Our 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

In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 5

Outcome 5
Primary Health Care

Access to comprehensive primary and mental health care services, and health care services for Aboriginal and Torres Strait Islander peoples and rural and remote populations, including through first point of call services for the prevention, diagnosis and treatment of ill-health and ongoing services for managing chronic disease

Analysis of performance – **Outcome 5** Primary Health Care

In 2015-16, the Department continued working towards providing all Australians with access to cost-effective primary and mental health care including those who live and work in regional, rural and remote areas. The establishment of innovative service and funding models has increased the efficiency and effectiveness of primary health care services and improved the coordination of care for patients.

The Department has continued its commitment to Closing the Gap by improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples through the delivery of high quality essential services. The Department also continued to have a strong focus on improving the prevention, detection and management of chronic disease to improve health outcomes for all Australians.

The Department continued to support the integrity of primary health care by delivering on health provider compliance activities. Refer Program 3.1: Medicare Services and Appendix 3: *Health Provider Compliance Report*.

These activities have contributed to the Department's achievement of objectives under Outcome 5 and Our Purpose.

Key community benefits for **Outcome 5** in 2015-16

The Practice Incentives Program (PIP) After Hours Incentive ensured that all Australians had access to high quality after-hours primary health care

Australians can access 4,680 eligible general practices for after-hours primary care.

Further progress has been achieved to help close the gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians

The Aboriginal and Torres Strait Islander child mortality rate has declined and is on track to meet COAG's Closing the Gap targets.

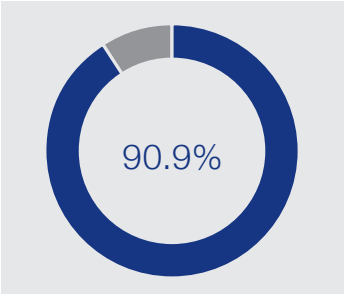
Increased access to essential health care services for Australians living and working in remote areas

The Rural Health Outreach Fund and Royal Flying Doctors Service provided access to support and services which would otherwise not have been available.

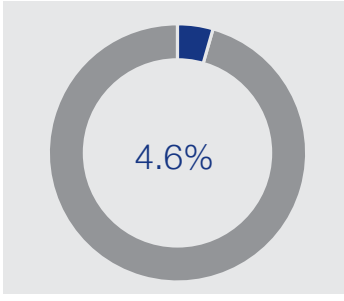
Primary Health Care Advisory Group completed its review of the primary health care system

The Group's core recommendation, the establishment of Health Care Homes in Australia which will benefit people with complex and chronic disease, was accepted by the Australian Government and work has begun on its implementation.

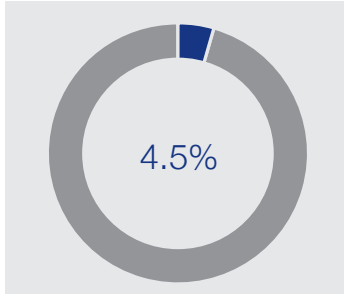
Summary of performance criteria results for **Outcome 5**



Met



Substantially met



Not met

Looking ahead

- Changes to the Practice Incentives Program (PIP) to include a new quality improvement incentive payment will streamline and simplify current PIP payments to help general practices achieve high quality health care and improved patient outcomes.
- In 2016-17, the Department will establish a new digital mental health gateway which will improve access to existing evidence-based information, advice and digital mental health treatment, and will connect people to services through a centralised telephone and web portal.
- The Department will design and develop the necessary infrastructure and supporting mechanisms needed to enable the rollout of Health Care Homes, and the commencement of services from 1 July 2017.

Programs and program objectives contributing to **Outcome 5**

Program 5.1: Primary Care Financing, Quality and Access
• Focus investment in frontline medical services for patients through Primary Health Networks
Program 5.2: Primary Care Practice Incentives
• Provide general practice incentive payments
Program 5.3: Aboriginal and Torres Strait Islander Health
• Improve access to Aboriginal and Torres Strait Islander health care in areas of need • Reduce chronic disease • Improve child and maternal health
Program 5.4: Mental Health
• Invest in more and better coordinated services for people with mental illness
Program 5.5: Rural Health Services
• Improve access to primary health care and specialist services • Improve access to health information services in regional, rural and remote areas

