for all Victorians.

These include local community groups, peak bodies, other government departments and agencies, universities and research institutes,

and even international organisations, such as Unicef.

These partnerships implement impactful programs, create opportunities for knowledge exchange and capability building, and enable us to deliver better health outcomes for all.

VicHealth Local Government Partnership (VLGP)

VicHealth is partnering with Victorian councils to set our kids up for their best possible future by creating communities where children and young people grow up active, socially connected and healthy.

Through the VLGP, councils amplify the voices, ideas and experiences of children and young people in their community, embedding this work in council strategy to create a healthier future.

Councils told us they needed tailored knowledge, tools and support to be able to deliver on health promotion work in their local community.

They also told us they required partnership opportunities with VicHealth that are longer-term, strategic and aligned to their Municipal Public Health and Wellbeing Plan cycle.

Built on these insights, we have worked with over 30 expert partners to develop a series of evidence-based health promotion modules to support councils to implement health actions at the local level and embed the needs of young people into their Municipal Public Health and Wellbeing Plans. Each module includes detailed information to help councils implement health promotion programs in their community.

All Victorian councils have access to the modules, providing the foundations for effective health promotion work in their communities. This comprehensive suite of resources enables councils to tailor their work to suit evolving community needs.

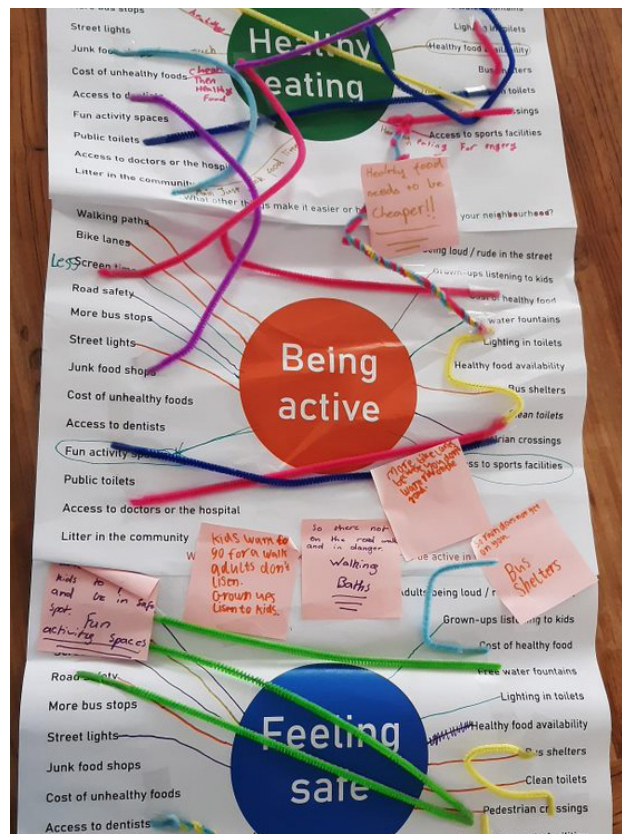
By partnering with local governments in this way we will see stronger and sustained outcomes for more Victorians.

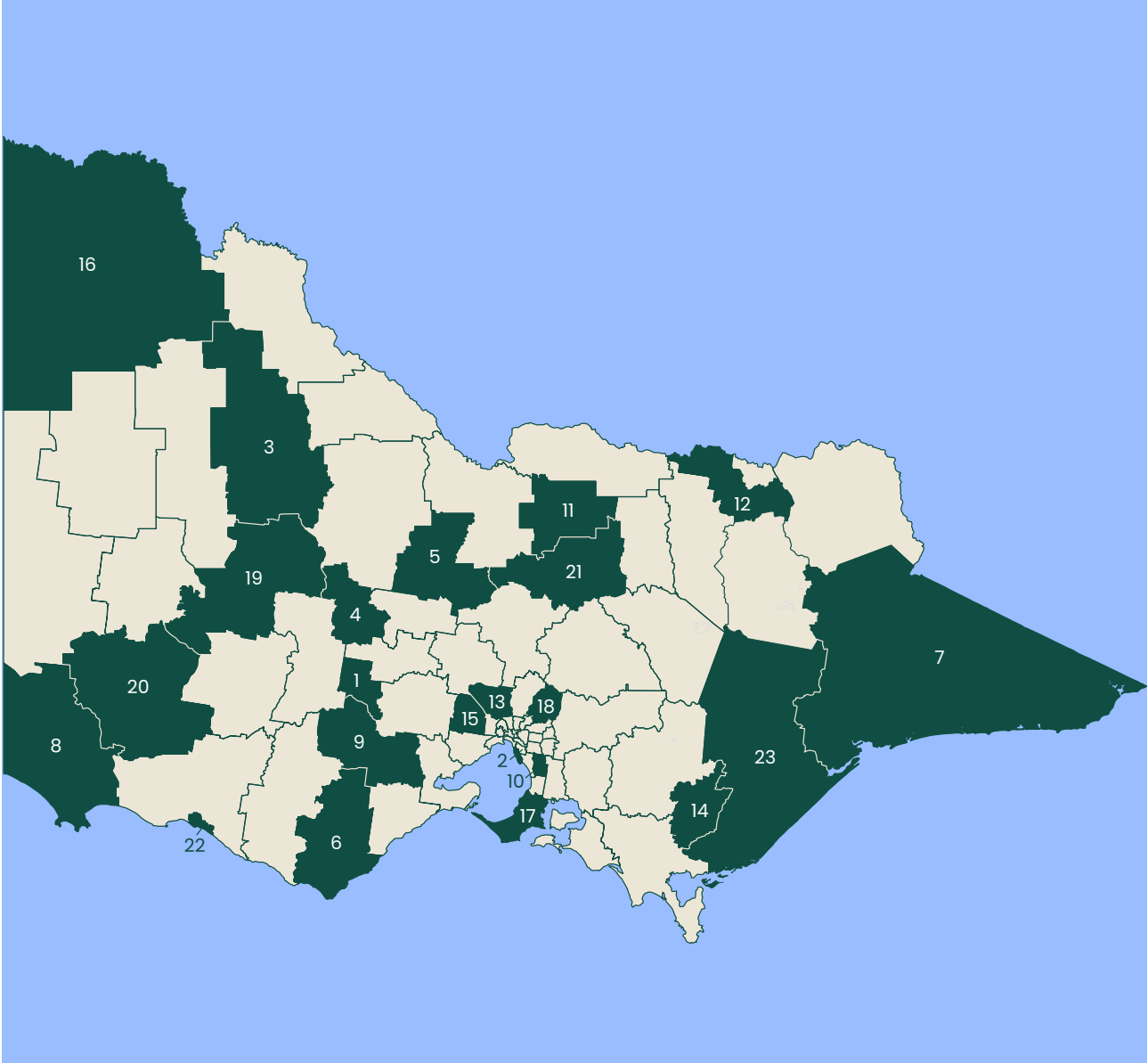
KIDS CO-DESIGNING HEALTHY PLACES

We supported Monash University to develop this project, which supports councils and schools to engage with kids to co-design healthier places. Fast-track councils used the purpose-built Kids Co-designing Healthy Places toolkit to understand children's solutions for the places they live, learn and play in.

The toolkit helps council staff build their skills in working with children, listening to and championing their ideas to include in their strategies. The toolkit also provides options for digital activities and face-to-face workshops, so kids can keep involved through different stages of COVIDSafe settings.

In Central Goldfields, kids and council officers are working together on their suggestions for improving pedestrian crossings, public toilets, registering fruit trees and feeling safe around the community.





OUR PARTNER COUNCILS

These partnerships build on existing relationships and the influential work that VicHealth has delivered with local councils since its establishment. We currently have 23 partner councils. We hope to partner with more in the future. These councils are leading the way and are committed to prioritising young people in their Municipal Public Health and Wellbeing Plans 2021–25.

- | | |
|-------------------------------------|--|
| 1. Ballarat City Council | 13. Hume City Council |
| 2. Bayside City Council | 14. Latrobe City Council |
| 3. Buloke Shire Council | 15. Melton City Council |
| 4. Central Goldfields Shire Council | 16. Mildura Rural City Council |
| 5. City of Greater Bendigo | 17. Mornington Peninsula Shire Council |
| 6. Colac Otway Shire Council | 18. Nillumbik Shire Council |
| 7. East Gippsland Shire Council | 19. Northern Grampians Shire Council |
| 8. Glenelg Shire Council | 20. Southern Grampians Shire Council |
| 9. Golden Plains Shire Council | 21. Strathbogie Shire Council |
| 10. Greater Dandenong City Council | 22. Warrnambool City Council |
| 11. Greater Shepparton City Council | 23. Wellington Shire Council |
| 12. Indigo Shire Council | |

Quit

VicHealth continues its longstanding investment in Quit Victoria, providing \$5.450 million in 2021–22 to reduce the uptake to smoking among Victorians, increase successful quit attempts among people who smoke and reduce exposure to second-hand tobacco smoke. A key focus of our investment with Quit Victoria is to increase the reach and impact of smoking cessation with high smoking rate populations.

VicHealth's investment supports Quit's work in:

- Public advocacy, community engagement, communications and public education
- Policy and advocacy
- Technology and service innovation
- Data collection and analysis



BRINGING AI TECHNOLOGY TO QUITLINE

After a successful pilot in 2020–21, Quit introduced its newest staff member to Quitline – Matilda.

Powered by AI, Matilda makes calls to Quitline users asking simple follow up questions about their smoking cessation journey. This ongoing contact and encouragement is a key part of supporting people to quit smoking.

Matilda is now a part of the Quitline team, helping Quit proactively re-engage with people who might want more help to stop smoking.

CAMPAIGN ACTIVITY

Quit delivered a number of public education campaigns in 2021–22.

'Sticky Blood' highlighted how deadly cigarette smoke is for the heart and the



link between smoking and Australia's single biggest killer, heart disease. The campaign explained how within ten minutes of inhaling cigarette smoke, your blood becomes sticky and increases the risk of dangerous clots which can lead to a catastrophic heart attack. The campaign resulted in higher Quitline engagement and doubled calls from people with low socioeconomic backgrounds.

BUILDING SECTOR CAPABILITY

In 2021–22, Quit published numerous resources for the Health Promotion sector featuring information and statistics on smoking, guidance on developing community-level initiatives, vaping resources, and settings-based resources. This included an evidence-informed Health Promotion Framework for Action to guide planning, implementation and evaluation of community-level initiatives aimed at reducing tobacco-related harm. The framework details populations and settings where action to reduce tobacco-related harm should be prioritised.

Funding world-class research

Research is at the heart of what we do, and VicHealth have continued investing in leading scientists, experts, and thinkers to help shape a healthier future.

Our research investments are critical in boosting knowledge of what drives preventable disease, and the interventions needed to make change.

Through our Impact Research Grants we are investing almost \$2 million over the next 2 years in ground-breaking research initiatives.

We will also invest \$1 million over the next 2 years in our Research Fellowship program. Enabling early-career researchers to be part of our work, networks, and communities, while contributing world-class research in line with our Action Agenda.

OUR RESEARCH APPROACH

Investigator-driven research grant programs. This includes National Health and Medical Research Council (NHMRC) partnership grants and Australian Research Council (ARC) Linkage grants, and VicHealth's own Impact Research Grants.

Commissioned research to guide our work and explore emerging research priorities.

Knowledge translation activities. Communicating research to policymakers and practitioners helps us amplify the value of our investment and bring knowledge and evidence into the real world.

Invest in a new generation of talented researchers, through our postdoctoral fellowships.

Meet our Postdoctoral Research Fellows 2022-24



**DR CHRISTINA ZORBAS,
DEAKIN UNIVERSITY**

Dr Zorbas is identifying food policy options that better reflect the voices and values of those experiencing health inequities, including Aboriginal and Torres Strait Islander peoples, migrant and refugee communities, people living in regional/rural areas, and people receiving low/no incomes.



**DR HANNAH PITT,
DEAKIN UNIVERSITY**

Dr Pitt is exploring how local governments can effectively engage young people in public health advocacy strategies aimed at responding to the health threats posed by harmful industries, including tobacco, alcohol, gambling and unhealthy food.

The VicHealth team also made valuable contributions to the research base, regularly writing and publishing research papers, and commissioning reports from academic institutions. We also shared our research and our findings widely – so that others can also use evidence to support health and wellbeing right across Victoria.

We're proud to be investing in and undertaking research projects that are designed to create a healthier future for Victorians.



| Sport Participation in Victoria 2015-2020 Research Summary.



**DR JENN LACY-NICHOLS,
THE UNIVERSITY OF MELBOURNE**

Dr Lacy-Nichols is investigating the political influence of alcohol, gambling and ultra-processed food industries.



**DR FLORENTINE MARTINO,
DEAKIN UNIVERSITY**

Dr Martino is focusing on reducing health inequities caused by harmful industries to improve children's wellbeing.



**DR ALEX CHUNG,
MONASH UNIVERSITY**

Dr Chung is looking at food and drink marketing targeting parents and young children.



Dr Sandro Demaio at a LaunchVic Panel

CivVic Labs

VicHealth started a new partnership with LaunchVic to bring innovative health-tech prototypes to life to tackle the big health challenges facing Victoria's young people.

We know that technology is shaping the future of health. And Victoria's technology entrepreneurs are steering that transformation. So, we joined forces with LaunchVic to harness that power of entrepreneurship for prevention and connect with the start-up community to create locally led health-tech solutions.

This CivVic Labs challenge will see our health-tech innovators develop technology to improve young people's access to healthy food and expose sneaky digital marketing practices of harmful industries.

The innovators will develop prototypes that address these big questions:

How might we improve young peoples' access to healthy food in their community?

How might we better understand and expose digital advertising of harmful industries that impacts young people?

The ideas will be pitched in August 2022.



Museums Victoria

VicHealth and Museums Victoria have a shared commitment to creating healthy environments that support the health and wellbeing of children and families. Our partnership launched in 2019 with the landmark announcement to cease the sale of sugary drinks and snack vending across all Museum venues.

Since then, we have continued to work together to provide creative engagement and education opportunities for children and families through Museums Victoria's digital platforms, programming and physical venues. Notable deliverables in 2020-21 were the Grow, Gather, Share workshops and the creation of the Triceratops children's book, with healthy lifestyle messages throughout its narrative.

Exposing harmful digital marketing tactics

Digital marketing largely occurs under the radar and is always evolving, making it tricky to identify and control. A crucial way to find out what marketers of harmful products (alcohol, unhealthy food, sugary drinks and gambling) are doing is to ask young people to show us the ads they see.

VicHealth, with Monash University and The University of Queensland, partnered with 204 citizen scientists (aged 16-25) who sent in 5,169 examples of harmful advertising they saw on their social media feeds across a 2-week period.

97% of the ads seen and shared by the citizen scientists were 'dark' to some degree – only visible to those targeted by the advertisers, fleeting, and not published on advertiser accounts where they can be viewed.

81% of young people involved in the study thought the advertising of unhealthy industries should be reduced and regulated. They described the targeted social media advertising using opaque algorithms as "manipulative", "creepy", and "annoying".

Youth Peak Partnerships

We launched our partnership with key youth organisations in August 2021 to ensure that children and young people are included at the centre of health solutions.

Since the pandemic began, many young people found themselves feeling disconnected from their communities and struggled with the indirect health impacts of the pandemic.

These partnerships will be critical in better understanding young people’s needs and ensuring their voices are centred when shaping health initiatives that deliver for young Victorians.

In particular, these partnerships ensure we are listening to and amplifying the voices of young people with diverse lived experiences. This includes people from Aboriginal and Torres Strait Islander backgrounds, culturally and linguistically diverse communities, LGBTIQ+ backgrounds, people living with disabilities, and those from regional areas.

These partnerships come at a critical time as Victoria recovers from the effects of the COVID-19 pandemic and support our vision to build back a better, healthier and fairer Victoria for young people.

“I think young people really want to be in the room when decisions are being made about our own health and wellbeing, whether that’s contributing or just listening and knowing what information is going into those decisions.”

Martin Isidro,
Intercultural Young
Advocacy Leadership
Group member,
Ethnic Communities
Council Victoria



| Berry Street



| Centre for Multicultural Youth (CMY)



| Ethnic Communities Council of Victoria (ECCV)



| Koori Youth Council



| Minus 18



| YLab (Foundation for Young Australians)



| Youth Affairs Council Victoria (YACVic)



| Youth Disability Advocacy Service (YDAS)



█ The Hon. Martin Foley MP (Victorian Health Minister) and Dr Sandro Demaiio (CEO VicHealth) launching the Victorian Health Promotion Hub in February 2022.

Victorian Health Promotion Hub

Designed to enable innovation and collaboration, the Victorian Health Promotion Hub is a new, modern co-working space where our partners can meet and connect with us, and each other, more closely.

We know that collaboration is the foundation to success, and the Hub provides an environment that enables people and organisations working in health promotion and beyond to come together, connect and collaborate.

Our inaugural Hub partners included organisations from the arts, culture, sports, recreation, health and food systems sectors.

