

2.2 BUDGETED EXPENSES AND PERFORMANCE FOR OUTCOME 2

Outcome 2: Health Access and Support Services

Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce

Outcome 2

Programs Contributing to Outcome 2

- Program 2.1: Mental Health**
- Program 2.2: Aboriginal and Torres Strait Islander Health**
- Program 2.3: Health Workforce**
- Program 2.4: Preventive Health and Chronic Disease Support**
- Program 2.5: Primary Health Care Quality and Coordination**
- Program 2.6: Primary Care Practice Incentives**
- Program 2.7: Hospital Services**

Linked Programs

Other Commonwealth entities that contribute to Outcome 2

Cancer Australia¹

Program 1.1: Improved Cancer Control

Cancer Australia provides national leadership in cancer control and works with the Department of Health to improve the detection, treatment and survival outcomes for people with cancer (2.4).

Department of Human Services

Program 1.2: Services to the Community – Health

The Department of Human Services administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health, to contribute to the Government's objectives within this Outcome:

- Indigenous access to the Pharmaceutical Benefits Scheme (2.2)
- General Practice Rural Incentives Program (2.3)
- Practice Nurse Incentive Program (2.3)
- Rural Procedural Grants Program (2.3)
- Scaling of Rural Workforce Program (2.3)
- Support cervical cancer screening (2.4)
- Health Care Homes Program (2.5 and 2.6)
- Incentive payments to general practices, GPs and Indigenous health services (2.6).

In addition, the Department of Human Services administers the National Bowel Cancer Screening Register (2.4).

¹ Refer to the Cancer Australia chapter in these Portfolio Budget Statements for further information on the work of this entity.

<p>Department of Immigration and Border Protection Program 2.4: Refugee and Humanitarian Assistance The Department of Immigration and Border Protection facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (2.1).</p>
<p>Department of Industry, Innovation and Science Program 3: Program Support Through the National Measurement Institute, the Department of Industry, Innovation and Science contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities (2.4).</p>
<p>Department of the Prime Minister and Cabinet Program 2.3: Safety and Wellbeing The Department of the Prime Minister and Cabinet works closely with the Department of Health to ensure the effectiveness of Indigenous health funding, and that mainstream policy, programs and services deliver benefits to Indigenous Australians (2.2).</p>
<p>Department of Social Services Program 3.1: Disability, Mental Health and Carers Program 3.2: National Disability Insurance Scheme The Department of Social Services contributes to improving access to services and supports for people with psychosocial disability through implementation of the National Disability Insurance Scheme and the provision of mental health services (2.1).</p>
<p>Department of Veterans' Affairs Program 2.1: General Medical Consultations and Services The Department of Veterans' Affairs (DVA) contributes to the Government's objectives for the Practice Nurse Incentive Program. Practices eligible for this program that provide GP services to the DVA gold card holders are eligible for an annual payment for each veteran. These practices are identified by Department of Human Services (2.3).</p>
<p>Food Standards Australia New Zealand² Program 1.1: Food regulatory activity and services to the Minister and Parliament Food Standards Australia New Zealand (FSANZ) contributes to the protection of public health and safety by developing food standards for implementation by the States and Territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (2.4).</p>
<p>Independent Hospital Pricing Authority³ Program 1.1: Public hospital price determinations The Independent Hospital Pricing Authority determines the National Efficient Price for public hospital services, as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements (2.7).</p>

² Refer to the Food Standards Australia New Zealand chapter in these Portfolio Budget Statements for further information on the work of this entity.

³ Refer to the Independent Hospital Pricing Authority chapter in these Portfolio Budget Statements for further information on the work of this entity.

<p>National Health Funding Body⁴ Program 1.1: National Health Funding Pool Administration The National Health Funding Body is responsible for the transparent and efficient administration of Commonwealth, State and Territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by the Treasury (2.7).</p>
<p>National Mental Health Commission⁵ Program 1.1: National Mental Health Commission The National Mental Health Commission (NMHC) provides insight, advice and evidence on ways to improve Australia’s mental health and suicide prevention systems. The NMHC also acts as a catalyst for change to achieve these improvements (2.1).</p>
<p>The Treasury Program 1.9: National Partnership Payments to the States The Treasury makes National Partnership Payments to the State and Territory Governments as part of the Federal Financial Relations Framework.⁶ Activities funded through the following National Partnership Agreements contribute to the Government’s objectives within this Outcome:</p> <ul style="list-style-type: none"> - Suicide Prevention (2.1) - Improving trachoma control services for Indigenous Australians (2.2) - Rheumatic Fever Strategy (2.2) - Northern Territory remote Aboriginal investment (2.2) - Expansion of the BreastScreen Australia Program (2.4) - National Bowel Cancer Screening Program – participant follow-up function (2.4) - Victorian Cytology Service (2.4) - Hummingbird House (2.4) - National Coronial Information System (2.4) - Additional assistance for public hospitals (2.7) - Subacute and acute projects (2.7) - Mersey Community Hospital (Missiondale Recovery Centre and palliative care services in Tasmania) (2.7).

⁴ Refer to the National Health Funding Body chapter in these Portfolio Budget Statements for further information on the work of this entity.

⁵ Refer to the National Mental Health Commission chapter in these Portfolio Budget Statements for further information on the work of this entity.

⁶ For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury’s Portfolio Budget Statements.