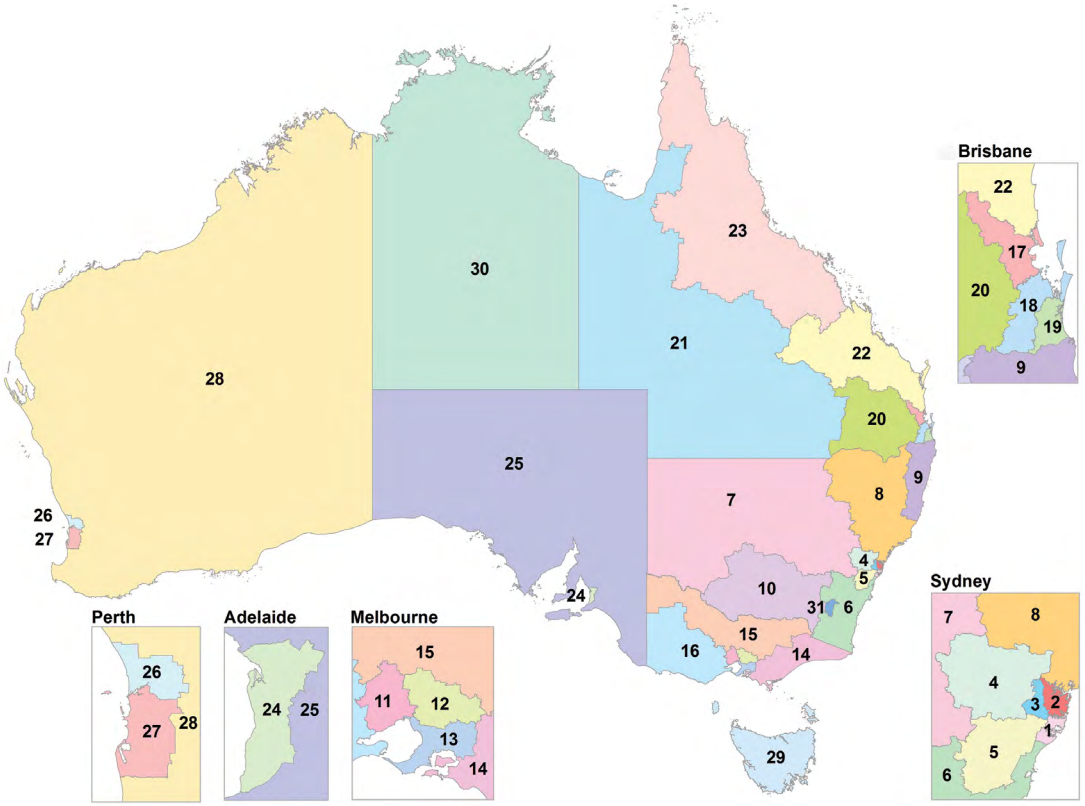
Analysis of performance – Program 5.1: Primary Care Financing, Quality and Access

The Department met all the performance targets for Program 5.1: Primary Care Financing, Quality and Access.

In 2015-16, the Department continued to focus investment in frontline medical services through Primary Health Networks (PHNs). PHNs are primary health care organisations established to increase the efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes; and improve coordination of care to ensure patients receive the right care in the right place at the right time. On 1 July 2015, 31 PHNs came into operation. Each PHN is a locally run, independent organisation that is responsive to the local health care needs of its population.

The Department has continued to focus investment in local health services through the expansion of the PHNs' responsibilities in commissioning primary mental health services and drug and alcohol treatment services.

Figure 5.1: Map of Primary Health Network boundaries



New South Wales (NSW)

1. Central and Eastern Sydney
2. Northern Sydney
3. Western Sydney
4. Nepean Blue Mountains
5. South Western Sydney
6. South Eastern NSW
7. Western NSW
8. Hunter, New England and Central Coast
9. North Coast
10. Murrumbidgee

Victoria

11. North Western Melbourne
12. Eastern Melbourne
13. South Eastern Melbourne
14. Gippsland
15. Murray
16. Western Victoria

Queensland

17. Brisbane North
18. Brisbane South
19. Gold Coast
20. Darling Downs and West Moreton
21. Western Queensland
22. Central Queensland, Wide Bay, Sunshine Coast
23. North Queensland

South Australia (SA)

24. Adelaide
25. Country SA

Western Australia (WA)

26. Perth North
27. Perth South
28. Country WA

Tasmania

29. Tasmania

Northern Territory

30. Northern Territory

Australian Capital Territory

31. Australian Capital Territory

Focus investment in frontline medical services for patients through Primary Health Networks