Following the opening of the Victorian Health Promotion Hub by the Minister for Health on 25 February 2022, we conducted a pilot phase of the Hub for around 60 stakeholders and partners from March to July 2022, which proved very successful.

We also conducted a survey to glean formal feedback from pilot participants, following the commencement of a new Facilities/Hub Administrator role. We will adopt feedback prior to the Hub going live to all VicHealth partners and stakeholders on 1 August 2022.

Victorian Health Promotion Awards

The new-look Victorian Health Promotion Awards celebrated and championed the achievements of volunteers, grassroots initiatives, ground-breaking research and everything in between.

In 2021 we introduced new categories, including the Future Healthy Award and Community Legend Award.

The Awards acknowledged extraordinary people, groups and projects that have made a vital difference to communities across Victoria in the past 2 years.

There were 41 finalists, from an incredible field of 154 entrants, which highlighted an amazing array of health promotion work currently happening throughout Victoria.

Congratulations to our 2021 Victorian Health Promotion Award winners!

OUTSTANDING HEALTH PROMOTION

Bendigo Community Health Services – 5 Ways to Wellbeing. This program works with community leaders to deliver mental health promotion and illness prevention in a range of places including schools, early learning centres, community organisations and workplaces.

DRIVING HEALTH EQUITY

Zoe Support Australia. This organisation works to re-engage young mothers facing disadvantage in Mildura through social programs, education and employment, especially during periods of restrictions and isolation in Victoria.



BUILDING BACK BETTER

North Richmond Community Health – High Risk Accommodation Response. This initiative empowers residents in the local high rise public housing estates to develop their employment and leadership skills as well as build trust, positivity and collaboration while dealing with the coronavirus pandemic.

FUTURE HEALTHY

Monash University – Healthy Eating, Active Living Matters (HEALing Matters) Program. This program aims to improve the eating, and physical activity habits, wellbeing and life skills of young people aged 12-18 living in out-of-home care.

COMMUNITY LEGEND

Josh Collings – founder of the Acres & Acres Cooperative, a market garden initiative that aims to empower and build the capacity of people in the Upper Murray region to grow, sell and supply fresh produce for their community.

LEADING HEALTH PROMOTION RESEARCH

La Trobe University – FitSkills Partnership Project. This research aims to discover how the FitSkills physical activity program fosters positive attitudes for young people with disability.

OUTSTANDING MEDIA REPORTING

ABC Radio Melbourne – Life and Other Catastrophes. This program covers aspects of health and wellbeing, looking at mental and physical health, relationships, habits as well as social pressures. It acts as a resource, a comfort and an outlet for listeners as they are encouraged to call in to share their experiences.

STEPHEN WALTER EXCELLENCE IN HEALTH PROMOTION MARKETING:

Centre for Non-Violence – You Are Not Alone Campaign. This campaign provided information about how to seek help or support for someone experiencing abuse. It featured voices of women with lived experiences, enabling others to draw strength and hope.



While we acknowledge the incredible efforts of frontline health workers during the pandemic, the Victorian Health Promotion Awards are about celebrating initiatives that address health challenges to prevent chronic disease and to improve health and wellbeing.

Our team

Our people and culture drive our organisation and make VicHealth a more collaborative and inspiring place to work. We're continually improving our ways of working and using better tools and processes, while also modernising our systems, so we can achieve maximum impact.

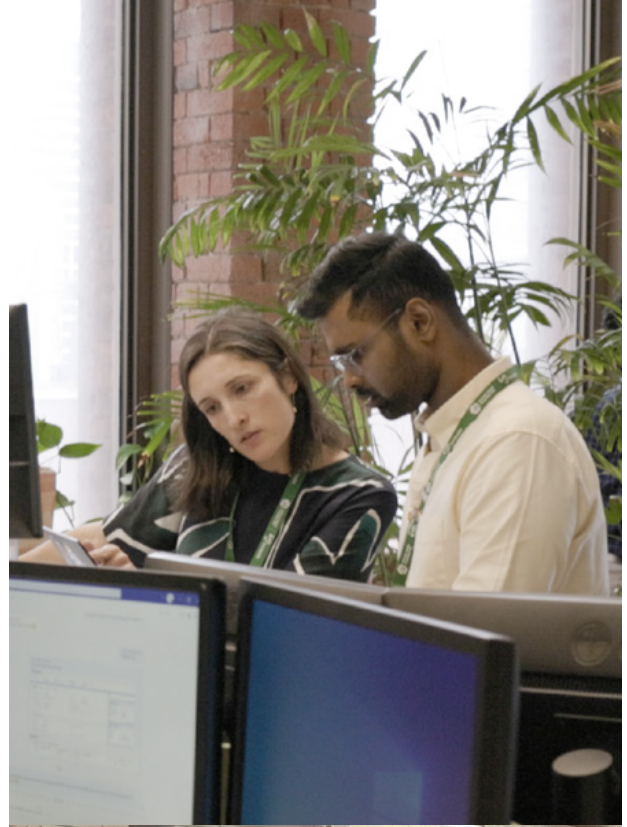
VicHealth is committed to equity, diversity and inclusion in all we do.

We have continued implementing our 'Innovate' Reconciliation Action Plan, including enhanced cultural safety training, NAIDOC leave policy, education and awareness sessions, and traineeships, through AFL Sports Ready.

We also developed our Gender Equality Action Plan 2021-25, which looks at a range of continual improvements for our organisation. These include removing systemic barriers or challenges to career progression for diverse groups of employees and improving workplace flexibility arrangements.

We have continued to build our organisational capability and improve our effectiveness to meet existing and emerging needs, so that we deliver high quality services to the Victorian community. We invested in our team's professional development in a range of ways, by reviewing our career progression opportunities and professional development policies to support our team to deliver impactful work for the Victorian community.

Our Employee Culture Charter drives our work and sets the cultural and professional standards for our team.



VicHealth early careers group

Our Early Careers Group creates an opportunity and safe space for early career employees at VicHealth to come together for learning, conversation and networking (internally and externally). Our program offers two main event streams: 'Lunch & Learn' and 'Ask Me Anything Dinners'.

Operational and budgetary objectives and performance against objectives

Operational performance against budget

VicHealth's 2021–22 financial performance responded to the needs of all Victorians following 2 financial years where stakeholders, partners, and the organisation were impacted by the pandemic.

During 2021–22, VicHealth successfully introduced its Future Healthy strategy and associated Big Connect and JumpStart! funding, implemented its Move the Dial targeted funding programs, actively engaged with Local Government through its VicHealth Local Government Partnership, introduced a very successful community visits program across the state, and once again enhanced its funding and reputation in evidenced based research programs.

Total income was \$42.8m in 2021–22, up from \$42.2m in the 2021–22 budget. The increase of \$0.6m reflected \$0.5m of additional appropriation received from the Department of Health for mental and health wellbeing programs associated with Victorian Government pandemic commitments, and \$0.2m external funding for a Sport Participation Research Project and a Food Relief Nutrition Guidelines and Charter program.

Reflective of the successful implementation of new strategies and investment in its funding and programs mentioned earlier, VicHealth increased its total grants funding and program expenditure (including support costs) in 2021–22 substantially from 2020–21 levels to \$29.1m (up \$0.6m from \$28.5m or a 2.0% increase against the 2021–22 budget).

Employee expenses of \$10.0m were \$0.3m above the budget primarily due the impact of temporary staff costs following the organisational staff realignment completed in the first half of 2021–22 and the certification of salary increases within VicHealth's new Enterprise Agreement 2021 by the Fair Work Commission.

In respect to wages and on-costs, it is worth noting that in line with Victorian Government reporting according to Australian accounting standards, all of VicHealth's employee expenses are disclosed in the Financial Statements as a separate expense within total expenses. The reporting of employee expenses as a single item does not adequately reflect the role of VicHealth staff in contributing to health outcomes for the Victorian community. If staff costs associated with health promotion delivery were added to grant funding and program costs, the overall proportion of VicHealth's operating result delivering health promotion outcomes would be in the order of \$36.0m in 2021–22, over 85% of the total budgeted appropriation from the Department of Health under VicHealth's new externally focused organisational structure.

Operating costs including depreciation and amortisation of \$3.7m were \$0.1m below budget due to: lower employee development and wellbeing costs of \$0.1m primarily reflecting training costs, conference costs and personal development course costs as well as lower general administration costs of \$0.1m, both being down due to the impact of the coronavirus pandemic in the first half of 2021–22. Operating costs in 2021–22 also included costs associated with organisational policy and system enhancements and the development of the next VicHealth Strategic Action Agenda as well as a \$0.06m outgoings adjustment for 2020–21 on Pelham Street, Carlton, under VicHealth's former lease.

The comprehensive result for the year was a surplus of \$0.07m from general appropriation funded activities less a deficit of \$0.07m from special purpose funded activities, resulting in an overall breakeven comprehensive result for the 2021–22 financial year.

Our operating budget performance is summarised in Table 1.

Table 1: Operational performance against budget for 2021–22

	Appropriation funds		Special purpose funds		Total	
	Actual (\$'000)	Budget (\$'000)	Actual (\$'000)	Budget (\$'000)	Actual (\$'000)	Budget (\$'000)
Income						
Appropriation	42,590	42,141	-	-	42,590	42,141
Other income	258	69	-	-	258	69
Total income	42,848	42,210	-	-	42,848	42,210
Grants & direct project implementation	29,031	28,539	66	-	29,097	28,539
Employee expenses						
– Health promotion delivery	8,025	7,776	-	-	8,025	7,776
– Management & support	2,006	1,944	-	-	2,006	1,944
Operating costs	3,712	3,847	-	-	3,712	3,847
Total expenses	42,774	42,106	66	-	42,840	42,106
Operating surplus/(deficit)	74	104	(66)	-	8	104

Under section 33 of the *Tobacco Act 1987*, the budget of VicHealth must provide for payments to sporting bodies (not less than 30%) and to bodies for the purpose of health promotion (not less than 30%). These important statutory requirements were both achieved.

The VicHealth Board also sets the following guidelines on grant expenditure for the financial year.

These targets, among other criteria, are used to guide the level of investment in each strategic imperative and in research and evaluation. The statutory objective of payments to sporting bodies is a key reason VicHealth's expenditure on physical activity is significantly higher than on other imperatives.

Our performance against these targets is summarised in Table 2.

Table 2: Performance against statutory and VicHealth Board policy expenditure targets⁽ⁱ⁾

Performance measures	2021–22 guideline	2021–22 budget (\$'000)	2021–22 actual	2021–22 amount (\$'000)
Statutory expenditure target⁽ⁱⁱ⁾				
Sporting bodies	At least 30%	13,116	30.5%	12,853
Health promotion	At least 30%	14,656	37.0%	15,592
Board policy expenditure guideline⁽ⁱⁱⁱ⁾				
Promote healthy eating	5%	6,357	10.3%	4,340
Encourage regular physical activity	21%	8,254	22.0%	9,271
Prevent tobacco use	13%	4,018	14.0%	5,900
Prevent harm from alcohol	5%	1,338	4.9%	2,065
Improve mental wellbeing	8%	7,805	16.4%	6,911
Research and evaluation ^(iv)	12%	3,705	13.1%	5,520

Notes:

- (i) Percentage figures are calculated as expenditure as a proportion of our budgeted government appropriation for the financial reporting period. For the 2021–22 financial year our budgeted appropriation was \$42.1m. Figures exclude payments sourced from special purpose funds unless otherwise indicated.
- (ii) Spend against statutory expenditure targets is not exclusive of spend against the Board's policy targets. Expenditure coded against the statutory targets is also coded against the Board's expenditure targets. Expenditure on 'health promotion' in this instance is defined as total grant payments less grant monies issued to sporting bodies.
- (iii) Strategic imperative spending allocations against the Board policy expenditure guideline reflected impacts to spend allocation caused by the coronavirus pandemic to deliver outcomes for Victorians.
- (iv) The research and evaluation figure may include expenditure allocated to other statutory and Board expenditure categories.

5-year financial summary

Table 3: 5-year financial summary

	2022 (\$'000)	2021 (\$'000)	2020 (\$'000)	2019 (\$'000)	2018 (\$'000)
Operating statement					
Revenue from government	42,590	41,312	41,272	40,505	39,863
Other income	259	70	119	222	226
Total income	42,849	41,382	41,391	40,727	40,089
Grants and funding	29,097	26,624	28,392	28,819	26,596
Employee expenses ^(i, ii, iv)					
(i) Operational	10,031	9,662	9,940	8,832	8,964
(ii) Once off costs (including targeted separation packages, pandemic related contract extensions and working from home allowances)	-	886	-	-	-
(iii) Total	10,031	10,548	9,940	8,832	8,964
Operating costs (including depreciation/amortisation) ⁽ⁱⁱⁱ⁾					
- Operational	3,522	3,355	3,066	3,263	2,803
- Once off costs (including relocation and lease related expenses)	190	477	-	-	-
- Total	3,712	3,832	3,066	3,263	2,803
Total expenses	42,841	41,004	41,398	40,914	38,363
Net surplus/(deficit) for the period	8	378	(7)	(187)	1,726
Balance sheet					
Total assets	13,018	14,837	8,774	8,105	7,935
Total liabilities	7,169	8,996	3,311	2,635	2,279
Total equity	5,849	5,841	5,463	5,470	5,656

Note:

- (i) Around 80% of VicHealth's operational staffing costs relate to health promotion delivery, with the remainder providing overall management and support.
- (ii) Expenditure in 2020-21 related to one-off expenditure associated with organisational restructure and staffing impacts of the pandemic.
- (iii) Expenditure in 2020-21 related to one-off expenditure associated with VicHealth's relocation to the Victorian Health Promotion Hub lease at 355 Spencer Street, West Melbourne.
- (iv) The increase in operational employee expenses over the 5 years primarily reflects salary increases under VicHealth's 2017 and 2021 Enterprise Agreements.

Major changes affecting performance

VicHealth's 2021–22 financial performance responded to the needs of all Victorians following two financial years where stakeholders, partners, and the organisation were impacted by the pandemic.

During 2021–22, VicHealth successfully introduced its Future Healthy strategy and associated Big Connect and JumpStart! funding, implemented its Move the Dial targeted funding programs, actively engaged with local government through its VicHealth Local Government Partnership, introduced a very successful community visits program across the state, and once again enhanced its funding and reputation in evidenced based research programs

Reflective of these strategies and its investment in its funding and programs, VicHealth increased its total grants funding and program expenditure (including support costs) in 2021–22 substantially from 2020–21 levels to \$29.1m (up \$2.5m from \$26.6m or a 9.4% increase).

Total income was \$42.8m in 2021–22, up from \$41.4m in 2020–21. The increase of \$1.4m reflected a 2% increase in indexation of the annual appropriation under the Tobacco Act from the Department of Health in 2021–22, a further \$0.5m of additional appropriation received from the Department of Health for mental and health wellbeing programs associated with Victorian Government pandemic commitments, and \$0.2m external funding for a Sport Participation Research Project and a Food Relief Nutrition Guidelines & Charter program.

Resulting from the additional revenue, total expenses increased to \$42.8m, up \$1.8m from 2020–21. Expenditure on grants and program funding (including support costs) of \$29.1m was up \$2.5m since last year reflecting the successful implementation of VicHealth's new health promotion strategies referenced earlier.

Employee expenses and other operating costs (including depreciation and amortisation) have decreased by \$0.6m due to the net effect of:

- Decreases in operational employee expenses primarily under the new VicHealth Enterprise Agreement 2021 of \$0.5m in 2021–22 following redundancies within the organisational restructure in 2020–21
- Decreases in operational operating costs (including depreciation and amortization) of \$0.1m following one off expenditure associated with VicHealth's relocation to the Victorian Health Promotion Hub lease at 355 Spencer Street, West Melbourne. Operating costs in 2021–22 did however include largely one-off expenditure associated with organisational policy and system enhancements, the development of the next VicHealth Strategic Action Agenda and a \$0.06m outgoings adjustment for 2020–21 on Pelham Street, Carlton, under VicHealth's former lease.

Refer Note 3 Expenses from Transactions on pages 87–90 within the Financial Statements for 2021–22.

Significant changes in financial position during the year

The value of total assets is \$13.0m, a decrease of \$1.8m from 2020–21, primarily reflecting depreciation and amortization following the implementation of Phoenix (see p.50), the fit-out of the Victorian Health Promotion Hub at 355 Spencer Street, West Melbourne, and recognition of right of use assets under the Accounting Standard AASB16 Leases in 2020–21. VicHealth's cash balances are \$4.3m, down \$0.9m from the year prior, primarily reflecting VicHealth's additional investment in new health promotion strategies in 2021–22

The cash balance of \$4.3m (in line with the \$4.2m minimum set by the VicHealth Board and within appropriate levels of cash reserve holdings required by VicHealth's Reserves Policy) is a sound management cash outcome, particularly reflecting the new health promotion strategy grants and programs funding introduced in 2021–22. Receivables have increased from \$1.0m to \$1.2m, mainly due to the value of GST credits receivable from the ATO following payments over the last quarter of 2021–22.