Table 2.2.1: Budgeted Expenses for Outcome 2

Table 2.2.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

	2016-17 Estimated actual \$'000	2017-18 Budget \$'000	2018-19 Forward Year 1 \$'000	2019-20 Forward Year 2 \$'000	2020-21 Forward Year 3 \$'000
Program 2.1: Mental Health ^(a)					
Administered expenses					
Ordinary annual services ^(b)	711,603	777,669	831,177	589,552	573,702
Departmental expenses					
Departmental appropriation ^(c)	22,933	22,137	21,417	21,192	21,150
Expenses not requiring appropriation in the Budget year ^(d)	1,360	406	508	430	430
Total for Program 2.1	735,896	800,212	853,102	611,175	595,283
Program 2.2: Aboriginal and Torres Strait Islander Health ^(a)					
Administered expenses					
Ordinary annual services ^(b)	780,207	865,806	879,264	915,589	952,530
Departmental expenses					
Departmental appropriation ^(c)	41,497	39,577	39,583	39,172	39,095
Expenses not requiring appropriation in the Budget year ^(d)	3,231	709	887	751	751
Total for Program 2.2	824,935	906,092	919,734	955,512	992,376
Program 2.3: Health Workforce					
Administered expenses					
Ordinary annual services ^(b)	1,292,030	1,302,695	1,270,760	1,261,954	1,312,297
Departmental expenses					
Departmental appropriation ^(c)	34,686	33,024	32,984	32,656	31,305
Expenses not requiring appropriation in the Budget year ^(d)	1,714	586	733	620	620
Total for Program 2.3	1,328,430	1,336,305	1,304,477	1,295,230	1,344,222
Program 2.4: Preventative Health and Chronic Disease ^(a)					
Administered expenses					
Ordinary annual services ^(b)	384,973	414,546	377,731	380,528	384,264
Departmental expenses					
Departmental appropriation ^(c)	37,102	34,857	34,810	34,448	34,381
Expenses not requiring appropriation in the Budget year ^(d)	3,507	625	782	662	662
Total for Program 2.4	425,582	450,028	413,323	415,638	419,307

Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)

	2016-17 Estimated actual \$'000	2017-18 Budget \$'000	2018-19 Forward Year 1 \$'000	2019-20 Forward Year 2 \$'000	2020-21 Forward Year 3 \$'000
Program 2.5: Primary Health Care Quality and Coordination					
Administered expenses					
Ordinary annual services ^(b)	405,076	405,000	435,518	332,367	309,494
Departmental expenses					
Departmental appropriation ^(c)	18,784	17,438	17,445	17,139	17,105
Expenses not requiring appropriation in the Budget year ^(d)	1,178	320	400	338	338
Total for Program 2.5	425,038	422,758	453,363	349,844	326,937
Program 2.6: Primary Care Practice Incentives					
Administered expenses					
Ordinary annual services ^(b)	372,977	352,063	365,670	365,736	371,221
Departmental expenses					
Departmental appropriation ^(c)	2,134	2,034	2,031	2,011	2,008
Expenses not requiring appropriation in the Budget year ^(d)	103	36	45	38	38
Total for Program 2.6	375,214	354,133	367,746	367,785	373,267
Program 2.7: Hospital Services ^(a)					
Administered expenses					
Ordinary annual services ^(b)	92,534	14,474	14,832	14,968	16,056
Non cash expenses ^(e)	33,197	-	-	-	-
Departmental expenses					
Departmental appropriation ^(c)	27,726	28,535	27,531	25,546	25,542
Expenses not requiring appropriation in the Budget year ^(d)	3,821	3,755	4,696	3,973	3,973
Total for Program 2.7	157,278	46,764	47,059	44,487	45,571

Outcome 2

Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)

	2016-17 Estimated actual \$'000	2017-18 Budget \$'000	2018-19 Forward Year 1 \$'000	2019-20 Forward Year 2 \$'000	2020-21 Forward Year 3 \$'000
Outcome 2 totals by appropriation type					
Administered expenses					
Ordinary annual services ^(b)	4,039,400	4,132,253	4,174,952	3,860,694	3,919,564
Non cash expenses ^(e)	33,197	-	-	-	-
Departmental expenses					
Departmental appropriation ^(c)	184,862	177,602	175,801	172,165	170,587
Expenses not requiring appropriation in the Budget year ^(d)	14,914	6,437	8,051	6,812	6,812
Total expenses for Outcome 2	4,272,373	4,316,292	4,358,804	4,039,671	4,096,963

	2016-17	2017-18
Average staffing level (number)	1,037	970

- (a) Budget estimates for this program exclude National Partnership funding paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.
- (b) Appropriation (Bill No. 1) 2017-18.
- (c) Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No. 1)' and 'Revenue from independent sources (s74)'.^(d)
- (d) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.
- (e) Non cash expenses' relates to the depreciation and sales of land and buildings.

Movement of Funds

	2016-17 Estimated actual \$'000	2017-18 Budget \$'000	2018-19 Forward Year 1 \$'000	2019-20 Forward Year 2 \$'000	2020-21 Forward Year 3 \$'000
Movement of administered funds between years for Outcome 2					
Program 2.4: Preventive Health and Chronic Disease Support	(6,048)	6,048	-	-	-
Total movement of funds	(6,048)	6,048	-	-	-

Planned Performance for Outcome 2

Tables 2.2.2 – 2.2.8 below detail the performance criteria for each program associated with Outcome 2. These tables also summarise how each program is delivered and where 2017-18 Budget measures have materially changed existing programs.