Primary Health Networks operational.
Source: 2015-16 Health Portfolio Budget Statements, p. 95

2015-16 Target	2015-16 Result
Primary Health Networks (PHNs) operating from 1 July 2015.	All 31 PHNs were fully operational on 1 July 2015. **Result: Met** ✓

2015-16 was an establishment year for PHNs as they prepared to become commissioners. Whilst maintaining continuity of service for existing programs transferred to PHNs, they focussed on the following:

- establishing GP-led Clinical Councils and Community Advisory Committees to ensure a clinically and regionally focussed approach;
- building effective local relationships with primary health care providers and other providers within the broader health system, including Local Hospital Networks and Aboriginal and Torres Strait Islander health providers to support local service integration; and
- preparing for the move to commissioning models, which involved a more strategic approach to the procurement of health services, informed by local health needs assessment, market analysis of local health care supply, and ongoing monitoring and evaluation of service quality and performance.

Percentage of PHNs with completed baseline needs assessments and strategies for responding to identified service gaps.
Source: 2015-16 Health Portfolio Budget Statements, p. 95

2015-16 Target	2015-16 Result
100% completed by PHNs by 30 June 2016.	100% of PHNs completed baseline needs assessments and developed strategies for responding to identified service gaps by 30 June 2016. **Result: Met** ✓

Needs assessments and activity work plans for all 31 PHNs were completed by 30 June 2016.

The needs assessment process supports PHNs in working towards improving patient health outcomes. It identifies and prioritises the health and service needs of the community within their regions. The work plans describe the activities to be undertaken from 1 July 2016 to 30 June 2018 in response to local needs. These plans also outline how Commonwealth funding will be distributed against these activities.

Analysis of performance – Program 5.2: Primary Care Practice Incentives

The Department met all the performance targets for Program 5.2: Primary Care Practice Incentives.

In 2015-16, the Department continued to fund the Practice Incentives Program (PIP) to support general practice activities by encouraging continuous improvement, increased quality of care, enhanced capacity, and improved access and health outcomes for patients.

In 2015-16, the PIP After Hours Incentive was implemented with a higher than projected participation rate from all eligible general practices across the country. The PIP After Hours Incentive supports general practices to provide their patients with access to after-hours primary health care through a more streamlined, flexible and nationally consistent model of after-hours service provision.

The Government took important steps towards addressing the growing rates of chronic disease in the community. In April 2015, the Minister for Health established the Primary Health Care Advisory Group (Advisory Group) to examine opportunities for reform of primary health care in improving the management of people with complex and chronic disease. The Advisory Group examined national and international evidence relating to innovative service and funding models in primary health care, and undertook a comprehensive national consultation process to inform its deliberations. The core recommendation of the Advisory Group's final report was the establishment of Health Care Homes to provide patients with continuity of care, coordinated services and a team-based approach according to the needs and wishes of the patient. The Government has accepted the outcomes of the Advisory Group's final report and the Department will establish Health Care Homes through a staged rollout process, with services commencing from 1 July 2017.

Provide general practice incentive payments

Percentage of GP patient care provided by PIP practices.[38]
Source: 2015-16 Health Portfolio Budget Statements, p. 97

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
84.1%	86.0% **Result: Met** ✓	85.0%	84.7%	84.4%	84.0%

The Department continued to provide incentive payments to support general practice activities through the PIP, encouraging continuing improvement, increased quality of care, enhanced capacity, and improved access and health outcomes for patients.

[38] This is calculated as the proportion of total Medicare Benefit Schedule (MBS) schedule fees for non-referred attendances provided by PIP practices, standardised for age and sex.

Implement the PIP After Hours Incentive.
Source: 2015-16 Health Portfolio Budget Statements, p. 97

2015-16 Target	2015-16 Result
Provide general practices with access to the PIP After Hours Incentive from 1 July 2015.	Access to the PIP After Hours Incentive was available to all eligible PIP practices on 1 July 2015. **Result: Met** ✓

The PIP After Hours Incentive was introduced in response to the Review of after-hours primary health care which involved extensive nationwide stakeholder consultation. The Department worked closely with the primary care sector to ensure a smooth transition to the new arrangements.

The PIP After Hours Incentive has been implemented successfully and 85% of practices were registered for the incentive at May 2016. The incentive comprises five different payment levels, which provides both national consistency and flexibility for participating practices.