Total liabilities are \$7.2m with the decrease of \$1.8m from 2020–21 primarily related to a \$1.0m decrease in payables at 30 June 2022.

Subsequent events

There were no events subsequent to 30 June 2022 that would impact the accuracy of these financial statements.

Granting of funds

As part of its core business, VicHealth has continued to provide assistance to organisations to deliver program outputs against our strategic framework, through the granting of funds for health promotion and prevention purposes. Grant expenditure includes health promotion expenditure such as programs, funding rounds, research grants, campaigns and directly associated activities.

Significant grant expenditure is defined as:

- any grant funding round where payments to successful organisations total \$250,000 or more during the financial reporting period
- single projects where payments to the organisation total \$250,000 or more during the financial reporting period.

Details of significant grant funding rounds are provided in Table 4.

Table 4: Grants⁽ⁱ⁾ with payments totalling \$250,000 or more during the reporting period

Funding round	No. of organisations receiving payments	Payments (\$'000)
Quit Victoria 2020-24 – Partnerships	1	5,450
Big Difference R1 – Grants	27	4,429
R1 JumpStart Tier 2	92	2,804
VLGP fast-track Councils	16	1,349
RSA Partnerships 2021-22	9	850
Impact Research Grants 2022	6	601
AWAG 2017-22 – Grant Round Participation	3	400
PG 2020-21 R1 up to \$50k	34	289
Impact Research Grants 2021	3	269
VLGP modified fast-track councils	7	263

Note:

- (i) The table relates to payments made during the financial year. The funding or grant round may have been awarded in a previous year or the current year and/or may be part of a multi-year funding agreement.

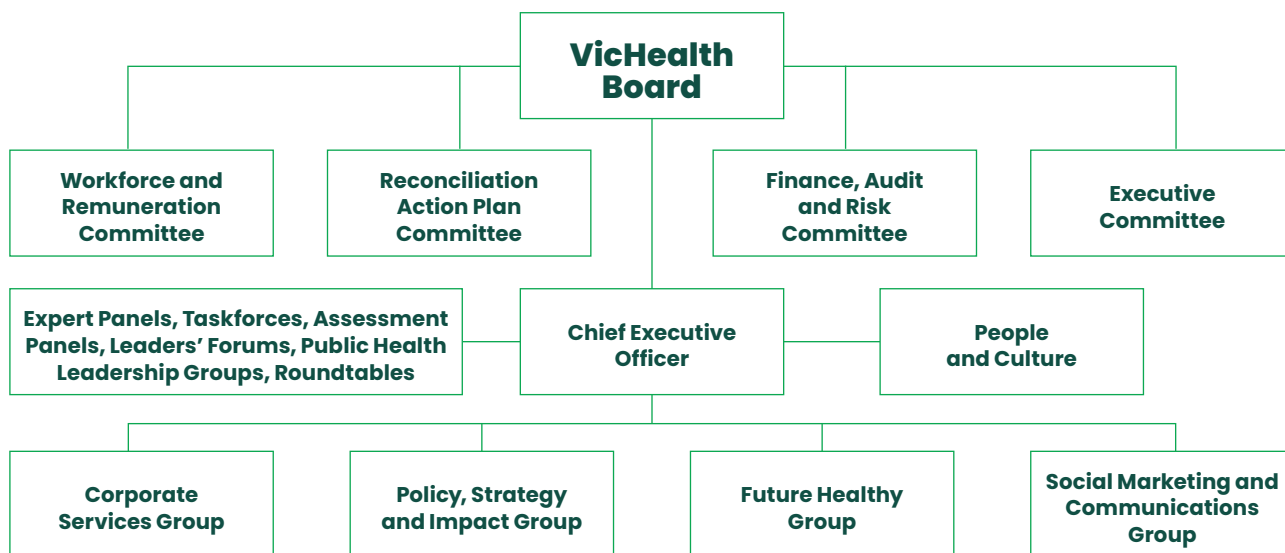
Details of significant project payments to individual organisations are provided in Table 5.

Table 5: Organisations receiving grant payments totaling \$250,000 or more during the reporting period

Organisation name	Project name(s)	Payments (\$'000)
Quit Victoria – The Cancer Council Victoria	Quit Victoria 2020–24	5,450
Deakin University	ADVANCing Equity and commUnity voiceS in food policymaking (ADVANCE-US) Developing a public health advocacy framework for engaging young people in local Harmful Industries Monitoring Hub Fellow-3 Harmful Industries Monitoring Hub Fellow-3 Making big business everybody's business Supporting food companies and retailers to implement policies for improving population nutrition	271
Monash University	Animating alcohol culture change amongst male hospitality students and workers Co-designed adapted postnatal mental health promotion program for CALD families Harmful Industries Monitoring Hub Fellow-2 Preventing harm from alcohol in women attending breast screening services Using ambulance data to create a contemporary model of alcohol-related harms	266

VicHealth organisation structure, culture, capability and capacity

VicHealth organisation structure



PEOPLE AND CULTURE

Ensure that VicHealth’s culture and people management practices support effective execution of the organisational strategy.

CORPORATE SERVICES GROUP

Provide finance; budgeting; facilities, fleet and administration management; business planning; information technology and information management; policy management; business improvement and project management; risk management; contract management and procurement; manage the governance framework to support the work of VicHealth’s Board and associated Committees; and manage the Victorian Health Promotion Hub.

POLICY, STRATEGY AND IMPACT GROUP

Ensure VicHealth’s research investments, policy influence and strategic direction contribute to the health promotion capacity of VicHealth and add value to the public policy process to deliver sustained health benefits for Victorians.

FUTURE HEALTHY GROUP

Design and execute program investment, grants, funding rounds, and partnership activities to maximise outcomes of the Action Agenda for Health Promotion.

SOCIAL MARKETING AND COMMUNICATIONS GROUP

Amplify and deliver health promotion activities to improve the health and wellbeing of all Victorians. Develop and deliver multi-channel social marketing and communications initiatives including media and public relations, social media, events, digital marketing, branding, social marketing campaigns, design and multimedia content.

Executive Management

The following people held executive management positions as at 30 June 2022:



DR SANDRO DEMAIO
Chief Executive Officer



SARAH LOH
*Executive Manager,
Future Healthy Group*



KRIS COONEY
*Executive Manager, Policy,
Strategy, and Impact Group*



REBECCA AHERN
*Executive Manager,
Social Marketing and
Communications Group*



PAUL CRAPPER
*Executive Manager,
Corporate Services Group*



PADAM CHIRMULEY
*Executive Lead,
People and Culture*

Victorian Health Promotion Hub

Following VicHealth's relocation to 355 Spencer Street, West Melbourne, on 25 March 2021, the Victorian Health Promotion Hub was opened by the then Minister for Health Martin Foley on 25 February 2022 and commenced its pilot operation of welcoming VicHealth partners and stakeholders over the remainder of the 2021–22 financial year. Registrations and access to the full spectrum of VicHealth partners and stakeholders will commence on 1 August 2022 for the benefit of all Victorians.

Core Systems Replacement Project – Phoenix

Following VicHealth's implementation in late July 2020 at a final cost of \$2.1 million, VicHealth's grants, stakeholder and project management system known as Phoenix has delivered significant risk reductions, cost savings in administrative burden and greater collaboration across all health promotion groups and teams within the organisation.

A benefits realisation project conducted over a 2-year period by VicHealth internal auditors RSM, to examine pre and post Phoenix grant, stakeholder and project management highlighted that the implementation of Phoenix had:

- achieved estimated cost saving of \$1.0 million per annum in relation to reduced administrative effort
- lowered the organisation's risk rating in relation to the risk of making poor health promotion investment decisions as well as reduced the organisation's overall risk profile.

Employee Committees

VicHealth has several cross-organisational employee committees or groups to assist management in operations:

- Executive Leadership Team
- Management Team
- VicHealth Consultative Forum
- Diversity and Inclusion Committee, including a Reconciliation Action Plan sub-committee (being planned)
- Employee Wellbeing and OHS Committee (EWOC)
- Incident Management Team
- Business Continuity Management Team
- ICT Governance Committee

In addition to these formal groups, there are a range of other cross-functional groups that are convened from time to time to support VicHealth's operations.

Child Health and Safety

To achieve the best outcomes for children who engage with VicHealth or engage with services to children funded by us and as a key risk mitigation strategy, VicHealth will work to and provide funding in line with the National Principles for Child Safe Organizations and Victorian Child Safe Standards and meet obligations under the National Redress Scheme.

In 2021–22 VicHealth has developed and implemented the necessary Child Safety and Wellbeing Policy and Procedures as well as supporting statement of commitment and code of conduct and has actively updated our existing organisational policies and agreements, which are impacted by child safety and wellbeing standards and obligations. VicHealth's funding, risk management, insurance, legal, communications, procurement, privacy, people management and records management operations are all impacted by the required changes.

VicHealth Board

The VicHealth Board members during the year were:



THE HON. NICOLA ROXON, CHAIR

Nicola Roxon joined the VicHealth Board as Chair in November 2020 and also serves on the Workforce and Remuneration Committee.

The Honourable Nicola Roxon is an experienced Chair and non-executive director who has served in various board roles for the last 8 years. Currently she is Chair of HESTA, a large health and community sector superannuation fund, and a non-executive director of listed companies Dexus and Lifestyle Communities, and the charity Health Justice Australia. Nicola Roxon served as a member of the Australian Parliament for 15 years, representing the Western suburbs Melbourne seat of Gellibrand.

Elected at 31, she served as Australia's Health Minister for 4 years from 2007 and oversaw major reforms to Australia's public hospital, primary care and preventative health systems. In 2011 Nicola became Australia's first female Attorney-General, and the Minister for Emergency Management in 2012. She has received national and international awards in recognition of her public health work, particularly in tobacco control.

With Nicola's leadership, Australia successfully introduced a world first: all tobacco sold must now be in plain packaging with large, graphic health warnings. Trained as a lawyer, protecting the dignity of workers and promoting the standing of women has been a hallmark of Nicola's career. Prior to entering parliament, Nicola worked as an industrial lawyer, union organiser and an Associate to High Court Judge Mary Gaudron. Nicola resigned her ministerial positions February 2013 and finished her period in Parliament in August 2013.

DR SALLY FAWKES, DEPUTY CHAIR

Dr Sally Fawkes has served on VicHealth's Board since 2016, including as Chair (Acting) for periods in 2019 and 2020, and currently chairs the Workforce and Remuneration Committee.

Dr Sally Fawkes is an independent consultant and researcher, with an adjunct appointment at La Trobe University.

She brings diverse, extensive experience to her VicHealth Board roles. Following posts with the World Health Organization (WHO), Dr Fawkes has been expert advisor to WHO for over 25 years. She has worked in Asia and Pacific, Europe and Middle East on projects spanning futures thinking in policy, national health promotion systems, leadership development, and urban health/Healthy Cities.

Dr Fawkes is currently Chair, Governance and Policy Working Group and Treasurer for the International Network of Health Promoting Hospitals & Health Services' Governance Board, following terms as Vice-Chair. She led development of the Network's 2021-2025 Global Strategy.

Her career in Australia has featured frontier roles centred around health promotion innovation at several Victorian hospitals, Victorian Healthcare Association and Deakin and La Trobe universities. Previous governance roles include Council of Academic Public Health Institutions Australasia Executive Committee, Women's Health Victoria Board, Vision 2020 Australia Global Committee and community health services.

Dr Fawkes holds a Bachelor of Science, Graduate Diploma in Health Education, Master of Business Administration and PhD (health policy). She is Associate Fellow of Australasian College of Health Service Management and Full Member of Association of Professional Futurists. Her current professional interests are in conceptual and policy breakthroughs to drive investments in future generations' health and wellbeing.



NICK GREEN OAM OLY

Nick Green joined the Board of VicHealth in July 2014 and has served time on the Finance, Audit and Risk Committee and is currently a member of the Reconciliation Action Plan (RAP) Advisory Committee.

Nick Green is an experienced leader who has worked in senior roles across global corporations, national sport and public-sector organisations. He is currently a Director and Industry Practice Leader at Aon, a global provider of risk management, insurance and professional services. Previous to this role, Nick Green was the Chief Executive Officer of Cycling Australia.

Nick has extensive experience in commercial growth, people and stakeholder leadership, governance and government relations. He has held many voluntary positions including President – Victorian Olympic Council, Chairman – Julius Patching Foundation, Director of the Australian Olympic Committee and Director of Leadership Victoria.

Nick is a dual Olympian and has attended eight Olympic Games in various roles. He was the Chef de Mission for the 2012 Australian Olympic Team.

Nick has received life memberships of the Victorian Olympic Council and Rowing Australia, awarded an Order of Australia Medal and inducted into the Sport Australia Hall of Fame, in recognition of his contribution to sport. He is a Fellow of Leadership Victoria and studied at VCAH Burnley (now Melbourne University) and the Melbourne Business School.



IAN HAMM

Ian Hamm joined the VicHealth Board in October 2021.

A Yorta Yorta man, Ian Hamm has extensive government and community sector experience, particularly at executive and governance levels. Ian has overseen major policy and strategic reforms for government and community organisations.

He works with people from a vast array of backgrounds, managing complex and sensitive relationships to achieve mutually beneficial outcomes. Ian was CEO of a major Aboriginal community organisation from January to August 2018.

Ian sits on a number of boards and chair and member. He also devotes himself to improving the representation of Aboriginal people on boards and other high-level governance, through strategic action, advocacy and mentoring.



CATHERINE HARDING

Catherine Harding joined the VicHealth Board in March 2020 and currently serves on the Workforce and Remuneration Committee.

Catherine Harding is a non-practicing lawyer who has spent over 15 years working in social policy across the government, non-profit and corporate sectors across Australia. Currently the Chief Operating Officer at Australia for UNHCR, Catherine is driven to find creative and innovative solutions to complex problems, and is experienced in setting organisational strategies to drive the growth and performance of organisations.

Catherine's career has encompassed policy areas including justice, health, education, family violence, sport and human rights as a Director at KPMG, and in prior roles with the Victorian and Australian Governments. She is a passionate public health advocate, and has worked on healthy eating campaigns with The Good Foundation and Jamie Oliver.

Catherine has served as a non-Executive Director of Vicsport since 2018 and previously at GenWest (formerly Women's Health West).



PEGGY O'NEAL AO

Peggy O'Neal served on the VicHealth Board from January 2020 to February 2022.

Peggy O'Neal has specialised in superannuation and financial services law for more than 25 years, is presently a consultant to Lander and Rogers. She is a Fellow of the Australian Institute of Company Directors and holds senior board and advisory roles within the financial services and community sectors.

Peggy has been president of the Richmond Football Club since October 2013, having served on the Club's board since 2005. She is the first woman to be president of an AFL club.

In 2014 she chaired the Victorian Minister for Sport's year-long Inquiry into 'Women and Girls in Sport and Active Recreation' and until 2018 was convenor of the Minister's Change Our Game Champions program.

She has served on Victoria's Ministerial Council on Women's Equality, the Australian Institute of Sport Athlete Wellbeing and Engagement Advisory Committee, and the AFL's Mental Health Steering Committee.

In 2019, Peggy was made an Officer of the Order of Australia for her services to Australian rules football, financial services, law and women in leadership roles. She has an honorary Doctor of Laws from Swinburne University. On 1 January 2022, she became chancellor of RMIT University



VERONICA PARDO

Veronica Pardo served on the VicHealth Board for two terms from November 2015 to November 2018, and from July 2019 to June 2022.

During that time, she served on the Workforce and Remuneration Committee and the Reconciliation Action Plan Committee.

For 3 years to the end of 2021, Veronica Pardo was the CEO of Multicultural Arts Victoria, the state's leading organisation on diversity in the arts, having spent 10 years leading Arts Access Victoria with a focus on cultural participation by people with disability and those experiencing mental health issues.

Veronica is an experienced leader who has led an ambitious agenda of social and artistic transformation in the creative industries. She has spearheaded campaigns relating to social justice, equity and the inclusion of all people in arts and culture, as audiences and cultural innovators.

Veronica has held senior roles in the non-government sector and academia, leading significant research projects aimed at embedding meaningful and lasting change, towards equality.



PROFESSOR ANNA PEETERS

Professor Anna Peeters joined the VicHealth Board in July 2019 and currently serves on the Finance, Audit and Risk Committee.

Professor Peeters is Director of the Institute for Health Transformation and Professor of Epidemiology and Equity in Public Health at Deakin University. She is Past President of the Australian and New Zealand Obesity Society and sits on national and international advisory boards and steering committees. In 2014 she was awarded the World Obesity Federation Andre Mayer Award for research excellence in obesity and a Churchill Award for innovative work in equity and population prevention.

Professor Peeters leads the NHMRC Centre of Research Excellence into Healthy Food Retail (RE-FRESH, 2018–2022) and is the recipient of an NHMRC Investigator Grant (2020–25).



DIV PILLAY

Div Pillay joined the VicHealth Board in July 2021 and currently serves on the Workforce and Remuneration Committee.