Table 2.2.2: Performance Criteria for Program 2.1

Purpose
Lead and shape Australia’s health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.
Outcome 2: Health Access and Support Services
Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce
Program 2.1: Mental Health
<p>The Australian Government is committed to supporting Australians with, or at risk of, mental illness and improving service integration in order to develop a more effective mental health system. Through the implementation of mental health reforms under the 2016-17 Mid-Year Economic and Fiscal Outlook <i>Strengthening mental health care in Australia</i> measure, the Government will transform Commonwealth mental health funding and provide leadership to achieve a more efficient, integrated and sustainable mental health system.</p> <p>In 2017-18, the Government will provide \$11.1 million over three years to support the prevention of suicide in areas and specific locations – hotspots – where suicide incidents repeatedly occur. Funding will deliver initiatives, such as signage to encourage people to seek help, building the capacity of existing crisis line services, as well as a National Partnership Agreement, which will support States and Territories to deliver small infrastructure projects, such as fencing and surveillance to deter people from attempting suicide.</p> <p>In addition, the Government will commit \$80 million over four years for community mental health services to assist people with severe mental illness resulting in psychosocial disability who are not eligible for assistance through the National Disability Insurance Scheme. Services will be facilitated through Primary Health Networks to enable a regionally-focused, stepped care approach, improving coordination and integrated care for individuals with psychosocial disabilities. The additional Commonwealth investment will be delivered once an agreement has been reached with appropriate commitments from each State and Territory. Building on the national mental health reforms, the Government will invest \$15 million over two years to support mental health research within Australia. The funding will contribute to infrastructure and research targeted at improving early intervention and treatment for people with mental illness, recognising the link between mental health and physical health and wellbeing. Specifically, this investment provides:</p> <ul style="list-style-type: none"> • \$5 million to Orygen in Melbourne, the National Centre of Excellence in Youth Mental Health, to help build an integrated healthcare and translational research facility. • \$5 million to the Black Dog Institute to support, in collaboration with the Hunter Institute, the translation of research findings into improved and innovative service delivery for people with anxiety and depression. • \$5 million to the Sunshine Coast Mind and Neuroscience – Thompson Institute for research in young people with major mood or psychiatric disorders and in suicide prevention.

Outcome 2

Delivery		
<p>A. Supporting people with mental illness through more and better coordinated services</p> <ul style="list-style-type: none"> • Plan, integrate and commission a regional approach, led by Primary Health Networks, to mental health services at a local level, in partnership with relevant services through a new flexible primary mental health care funding pool. • Establish 'Head to Health', a digital mental health gateway aimed at giving Australians easy access, through multiple channels (website, social media and telephone), to high quality mental health advice and resources when and where they need them. • Design and deliver primary mental health care programs to support a stepped care model that reflects the different levels of care needed by consumers. • Continue to work with State and Territory Governments to ensure effective transition of eligible clients to the National Disability Insurance Scheme for people with severe and complex mental illness. 		
Performance criteria		
<p>A. Supporting people with mental illness through more and better coordinated services</p>		
<p>Improve mental health care through implementation of reforms under the <i>Strengthening mental health care in Australia</i> measure to achieve a more efficient, integrated and sustainable mental health system.</p>		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
<p>Transition of regionally delivered mental health and suicide prevention programs to the Primary Health Network funding pool commenced on 1 July 2016.</p> <p>Consultation with the digital mental health sector in the design, development and delivery of the Digital Gateway 'Head to Health' is ongoing.</p>	<p>Supporting Primary Health Networks, service providers, and mental health stakeholders to facilitate delivery on mental health reforms through:</p> <ul style="list-style-type: none"> – Development of Stage 1 of the Digital Gateway 'Head to Health'. – Delivery of the Fifth Mental Health Plan by 30 September 2017. – Development of Primary Health Network regional mental health and suicide prevention plans by 31 March 2018. – Complete the implementation of the commitment to strengthen the National Mental Health Commission. 	<p>Supporting Primary Health Networks, service providers, and mental health stakeholders to continue to deliver on mental health reforms through:</p> <ul style="list-style-type: none"> – Ongoing monitoring of progress of Primary Health Network commissioning of mental health services. – Delivery of enhancements to the Digital Gateway 'Head to Health'. – Transition of Partners in Recovery and Day to Day Living Programs into the National Disability Insurance Scheme.
<p>Material changes to Program 2.1 resulting from the following measures:</p> <ul style="list-style-type: none"> • <i>Prioritising Mental Health – Psychosocial Support Services – funding</i> • <i>National Disability Insurance Scheme – finalisation of transition arrangements</i> 		

Table 2.2.3: Performance Criteria for Program 2.2

Program 2.2: Aboriginal and Torres Strait Islander Health
<p>The Australian Government will continue delivery of high quality essential health services to Aboriginal and Torres Strait Islander peoples, and respond to new and emerging health needs. In 2017-18, the Department will continue to focus on activities that support the Aboriginal and Torres Strait Islander Health Plan (2013–2023), including development of Domain Seven of the Implementation Plan: the Social and Cultural Determinants of Health, to be incorporated into the revised Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (2018–2023) in 2018.</p> <p>In 2017-18, the Government will commit \$18.8 million (\$11.2 million has already been provisioned by Government) over four years to strengthen and expand the Australian Government’s Rheumatic Fever Strategy, continuing to protect Aboriginal and Torres Strait Islander communities at risk of acute rheumatic fever and rheumatic heart disease.</p>
Delivery
<p>A. Supporting access to high quality essential health services for Aboriginal and Torres Strait Islander peoples</p> <ul style="list-style-type: none"> • Implement a funding model for Indigenous primary health care that will increase transparency, reward outcomes and target health need. • Prioritise investment in child and family health through innovative and multi-disciplinary models of care. • Work across portfolios to improve integration of services across child and family health and early childhood services to support wellbeing and development from birth to school. • Maintain investment in activities that tackle Indigenous smoking rates and embed gains made to date. • Trial innovative and culturally appropriate approaches to prevent cancer and to improve obesity-related health behaviours among Indigenous Australians. • Work with the Aboriginal Community Controlled Health Sector and peak bodies and other Aboriginal and Torres Strait Islander stakeholders to access community voices and expertise in policy and program design and evaluation. • Consult with Aboriginal and Torres Strait Islander youth (12–24 year olds) on the design and implementation of the policies and programs that affect them.