Number of general practices participating in the PIP After Hours Incentive.
Source: 2015-16 Health Portfolio Budget Statements, p. 97

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
4,600	4,680 **Result: Met** ✓	N/A	N/A	N/A	N/A

The PIP After Hours Incentive supports practices to provide their patients with access to after-hours primary care. It consists of five levels that allow practices flexibility to select the level of after-hours coverage that best suits their business needs.

Investigate innovative primary health care funding models.
Source: 2015-16 Health Portfolio Budget Statements, p. 97

2015-16 Target	2015-16
Provide advice to Government through the Primary Health Care Advisory Group, in relation to innovative primary health care funding models. Report due by late 2015.	The Advisory Group provided its final report to Government in December 2015. **Result: Met** ✓

The Advisory Group made a number of recommendations, the core of which was the establishment of the Health Care Homes Program. In March 2016, the Government announced stage one of the establishment of Health Care Homes in Australia. Health Care Homes are general practices or Aboriginal Medical Services which will provide a patient with a 'home base' for the ongoing coordination, management and support of their conditions.

Analysis of performance – Program 5.3: Aboriginal and Torres Strait Islander Health

The Department met the majority of performance targets for Program 5.3: Aboriginal and Torres Strait Islander Health. The Department is committed to closing the gap by improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians through the delivery of high quality essential services.

In 2015-16, the Department released the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 Implementation Plan in partnership with the National Health Leadership Forum for Aboriginal and Torres Strait Islander peak organisations that provide advice on health. The Implementation Plan articulates the overarching vision of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 by progressing strategies and actions that improve health outcomes for Aboriginal and Torres Strait Islander peoples. The Implementation Plan incorporates actions across the life course and is across seven domains including: maternal health and parenting; childhood development; adolescents and youth; healthy adults; healthy ageing; health systems effectiveness; and the social and cultural determinants of health.

In 2015-16, the Department continued to fund a range of activities through the Indigenous Australians' Health Programme to improve the health of Aboriginal and Torres Strait Islander peoples, with over 60 per cent of the program's funding going directly to Indigenous organisations.

In 2015-16, the Department has continued to focus on improving the prevention, detection and management of chronic disease to improve health outcomes. The 2015-16 Closing the Gap Report indicated that the Department is on track to achieve the target of halving the gap in mortality rates for Indigenous children under five by 2018.

In keeping with previous years, in 2015-16 the Department funded more health checks for Indigenous adults and children than expected. Designed especially for Indigenous peoples, the health checks support early intervention initiatives and are contributing to closing the gap.

Trachoma, an eye infection that can lead to blindness, still occurs in a number of communities in Australia, primarily rural and remote Indigenous communities. In 2015-16, the Department continued to work with State and Territory Governments through the Project Agreement on Improving Trachoma Control Services for Indigenous Australians to provide trachoma screening and treatment in affected communities. Good progress has been made, with the national prevalence rate for trachoma decreasing from 14 per cent in 2009 to 4.6 per cent in 2015.

In 2015-16, the Department also reformed and improved the Tackling Indigenous Smoking program, with a focus on evidence-based approaches being delivered at multiple levels, including: health service funding; workforce training and organisational support; and support for smokers through Quitline funding. The program uses proven approaches to change smoking behaviours within Aboriginal and Torres Strait Islander communities, and alongside broader tobacco control measures, is contributing to a steady decline in Indigenous smoking rates. These initiatives have contributed to the national daily smoking rate declining from 49 per cent in 2002 to 39 per cent in 2014-15, while the number of Aboriginal and Torres Strait Islander people who have never smoked continues to increase. This positive downwards trend shows that the Department's comprehensive and multi-faceted approach to tobacco control is working. For further information on tobacco control, refer Program 1.2: Drug Strategy, on page 56.

Improve access to Aboriginal and Torres Strait Islander health care in areas of need

Implement the National Aboriginal and Torres Strait Islander Health Plan 2013—2023.
Source: 2015-16 Health Portfolio Budget Statements, p. 100

2015-16 Target	2015-16 Result
Commence actions in the Implementation Plan.	Implementation of activities in accordance with the Implementation Plan are underway. **Result: Met** ✓

Work on a range of milestones has included the following:

- the Indigenous Australians' Health Programme guidelines have been completed and are being used as a basis for the program's funding decisions;
- the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families is with the Australian Health Ministers' Advisory Council for final endorsement; and
- five per cent of National Health and Medical Research Council funding is directed to Aboriginal and Torres Strait Islander health.