Div Pillay is an experienced and respected diversity and inclusion practitioner, leader and advocate, for over 20 years. She is an entrepreneur, leading award-winning consultancy, MindTribes and social enterprise, Culturally Diverse Women. Prior to founding MindTribes in 2012, Div held senior human resource leader roles in public and private sectors, working across Australia, Malaysia, India, the Philippines and South Africa (where she was born and raised). She utilises all of these diverse experiences to take a human centric approach to addressing equity and equality. Her work is backed by her education in behavioural psychology, economics and business. She holds a Masters in Human Resource Management.

Div is award winning and recognised for her impact, being named as one of the 100 Women of Influence (AFR & Qantas) 2018. In 2021 she was named as one of two Australians in a Global List of 25 Influential leaders by the (AACSB), the world's largest business education alliance. Div has been a Board Director at STREAT 2018–21 and is currently the Chair of Diversity and Inclusion Committee at the American Chamber of Commerce, since 2019. She is passionate about health equity, specifically the impact on mental health from exclusionary acts and behaviours, like racism, bullying, harassment and gender inequality.



STELLA SMITH

Stella Smith joined the VicHealth Board in September 2018 and currently serves on the Finance, Audit and Risk Committee.

Stella Smith is the Chief Executive of Crime Stoppers Victoria and has previously held senior executive roles with Melbourne Victory Football Club and 'Life. Be in it' Australia.

Stella is also a Director of Blue Light Victoria and a 'Change Our Game' Ambassador through the Office for Women in Sport and Recreation.

Stella has broad experience in community, government and stakeholder engagement, advertising and health promotion. Her experience spans commercial, sport and the not-for-profit sectors. Stella has also previously held board positions with Women's Health East and the Melbourne Victory FC Academy and has considerable experience in community sporting organisations.

Stella holds a Master of Marketing and Graduate Diploma of Business. She is passionate about promoting gender equality, encouraging social inclusion and using sport to create greater opportunities for community engagement.

The Members of Parliament appointed to the Board in October 2019 are:



PHIL WADE

Phil Wade joined the VicHealth Board in October 2021.

Phil Wade is a marketing, eCommerce, and digital professional. He is currently the Director of Marketing for the Bunnings Group and has held various director and leadership roles across the world at the Qantas Group, TJX, Unilever, and Wesfarmers.

He is an experienced Non-Executive Director and Independent Advisor and has a deep passion for health and wellbeing and equality of outcomes for all.

Phil holds a master's degree in Politics and Economics from the London School of Economics. He is part of a global family, originally British but now a dual Australian citizen living in Melbourne with his South African wife and two children.



SARAH CONNOLLY MP

Sarah Connolly is a member of the Parliament of Victoria in the Legislative Assembly. She represents the multicultural district of Tarneit, located in Melbourne's outer west.

Her Electorate of Tarneit sits within one of Australia's largest growth corridors. Sarah currently chairs the Legislative Assembly's Environment and Planning Committee, and sits on the Scrutiny of Acts and Regulations Committee.

Sarah is a highly qualified policy and regulatory expert, community advocate and engagement specialist. Prior to entering politics, she worked for over a decade across the country on Australia's energy future. She has worked at the Australian Competition and Consumer Commission, Australian Energy Regulator and across public and privately owned energy networks.

Prior to that, she worked in various areas of the criminal justice system. Sarah holds a Bachelor of Laws from the University of Queensland and Graduate Diploma of Legal Practice from the Queensland University of Technology.



ANDY MEDDICK MP

Andy Meddick is a dedicated social justice advocate and the Animal Justice Party Member for Western Victoria. He is passionate about bringing positive policy and legislative change to improve the lives and safety of Victorians.

Since being elected to the Victorian Parliament in 2018, he has served as a member on the Environment and Planning Committee and the Electoral Matters Committee. He has also chaired 2 taskforces, one of which established LGBTQIA+ Safe Spaces across Geelong, the Surf Coast and Ballarat – with a focus on youth mental health support and suicide prevention.

Prior to being elected, Andy worked for many years in the construction industry, which led to him becoming passionate about workplace occupational health and safety. He has been proud to support reforms to protect working Victorians in his time in parliament.

Andy is passionate about mental health, healthy eating and the wellbeing of Victorians.



BRIDGET VALLENCE MP

Bridget Vallence was elected to the Victorian Parliament in November 2018 to represent the Evelyn District and is the Shadow Minister for Industry, Manufacturing, Innovation, Medical Research, and the Digital Economy since September 2021.

Previously, Bridget was the Shadow Minister for Environment & Climate Change, Youth Affairs, and Equality between March 2020 and September 2021, and the Shadow Cabinet Secretary and Shadow Assistant Minister for Industry between December 2018 and March 2020.

Bridget has served on the Parliament's Public Accounts and Estimates Committee (PAEC), which examines expenditure of public money to improve outcomes for the Victorian community, and the Parliament's Environment and Planning Committee.

Prior to entering Parliament, Bridget worked for 16 years in the automotive industry as a procurement professional in both the manufacturing and retail sectors in Australian, Asian, and global markets, and is also experienced with organisational change and business transformation projects.

Bridget holds a Bachelor of Arts and Bachelor of Commerce (Honours) from the University of Melbourne. She is passionate about helping people, volunteer groups and businesses to thrive, and lives in the Yarra Valley with her husband and 2 sons. Bridget Vallence is an associate member of the Lilydale RSL, a patron of Seville Community House, and a Director of Mont De Lancey Historical Museum in Wandin.

Board Committees

FINANCE, AUDIT AND RISK COMMITTEE

The purpose of the committee is to assist the VicHealth Board with fulfilling its governance duties by ensuring that effective financial management, auditing, risk management and reporting processes (both financial and non-financial) are in place to monitor compliance with all relevant laws and regulations and ensure best practice. Table 7 lists the members on this committee and their attendance at meetings in the last financial year. In 2021–22 the Committee has expanded its focus to include cyber security oversight as a key risk mitigation function.

The Finance, Audit and Risk Committee Chair, Gaye Mason, is also an ex-officio member of the VicHealth Board. Her role as Board Advisor ensures that the Board has direct input from the Committee on financial, budget and risk management related matters.

RECONCILIATION ACTION PLAN COMMITTEE

The purpose of the committee is to establish, monitor and ensure VicHealth's accountability and delivery against the actions within the Reconciliation Australia and Board approved Reconciliation Action Plan; provide strategic advice to the CEO on VicHealth's delivery against the Reconciliation Action Plan; and assist VicHealth's engagement with Aboriginal and Torres Strait Islander organisations and individuals to assist VicHealth deliver its Reconciliation Action Plan.

WORKFORCE AND REMUNERATION COMMITTEE

The purpose of the committee is to provide strategic advice on workforce strategy and planning, remuneration, human resource policies and alignment of VicHealth's policies with relevant industrial relations and employment legislation and Victorian Government policies. Additionally, the committee reviews the CEO's performance and remuneration.

Meetings

	Board		Finance, Audit and Risk Committee		Workforce and Remuneration Committee		Reconciliation Action Plan Committee *	
	Chair: The Hon. Nicola Roxon		Chair: Gaye Mason		Chair: Dr Sally Fawkes			
Board members	E	A	E	A	E	A	E	A
The Honourable Nicola Roxon	6	6			5	5		
Sarah Connolly MP	6	6						
Dr Sally Fawkes	6	6			5	5		
Nick Green OAM	6	6	3	3			1	1
Catherine Harding	6	6			5	5		
Ian Hamm	4	3						
Andy Meddick MP	6	4						
Peggy O'Neal AO	4	4						
Veronica Pardo	6	5			5	5	1	1
Prof. Anna Peeters	6	6	1	1				
Div Pillay	5	5			5	5		
Stella Smith	6	6	4	4				
Bridget Vallence MP	6	4						
Phil Wade	4	4						
Independent members								
Gaye Mason #	6	6	4	4				
Joanne Booth			4	4				
John Gavens			4	4				

E = Meetings eligible to attend

A = Meetings attended

* = Chair position vacant

= Board Advisor

VicHealth Governance Charter

The VicHealth Governance Charter was reviewed by management and approved by the Board in 2021–22.

The Governance Charter had many amendments over the last 10 years but had not had a full ‘best practice’ review and refresh since the 2009–10 financial year. Accordingly, redrafting the Charter:

- achieves a VicHealth Governance Charter that brings it in line with best practice in Victorian Government
- simplifies the VicHealth Governance Charter and improves the readability with references to VicHealth policies rather than having policy and operational matters embedded in the Charter
- makes a distinction between legislative, strategic, and operational considerations in the Governance Charter that have accumulated over time
- ensures the Governance Charter accords with all Victorian Government requirements
- identifies the strategy makers and decision makers and their distinction from stakeholder governance groups whose advice enhances VicHealth’s governance and decision making.

Stakeholder Group Governance Policy

The Stakeholder Group Governance Framework comprises 6 types of stakeholder groupings used as needed to support the development, implementation and operation of VicHealth’s work. They exist to provide VicHealth management with informed recommendations and advice to assist them in making decisions that are in the best interests of VicHealth, its stakeholders and the wider community.

The Stakeholder Group Governance Policy was reviewed by management and approved by the Board in 2021–22 to ensure the stakeholder groups under the policy continue to provide health promotion advice to support VicHealth’s governance and decision making.

The groups consist of:

Expert Panels: provide diverse perspectives, with technical or lived experience experts, in relevant areas. These panels provide VicHealth with guidance as to the future strategic direction of VicHealth in relation to a particular area of interest. An expert panel will be established for a period of 2 years.

Taskforces: provide operational advice and implementation input to VicHealth on VicHealth’s strategic imperatives and other key strategic priorities. A Taskforce will be established for 1 year (renewable as required).

Leaders’ Forums: provides a leadership role across health promotion related matters in Victoria, to advise VicHealth and support the health promotion work of their own organisations. The Leaders’ Forums will be established for an indefinite period of time.

Public Health Leaderships Groups: comprises policy makers, experts and public health leaders to provide thought leadership and policy coordination for specific public health priority issues.

Groups will be established with an ongoing tenure, with a yearly review.

Roundtables: a meeting on a priority issue to commence a conversation or discuss ideas for future strategies and action. Roundtables are scheduled as required and are one-off meetings or gatherings.

Assessment Panels: guide funding, grant decisions and/ or procurement decisions. Assessment Panels have a more operational perspective to assist in guiding the organisation in its expenditure of public funds. An Assessment Panel will be established for a finite period and is likely to meet over a short period of time (e.g. 3 months).

During 2020–21 the following groups were convened:

Public Health Leadership Groups

- Health Promotion Peaks CEO Group
- State Health Prevention Agencies Collaborative Meetings

Expert Panels

- Arts Expert Advisory Panel
- Research Expert Advisory Panel

Assessment Panels

- The Big Connect Grant Round Assessment Panel
- JumpStart! Grant Round Assessment Panel
- Future Healthy Move the Dial Tender – Activating Underutilised Spaces
- Future Healthy Move the Dial Tender – Future Reset: Young People, Arts and Mental Wellbeing
- Future Healthy Move the Dial Grant Round – Future Healthy Food Hubs
- VLGP Fast-track Intake Panel
- VLGP Module Implementation Panel
- VLGP Community-Driven Implementation Funding Panel
- VLGP Evaluation Panel
- Supply of community engagement expertise to reduce alcohol harm
- Impact Research Grant Round 2022–23 Assessment Panel

Roundtables

- VLGP First 2000 module roundtables
- Integrating wellbeing into the business of government roundtable
- Harmful industries roundtable

Other

- Food Security/Food Systems COVID-19 Working Group
- Healthy Supermarket Communities of Practice

In addition to these groups, VicHealth consulted with a range of other health experts and stakeholders on specific health promotion and prevention topics and projects.

Patron-in-Chief

VicHealth is pleased and honoured to have as its Patron-in-Chief, the Hon. Linda Dessau AC, Governor of Victoria.

Workforce data

Occupational Health and Safety (OHS) management

VicHealth success starts with the health, safety and wellbeing of our people and teams.

By looking after our health and wellbeing, we put ourselves in the best position to deliver our commitment to improving the health and wellbeing of all Victorians, including those who experience the greatest barriers.

So, as we moved out of lockdowns in 2021, we recognised the need to support staff in a new phase of the pandemic, which included:

- appointing a new, fixed-term, role of Wellbeing Assistant, to help teams coordinate their return to the office and continue to deliver consistent OHS practices
- continuing our commitment to flexible working arrangements, in line with State Government guidelines
- COVID-19 specific supports, such as ergonomic assessments relating to the hybrid working model, installation of air purification units, introduction of touch free sanitising stations and
- support for “Mental Health May” via education and two employee wellbeing workshops on resilience and hybrid working with caring responsibilities
- online yoga classes, as well as in-person events such as birthday celebrations to enhance social connection.

These initiatives were supported by VicHealth executive leaders and managers and actioned by the Employee Wellbeing and OHS Committee (EWOC).

Our performance against key OHS indicators during the past 2 financial years is summarised in Table 10.

Table 10: Performance against OHS management measures

Measure	Indicator	2021–22	2020–21
Incidents	No. of incidents	1	3
	No. of hazards reported	0	0
Claims	No. of standard claims	0	0
	No. of lost time claims	0	0
	No. of claims exceeding 13 weeks	0	0
Claim costs	Average cost per standard claim ⁽ⁱ⁾	0	\$0

Note:

(i) Average cost per claim includes medical expenses only and does not include salary or wages.

Equity, diversity and inclusion

VicHealth has a deep and long-standing commitment to gender equality and preventing violence against women and minority groups in our community.

A significant milestone in support of this commitment was achieved with the preparation and submission of VicHealth’s 2021–2025 Gender Equality Action Plan (GEAP), which fulfils the organisation’s obligations under the Gender Equality Act 2020 (Vic).

The priority areas in the GEAP are:

- understanding intersectionality and improving data management
- eliminating sexual harassment and gendered violence in the workplace
- removing the systemic barriers or challenges to the career progression of diverse groups of employees
- improving workplace flexibility arrangements.

VicHealth's Diversity and Inclusion Committee, comprising employee representatives from across the organisation, will have a critical role in executing on this plan.

Reconciliation Action Plan

VicHealth continues to focus on supporting First Nations people by integrating its actions under its Innovate Reconciliation Action Plan (RAP) with its operations. Key actions taken include:

- Future Healthy Group has developed a plan for engaging with Aboriginal organisations and has drafted an Aboriginal and Torres Strait Islander Engagement Guidelines
- NAIDOC Week leave, leave to attend Aboriginal community meetings, leave to attend Annual General Meetings of Aboriginal community organisations, Ceremonial leave, and First Peoples' Assembly of Victoria leave, were all included or enhanced in VicHealth's new Enterprise Agreement
- Cultural Safety Training through VACCHO was rolled out on 3 and 26 August 2021 and 30 March, 26 April and 31 May 2022
- Education and awareness sessions were held during June, commencing with National Reconciliation Week from 27 May to 3 June and concluding with NAIDOC Week
- A relationship with AFL SportsReady was established with a trainee engaged in the Social Marketing & Communications team
- Participation of the Planning and Business Improvement Manager in the Barring Djinang Leadership program within Victorian Government.

The VicHealth Board's RAP Committee has met regularly since September 2020. VicHealth has appointed an Indigenous woman to the position of Committee Chair, and she is expected to join the first meeting in the new financial year.

Public Sector professionalism and integrity

VicHealth continues to implement the directions provided by the Victorian Public Sector Commissioner (VPSC) relating to strengthening the efficiency, effectiveness, and capability of the organisation to meet existing and emerging needs and deliver high quality services to the Victorian community.

In order to do this, VicHealth regularly reviews its suite of detailed employment policies, including policies relating to recruitment, selection, diversity and inclusion, harassment and bullying, performance management, learning and development, grievance resolution, management of conflicts of interest and gifts, benefits and hospitality.

In support of the above, VicHealth continues to embed its staff-driven Employee Culture Charter. The Charter outlines 4 principles that set the cultural and professional standards to which we all commit and expect other employees to demonstrate: Trust, Challenge, Accountability and Results. At the end of the year, peer-based recognition is awarded to staff members who best demonstrate these principles.

Workforce data

Table 11 describes the profile of VicHealth's workforce.