Outcome 2

Performance criteria				
A. Supporting access to high quality essential health services for Aboriginal and Torres Strait Islander peoples				
Improve health outcomes of Aboriginal and Torres Strait Islander peoples through implementing actions under the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.⁷				
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target		
Established Advisory Group to monitor Implementation Plan progress. Commenced work towards achieving the deliverables and goals for 2018 as specified in the Implementation Plan (2013–2018).	Undertake actions to inform and complete the drafting of the next iteration of the Implementation Plan (2018–2023). Assess progress against the deliverables and goals for 2018 as specified in the Implementation Plan.	Release revised iteration of the Implementation Plan in 2018. Commence work towards achieving the identified deliverables and goals for 2023 as specified in the Implementation Plan.		
Reduce the rate difference of child 0-4 mortality rate per 100,000 between Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander people.^{8,9}				
a. Rate difference.				
b. Aboriginal and Torres Strait Islander.				
c. Non-Aboriginal and Torres Strait Islander.				
2015 Target¹⁰	2016 Target	2017 Target	2018 Target	2019 Target
a. 23–76	19–70	16–65	12–59	N/A ¹¹
b. 107–158	101–151	95–143	89–135	N/A
c. 78–89	78–86	74–84	72–82	N/A
Estimated result				
a. 88.6				
b. 163.6				
c. 75.0				

⁷ Further information available at: www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-implementation-plan

⁸ Further information available at: www.closingthegap.pmc.gov.au

⁹ Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander rates are contextual data and are listed to provide a comparison.

¹⁰ This measure is reported on a calendar-year basis.

¹¹ This target is linked to the *Closing the Gap* child mortality target, which ends prior to 2019.

Reduce the rate difference of chronic disease related mortality rate per 100,000 between Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander people.¹²				
a. Rate difference.				
b. Aboriginal and Torres Strait Islander.				
c. Non-Aboriginal and Torres Strait Islander.				
2015 Target¹³	2016 Target	2017 Target	2018 Target	2019 Target
a. 185–222	173–209	161–195	148–182	136–169
b. 614–650	593–628	572–606	551–584	530–562
c. 426–431	417–424	409–414	400–405	391–396
Estimated result				
a. 325.6				
b. 774.4				
c. 448.8				
Increase the percentage of Aboriginal and/or Torres Strait Islander clients with type 2 diabetes who have had a blood pressure measurement result recorded within the previous 6 months.				
2016-17 Estimated result	2017-18 Target	2018-19 Target	2019-20 Target	2020-21 Target
On track to meet 60–65%.	60–65%	60–65%	65–70%	65–70%
Material changes to Program 2.2 resulting from the following measures:				
<ul style="list-style-type: none"> <i>National Partnership Agreement on Rheumatic Fever Strategy – continuation and expansion</i> 				

¹² Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander rates are contextual data and are listed to provide a comparison.

¹³ This measure is reported on a calendar-year basis.

Table 2.2.4: Performance Criteria for Program 2.3

Program 2.3: Health Workforce				
The Australian Government aims to ensure that Australia has the workforce necessary to meet the needs of a sustainable health system. The Government is continuing to address workforce distribution by better targeting and refocussing investment in workforce support and training, with a focus on improving access in regional, rural and remote areas.				
Delivery				
A. Increasing the capacity and effectiveness of the health workforce and improving access to health services for rural Australians				
<ul style="list-style-type: none"> • Support distribution of the workforce in regional, rural and remote areas through training programs such as the Rural Health Multidisciplinary Training Program. • Provide training programs to develop a workforce that will provide high quality services and meet community need, through programs such as the Specialist Training Program and the Australian General Practice Training Program. • Continue to monitor participation in the Medical Rural Bonded Scholarship and Bonded Medical Places Schemes. • Continue to fund the Royal Flying Doctor Service and the Rural Health Outreach Fund to provide health services in regional, rural and remote Australia. 				
Performance criteria				
A. Increasing the capacity and effectiveness of the health workforce and improving access to health services for rural Australians				
<p>Effective investment in long-term education and training initiatives assists to develop a health workforce that will provide safe, high quality services to meet community need.</p> <p>a. Maintain the number of medical and multidisciplinary rural placement weeks delivered through the Rural Health Multidisciplinary Training Program.</p> <p>b. Establish and maintain the number of training posts for specialist registrars working in expanded health care settings through the Specialist Training Program.</p> <p>c. Maintain the annual intake of general practice registrars in the Australian General Practice Training Program.</p> <p>d. Work with Regional Training Organisations to help registrars gain fellowship from the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine.¹⁴</p>				
2017 Estimated result	2018 Target	2019 Target	2020 Target	2021 Target
a. 70,000	75,000	75,000	75,000	75,000
b. 950	1,077 ¹⁵	1,057	1,057	1,057
c. 1,500	1,500	1,500	1,500	1,500
d. 900	920	940	950	950

¹⁴ Target assumes an ongoing intake of 1,500 registrars per year, and that fellowship requirements, which are outside the scope of the Department, remain unchanged.

¹⁵ From 2018, the Specialist Training Program will be merged with the Emergency Medicine Program. The target from 2018 includes transferred emergency medicine places.