Performance against the Implementation Plan goals will be measured through the Health Performance Framework 2017, led by the Department of the Prime Minister and Cabinet. This report measures progress on Indigenous health outcomes, health system performance and determinants of health (such as employment, education and safety).

Number of Indigenous adult and child health checks completed.
Source: 2015-16 Health Portfolio Budget Statements, p. 100

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
164,476	196,759 **Result: Met** ✓	171,786	150,534	122,161	96,579

The Council of Australian Governments' 2008 Closing the Gap reforms included a commitment to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. Ensuring access to the health check is an important part of achieving this commitment, as it has both direct benefits and also provides access to targeted follow-up measures. Health assessments are available to Aboriginal and Torres Strait Islander people of all ages.

Reduce chronic disease

Percentage of regular Aboriginal and/or Torres Strait Islander clients with type 2 diabetes that have had a blood pressure measurement result recorded at the primary health care service within the previous 6 months.[39]
Source: 2015-16 Health Portfolio Budget Statements, p. 100

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
60–65%	Data not available	N/A	N/A	N/A	N/A

Data to support this performance criterion will be available in late 2016. At this stage, initial reports indicate this target is likely to have been exceeded.

[39] A regular client is defined as an Aboriginal and/or Torres Strait Islander person who has an active medical record (attendance at least 3 times in the last 2 years) with a primary health care organisation that receives funding from the Australian Government Department of Health to provide primary care services primarily to Aboriginal and Torres Strait Islander peoples.

Chronic disease related mortality rate per 100,000:[40]
Source: 2015-16 Health Portfolio Budget Statements, p. 101 & 2015-16 Corporate Plan, p. 15

	2014 Target[41]	2014 Result	2013	2012	2011	2010
Aboriginal and Torres Strait Islander	603-642	756.5 **Result: Not met**	784	898	N/A	897
Non-Aboriginal and Torres Strait Islander[42]	435-441	447.4	449	451	N/A	469
Rate difference[43]	165-204	309.1	335	447	N/A	428

The 2014 Aboriginal and Torres Strait Islander chronic disease mortality rate (756.5 per 100,000) was not within the target range (603-642 per 100,000). Although there has been a statistically significant decline in Aboriginal and Torres Strait Islander rates over the period 1998-2014, there has been no statistically significant change in the gap between the two populations. This is because the non-Indigenous rates in chronic disease mortality have declined faster than Indigenous rates.

Improve child and maternal health

Number of services funded to provide New Directions: Mothers and Babies Services.
Source: 2015-16 Health Portfolio Budget Statements, p. 101

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
110	110 **Result: Met**	85	85	85	85

The Department continued working towards the goal of funding a total of 136 services by 2018. The Department is on track to meet this target with the funding of 25 additional services in 2015-16, bringing the current total to 110 services. The New Directions: Mothers and Babies Services program provides Aboriginal and Torres Strait Islander families with young children access to: antenatal care, standard information about baby care; practical advice and assistance with breastfeeding, nutrition and parenting; monitoring developmental milestones, immunisation status and infections; and health checks for Aboriginal and Torres Strait Islander children before starting school.

40 Source: AIHW National Mortality Database, calendar years 1998 to 2014 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, WA, SA and NT combined). Note that this data is reported on a calendar year basis, reflecting the ABS mortality data collection and publication processes.
41 2014 data, due to the time lag in ABS mortality data publication.
42 This is contextual data and is listed to provide a comparison.
43 Ibid.

Number of organisations funded to provide Australian Nurse Family Partnership Program Services.[44]

Source: 2015-16 Health Portfolio Budget Statements, p. 101

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
5	5 **Result: Met** ✓	3	N/A	N/A	N/A

The Department continued to support the Australian Nurse Family Partnership Program (ANFPP) with the goal of having a total of 13 sites supported by 2018. An additional two sites (North Brisbane and remote community outreach in the Northern Territory) were funded in 2015-16, bringing the current total to five sites. The ANFPP supports women pregnant with an Aboriginal and/or Torres Strait Islander child to improve their own health and the health of their baby through a nurse-led home visiting program. It is an evidence-based program that aims to improve pregnancy outcomes by helping women engage in good preventive health practices; support parents to improve their child's health and development; and help parents develop a vision for their own future, including continuing education and finding work.