Table 11: Workforce data

	All employees				Ongoing						Fixed term & casual			
	Number (HC)		FTE		Full-time (HC)		Part-time (HC)		FTE		Number (HC)		FTE	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Gender														
Male	26	18	25.4	17.9	19	15	1	1	19.9	15.9	6	2	5.5	2.0
Female	56	53	52.2	48.1	36	28	11	14	43.8	38.7	9	11	8.4	9.4
Self-described	0	0	0.0	0.0	0	0	0	0	0.0	0.0	0	0	0.0	0.0
Age														
15–24	3	2	3.0	2.0	3	1	0	0	3.0	1.0	0	1	0.0	1.0
25–34	36	22	35.1	20.6	23	13	1	0	23.6	13.0	12	9	11.5	7.6
35–44	24	25	21.7	22.8	14	15	8	8	19.8	20.9	2	1	1.9	1.0
45–54	13	16	12.3	15.3	11	11	1	5	11.8	15.2	1	1	0.5	1.0
55–64	5	6	4.8	5.3	4	3	1	2	4.8	4.5	0	1	0.0	1.0
65+	1	0	0.7	0	0	0	1	0	0.7	0.0	0	0	0.0	0.0
VicHealth EA														
Grade A	2	2	1.5	1.5	0	0	2	2	1.5	1.5	0	0	0.0	0.0
Grade B	7	2	6.6	1.0	4	0	0	0	4.0	0.0	3	2	2.6	1.0
Grade C	20	14	19.6	13.2	14	11	1	1	14.6	11.6	5	2	5.0	1.6
Grade D	33	31	30.1	29.1	18	17	8	8	23.8	23.1	7	6	6.3	6.0
Grade E	14	17	13.8	16.3	13	11	1	3	13.8	13.5	0	3	0.0	2.8
Grade F	0	0	0.0	0.0	0	0	0	0	0.0	0.0	0	0	0.0	0.0
Total VicHealth EA (A–F Grade)	76	66	71.6	61.1	49	39	12	14	57.7	49.7	15	13	13.9	11.4
Senior employees														
Executives	6	5	6.0	4.9	6	4	0	1	6.0	4.9	0	0	0.0	0.0
Total senior employees	6	5	6.0	4.9	6	4	0	1	6.0	4.9	0	0	0.0	0.0
Total other	0	0	0.0	0.0	6	0	0	0	0.0	0.0	0	0	0.0	0.0
Total employees	82	71	77.6	66.0	55	43	12	15	63.7	54.6	15	13	13.9	11.4

Notes:

All workforce data figures reflect active employees in the last full pay period of June of each year.

'Ongoing employees' means people who were active in the last full pay period of June and who are engaged in an open-ended contract of employment, and executives engaged on a standard executive contract unless they are employed for discrete projects.

'FTE' means full-time staff equivalent. 'HC' means headcount.

Headcounts exclude those persons on leave without pay (including on unpaid parental leave) or absent on secondment, external contractors or consultants, temporary staff employed by employment agencies, and a small number of people who are not employees but appointees to a statutory office, as defined in the Public Administration Act 2004 (e.g. persons appointed to a non-executive board member role, to an office of Commissioner, or to a judicial office).

Executives include the Accountable Officer (CEO).

Executive officer data

An executive officer is defined as a person employed as a public service body head or other executive under Part 3, Division 5 of the *Public Administration Act 2004*. All figures reflect employment levels at the last full pay period in June of the current and corresponding previous reporting year.

Table 12 outlines the number of executives (including the Accountable Officer) employed in the last pay period in June. The table includes executives on parental leave arrangements.

Table 12: Breakdown of executive officers

	June 2022				June 2021			
	Male	Female	Self-described	Vacancies	Male	Female	Self-described	Vacancies
Chief Executive Officer	1	0	0	0	1	0	0	0
Executive Managers	1	3	0	0	1	2	0	1
Executive Leads	1	0	0	0	1	0	0	0
Total	3	3	0	0	3	2	0	1

Table 13: Reconciliation of executive numbers

	2021-22	2020-21
Executives with Total Remuneration Package (TRP) over \$150,000*	5	4
<i>Add</i> Vacancies (Table 12)	0	1
Executives employed with TRP below \$150,000	0	0
Accountable Officer (Chief Executive Officer)	1	1
<i>Less</i> Separations	0	1
Total executive numbers at 30 June	6	5

A summary of executive remuneration is contained in the Financial Statements (Note 8.5).

* Executive remuneration is based on full-time annualised base salary.

Other disclosures

Consultancies

Table 14 details the consultancies valued at more than \$10,000 that were engaged in the last financial year.

Table 14: Details of consultancies over \$10,000 (excluding GST)

Consultant	Purpose of consultancy	Total approved project fee (\$'000)	2021-22 actual expenditure (\$'000)	Future expenditure (\$'000)
Worklogic	Organisation Culture Review	23	23	-
Proximity Advisory Services Pty Ltd	Website Development Requirements	41	41	-
Crewmojo Pty Ltd	HR Performance Measurement System	14	14	-
The Anderson Partnership Pty Ltd	Executive Coaching	54	54	-
First Person Consulting Pty Ltd	Transitioning to a Systems Based Organisation	45	45	-
Jaen Corp Pty Ltd	Culture Leadership	27	27	-
Ensemble Strategy	Support for Development of Next VicHealth Action Agenda	30	30	-
Pitcher Partners	Governance Charter & Stakeholder Group Governance Policy Review and Victorian Government Purchasing Board Compliance	35	35	-

Note: Consultancy agreements cover the period 1 July 2021 to 30 June 2022.

Unless otherwise indicated, there is no ongoing contractual commitment to these consultants. These consultants may be engaged beyond June 2022 as required.

Consultants disclosed in this table exclude consultants engaged under a VicHealth grant or funding agreement.

Details of consultancies under \$10,000

In 2021-22, there were 37 consultancies where the total fees payable to the consultants was less than \$10,000. The total expenditure incurred during the financial year in relation to these consultancies was \$232,000 (excluding GST).

Information, communication and technology (ICT) expenditure

Table 15 details the ICT expenditure during the financial year.

Table 15: ICT expenditure during 2021–22 (excluding GST)

Expenditure	(\$'000)
Business as Usual ICT expenditure	1,477
Non-Business as Usual ICT expenditure Total = A + B	1,532
Non-Business as Usual Operational expenditure A	1,316
Non-Business as Usual Capital expenditure B	216

Advertising expenditure

In the last financial year, VicHealth delivered one campaign for which the campaign/media expenditure was greater than \$100,000 (see Table 16).

Table 16: Advertising expenditure exceeding \$100,000 during 2021–22 (excluding GST)

Campaign	
Name of campaign	This Girl Can
Campaign summary	This Girl Can – A statewide mass media campaign aimed at increasing physical activity and supporting gender equality. This campaign empowers women to be active however, wherever and whenever they want.
Start/end date	1 July 2021 to 30 June 2022 ⁽ⁱ⁾
Advertising (media) (\$'000)	13
Creative and campaign development (\$'000)	24
Research and evaluation expenditure (\$'000)	75
Other campaign expenditure (\$'000)	276

⁽ⁱ⁾ This campaign is ongoing into the 2022–23 financial year.

Table 16: Advertising expenditure exceeding \$100,000 during 2021–22 (excluding GST) (cont'd)

Campaign	
Name of campaign	Future Healthy
Campaign summary	Future Healthy – A statewide, multi-year plan aimed at creating a future that is healthy for all Victorians – with a focus on young people and health equity. The program is inspired by, informed by and shaped by Victorians.
Start/end date	7 September 2021 to 30 June 2022
Advertising (media) (\$'000)	0
Creative and campaign development (\$'000)	74
Research and evaluation expenditure (\$'000)	28
Other campaign expenditure (\$'000)	818

Compliance with the *Building Act 1993*

VicHealth does not own or control any government buildings and consequently is exempt from notifying its compliance with the building and maintenance provisions of the *Building Act 1993*.

Freedom of Information

The *Freedom of Information Act 1982* allows the public a right of access to documents held by VicHealth. Information is available under the *Freedom of Information Act 1982* by contacting the following person:

Information Coordinator
 Victorian Health Promotion Foundation
 355 Spencer Street
 West Melbourne VIC 3003
 Phone: (03) 9667 1333

Additional information about how to lodge an FOI request is available from the [VicHealth website](#).

VicHealth received no Freedom of Information requests in the reporting period.

Compliance with the *Protected Disclosure Act 2012*

The *Public Interest Disclosure Act 2012* (Vic), encourages and assists people to make disclosures of improper conduct by public bodies, public officers and public sector employees.

The Act further provides protection to those who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and for rectifying action to be taken.

VicHealth has structures in place to take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure to the extent legally possible.

During their induction, VicHealth employees are provided with information on the Act and its operation and the ways in which they can make a disclosure.

Additional information about VicHealth's protected disclosure policy and process is available from the VicHealth website.

No disclosures were made within the financial reporting period.

Compliance with DataVic Access Policy

Consistent with the DataVic Access Policy of the Victorian Government, the information included in this Annual Report will be available at www.data.vic.gov.au in machine-readable format. VicHealth will progressively release other data in the future as appropriate.

Local Jobs First Act 2003

VicHealth abides by the requirements of the Local Jobs First Policy in its procurement practices.

During the reporting period, no tenders or projects were deemed as falling within the scope of Local Jobs First Strategic Project (those with a budget of \$50 million or more), Local Jobs First Standard Project (those with a budget of \$3 million or more in metropolitan Melbourne or \$1 million in rural Victoria) or projects that the Major Projects Skills Guarantee has been applied to.

National Competition Policy

During this reporting period, VicHealth did not undertake any activities that require reporting against the National Competition Policy.

Office-based environmental impacts

In late 2021–22, VicHealth commenced a carbon footprint assessment of its operations at 355 Spencer Street, West Melbourne, and expects to move to a carbon neutral footprint in 2022–23.

VicHealth understands its responsibility to use its resources more efficiently and reduce our impact on the environment. VicHealth also acknowledges the complementary role that a healthy environment plays in supporting the social and economic determinants of health.

During the reporting period, VicHealth continued its commitment to environmental sustainability by continuing to operate through:

- its operation of the Victorian Health Promotion Hub at the 1880s Sands & McDougall building at 355 Spencer Street, West Melbourne, within an environmentally sustainable office fit-out
- using AFS and PEFC certified recycled paper where the paper supplier contributes to the planting of two trees for every one tree used in producing the paper
- using sustainable choices for office supplies
- purchasing fair-trade coffee
- providing public transport tickets for staff travelling to and from meetings
- promoting the use of the Melbourne Bike Share scheme
- use of a hybrid fleet vehicle.

Victorian Government Purchasing Board Procurement Reform Initiative – Effective 1 July 2021

VicHealth is included as an agency in the Victorian Government Purchasing Board's (VGPB) procurement reform initiative.

As of 1 July 2021, VicHealth is working to ensure compliance with the VGPB's procurement governance framework. In the past VicHealth has aligned itself to VGPB procurement policies. However, VicHealth has made changes to existing policy, practices and processes and is introducing new strategies to comply with the expansion.

Revised Victorian Government Risk Management Framework – Effective 1 July 2021

The Victorian Government Risk Management Framework (VGRMF) provides a minimum risk management standard for the Victorian public sector. The framework applies to departments and public bodies covered by the Financial Management Act 1994. VicHealth is implementing the revised VGRMF, which took effect on 1 July 2021.

VicHealth has attested to its compliance to the revised VGRMF in 2021–22.

The key change impacting VicHealth is the introduction of AS ISO 31000:2018 Risk Management Guidelines to replace the AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines, and VicHealth has changed its Risk Management Policy and Framework to align.

VicHealth has policies, processes and practices that align to the revised VGRMF, including:

- annual review of VicHealth’s Risk Management policy and framework
- defining and reviewing VicHealth’s risk appetite annually
- strategic and business planning decision-making that embeds risk management
- ensuring we minimise our insurable risk exposure by reviewing our insurance requirements with the Victorian Managed Insurance Authority annually.

ICT Governance

VicHealth’s 2021–24 ICT 3 Year Strategy was completed, endorsed by the ICT Governance Committee, and approved by the Executive Team in 2021–22. The key strategic principles, which underpin the ICT Strategy are:

- a digital-enabled organisation
- better, fairer, more accessible ICT services
- a thriving health promotion sector.

VicHealth’s ICT Governance Committee formed in 2020–21 comprising key Executives, Business Process Improvement and ICT Management and an external ICT Advisor, continue to meet on a monthly basis to ensure the activities of the ICT team are focused on the delivery of VicHealth’s ICT Strategy, ICT decisions of the VicHealth Board, the creation of value for VicHealth and compliance with Victorian Government ICT and Information Management Policy.

Additional information available on request

In compliance with the requirements of the Standing Directions of the Minister for Finance, additional information has been retained by VicHealth and is available to the relevant Ministers, Members of Parliament, and the public on request (subject to Freedom of Information requirements).

For further information, please contact:

Chief Finance and Accounting Officer
Victorian Health Promotion Foundation
355 Spencer Street
West Melbourne VIC 3003
Phone: (03) 9667 1333

Integrity, Fraud and Corruption Declaration

I Sandro Demaio certify that VicHealth has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at VicHealth during the year.



Dr Sandro Demaio
Accountable Officer
VicHealth

26 August 2022

Data Integrity Declaration

I Sandro Demaio certify that VicHealth has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. VicHealth has critically reviewed these controls and processes during the year.



Dr Sandro Demaio
Accountable Officer
VicHealth

26 August 2022

Conflict of Interest Declaration

I, Sandro Demaio, certify that VicHealth has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within VicHealth and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Board meeting.



Dr Sandro Demaio
Accountable Officer
VicHealth

26 August 2022

Notes to the financial statements

for the year ended 30 June 2022

Attestation of compliance with Ministerial Standing Direction 5.1.4.

I, Nicola Roxon, Board Chair on behalf of the Responsible Body, certify that VicHealth has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



The Hon. Nicola Roxon
Chair of the Board

26 August 2022

Victorian Health Promotion Foundation (VicHealth)

Financial statements

2021 – 2022

Board member's, accountable officer's and chief finance and accounting officer's declaration

The attached financial statements for the Victorian Health Promotion Foundation (VicHealth) have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, including interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes presents fairly the financial transactions during the year ended 30 June 2022 and financial position of VicHealth at 30 June 2022.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



The Hon. Nicola Roxon
Chair of the Board

Melbourne
26 August 2022



Dr Sandro Demaio
Accountable Officer

Melbourne
26 August 2022



Mr Paul Crapper
Chief Finance and
Accounting Officer

Melbourne
26 August 2022

Independent Auditor's Report

To the Board of the Victorian Health Promotion Foundation

Opinion	<p>I have audited the financial report of the Victorian Health Promotion Foundation (the foundation) which comprises the:</p> <ul style="list-style-type: none"> • balance sheet as at 30 June 2022 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including significant accounting policies • board member's, accountable officer's and chief finance and accounting officer's declaration. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the foundation as at 30 June 2022 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the foundation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the foundation is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board are responsible for assessing the foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>
Other Information	<p>The Board of the foundation are responsible for the Other Information, which comprises the information in the foundation's annual report for the year ended 30 June 2022, but does not include the financial report and my auditor's report thereon.</p> <p>My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.</p>

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the foundation's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the foundation to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
8 September 2022



Sanchu Chummar

as delegate for the Auditor-General of Victoria

Comprehensive operating statement

for the financial year ended 30 June 2022

	Notes	2022 (\$'000)	2021 (\$'000)
Income from transactions			
Appropriations and grants	2.1	42,767	41,312
Interest and other income	2.2	82	70
Total income		42,849	41,382
Expenses from transactions			
Employee expenses	3.1 (a)	8,793	9,428
Other employee expenses	3.1 (b)	1,238	1,120
Depreciation and amortisation	3.1 (c)	965	809
Grants and funding	3.1 (d)	29,097	26,624
Operating costs	3.1 (e)	2,748	3,023
Total expenses		42,841	41,004
Net result for the year		8	378
Comprehensive result for the year	8.1	8	378

The comprehensive operating statement should be read in conjunction with the accompanying notes.

Balance sheet

as at 30 June 2022

	Notes	2022 (\$'000)	2021 (\$'000)
Assets			
Current assets			
Cash and cash equivalents	4.1	4,264	5,179
Receivables	4.2	1,216	1,044
Prepayments		349	707
Total current assets		5,829	6,930
Non-current assets			
Property, plant and equipment	5.1	5,816	6,523
Intangible assets	5.2	1,373	1,384
Total non-current assets		7,189	7,907
Total assets		13,018	14,837
Current liabilities			
Payables	6.1	1,485	2,512
Borrowings	6.1	360	360
Provisions: employee benefits	6.2	1,285	1,704
Total current liabilities		3,130	4,576
Non-current liabilities			
Provisions: employee benefits	6.2	145	166
Borrowings	6.1	3,894	4,254
Total non-current liabilities		4,039	4,420
Total liabilities		7,169	8,996
Net assets		5,849	5,841
Equity			
Accumulated surplus		5,849	5,706
Reserves	8.2	-	135
Total equity		5,849	5,841

The balance sheet should be read in conjunction with the accompanying notes.

Statement of changes in equity

for the financial year ended 30 June 2022

2022	Equity at 1 July 2021 (\$'000)	Transfer of reserves (\$'000)	Total comprehensive result (\$'000)	Equity at 30 June 2022 (\$'000)
Accumulated surplus	5,706	135	8	5,849
Reserves	135	(135)	-	-
Total equity	5,841	-	8	5,849

2021	Equity at 1 July 2020 (\$'000)	Transfer of reserves (\$'000)	Total comprehensive result (\$'000)	Equity at 30 June 2021 (\$'000)
Accumulated surplus	5,284	44	378	5,706
Reserves	179	(44)	-	135
Total equity	5,463	-	378	5,841

The statement of changes in equity should be read in conjunction with the accompanying notes.