<p>Improve the distribution of the medical workforce through the delivery of major health workforce education and training initiatives.</p> <p>a. Increase the selection of students with a rural background accepted into medical degree courses at universities participating in the Rural Health Multidisciplinary Training Program.</p> <p>b. Expand the proportion of Specialist Training Program activity provided in rural areas to provide immediate services to rural communities and help attract the next generation of medical specialists to work in these areas.</p> <p>c. Maintain the level of training for general practice registrars delivered in rural areas through the Australian General Practice Training Program.¹⁶</p>				
2017 Estimated result	2018 Target	2019 Target	2020 Target	2021 Target
a. 25%	26%	28%	30%	30%
b. 39%	40%	42%	45%	45%
c. 50%	50%	50%	50%	50%
<p>Support access to health care services in rural communities through the Rural Health Outreach Fund.</p> <p>a. Number of communities receiving outreach services through the Rural Health Outreach Fund.</p> <p>b. Number of patient contacts delivered through the Rural Health Outreach Fund.¹⁷</p>				
2016-17 Target	2017-18 Target	2018-19 Target	2019-20 Target	2020-21 Target
a. 375	450	450	475	475
b. 163,000	195,000	195,000	200,000	200,000
Estimated result				
a. 480				
b. 215,000				
<p>Material changes to Program 2.3 resulting from the following measures:</p> <ul style="list-style-type: none"> There are no material changes to Program 2.3 resulting from measures. 				

¹⁶ The national target is calculated using the Australian Standard Geographical Classification – Remoteness Area system, as the proportion of all full-time equivalent training weeks delivered outside major cities (ASGC-RA1).

¹⁷ This represents the number of patient contacts, not the number of individual patients.

Table 2.2.5: Performance Criteria for Program 2.4

Program 2.4: Preventive Health and Chronic Disease Support
<p>The Australian Government aims to improve the health and wellbeing of Australians and to reduce preventable mortality and morbidity caused by chronic disease, substance misuse and other risk factors (such as tobacco use and dietary risks). This will be achieved through evidence-based promotion of healthy lifestyles and good nutrition, early detection of cancer and other lifestyle limiting conditions, and through the implementation of strategies to reduce illegal drug use, tobacco use, the misuse of other legal drugs and harmful levels of alcohol consumption. Ongoing tobacco interventions are critical to ensuring that the prevalence of smoking in Australia continues to decline.</p> <p>In 2017-18, the Government will provide \$10 million to the Heart Foundation for the Prime Minister's Walk for Life Challenge. This will improve community participation in, and raise community awareness of, the value of physical activity and its role in preventing chronic disease. The Challenge will increase access to walking and other programs run by the Heart Foundation, including for children in schools, and promote innovative uses of technology to support increased physical activity. In addition, the Government will provide \$5 million over four years to the Royal Australian College of General Practitioners for general practitioners to support Australians to achieve a healthy lifestyle through increased physical activity and better nutrition.</p> <p>It is estimated that in 2017, breast cancer will become the most commonly diagnosed cancer. Funding of \$64.3 million over four years will continue existing arrangements for women aged 70 to 74 years to participate in the BreastScreen Australia Program, which provides free mammograms to screen for the early detection of breast cancer. The measure complements the BreastScreen Australia services already provided under the National Healthcare Agreement targeting women aged 50 to 69.</p> <p>The Government will also provide an additional \$41.6 million over four years to extend an agreement with the Victorian Government to continue research and quality services delivered by the Victorian Cytology Service for cervical cancer.</p> <p>Prostate cancer is the most common form of cancer affecting Australian men (excluding non-melanoma skin cancer). In 2017, it is estimated that over 16,000 men will be diagnosed with the disease. The Government will spend \$5.9 million over three years to expand the current Prostate Cancer Nurse program to fund up to 14 additional prostate cancer nurses across Australia to support men with prostate cancer, bringing the total number from 14 up to 28.</p>

Delivery
<p>A. Improving public health and reducing the incidence of chronic disease and complications through promoting healthier lifestyles</p> <ul style="list-style-type: none"> • Develop a reporting framework for the National Strategic Framework for Chronic Conditions (the Framework) which is the overarching policy for the prevention and management of chronic conditions in Australia. The Framework guides the development and implementation of policies, strategies, actions and services to address chronic conditions and improve health outcomes. • Operationalise the goals of the <i>Australian National Diabetes Strategy 2016-2020</i> through the development of an Implementation Plan. The Plan will guide Commonwealth and State and Territory Government planning for diabetes prevention and management by identifying priority actions and initiatives to ensure consistency and reduce duplication of effort and investment. <p>B. Supporting the development of preventive health initiatives</p> <ul style="list-style-type: none"> • Encourage and enable Australians to be physically active and consume a healthy diet through the Healthy Food Partnership (the Partnership), which aims to improve the nutrition of all Australians by making healthier food choices easier and more accessible and by raising awareness of better food choices and portion sizes through programs such as the Health Star Ratings system and the Australian Guide to Healthy Eating. • Encourage food reformulation in processed foods to enable consumers to have healthier food choices through the Reformulation Working Group. • Continue the physical activity media campaign for girls and young women, ‘<i>Girls Make Your Move</i>’, which is about inspiring, energising and empowering young women and girls aged 12–19 years, with a focus on those aged 15–18 years. <p>C. Improving early detection, treatment and survival outcomes for people with cancer and supporting access to palliative care services</p> <ul style="list-style-type: none"> • Continue to actively invite Australians to participate in cancer screening programs such as the National Bowel Cancer Screening Program, the National Cervical Screening Program, and the BreastScreen Australia Program, which increases the chances of detecting cancer early and saving more lives. • Implement a single National Cancer Screening Register that will be fundamental in supporting the renewal of the National Cervical Screening Program, and the expansion of the National Bowel Cancer Screening Program. The transition to a National Cancer Screening Register will be a key step towards connecting the health system and deliver capability that can be used for future screening programs. • Continue to work with State and Territory Governments to implement the Medical Services Advisory Committee’s recommendation to replace the current two yearly pap test with a five yearly Human Papillomavirus test. • Support the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities and supporting advance care planning. <p>D. Reducing the harmful effects of tobacco use</p> <ul style="list-style-type: none"> • Support the implementation of the National Tobacco Campaign to focus on high prevalence groups, including Aboriginal and Torres Strait Islander peoples, people from disadvantaged backgrounds and people in rural, regional and remote areas. • Evaluate the current mandated health warnings on tobacco products to inform the Government on the effectiveness of graphic health warnings on tobacco product packaging.