Child 0-4 mortality rate per 100,000:[45]

Source: 2015-16 Health Portfolio Budget Statements, p. 102 & 2015-16 Corporate Plan, p. 15

	2014 Target[46]	2014 Result	2013	2012	2011	2010
Aboriginal and Torres Strait Islander	112-166	159.1 **Result: Met** ✓	185	165	N/A	203
Non-Aboriginal and Torres Strait Islander[47]	80-91	74.4	84	77	N/A	95
Rate difference[48]	27-81	85.7	101	87	N/A	108

The 2014 Aboriginal and Torres Strait Islander child mortality rate (159.1 per 100,000) was within the target range for 2014 (112-166 per 100,000). Over the period 1998 to 2014, Aboriginal and Torres Strait Islander child mortality rates have declined significantly (by 33%), and the gap with non-Indigenous rates has also narrowed significantly (by 34%). The COAG target to halve the gap in mortality rates for Indigenous children under five within a decade (by 2018) is on track.

44 This performance criterion has not previously been published, but monitoring of this activity has occurred, therefore a result for 2014-15 has been included.

45 Source: AIHW National Mortality Database, calendar years 1998 to 2014 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, WA, SA and NT combined). Note that this data is reported on a calendar year basis, reflecting the ABS mortality data collection and publication processes.

46 2014 data, due to the time lag in ABS mortality data publication.

47 This is contextual data and is listed to provide a comparison.

48 Ibid.

Analysis of performance – Program 5.4: Mental Health

The Department met all performance targets for Program 5.4: Mental Health.

The Department has continued to achieve better outcomes for people with mental illness and their carers by supporting better coordination and integration of mental health services.

In November 2015, the Australian Government announced its response to *Contributing Lives, Thriving Communities* – Review of Mental Health Programmes and Services.[49] The reforms aim to achieve a more efficient, integrated and sustainable mental health system to improve mental health services for Australians and help prevent suicide. The Department has worked closely with an expert reference group and key stakeholders resulting in a new stepped care approach to mental health, which will mean better targeting of services to meet individual needs.

The Department has continued to work with key stakeholders, including State and Territory Governments to support better coordination and integration of mental health services. The Fifth National Mental Health Plan (Fifth Plan) is being developed to achieve improved outcomes for people with mental illness and their carers by improving both system and service level integration at the regional level.

In any given year, one in four Australians aged 16–24 years old will experience mental illness, facing challenges including accessibility of services, concerns about confidentiality and stigma. The Department recognises the importance of early intervention in children and young people and continued to provide funding for mental health initiatives such as *headspace* and KidsMatter Primary in 2015-16. The continued investment in youth mental health activities will assist to break down barriers and improve mental health outcomes.

Invest in more and better coordinated services for people with mental illness

Analysis of opportunities for reform arising from the Review of Mental Health Programmes and Services.
Source: 2015-16 Health Portfolio Budget Statements, p. 103

2015-16 Target	2015-16 Result
Options developed for policy and program reform and implementation.	Australian Government Response to the Review of Mental Health Programmes and Services (Review) was announced on 26 November 2015. **Result: Met** ✓

The Department has commenced work on implementation of the nine key action areas identified in the Review.

The Review sets out system reforms in response to the review undertaken by the National Mental Health Commission, as well as advice from the Mental Health Expert Reference Group and the sector more broadly.

[49] Available at: www.health.gov.au/internet/main/publishing.nsf/Content/mental-review-response

Total number of *headspace* youth-friendly service sites funded.
Source: 2015-16 Health Portfolio Budget Statements, p. 104

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100	100 **Result: Met** ✓	100	85	70	55

As at 30 June 2016, there were 100 *headspace* centres funded, with 95 operational centres providing mental health services to young people.

The transition of funding for *headspace* centres to Primary Health Networks (PHNs) as of 1 July 2016 has impacted implementation of the remaining centres. The Department is working with relevant PHNs and *headspace* National Office to open the remaining centres by February 2017.

Support better coordination and integration of mental health services at a national and regional level to improve consumer outcomes.
Source: 2015-16 Health Portfolio Budget Statements, p. 104 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result
Initial consultation with States and Territories on the development of a new national mental health plan completed by August 2015.	Initial consultations on the development of the new Fifth Plan were completed by August 2015. **Result: Met** ✓

The Fifth Plan is a joint Commonwealth State Plan that is being progressed by the Mental Health Drug and Alcohol Principal Committee (MHDAPC) Fifth Plan Working Group.