Cash flow statement

for the financial year ended 30 June 2022

	Notes	2022 (\$'000)	2021 (\$'000)
Cash flows from operating activities			
Receipts			
Receipts from Government		42,767	41,312
Receipts from other entities		37	41
Interest received		45	30
Goods and Services Tax (paid to)/refund from the ATO		2,315	2,897
Total receipts		45,164	44,279
Payments			
Payment of grants and funding		(32,602)	(30,005)
Payments to suppliers and employees		(12,868)	(12,252)
Total payments		(45,470)	(42,257)
Net cash flow provided by/(used in) operating activities	8.3	(306)	2,022
Cash flows from investing activities			
Payments for non-financial assets		(248)	(2,682)
Net cash flows provided by/(used in) investing activities		(248)	(2,682)
Cash flows from financing activities			
Repayment of principal portion of lease liabilities		(361)	(515)
Net cash flow provided by/(used in) financing activities		(443)	(515)
Net increase/(decrease) in cash and cash equivalents		(915)	(1,175)
Cash and cash equivalents at the beginning of the financial year		5,179	6,354
Cash and cash equivalents at the end of the financial year	4.1	4,264	5,179

Note:

(a) VicHealth has recognised cash payments for the principal portion of right of use lease payments as financing activities.

The cash flow statement should be read in conjunction with the accompanying notes.

Notes to the financial statements

for the year ended 30 June 2022

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Notes to the financial statements

for the year ended 30 June 2022

Note 1. Summary of significant accounting policies

The annual financial statements represent the audited general purpose financial statements for the Victorian Health Promotion Foundation (VicHealth) for the period ended 30 June 2022. The purpose of the report is to provide users with information about VicHealth's stewardship of resources entrusted to it.

1.1 Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of *AASB 1049 Whole of Government and General Government Sector Financial Reporting*.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Assistant Treasurer.

The Victorian Health Promotion Foundation (VicHealth) is a not-for-profit entity for financial reporting purposes under AAS and therefore applies the additional AUS paragraphs applicable to not-for-profit entities. Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

The annual financial statements were authorised for issue by the Board of VicHealth on 26 August 2022.

1.2 Reporting entity

The financial statements relate to VicHealth as an individual reporting entity. Its principal address is:

VicHealth
Level 2 355 Spencer Street
West Melbourne Vic 3003

VicHealth was established under the *Tobacco Act 1987*. A description of the nature of VicHealth's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

1.3 Basis of accounting preparation and measurement

ACCOUNTING POLICIES

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, and consequently that the substance of the underlying transactions or other events are reported.

The accounting policies in this report have been applied in preparing the financial statements for the year ended 30 June 2022, and the comparative information presented in these financial statements for the year ended 30 June 2021.

GOING CONCERN

The going concern basis was used to prepare the financial statements.

Notes to the financial statements

for the year ended 30 June 2022

Note 1. Summary of significant accounting policies (cont'd)

CURRENCY

These financial statements are presented in Australian dollars, the functional and presentation currency of VicHealth.

ROUNDING

Amounts in the financial statements have been rounded to the nearest thousand dollars, unless otherwise stated. Minor discrepancies in tables between totals and sum of components are due to rounding.

ACCRUAL BASIS OF ACCOUNTING

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items; that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

IMPACT OF CORONAVIRUS (COVID-19) GLOBAL PANDEMIC

In March 2020 a state of emergency was declared in Victoria due to the global coronavirus pandemic, known as COVID-19. On 2 August 2020 a state of disaster was added with both operating concurrently. The state of disaster in Victoria concluded on 28 October 2020 and the state of emergency concluded on 15 December 2021.

The impact of COVID-19 in the community is continues to develop. In order to contain the spread of COVID-19 and prioritise the health fund safety of our community, VicHealth was required to comply with various restrictions announced by the Commonwealth and State Governments during 2021-22.

However, apart from staff being required to work from home, COVID-19 has not had a significant impact on VicHealth operations and has not resulted in a change to any critical judgements or assumptions underlying the preparation of the financial statements.

The COVID-19 pandemic has created economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the health service at the reporting date. Management recognises that it is difficult to reliably estimate with certainty, the potential impact of the pandemic after the reporting date on the health service, its operations, its future results and financial position.

Notes to the financial statements

for the year ended 30 June 2022

Note 1. Summary of significant accounting policies (cont'd)

ACCOUNTING ESTIMATES AND JUDGEMENTS

In the application of AASs, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period or in the period of the revision, and future periods, if the revision affects both current and future periods. Judgements made by management in the application of AASs that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, relate to:

- the fair value of plant and equipment (refer to note 5.1)
- assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount (refer to note 6.2).

GOODS AND SERVICES TAX (GST)

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the taxation authority are presented as an operating cash flow.

Commitments for expenditure and contingent assets and liabilities are presented on a gross basis.

Notes to the financial statements

for the year ended 30 June 2022

Note 2. Income from transactions

2.1 Appropriation and grants

	2022 (\$'000)	2021 (\$'000)
General appropriation	42,590	41,312
Grants and special purpose funding	177	-
Total appropriation and grants	42,767	41,312

REVENUE RECOGNITION

Income is recognised for each of VicHealth's major activities as follows:

APPROPRIATION INCOME

Appropriated income becomes controlled, and is recognised by VicHealth when it is appropriated from the consolidated fund by the Victorian Parliament and applied to the purposes defined under the relevant Appropriations Act and working agreement with the Department of Health "DoH".

General appropriations relate to monies paid to VicHealth under section 32 of the *Tobacco Act 1987*.

GRANTS AND SPECIAL PURPOSE FUNDING

Other grants relate to miscellaneous funding and/or grants to deliver specific programs from other organisations.

Special purpose funding relates to funding to deliver specific programs from the Federal or State Government.

Grants and other transfers of income are recognised as income in accordance with AASB 15 where there is an enforceable contract with the customer and the conditions are sufficiently specific to enable determination if the conditions have been satisfied. Where sufficiently specific performance obligations do not exist, revenue is recognised upon receipt in line with AASB 1058.

COVID-19 IMPACT ON REVENUE

Revenue recognised to fund the delivery of our services during the financial year was not materially impacted by the COVID-19 Coronavirus pandemic.

Notes to the financial statements

for the year ended 30 June 2022

Note 2. Income from transactions (cont'd)

2.2 Interest and other income

	2022 (\$'000)	2021 (\$'000)
Interest income	45	30
Other income	37	40
Total interest and other income	82	70

INTEREST INCOME

Interest income includes interest received on bank and term deposits. Interest income is recognised on a time-proportionate basis that considers the effective yield on the financial asset.

OTHER INCOME

Other income represents fees and charges from miscellaneous services. Income is recognised to the extent that it is probable that the economic benefits will flow to VicHealth and the income can be reliably measured at fair value.

Notes to the financial statements

for the year ended 30 June 2022

Note 3. Expenses from transactions

3.1 Expenses

	2022 (\$'000)	2021 (\$'000)
(a) Employee expenses		
Salaries, wages and leave payments	8,793	9,428
Total employee expenses	8,793	9,428
(b) Other employee expenses		
Agency and temporary staff	193	142
Board and committee members fees	141	123
Fringe benefits tax	13	5
Superannuation	824	800
WorkCover premium	67	50
Total other employee expenses	1,238	1,120
(c) Depreciation and amortisation		
Depreciation		
Office equipment	43	34
Office equipment – Right of Use	76	16
Office furniture	48	23
Fixtures and fittings	2	7
Leasehold improvements	138	34
Motor vehicles	11	11
Buildings – Right of Use	467	557
Total depreciation	737	659
Amortisation – IT software	228	150
Total depreciation and amortisation	965	809
(d) Grants and funding		
General purpose grants and funding	28,392	26,127
Program support expenses	705	497
Total grants and other expense transfers	29,097	26,624

Notes to the financial statements

for the year ended 30 June 2022

Note 3. Expenses from transactions (cont'd)

	2022 (\$'000)	2021 (\$'000)
(e) Operating costs		
Audit and legal fees	134	218
Consultancy fees	501	394
Employee development and wellbeing	227	214
General administration	165	94
Information, communications and technology systems	1,304	1,322
Occupancy costs	336	764
Lease interest – Right of Use Assets	81	17
Total operating costs	2,748	3,023

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

EMPLOYEE EXPENSES

Employee expenses include: wages and salaries, board and committee fees, leave entitlements, fringe benefits tax, work-cover premiums, and superannuation expenses. The name and details of the major employee superannuation funds and contributions made by VicHealth are outlined in Note 3.2.

DEPRECIATION

Depreciation is calculated on a straight-line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually, and adjustments made where appropriate. Right-of use assets are depreciated over the shorter of the asset's useful life and the lease term.

Depreciation is provided on property, plant and equipment. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

Assets with a cost of more than \$2,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives.

The following are estimated useful lives for non-current assets on which the depreciation charges are based for both current and prior years:

- office equipment: 3–5 years
- office furniture: 10 years
- fixtures and fittings: 10 years
- motor vehicles: 6 years
- buildings (Right-of-Use): 10 years
- leasehold improvements: 10 years.

Notes to the financial statements

for the year ended 30 June 2022

Note 3. Expenses from transactions (cont'd)

AMORTISATION

Intangible assets with a cost of more than \$2,000 are capitalised. Amortisation is allocated to intangible assets with finite useful lives on a straight-line basis over the asset's useful life. Amortisation begins when the asset is available for use; when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period.

In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the asset concerned is tested as to whether its carrying value exceeds its recoverable amount.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

Intangible assets with finite useful lives are amortised over two to five years in both the current and prior years.

GRANTS AND FUNDING

Grants and funding to third parties (other than contributions to owners) are recognised as an expense in the reporting period in which they are paid or payable. These relate to funding and other agreements for delivery of health promotion programs and campaigns and direct implementation costs.

They include transactions made to sporting organisations, local government, not-for-profit organisations, universities and community groups.

Program support expenses

Non-grant costs attributable to supporting the delivery of health promotion programs, campaigns and associated activities.

OPERATING COSTS

Operating costs generally represent the day-to-day running costs incurred in normal operations and include such things as:

- *Audit and legal fees*: Fees paid or payable to the Victorian Auditor-General's Office for the audit of these financial statements, costs incurred for the provision of internal audit services and associated activities and costs associated with the provision of legal advice for funding, contract and employment related matters.
- *Consultancy costs*: Provision of expertise and advice.
- *General administration*: Costs incurred due to the administration of VicHealth such as legal, marketing and advertising, printing and stationery.
- *Information, communications and technology systems*: Rental costs for IT equipment, non-capitalised IT hardware and software purchases, licence fees and associated services, support and maintenance.
- *Occupancy costs*: Costs associated with the lease of the office building and the associated outgoings.

COVID-19 IMPACT ON EXPENSES

Expenses incurred to deliver services during the financial year were not materially impacted by the COVID-19 Coronavirus pandemic.

Notes to the financial statements

for the year ended 30 June 2022

Note 3. Expenses from transactions (cont'd)

3.2 Superannuation

	Paid contribution for the year	
	2022 (\$'000)	2021 (\$'000)
(a) Defined benefit plan		
ESS Super New Scheme	10	10
Total defined benefit plan	10	10
(b) Defined contribution plan		
VicSuper	215	256
Hesta	76	86
UniSuper	67	56
Australian Super	150	103
Aware Super	49	50
Rest Superannuation	33	22
Host Plus Super	44	33
Sun Superannuation Fund	14	24
CBUS Super	21	4
Vision Super Saver	17	13
Australian Ethical Super	29	18
Other	120	137
Total defined contribution plan	835	802
Total superannuation contributions	845	812

Employees of VicHealth are entitled to receive superannuation benefits and VicHealth contributes to both the defined benefit and defined contribution plans.

DEFINED CONTRIBUTION SUPERANNUATION PLANS

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred. VicHealth pays superannuation contributions in accordance with the superannuation guarantee legislation.

DEFINED BENEFIT SUPERANNUATION PLANS

The defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by VicHealth to the superannuation plans in respect of the services of current VicHealth staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Notes to the financial statements

for the year ended 30 June 2022

Note 4. Financial assets

4.1 Cash and cash equivalents

	2022 (\$'000)	2021 (\$'000)
Cash on hand	3	3
Cash at bank	4,261	5,176
Total cash and cash equivalents	4,264	5,179

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call, term deposits and highly liquid investments with an original maturity of 3 months or less, which are held for meeting short-term cash commitments rather than for investment purposes, and which are readily convertible to known amounts of cash and are subject to an insignificant risk of changes in value.

Notes to the financial statements

for the year ended 30 June 2022

Note 4. Financial assets (cont'd)

4.2 Receivables

	2022 (\$'000)	2021 (\$'000)
(a) Contractual		
Debtors	53	30
Total contractual receivables	53	30
(b) Statutory		
GST credits receivable	1,163	1,014
Total statutory receivables	1,163	1,014
Total receivables	1,216	1,044

Receivables consist of:

- Contractual receivables, which consists of debtors in relation to goods and services and accrued investment income; and
- Statutory receivables, which predominantly includes amounts owing from the Goods and Services Tax (GST) input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as financial assets at amortised cost.

Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Receivables are recognised initially at fair value and subsequently measured at amortised cost less any accumulated impairment.

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 Impairment of Assets.

VicHealth assesses at each end of the reporting period whether a financial asset or group of financial assets is impaired.

AGEING ANALYSIS OF RECEIVABLES

All contractual receivables are not past due and not impaired as at 30 June 2022 and 30 June 2021.

NATURE AND EXTENT OF RISK ARISING FROM RECEIVABLES

Refer to Note 7.1 (b) for the nature and extent of credit risk arising from contractual receivables.

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets

5.1 Property, plant and equipment

5.1 (a) Property, plant and equipment schedule

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2022 (\$'000)	2021 (\$'000)	2022 (\$'000)	2021 (\$'000)	2022 (\$'000)	2021 (\$'000)
Office equipment	647	619	446	353	201	266
Office equipment Right-of-Use	-	-	-	-	-	-
Office furniture	268	265	48	23	220	242
Fixtures and fittings	20	20	2	-	18	20
Leasehold improvements	1,384	1,384	173	34	1,211	1,350
Motor vehicles	66	66	28	17	38	49
Buildings Right-of-Use	4,672	4,672	544	77	4,128	4,596
Total	7,057	7,026	1,241	504	5,816	6,523

VALUATION AND MEASUREMENT

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. Depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned. Refer to Note 3.1 for details of the depreciation policy.

There were no changes in valuation techniques throughout the period to 30 June 2022. For all assets measured at fair value, the current use is considered the highest and best use. There have been no transfers between levels during the period.

REVALUATIONS OF NON-CURRENT PHYSICAL ASSETS

Non-current physical assets are measured at fair value in accordance with FRD 103H non-current physical assets. In accordance with FRD 103H, VicHealth's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required. Based on the short-term nature of assets held by VicHealth, no assets were assessed as requiring revaluation.

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

RIGHT OF USE ASSETS ACQUIRED BY LEASES – INITIAL MEASUREMENT

VicHealth recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost which comprises the initial amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date less any lease incentive received; plus
- any initial direct costs incurred; and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located.

RIGHT-OF-USE ASSET – SUBSEQUENT MEASUREMENT

VicHealth depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The right-of-use assets are also subject to revaluation. In addition, the right-of-use asset is periodically reduced by impairment losses, if any and adjusted for certain remeasurements of the lease liability.

Right-of-use assets are subsequently measured at fair value, with the exception of right-of-use asset arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

VALUATION HIERARCHY

Consistent with AASB 13 Fair Value Measurement, VicHealth determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, VicHealth has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

Where applicable, VicHealth determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

Based on the above assessment, all property, plant and equipment held by VicHealth is deemed to be valued under Level 3 as at 30 June 2022 and at 30 June 2021.

VEHICLES

VicHealth acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by VicHealth who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying value (depreciated cost).

OFFICE EQUIPMENT, FURNITURE AND FIXTURES AND FITTINGS

Office equipment, furniture and fixtures and fittings is held at carrying value (depreciated cost). When office equipment, furniture and fixtures and fittings is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2022.