Outcome 2

<p>E. Preventing and reducing harm to individuals and communities from alcohol, tobacco and other drugs</p> <ul style="list-style-type: none"> • Finalise and implement the National Drug Strategy and the National Alcohol Strategy to provide national frameworks for building safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities. • Ongoing implementation of activities under the National Ice Action Strategy, which provides education, prevention, treatment, support and community engagement. • Continue to implement the 2016-17 Budget measure <i>Taking More Action to Prevent Fetal Alcohol Spectrum Disorders</i> through delivery of projects to raise awareness, improve diagnosis, and support families and individuals impacted by Fetal Alcohol Spectrum Disorders. • Coordinate Australia’s engagement on international illicit drug issues, including our obligations under various international drug treaties. 		
<p>Performance criteria</p>		
<p>A. Improving public health and reducing the incidence of chronic disease and complications through promoting healthier lifestyles</p>		
<p>Provide national guidance to States and Territories, and health professionals, on and through the development and implementation of initiatives to reduce the prevalence of chronic conditions and associated complications.</p>		
<p>2016-17 Estimated result</p>	<p>2017-18 Target</p>	<p>2018-19 (& beyond) Target</p>
<p>Endorsement and release of the National Strategic Framework for Chronic Conditions. Development of the National Asthma Strategy. Development of the National Diabetes Strategy Implementation Plan. Development of the Australian National Breastfeeding Strategy (including a performance monitoring framework) in partnership with jurisdictions.</p>	<p>Release of the National Diabetes Strategy Implementation Plan. Development of a reporting framework for the National Strategic Framework for Chronic Conditions. Submission of the Australian National Breastfeeding Strategy for the Australian Health Ministers’ Advisory Council and Council of Australian Governments’ Health Council approval by the end of 2017.</p>	<p>Release of reporting framework for the National Strategic Framework for Chronic Conditions. Implement Commonwealth responsibilities under the National Diabetes Strategy Implementation Plan. Implement Commonwealth responsibilities under the Australian National Breastfeeding Strategy. Establish processes to implement a performance monitoring and review framework for the Australian National Breastfeeding Strategy.</p>

B. Supporting the development of preventive health initiatives		
Provide national leadership to support people to make informed decisions and healthy lifestyle choices.		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
<p>Continued industry uptake of the Health Star Rating System. 115 businesses displayed Health Star Ratings on 5,500 products.</p> <p>Encouraged collaboration between Government, food industry bodies and public health groups through the Healthy Food Partnership Working Groups.</p>	<p>Increase in the number of businesses adopting the Health Star Rating System and an increase in products displaying Health Star Ratings.</p> <p>Encourage collaboration between Government, food industry bodies and public health groups through the Healthy Food Partnership Working Groups, including the Portion Size and Reformulation Working Groups, to empower food manufacturers to make positive changes.</p> <p><i>Provide support to general practitioners to encourage their patients to achieve a healthy lifestyle through increased physical activity and better nutrition, through the Healthy Heart Initiative.</i></p>	<p>As per 2017-18.</p> <p>A five year review of the Health Star Rating System and adoption of recommendations to be completed in 2019-20.</p>

Outcome 2

C. Improving early detection, treatment and survival outcomes for people with cancer and supporting access to palliative care services				
Increase the percentage of people participating in the National Bowel Cancer Screening Program.¹⁸				
Jan 2016 – Dec 2017 Estimated result¹⁹	Jan 2017 – Dec 2018 Target	Jan 2018 – Dec 2019 Target	Jan 2019 – Dec 2020 Target	Jan 2020 – Dec 2021 Target
38.9% ²⁰	48.1%	53.1%	56.6%	56.6%
Maintain the percentage of women 50–74 years of age participating in BreastScreen Australia.²¹				
Jan 2016 – Dec 2017 Estimated result²²	Jan 2017 – Dec 2018 Target	Jan 2018 – Dec 2019 Target	Jan 2019 – Dec 2020 Target	Jan 2020 – Dec 2021 Target
54%	54%	54%	54%	54%
Maintain the percentage of women in the target age group (20–69 years) participating in the National Cervical Screening Program.^{23,24}				
Jan 2016 – Dec 2017 Estimated result²⁵	Jan 2017 – Dec 2018 Target	Jan 2018 – Dec 2019 Target	Jan 2019 – Dec 2020 Target	Jan 2020 – Dec 2021 Target
57%	57%	57%	57%	57%

¹⁸ Participation is defined as the percentage of people invited to screen through the National Bowel Cancer Screening Program over a two year period (1 January to 31 December) who return a completed screening test within that period or by 30 June of the following year.

¹⁹ This measure is reported on a rolling two-calendar-year basis.