Initial meetings of the MHDAPC Fifth Plan Working Group, comprising of State and Territory representatives, agreed to the scope and objectives of the Fifth Plan.

Increase the number of schools participating in the KidsMatter Primary initiative.
Source: 2015-16 Health Portfolio Budget Statements, p. 104

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
3,000	3,035 **Result: Met** ✓	2,635	2,020	1,352	793

The funded organisation and subcontractors continued to engage with primary schools to encourage participation in KidsMatter. This included organising a series of professional learning events in the form of webinars and face-to-face learning. For more information refer to the following case study.

Growing healthy minds

KidsMatter is all about growing healthy minds and healthy communities. The aim of KidsMatter is to create positive school and early childhood communities, teach children skills for good social and emotional development, work together with families, and recognise and get help for children with mental health problems. KidsMatter is a partnership between education and health sectors and is the first of its kind in Australia, funded by the Department and delivered by *beyondblue*.

KidsMatter was developed by mental health and education professionals in response to a growing recognition of the presence of mental health problems in young children. It provides a broad spectrum of resources, particularly for the important people in a child's life, such as family, peers and teachers.

"Mental wellbeing is really about how you feel, and how others feel," said one student, age 8. Another student, age 10, said: "Mental wellbeing is being healthy with your mind, helps you work out problems."

In addition to focussing on childhood mental health, the initiative also connects parents with the school and broader community. This then feeds into the programs and further encourages the participation of children.

Further information on KidsMatter can be found at: www.kidsmatter.edu.au

Analysis of performance – Program 5.5: Rural Health Services

The Department has met or substantially met all performance targets for Program 5.5: Rural Health Services.

The Department continues to support people living in regional, rural and remote areas as they face greater health care challenges than Australians based in metropolitan areas. In 2015-16, the services of the Rural Health Outreach Fund positively impacted communities with improved access to medical specialists, GPs, allied and other health professionals. Efforts also continued with a focus on the priority areas of chronic disease management, mental health, eye health, and maternity and paediatric health. The Visiting Optometrists Scheme continued to provide greater than expected access to optometry services.

In 2015-16, the Department continued supporting the delivery of essential health services to people in regional, rural and remote areas through support for the Royal Flying Doctors Service (RFDS). The RFDS clinical services are provided to ensure people living and working or travelling in remote areas have access to services which would otherwise not be available. With the implementation of the new funding arrangements, the RFDS has been able to ensure that essential services are maintained including primary aero-medical evacuations, primary and community health clinics, remote consultations (telephone consultations) and medical chests containing pharmaceutical and medical supplies for remote locations.

Improve access to primary health care and specialist services

Number of communities receiving outreach services through the Rural Health Outreach Fund.
Source: 2015-16 Health Portfolio Budget Statements, p. 105

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
350	515 **Result: Met** ✓	483	460	421	384

In total, 515 locations in regional, rural and remote Australia received services under the Rural Health Outreach Fund.

Medical specialist, GP, and allied and other health services provided through the Rural Health Outreach Fund meet the needs of regional, rural and remote communities.
Source: 2015-16 Health Portfolio Budget Statements, p. 106 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result
Organisations funded to support rural outreach are contractually required to consult with stakeholder groups, and will be guided by existing advisory forums and Indigenous Health Partnership forums, to identify community needs.	Organisations funded through the Rural Health Outreach Fund, undertook comprehensive consultation processes to identify and address community needs. **Result: Met** ✓

Organisations funded through the Rural Health Outreach Fund, undertook needs assessments and planning for outreach health services in consultation with a range of organisations including: local health services; State and Territory health departments; Aboriginal and Torres Strait Islander Health Organisations; and Primary Health Networks and were guided by Advisory Forums and Indigenous Health Partnership Forums to identify community needs.

Number of patient contacts supported[50] through the Rural Health Outreach Fund.[51]
Source: 2015-16 Health Portfolio Budget Statements, p. 106

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
165,000	247,455 **Result: Met** ✓	216,787	190,460	192,985	191,786

In 2015-16, there were 247,455 patient contacts under the Rural Health Outreach Fund.

50 Number of patients seen by participating health practitioners per annum.
51 Targets for this criterion have been revised to reflect the 2014-15 Budget measure *Health Flexible Funds – pausing indexation and achieving efficiencies*.