DISPOSAL OF NON-FINANCIAL ASSETS

Any gain or loss on the sale of non-financial assets is recognised in the comprehensive operating statement at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

IMPAIRMENT OF NON-FINANCIAL ASSETS

Apart from intangible assets with indefinite useful lives and assets not yet available for use, all other non-financial assets are assessed annually for indications of impairment.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, in the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

5.1 (b) Property, plant and equipment reconciliation

2022	Office equipment (\$'000)	Office equipment ROU (\$'000)	Office furniture (\$'000)	Fixtures and fittings (\$'000)	Motor vehicles (\$'000)	Leasehold improvements (\$'000)	Buildings ROU (\$'000)	Total (\$'000)
Fair value								
Opening balance	619	-	266	20	66	1,384	4,672	7,027
Additions	29	-	2	-	-	-	-	31
Disposals	-	-	-	-	-	-	-	-
Fair value closing balance	647	-	268	20	66	1,384	4,672	7,058
Accumulated depreciation								
Opening balance	352	-	23	1	17	34	77	504
Depreciation	94	-	25	1	11	139	466	736
Disposals	-	-	-	-	-	-	-	-
Accumulated depreciation closing balance	446	-	48	2	28	173	543	1,240
Written-down value	201	-	220	18	38	1,211	4,128	5,816

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

5.1 (b) Property, plant and equipment reconciliation cont'd

2021	Office equipment (\$'000)	Office equipment ROU (\$'000)	Office furniture (\$'000)	Fixtures and fittings (\$'000)	Motor vehicles (\$'000)	Leasehold improvements (\$'000)	Buildings ROU (\$'000)	Total (\$'000)
Fair value								
Opening balance	483	38	19	831	66	-	992	2,429
Additions	296	-	249	20	-	1,384	4,672	6,621
Disposals	(160)	(38)	(2)	(831)	-	-	(992)	(2,023)
Fair value closing balance	619	-	266	20	66	1,384	4,672	7,027
Accumulated depreciation								
Opening balance	476	22	19	826	6	-	563	1,912
Depreciation	34	16	6	1	11	34	557	659
Disposals	(158)	(38)	(2)	(826)	-	-	(1,043)	(2,067)
Accumulated depreciation closing balance	352	-	23	1	17	34	77	504
Written-down value	267	-	243	19	49	1,350	4,596	6,523

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

5.2 Intangible assets

5.2 (a) Intangible assets – Gross carrying amount and accumulated amortisation

	2022 (\$'000)	2021 (\$'000)
Intangible produced assets – IT software	1,590	1,569
Less accumulated amortisation	(412)	(185)
	1,178	1,384
Intangible Non-Produced Assets – Core ICT systems replacement work in progress	195	-
Less accumulated amortisation	-	-
	195	-
Total intangible assets	1,373	1,384

5.2 (b) Intangible assets – Reconciliation of the carrying amount by class of asset

	IT Software (\$'000)	Work in progress (\$'000)	Total (\$'000)
Balance at 30 June 2020	-	882	882
Additions	652	-	652
Transfers	882	(882)	-
Amortisation (Note 3.1)	(150)	-	(150)
Balance at 30 June 2021	1,384	-	1,384
Additions	22	195	217
Transfers	-	-	-
Amortisation (Note 3.1)	(228)	-	(228)
Balance at 30 June 2022	1,178	195	1,373

Notes to the financial statements

for the year ended 30 June 2022

Note 5. Non-financial assets (cont'd)

INTANGIBLE ASSETS

Intangible assets represent identifiable non-monetary assets without physical substance relating to computer software and development costs (where applicable).

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost, less accumulated amortisation and accumulated impairment losses. Refer to Note 3.1 for details of VicHealth's amortisation policy.

Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to VicHealth.

IMPAIRMENT OF INTANGIBLE ASSETS

Intangible assets are tested annually for impairment (i.e. whether their carrying value exceeds their recoverable amount, and so require write-downs) and whenever there is an indication that the asset may be impaired. All other assets are assessed annually for indications of impairment, except for financial assets.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written off as another economic flow, except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that class of asset.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments

6.1 Payables and borrowings

	2022 (\$'000)	2021 (\$'000)
Current		
(a) Contractual payables		
Trade creditors	596	624
Accrued wages and salaries	4	236
Grants payable	717	1,469
Accrued expenses	163	157
Total contractual payables	1,480	2,486
(b) Statutory payables		
GST/PAYG payable	5	5
Superannuation payable	-	21
Total statutory payables	5	26
Total payables	1,485	2,512
(c) Contractual borrowings		
Current		
Lease Liabilities	360	360
Total borrowings	360	360
Non-current		
Lease Liabilities	3,894	4,254
Total borrowings	3,894	4,254

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

Payables consist of:

Contractual payables

These consist predominantly of accounts payable representing liabilities for grants, goods and services provided to VicHealth prior to the end of the financial year that are unpaid and arise when VicHealth becomes obliged to make future payments in respect of the purchase of those goods and services or provision of grant conditions.

The normal credit terms for accounts payable are usually net 30 days.

Contractual payables are initially recognised at fair value, and then subsequently carried at amortised cost.

Statutory payables

Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from a contract. Statutory payables (such as GST and fringe benefits tax payable) are paid by the relevant legislative due date.

Contractual borrowings

This consists of Lease liabilities in accordance with AASB 16 Leases which include:

- Right of use Asset – Buildings: This represents the capitalisation of the VicHealth office tenancy leases.
- Right of use Asset – Office Equipment: This represents the capitalisation of a photocopier lease.

A lease is defined as a contract, or part of a contract, that conveys the right for VicHealth to use an asset for a period of time in exchange for payment.

To apply this definition, VicHealth ensures the contract meets the following criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to VicHealth and for which the supplier does not have substantive substitution rights
- VicHealth has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract and VicHealth has the right to direct the use of the identified asset throughout the period of use and
- VicHealth has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or VicHealth incremental borrowing rate. Our lease liability has been discounted by rates of between 1% to 2%.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments) less any lease incentive receivable
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee and
- payments arising from purchase and termination options reasonably certain to be exercised.

The following types of lease arrangements, contain extension and termination options:

- Lease of offices at Level 2 355 Spencer Street West Melbourne: Option for extension of two (2) further terms of three (3) years each

These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the health service and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of \$nil.

Subsequent measurement

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right of use asset is already reduced to zero.

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

6.2 Provisions: Employee benefits

	2022 (\$'000)	2021 (\$'000)
Current provisions		
Annual leave	641	607
Long service leave	511	666
On-costs Annual leave	72	62
On-costs Long service leave	61	68
Restructuring	-	301
Total current provisions	1,285	1,704
Current employee benefits		
Expected to be utilised within 12 months	621	1,050
Expected to be utilised after 12 months	664	654
Total current employee benefits	1,285	1,704
Non-current provisions		
Long service leave	128	151
On-costs	17	15
Total non-current provisions	145	166
Total provisions	1,430	1,870
Movement in employee benefits		
Opening balance	1,870	1,712
Settlement made during the year	(1,255)	(992)
Provision made during the year	815	1,150
Balance at end of year	1,430	1,870

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

Reconciliation of movement in on-cost provision

	2022 (\$'000)	2021 (\$'000)
Opening balance	145	158
Additional provisions recognised	80	86
Reductions arising from payments/other sacrifices of future economic benefits	(77)	(101)
Unwind of discount and effect of changes in the discount rate	2	2
Closing balance	150	145
Current	133	130
Non-current	17	15

PROVISIONS

Provisions are recognised when VicHealth has a present obligation, the sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows using a discount rate that reflects the time value of money and risks specific to the provision.

EMPLOYEE BENEFITS

Employee benefits are accrued in respect of annual leave, time in lieu and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as it is taken.

Annual leave and time in lieu

Liabilities for annual leave, purchased leave and time in lieu are recognised in the provision for employee benefits as current liabilities as VicHealth does not have an unconditional right to defer settlement of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and time in lieu are measured at:

- present value – component that VicHealth does not expect to wholly settle within 12 months, or
- undiscounted value – component that VicHealth expects to wholly settle within 12 months.

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

Long service leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current liability – unconditional LSL (representing seven or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where VicHealth does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- present value – component that VicHealth does not expect to wholly settle within 12 month, or
- undiscounted value – component that VicHealth expects to wholly settle within 12 months.

Non-current liability – conditional LSL (representing less than seven years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Consideration is given to the expected future wage and salary levels, experience of employee departure and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

On-costs

Employee benefit on-costs, such as worker's compensation premium and superannuation are recognised separately from provisions for employee benefits.

Notes to the financial statements

for the year ended 30 June 2022

Note 6. Liabilities and commitments (cont'd)

6.3 Commitments for expenditure

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed by way of a note at their nominal value and are inclusive of the goods and services tax (GST) payable. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

6.3 (a) Expenditure commitments

The following commitments have not been recognised as liabilities in the financial statements.

	2022 (\$'000)	2021 (\$'000)
Expenditure commitments		
No longer than 1 year	12,726	14,882
Longer than 1 year and not longer than 5 years	5,905	13,167
Total	18,631	28,049

VicHealth has entered into certain agreements for funding of grants for multiple years. The payment of future years' instalments of these grants is dependent on the funded organisation meeting specified accountability requirements and the continued availability of funds from the Government. Additionally, VicHealth enters into multi-year contracts for the purchase of various goods and/or services.

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties

7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of VicHealth's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in *AASB 132 Financial Instruments: Presentation*.

VicHealth's principal financial instruments comprise:

- cash and cash equivalents
- receivables (excluding statutory receivables)
- payables (excluding statutory payables).

The main purpose in holding financial instruments is to prudentially manage VicHealth's financial risks within the organisation's policy parameters.

CATEGORIES OF FINANCIAL INSTRUMENTS

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by VicHealth to collect the contractual cash flows; and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment. VicHealth recognises the following assets in this category:

- cash and deposits; and
- receivables (excluding statutory receivables).

Derecognition of financial assets

A financial asset is derecognised when:

- the rights to receive cash flows from the asset have expired or
- VicHealth retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement or
- VicHealth has transferred its rights to receive cash flows from the asset and either:
 - (i) has transferred substantially all the risks and rewards of the asset or
 - (ii) has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where VicHealth has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of VicHealth's continuing involvement in the asset.

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

Loans and receivables

Loans and receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs.

Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

The loans and receivables category includes cash and deposits, term deposits with maturity greater than 3 months, trade receivables, loans and other receivables, but not statutory receivables.

The effective interest method is a method of calculating the amortised cost of a financial asset and allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Financial liabilities at amortised cost

Financial liabilities are recognised when VicHealth becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (a) Categorisation of financial instruments

The carrying amounts of VicHealth's contractual financial assets and liabilities by category are set out as follows.

2022	Financial assets at amortised cost (\$'000)	Financial liabilities at amortised cost (\$'000)	Total (\$'000)
Contractual financial assets			
Cash and cash equivalents	4,264	-	4,264
<i>Receivables</i> ⁽¹⁾			
Debtors	53	-	53
Total financial assets ⁽¹⁾	4,317	-	4,317
Financial liabilities			
Payables	-	1,485	1,485
Borrowings (Lease liabilities) – current	-	360	360
Borrowings (Lease liabilities) – non-current	-	3,894	3,894
Total financial liabilities ⁽¹⁾	-	5,739	5,739
2021	Financial assets at amortised cost (\$'000)	Financial liabilities at amortised cost (\$'000)	Total (\$'000)
Contractual financial assets			
Cash and cash equivalents	5,179	-	5,179
<i>Receivables</i> ⁽¹⁾			
Debtors	30	-	30
Total financial assets ⁽¹⁾	5,209	-	5,209
Financial liabilities			
Payables	-	2,486	2,486
Borrowings (Lease liabilities) – current	-	360	360
Borrowings (Lease liabilities) – non-current	-	4,254	4,254
Total financial liabilities ⁽¹⁾	-	7,100	7,100

Note:

(1) The carrying amount excludes statutory receivables (i.e. GST receivable and DoH receivable) and statutory payables (i.e. Revenue in Advance and DoH payable).

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (b) Credit risk

Credit risk arises from the contractual financial assets of VicHealth, which comprises cash and deposits and non-statutory receivables. VicHealth's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to VicHealth. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with VicHealth's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than Government, VicHealth has limited credit risk due to limited dealings with entities external to the Victorian or Commonwealth Government.

In addition, VicHealth does not engage in high-risk hedging for its financial assets and mainly obtains financial assets with variable interest rates.

Consistent with directions from the State Government, VicHealth's policy is to deal with financial institutions with high credit ratings.

Provision of impairment for financial assets is calculated based on past experience, and current and expected changes in client credit ratings. Objective evidence includes financial difficulties of the debtor, default payments and debts which are more than 90 days overdue.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents VicHealth's maximum exposure to credit risk without taking account of the value of any collateral obtained.

The following table outlines the credit quality of contractual financial assets that are neither past due nor impaired.

	Government agencies (AAA credit rating) (\$'000)	Financial institutions (AA credit rating) (\$'000)	Other (no credit rating) (\$'000)	Total (\$'000)
2022				
Cash and cash equivalents	-	4,264	-	4,264
Contractual receivables	-	-	53	53
Total	-	4,264	53	4,317
2021				
Cash and cash equivalents	-	5,179	-	5,179
Contractual receivables	-	-	30	30
Total	-	5,179	30	5,209

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (c) Ageing of financial assets

All financial assets are not past due and not impaired as at 30 June 2022 and 30 June 2021.

7.1 (d) Liquidity risk

Liquidity risk is the risk that VicHealth would be unable to meet its financial obligations as and when they fall due. VicHealth's maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the face of the balance sheet. VicHealth manages its liquidity risk as follows:

- careful maturity planning of its financial obligations based on forecasts of future cash flows maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations

- holding investments and other contractual financial assets that are readily tradeable in the financial markets.

It operates under the Government's fair payment policy of settling financial obligations generally within 30 days.

VicHealth's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The following table discloses the contractual maturity analysis for VicHealth's contractual financial liabilities.

	Carrying amount (\$'000)	Nominal amount (\$'000)	Maturity dates			
			Less than 1 month (\$'000)	1-3 months (\$'000)	3 months to 1 year (\$'000)	1-5 years (\$'000)
2022						
Contractual payables	1,485	1,485	1,485	-	-	-
Borrowings (Right of Use)	4,254	4,254	30	60	270	3,894
Total	5,739	5,739	1,515	60	270	3,894
2021						
Contractual payables	2,486	2,486	2,486	-	-	-
Borrowings (Right of Use)	4,614	4,614	30	60	270	4,254
Total	7,100	7,100	2,516	60	270	4,254

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (e) Market risk

VicHealth's exposure to market risk is primarily through interest rate risk. VicHealth has an insignificant exposure to currency risk and other market risks.

VicHealth does not hold any interest-bearing financial liabilities, therefore has nil exposure to interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

VicHealth has minimal exposure to cash flow interest rate risks through its cash and deposits at call, as these assets are held in variable interest rate accounts. Receivables are non-interest bearing.

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

The carrying amounts of financial assets and financial liabilities that are exposed to interest rates are outlined in the following table.

			Interest rate exposure		
2022	Weighted average interest rate (%)	Carrying amount (\$'000)	Fixed interest rate (\$'000)	Variable interest rate (\$'000)	Non-interest bearing (\$'000)
Financial assets					
Cash and deposits	0.3	4,264	-	4,261	3
Contractual receivables	-	53	-	-	53
Total financial assets		4,317	-	4,261	56
Financial liabilities					
Contractual payables	-	1,480	-	-	1,480
Borrowings (Right of Use lease liabilities)	1.8	4,254	4,254	-	-
Total financial liabilities		5,734	4,254	-	1,480
			Interest rate exposure		
2021	Weighted average interest rate (%)	Carrying amount (\$'000)	Fixed interest rate (\$'000)	Variable interest rate (\$'000)	Non-interest bearing (\$'000)
Financial assets					
Cash and deposits	0.3	5,179	-	5,176	3
Contractual receivables	-	30	-	-	30
Total financial assets		5,209	-	5,176	33
Financial liabilities					
Contractual payables	-	2,486	-	-	2,486
Borrowings (Right of Use lease liabilities)	1.8	4,614	4,614	-	-
Total financial liabilities		7,100	4,614	-	2,486

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (f) Sensitivity disclosure analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, VicHealth believes the following movement is 'reasonably possible' over the next 12 months: a parallel shift of +2% and -2% in market interest rates (AUD).

The table below discloses the impact on net operating result and equity for each category of financial instrument held by VicHealth at year-end as presented to key management personnel, if the below movements were to occur.

VicHealth's sensitivity to interest rate risk is considered low and is outlined in the following table.

		-200 basis points	+200 basis points	-200 basis points	+200 basis points
	Carrying amount (\$'000)	Net result (\$'000)	Net result (\$'000)	Equity (\$'000)	Equity (\$'000)
2022					
Financial assets					
Cash and cash deposits	4,264	(85)	85	(85)	85
Receivables	53	(1)	1	(1)	1
Total financial assets	4,317	(86)	86	(86)	86
Financial liabilities					
Payables	1,480	-	-	-	-
Borrowings (Right of Use lease liabilities)	4,254	(85)	85	(85)	85
Total financial liabilities	5,734	(85)	85	(85)	85
2021					
Financial assets					
Cash and cash deposits	5,179	(104)	104	(104)	104
Receivables	30	-	-	-	-
Total financial assets	5,209	(104)	104	(104)	104
Financial liabilities					
Payables	2,486	-	-	-	-
Borrowings (Right of Use lease liabilities)	4,614	(92)	92	(92)	92
Total financial liabilities	7,100	(92)	92	(92)	92

Notes to the financial statements

for the year ended 30 June 2022

Note 7. Risk, contingencies and valuation uncertainties (cont'd)

7.1 (g) Fair value

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Property, plant and equipment
- Right-of-use assets

In addition, the fair value of other assets and liabilities that are carried at amortised cost also need to be determined for disclosure.