²⁰ Further information available at: www.aihw.gov.au/cancer-data/cancer-screening/

²¹ Participation in the BreastScreen Australia Program has remained stable over the past five years. The ongoing participation trend is expected to remain stable over the forward years.

²² This measure is reported on a rolling yearly basis.

²³ From 2017, the two yearly Pap test for women 18 to 69 years of age will change to a five yearly Human Papillomavirus test for women 25 to 74 years of age.

²⁴ Data is not yet available to forecast forward year targets. Targets will be updated following implementation of the Renewal of the National Cervical Screening Program.

²⁵ This measure is reported on a rolling two-calendar-year basis.

Build capability through national leadership to ensure that Australians are provided with high quality palliative care.				
2016-17 Estimated result		2017-18 Target		2018-19 (& beyond) Target
<p>Several national palliative care projects were delivered and an evaluation of the National Palliative Care Strategy was completed.</p> <p>These national projects support access to quality palliative care through workforce development, education and training about advance care planning, a national system of quality outcome measure reporting and quality improvement, and activities that raise awareness in the community about end-of-life care and palliative care.</p>		<p>Implement national projects that improve access to high quality palliative care and service delivery, and provide support for people who are dying, their families and carers.</p> <p>Release a draft updated National Palliative Care Strategy for consultation by end of July 2017.</p> <p>Finalise the revised National Palliative Care Strategy by 30 June 2018.</p>		<p>Implement national projects that improve access to high quality palliative care and service delivery and provide support for people who are dying, their families and carers.</p>
D. Reducing the harmful effects of tobacco use				
Reduce the percentage of the population 18 years of age and over who are daily smokers.²⁶				
2016-17 Estimated result	2017-18 Target	2018-19 Target	2019-20 Target	2020-21 Target
12%	11%	10%	<10%	<10%

Outcome 2

²⁶ This data is taken from the Australian Bureau of Statistics National Health Survey and refers to age-standardised rates of daily smokers.

E. Preventing and reducing harm to individuals and communities from alcohol, tobacco and other drugs		
National direction supports a collaborative approach to preventing and reducing the harms from alcohol, tobacco and other drugs.		
2016-17 Estimated result	207-18 Target	2018-19 (& beyond) Target
<p>Worked with States and Territories, and other relevant agencies to:</p> <ul style="list-style-type: none"> – Finalise the next iteration of the National Drug Strategy and continue development of the National Alcohol Strategy. – Implement activities under the National Ice Action Strategy. – Report to Council of Australian Governments on progress of activities being delivered under the National Ice Action Strategy. – Oversee and monitor the progress of the National Drug Strategy, and associated sub-strategies, through the National Drug Strategy Committee and the Ministerial Drug and Alcohol Forum. 	<p>Implementation of Commonwealth funded activities under the National Ice Action Strategy.</p> <p>Support the delivery of alcohol and other drug treatment services.</p> <p>Development and promotion of prevention activities to raise awareness of Fetal Alcohol Spectrum Disorders.</p> <p>Delivery of the next phase of the National Drugs Campaign.</p> <p>Continued engagement of non-governmental organisations and stakeholders to shape the Commonwealth priorities in preventing and reducing harms from alcohol and drugs.</p> <p>Work with States and Territories, and other relevant agencies to:</p> <ul style="list-style-type: none"> – Establish reporting frameworks and implementation plans for the National Drug Strategy and the National Alcohol Strategy. – Continue reporting on activities under the National Ice Action Strategy. – Oversee and monitor the progress of the National Drug Strategy, and associated sub-strategies through the National Drug Strategy Committee and the Ministerial Drug and Alcohol Forum. 	<p>Continue investment in quality alcohol and drug treatment services.</p> <p>Continue to build the evidence base in relation to alcohol and drugs through high quality research.</p> <p>Work with States and Territories, and other relevant agencies to:</p> <ul style="list-style-type: none"> – Undertake a mid-point review of the National Drug Strategy. – Continue reporting on the National Drug Strategy and associated sub-strategies.
<p>Material changes to Program 2.4 resulting from the following measures:</p> <ul style="list-style-type: none"> • <i>Healthy Heart Initiative – targeted activities</i> 		

Table 2.2.6: Performance Criteria for Program 2.5

Program 2.5: Primary Health Care Quality and Coordination		
<p>The Australian Government aims to strengthen primary care by focussing funding to frontline health services and improving the access, delivery, quality and coordination of primary health care services. This will help improve health outcomes for patients, focussing on those who are most in need, including those with chronic conditions or mental illness. It will also assist in reducing unnecessary visits or admissions to hospitals.</p> <p>In the 2017-18 Budget, the Government will provide \$145.5 million to enable Primary Health Networks to continue their central role in ensuring their local communities can access after-hours primary health services.</p> <p>In addition, the Government will spend \$8.3 million over three years to boost funding for palliative care coordination through Primary Health Networks to support people who have a known life-limiting condition by improving choice and quality of care and support.</p> <p>Working closely with GPs and other health professionals, the Government is progressing the implementation of the Health Care Homes trial with 20 practices to commence 1 October 2017 and the remaining 180 to commence 1 December 2017.</p>		
Delivery		
<p>A. Strengthening primary health care through improved quality and coordination</p> <ul style="list-style-type: none"> • Support Primary Health Networks to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve care coordination and integration.²⁷ • Support measures that improve the coordination and integration of services for people living with chronic and complex conditions to help maintain good health, such as Health Care Homes.²⁸ • Support the delivery of health information, advice and services through interactive communication technology to better assist people in caring for themselves and their families. 		
Performance criteria		
<p>A. Strengthening primary health care through improved quality and coordination</p>		
<p>Improve efficiency and effectiveness of health services and coordination of care at the local level.</p>		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
<p>All Primary Health Networks commenced commissioning activities during 2016-17.</p> <p>All Primary Health Networks have updated baseline needs assessments and strategies for responding to identified service gaps.</p>	<p>All Primary Health Networks engage with their local health care providers, including Local Hospital Networks (or their equivalent) and other stakeholders to improve health services and care coordination for their communities.²⁹</p>	<p>All Primary Health Networks evaluate their commissioned services to inform future commissioning and continuous improvement.</p>

Outcome 2

²⁷ Further information available at: www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home

²⁸ Further information available at: www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes

²⁹ Stakeholder engagement, including engagement with local health providers, is a performance indicator under the Primary Health Network Performance Framework, and is being reported against through the six and twelve month Primary Health Network performance report process.