Number of locations receiving optometry services through the Visiting Optometrists Scheme.
Source: 2015-16 Health Portfolio Budget Statements, p. 105

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
500	526 **Result: Met** ✓	480	N/A	N/A	N/A

The Visiting Optometrists Scheme has improved access to optometrists for people living in regional, rural and remote Australia. The Visiting Optometrists Scheme has played a significant role in detecting the need for prescription glasses, detecting eye disease and ensuring appropriate referral for treatment and ongoing management.

Number of patients attending Royal Flying Doctor Service clinics.
Source: 2015-16 Health Portfolio Budget Statements, p. 106

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
40,000	34,352 **Result: Substantially met** ✓	36,365	42,608	43,142	41,657

In 2015-16, 34,352 patients attended Royal Flying Doctor Service Clinics. The reduction is due to less patient demand as well as improvements in reporting. The performance result of 'substantially met' is based on meeting 85.9% of the target.

Improve access to health information services in regional, rural and remote areas

Accurate, quality place-based information is provided through the Rural and Regional Health Australia website.
Source: 2015-16 Health Portfolio Budget Statements, p. 106

2015-16 Target	2015-16 Result
Regular revision of the Rural and Regional Health Australia website to maintain information accuracy and quality.	The content on the Rural and Regional Health Australia website continued to be updated throughout 2015-16, however the website was decommissioned on 1 July 2016. **Result: Met** ✓

In 2015-16, the Rural and Regional Health Australia website was regularly updated.

A review conducted by the Department in 2015 resulted in the decision to decommission the Rural and Regional Health Australia website on 1 July 2016, and to relocate the relevant information to a dedicated webpage on the Department of Health website. This has removed unnecessary duplication of information and provides a single access point to a comprehensive list of rural health programs and services.

Outcome 5 – Budgeted expenses and resources

	Budget Estimate[1] 2015-16 $'000 (A)	Actual 2015-16 $'000 (B)	Variation $'000 (B) - (A)
Program 5.1: Primary Care Financing, Quality and Access			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	424,119	419,004	(5,115)
Departmental expenses			
Departmental appropriation[2]	25,427	24,701	(726)
Expenses not requiring appropriation in the budget year[3]	648	1,728	1,080
Total for Program 5.1	**450,194**	**445,433**	**(4,761)**
Program 5.2: Primary Care Practice Incentives			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	357,971	341,993	(15,978)
Departmental expenses			
Departmental appropriation[2]	2,250	2,082	(168)
Expenses not requiring appropriation in the budget year[3]	58	137	79
Total for Program 5.2	**360,279**	**344,212**	**(16,067)**
Program 5.3: Aboriginal and Torres Strait Islander Health[4]			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	729,135	726,665	(2,470)
Departmental expenses			
Departmental appropriation[2]	44,581	44,931	350
Expenses not requiring appropriation in the budget year[3]	1,153	2,912	1,759
Total for Program 5.3	**774,869**	**774,508**	**(361)**
Program 5.4: Mental Health[4]			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	663,578	648,090	(15,488)
Departmental expenses			
Departmental appropriation[2]	21,407	20,299	(1,108)
Expenses not requiring appropriation in the budget year[3]	779	1,296	517
Total for Program 5.4	**685,764**	**669,685**	**(16,079)**

	Budget Estimate[1] 2015-16 $'000 (A)	Actual 2015-16 $'000 (B)	Variation $'000 (B) - (A)
Program 5.5: Rural Health Services			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	68,074	64,795	(3,279)
Departmental expenses			
Departmental appropriation[2]	2,126	2,559	433
Expenses not requiring appropriation in the budget year[3]	56	164	108
Total for Program 5.5	**70,256**	**67,518**	**(2,738)**
Outcome 5 Totals by appropriation type			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	2,242,877	2,200,547	(42,330)
Departmental expenses			
Departmental appropriation[2]	95,791	94,572	(1,219)
Expenses not requiring appropriation in the budget year[3]	2,694	6,237	3,543
Total expenses for Outcome 5	**2,341,362**	**2,301,356**	**(40,006)**
Average staffing level (number)	**572**	**573**	**1**

1 Budgeted appropriation taken from the *2016-17 Health Portfolio Budget Statements* and re-aligned to the 2015-16 outcome structure.
2 Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.
3 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.
4 This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.