In determining fair values a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy.

The levels are as follows:

Level 1 – quoted (unadjusted) market prices in active markets for identical assets or liabilities

Level 2 – valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable and

Level 3 – valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

VicHealth considers that the carrying amount of financial assets and financial liabilities recorded in the financial report to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures

8.1 Comprehensive result for the year by funding source

	Notes	2022 (\$'000)	2021 (\$'000)
(a) Funding from general appropriation			
General appropriation and other income			
General appropriation income	2.1	42,590	41,312
Interest and other income	2.2	82	70
Expenses from transactions		(42,554)	(40,960)
Net surplus/(deficit) from general appropriation and other income		118	422
(b) Funding from grants and special purpose funding			
Income from externally funded programs			
External grants and special purpose funding	2.1	177	-
Expenses from transactions		(287)	(44)
Net surplus/(deficit) from externally funded programs		(110)	(44)
Comprehensive result for the year		8	378

The comprehensive result for the year includes a surplus of \$0.118m from general appropriation funding activities offset by a deficit of \$0.110m from special purpose funded activities, resulting in a net surplus comprehensive result for the year of \$0.008m.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.2 Reserves

	2022 (\$'000)	2021 (\$'000)
Externally funded programs reserve		
Bystanders for Primary Prevention Program	-	24
Sport Participation Research Project	-	111
Total externally funded programs reserve	-	135

VicHealth periodically receives special appropriations or other grants to deliver specific programs. As at balance date unspent funds are allocated to a reserve to ensure these funds are quarantined for their intended purpose.

8.3 Reconciliation of net result for the period to net cash flows from operating activities

	2022 (\$'000)	2021 (\$'000)
Net result for the period	8	378
Non-cash movements		
Depreciation and amortisation	965	809
Movements in assets and liabilities		
(Increase)/decrease in receivables	(172)	(289)
(Increase)/decrease in prepayments	360	(441)
Increase/(decrease) in payables	(1,027)	1,407
Increase/(decrease) in provisions	(440)	158
Net cash flows from/(used in) operating activities	(306)	2,022

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.4 Responsible persons

8.4 (a) Responsible persons appointments

In accordance with the Ministerial Directions issued by the Assistant Treasurer under the *Financial Management Act 1994*, the following disclosures are made regarding responsible persons for the reporting period

RESPONSIBLE MINISTER

The Hon. Martin Foley MP Minister for Health	01/07/2021 – 26/06/2022
The Hon. Mary-Anne Thomas Minister for Health	27/06/2022 – 30/06/2022

GOVERNING BOARD

The Hon. Nicola Roxon Chair	01/07/2021 – 30/06/2022
Ms Sarah Connolly MP	01/07/2021 – 30/06/2022
Dr Sally Fawkes	01/07/2021 – 30/06/2022
Mr Nick Green OAM	01/07/2021 – 30/06/2022
Mr Ian Hamm	05/10/2021 – 30/06/2022
Ms Catherine Harding	01/07/2021 – 30/06/2022
Mr Andy Meddick MP	01/07/2021 – 30/06/2022
Ms Peggy O'Neal AO	01/07/2021 – 11/02/2022
Ms Veronica Pardo	01/07/2021 – 30/06/2022
Prof Anna Peeters	01/07/2021 – 30/06/2022
Ms Div Pillay	20/07/2021 – 30/06/2022
Ms Stella Smith	01/07/2021 – 30/06/2022
Ms Bridget Vallenge MP	01/07/2021 – 30/06/2022
Mr Phil Wade	05/10/2021 – 30/06/2022

ACCOUNTABLE OFFICER

Dr Sandro Demaio	01/07/2021 – 30/06/2022
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Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.4 (b) Responsible persons remuneration

The remuneration received or receivable by responsible persons is disclosed as follows:

	2022 (\$'000)	2021 (\$'000)
Total amount	450	410
Income band	No.	No.
\$ 0 – 9,999	7	8
\$ 10,000 – 19,999	7	5
\$ 290,000 – 299,999	-	1
\$ 300,000 – 309,999	1	-
Total numbers	15	14

Remuneration of board members is prescribed by Governor in Council. The Parliamentary members of the Board received no remuneration for their services on the VicHealth Board.

The compensation detailed above excludes the salaries and benefits the Responsible Ministers receive. The Ministers' remuneration and allowances are set by the *Parliamentary Salaries and Superannuation Act 1968* and is reported in the State's annual financial report.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.5 Remuneration of executives

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below. During the reporting period a number of employees acted in Executive Officer positions following employee resignations and/or parental leave. The remuneration in the following table only relates to their remuneration payable in their role as an Executive Officer.

Category	2022 (\$'000)	2021 (\$'000)
Salaries and other short-term benefits	1,024	915
Post-employment benefits	105	97
Other long-term benefits	38	4
Termination benefits	54	172
Total remuneration	1,221	1,188
Total number of executive officers	11	9
Total annualised employee equivalent⁽ⁱ⁾	5	6

Note:

(i) Annualised employee equivalent is based on 38 ordinary hours per week over the reporting period. The variance between number of executive officers and annualised employee equivalent is reflective of resignations during the year.

Remuneration comprises benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

- *Salaries and other short-term employee benefits* include amounts such as superannuation entitlements and other retirement benefits paid or payable on a discrete basis when employment has ceased.
- *Post-employment benefits* include amounts such as superannuation entitlements and other retirement benefits paid or payable on a discrete basis when employment has ceased.
- *Other long-term benefits* include long service leave, other long-service benefits or deferred compensation.
- *Termination benefits* include termination of employment payments including leave payments.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.6 Related parties

VicHealth is a wholly owned and controlled entity of the State of Victoria. Related parties of VicHealth include:

- all key management personnel and their close family members; and
- all Cabinet Ministers and their close family members
- all departments and public sector entities that are controlled and consolidated into the whole of state consolidated financial statements.

All related party transactions have been entered into on an arm's length basis.

8.6 (a) Key management personnel

Key management personnel (KMP) of VicHealth include the Portfolio Ministers and Cabinet Ministers, VicHealth Board Members and Chief Executive Officer as determined by VicHealth.

Category	2022 (\$'000)	2021 (\$'000)
Salaries and other short-term benefits	414	378
Post-employment benefits	36	32
Other long-term benefits	-	-
Total remuneration	450	410

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, as described and in Note 8.4 Responsible Persons.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.6 (b) Transactions with key management personnel and other related parties

Given the breadth and depth of State Government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges.

Further employment of processes within the Victorian public sector occur on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission.

The *Tobacco Act* stipulates that VicHealth has a representational Board member composition, consequently there is an increased likelihood of related party transactions as Board members often are either employed or serve on Boards of organisations that VicHealth transacts with.

During the reporting period, related parties of key management personnel were awarded contracts on terms and conditions equivalent for those that prevail in arm's length transactions under VicHealth's Grant-making and Procurement policies and guidelines, including management of conflicts of interest.

All other transactions that may have occurred with key management personnel and their related parties have been trivial or domestic in nature. In this context, transactions are only disclosed if they are considered of interest to users of the financial report in making and evaluating decisions about the allocation of scarce resources.

The transactions (generally related to awarding of grants and funding) with key management personnel are outlined in the following table:

Key management personnel/transaction	2022 (\$'000)	2021 (\$'000)
Deakin University of which Prof. Anna Peeters served as an employee and Dr Sandro Demaio served as an adjunct associate professor	954	1,009
Women's Health West of which Ms Catherine Harding ⁽ⁱ⁾ served as a non-executive director	-	3
La Trobe University of which Dr Sally Fawkes served as an employee	426	995
Vicsport of which Ms Catherine Harding served as a Board member	208	209
AFL Vic of which Ms Peggy O'Neal AO served as a member of the AFL Mental Health Steering Committee	-	142
Multicultural Arts Victoria of which Ms Veronica Pardo served as Chief Executive Officer	101	19
Victorian Council of Social Services of which Ms Sheena Watt ⁽ⁱ⁾ served as a Board member	-	46
University of Melbourne of which Dr Sandro Demaio served as a Principal Fellow (Associate Professor)	418	598

Note:

(i) Ms Sheena Watt resigned as a VicHealth Board member on 12 October 2020.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.6 (c) Significant transactions with government-related entities

During the financial period VicHealth funding received or receivable from government-related entity transactions were:

Entity	2022 (\$'000)	2021 (\$'000)
Department of Health – Appropriation	42,590	41,312
Department of Health – Special Purpose Grant	177	-

8.7 Ex-gratia payments

There were no ex-gratia payments made during the reporting period (2021: nil).

8.8 Remuneration of auditors

The payments made to the Victorian Auditor-General's Office during the reporting period are listed in the following table:

	2022 (\$'000)	2021 (\$'000)
Audit and review of the financial statements	25	23

8.9 Economic support

VicHealth is wholly dependent on the continued financial support of the State Government and the Department of Health (DoH). VicHealth's 4-year service agreement with DHHS expired in June 2019 and was renewed for a further 4 years expiring in June 2023. VicHealth's budget is required to be submitted to the Minister for Health for approval annually, as per the requirements of the *Tobacco Act 1987*.

8.10 Events subsequent to balance date

There have been no events that have occurred subsequent to 30 June 2022 which would, in the absence of disclosure, cause the financial statements to become misleading.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.11 Issued but not yet effective Australian accounting and reporting pronouncements

Certain new and revised accounting standards have been issued but are not effective for the 2021–22 reporting period.

These accounting standards have not been applied to the Financial Statements. VicHealth is reviewing its existing policies and assessing the potential implications of these accounting standards which includes:

- AASB 2020–1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non Current

This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. It initially applied to annual reporting periods beginning on or after 1 January 2022 with earlier application permitted however the AASB has recently issued AASB 2020–1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current – Deferral of Effective Date to defer the application by one year to periods beginning on or after 1 January 2023. VicHealth will not early adopt the Standard.

VicHealth is in the process of analysing the impacts of this Standard. However, it is not anticipated to have a material impact.

Several other amending standards and AASB interpretations have been issued that apply to future reporting periods but are considered to have limited impact on the VicHealth's reporting.

- *AASB 17 Insurance Contracts.*
- *AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities (Appendix C).*
- *AASB 2020–2 Amendments to Australian Accounting Standards – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities.*
- *AASB 2020–3 Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments.*
- *AASB 2020–7 Amendments to Australian Accounting Standards – Covid-19–Rent Related Concessions: Tier 2 Disclosures.*
- *AASB 2020–8 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform – Phase 2.*
- *AASB 2020–9 Amendments to Australian Accounting Standards – Tier 2 Disclosures: Interest Rate Benchmark Reform (Phase 2) and Other Amendments.*

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

8.12 Glossary of technical terms

The following is a summary of the major technical terms used in this report.

Amortisation is the expense that results from the consumption, extraction or use over time of a non-produced physical or intangible asset. This expense is classified as an 'other economic flow'.

Borrowings refers to interest-bearing liabilities, lease liabilities, service concession arrangements and other interest-bearing arrangements. Borrowings may also include non interest-bearing advances from government that are acquired for policy purposes.

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

Comprehensive result is the amount included in the operating statement representing total change in net worth other than transactions with owners as owners.

Depreciation is an expense that arises from the consumption through wear or time of a produced physical or intangible asset. This expense is classified as a 'transaction' and so reduces the 'net result from transaction'.

Effective interest method is the method used to calculate the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period.

Ex-gratia payments mean the voluntary payment of money or other non-monetary benefit (e.g. a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability or claim against the entity.

Financial asset is any asset that is either:

- cash
- an equity instrument of another entity
 1. a contractual right to receive cash or another financial asset from another entity or to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity.
- A financial asset can also be a contract that will or may be settled in the entity's own equity instruments and is either:
 1. a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments
 2. a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

Financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

Financial liability is any liability that is either:

- a contractual obligation to deliver cash or another financial asset to another entity or to exchange financial assets or financial liabilities with another entity under conditions that are potentially unfavourable to the entity
- a contract that will or may be settled in the entity's own equity instruments and is either:
 1. a non-derivative for which the entity is or may be obliged to deliver a variable number of the entity's own equity instruments
 2. a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments. For this purpose, the entity's own equity instruments do not include instruments that are themselves contracts for the future receipt or delivery of the entity's own equity instruments.

Financial statements in the annual report comprises:

- a balance sheet as at the end of the period
- a comprehensive operating statement for the period
- a statement of changes in equity for the period
- a cash flow statement for the period
- notes, comprising a summary of significant accounting policies and other explanatory information
- comparative information in respect of the preceding period as specified in paragraph 38 of AASB 101 *Presentation of Financial Statements*

- a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with paragraphs 41 of AASB 101.

Grant expenses and other transfers are transactions in which one unit provides goods, services, assets (or extinguishes a liability) or labour to another unit without receiving approximately equal value in return. Grants can either be operating or capital in nature.

While grants to governments may result in the provision of some goods or services to the transferor, they do not give the transferor a claim to receive directly benefits of approximately equal value. For this reason, grants are referred to by the AASB as involuntary transfers and are termed non-reciprocal transfers. Receipt and sacrifice of approximately equal value may occur, but only by coincidence. For example, governments are not obliged to provide commensurate benefits, in the form of goods or services, to particular taxpayers in return for their taxes.

Grants can be paid as general-purpose grants, which refer to grants that are not subject to conditions regarding their use. Alternatively, they may be paid as specific purpose grants, which are paid for a particular purpose and/or have conditions attached regarding their use.

Notes to the financial statements

for the year ended 30 June 2022

Note 8. Other disclosures (cont'd)

Interest expense represents costs incurred in connection with borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of lease repayments, service concession financial liabilities and amortisation of discounts or premiums in relation to borrowings.

Interest income includes unwinding over time of discounts on financial assets and interest received on bank term deposits and other investments.

Leases are rights conveyed in a contract, or part of a contract, the right to use an asset (the underlying asset) for a period of time in exchange for consideration.

Net result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those classified as 'other non-owner movements in equity'.

Non-financial assets are all assets that are not financial assets and may include inventories, land, buildings, infrastructure, road networks, land under roads, plant and equipment, cultural and heritage assets, intangibles and biological assets such as commercial forests.

Operating result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner movements in equity'. Refer also to 'net result'.

Other economic flows included in net result are changes in the volume or value of an asset or liability that do not result from transactions. In simple terms, other economic flows are changes arising from

market remeasurements. They include gains and losses from disposals, revaluations and impairments of non-current physical and intangible assets; fair value changes of financial instruments and agricultural assets; and depletion of natural assets (non produced) from their use or removal.

Payables includes short and long-term trade debt and accounts payable, grants, taxes and interest payable.

Produced assets include buildings, plant and equipment, inventories, cultivated assets and certain intangible assets. Intangible produced assets may include computer software, motion picture films and research and development costs (which does not include the start-up costs associated with capital projects).

Receivables include amounts owing from government through appropriation receivable, short and long-term trade credit and accounts receivable, accrued investment income, grants, taxes and interest receivable.

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows into an entity such as depreciation, where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash. In simple terms, transactions arise from the policy decisions of the Government.

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Our origin

VicHealth (the Victorian Health Promotion Foundation) is the world's first health promotion foundation, created in 1987 with a mandate to promote good health. We were established with cross-party support by the State Parliament of Victoria with the statutory objectives mandated by the Tobacco Act 1987 (Vic) (the Act). The responsible minister is the Minister for Health, the Hon. Mary-Anne Thomas MP.

The objectives of VicHealth as set out in the Act are to:

- fund activity related to the promotion of good health, safety or the prevention and early detection of disease
- increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture
- encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits
- fund research and development activities in support of these objectives.

What we do

The functions of VicHealth as set out in the Act are to:

- promote its objectives
- make grants from the Health Promotion Fund for activities, facilities, projects or research programs in furtherance of the objectives of VicHealth
- provide sponsorships for sporting or cultural activities
- keep statistics and other records relating to the achievement of the objectives of VicHealth
- provide advice to the Minister on matters related to its objectives referred by the Minister to VicHealth and generally in relation to the achievement of its objectives
- make loans or otherwise provide financial accommodation for activities, facilities, projects or research programs in furtherance of the objectives of VicHealth
- consult regularly with relevant government departments and agencies and to liaise with persons and organisations affected by the operation of this Act
- perform such other functions as are conferred on VicHealth by this or any other Act.

VicHealth performs and manages these functions by:

- developing a strategic plan, including concept, context and operations
- initiating, facilitating and organising the development of projects and programs to fulfil the strategic plan
- ensuring an excellent standard of project management for all project and program grants paid by VicHealth
- developing systems to evaluate the impacts and outcomes of grants
- ensuring that such knowledge is transferred to the wider community.

Victorian Health Promotion Foundation

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VicHealth acknowledges the support
of the Victorian Government.

© VicHealth 2022
August 2022
<https://doi.org/10.37309/2022.C11048>