Improve continuity of care and coordinated services for patients with chronic and complex illnesses.		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
Assessment of applications for practices to participate in stage one of Health Care Homes were completed in March 2017. Commenced development of an evaluation framework.	Commencement of patient enrolment and service delivery through Health Care Homes. Deliver training modules successfully to selected practices. Ongoing support mechanisms are in place to support Health Care Homes. Implementation of evaluation framework across enrolled practices and patients.	Increase eligible patient enrolment. Ongoing support mechanisms effectively supporting Health Care Homes practices. Delivery of interim evaluation report to Government by 30 June 2019. ³⁰ Delivery of final evaluation report to Government by 30 June 2020. ³¹
Improve access to health advice, information and support services for the Australian community.		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
Collaborated with the States and Territories to achieve better health literacy in the Australian community through the delivery of health advice, information, counselling and support services via national health communication infrastructure.	Health information and advice is successfully provided to the community. ³²	As per 2017-18.
Material changes to Program 2.5 resulting from the following measures: <ul style="list-style-type: none"> • <i>Greater Choice for at Home Palliative Care</i> • <i>Guaranteeing Medicare – development of the Health Care Homes trial</i> • <i>Primary Health Networks – supporting after-hours care</i> 		

³⁰ The evaluation of the stage one trial Health Care Homes will inform Government consideration of the national rollout of the program.

³¹ Ibid.

³² Success is measured through appropriate information uptake and cost effectiveness. The Government will ensure that regular randomised sample post surveys are undertaken to measure and determine the uptake of clinical advice and information from the public following use of the national health communication infrastructure.

Table 2.2.7: Performance Criteria for Program 2.6

Program 2.6: Primary Care Practice Incentives				
The Australian Government provides incentive payments to general practices and general practitioners through the Practice Incentives Program (PIP) to support activities that encourage continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients.				
Delivery				
A. Supporting quality care, enhanced capacity and improved access through general practice incentives				
<ul style="list-style-type: none"> Provide general practice incentive payments through the PIP, including the PIP After Hours Incentive, the PIP eHealth Incentive, the Rural Loading Incentive, and the Teaching Payment. 				
Performance criteria				
A. Supporting quality care, enhanced capacity and improved access through general practice incentives				
Improve access to quality accredited general practitioner care through maintaining the percentage of general practice patient care services provided by Practice Incentives Program practices.³³				
2016-17 Estimated result	2017-18 Target	2018-19 Target	2019-20 Target	2020-21 Target
84.1%	≥84.2%	≥84.2%	≥84.2%	≥84.2%
Material changes to Program 2.6 resulting from the following measures:				
<ul style="list-style-type: none"> <i>Quality Improvements in General Practice – implementation of the Practice Incentive Program</i> 				

Outcome 2

³³ This is calculated as the proportion of total Medicare Benefit Schedule fees for non-referred attendances provided by Practice Incentives Program practices, standardised for age and sex.

Table 2.2.8: Performance Criteria for Program 2.7

Program 2.7: Hospital Services		
<p>The Australian Government aims to improve access to, and the efficiency of, public hospitals through the provision of funding to States and Territories.</p> <p>The Government will deliver an additional \$2.8 billion to public hospitals in this Budget. Since the signing of the Council of Australian Governments Heads of Agreement in 2016, the Commonwealth has provided an extra \$7.7 billion to support States and Territories to deliver public hospital services.</p> <p>The Government will provide \$730.4 million upfront to transfer ownership of the Mersey Community Hospital back to the Tasmanian Government on 1 July 2017 and secure the funding for 10 years. This will provide certainty to the providers and consumers of Tasmania’s acute care services.</p> <p>In addition, the Government will also provide \$6.2 million to the Tasmanian Government to support the continued operation of the Missiondale Recovery Centre and palliative care services in Tasmania.</p>		
Delivery		
<p>A. Supporting the States and Territories to deliver efficient public hospital services</p> <ul style="list-style-type: none"> Support the Government through the provision of timely and effective policy advice on public hospital funding matters. 		
Performance criteria		
<p>A. Supporting the States and Territories to deliver efficient public hospital services</p>		
<p>Provide advice to the Minister and external stakeholders in relation to public hospital funding policy.</p>		
2016-17 Estimated result	2017-18 Target	2018-19 (& beyond) Target
<p>The Department provided advice and analysis in relation to public hospital funding, including development of the National Health Reform Agreement Addendum.</p>	<p>Provide advice and analysis in relation to public hospital funding, including:</p> <ul style="list-style-type: none"> – implementation of the National Health Reform Agreement Addendum; and – development of longer term public hospital funding arrangements. 	<p>Provide advice ahead of a new Agreement on longer term hospital funding arrangements.</p>
<p>Material changes to Program 2.7 resulting from the following measures:</p> <ul style="list-style-type: none"> <i>Support for Health Services in Tasmania</i> 		