



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 11

Outcome 11

Ageing and Aged Care






Improved wellbeing for older Australians through targeted support, access to quality care and related information services

Analysis of performance – **Outcome 11** Ageing and Aged Care

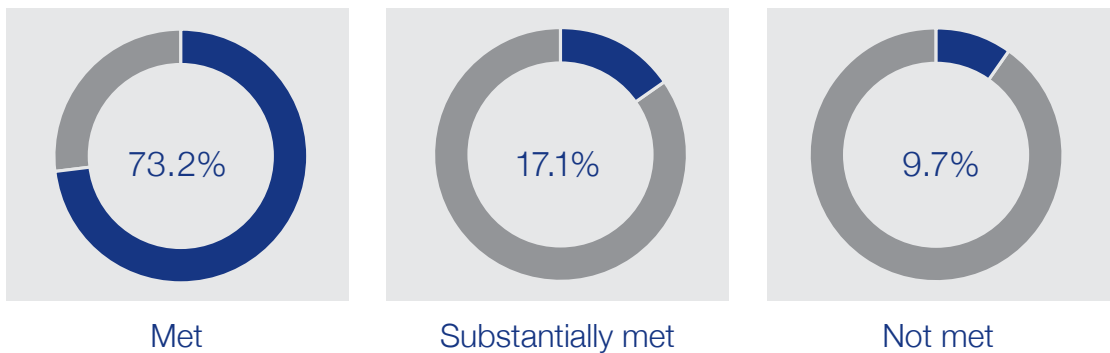
In 2015-16, the Department has continued to improve the access to and choice of aged care services for older Australians, their families and carers. This was achieved through the provision of: a range of targeted support services and programs to help older people stay independent and in their own homes longer; a range of quality care options; and accommodation for older people who are unable to continue to live independently in their own homes.

These activities have contributed to the Department's achievement of objectives under Outcome 11 and Our Purpose.

Key community benefits for Outcome 11 in 2015-16

	<p>Improved access to aged care services and information through the My Aged Care initiative</p> <p>The My Aged Care system has enabled older people, their families, and carers to access consistent information on aged care service. This has assisted people needing services to locate and access appropriate assessment and service options.</p>
	<p>Greater power to influence design and delivery of services</p> <p>Consumer-directed care has provided increased choice and control for consumers by allowing them to decide what type of care and services they can access and how they're delivered.</p>
	<p>Streamlined home support services into a single program</p> <p>Families and individuals now receive a range of entry-level support services from a single support program. The reduction in complexity helps people get the support they need to remain independent at home.</p>

Summary of performance criteria results for Outcome 11



Looking ahead

- In 2016-17, the Australian Government will further enhance services and programs to help older people stay independent and in their own homes longer.
- The Victorian Home and Community Care (HACC) services for Victorians aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander peoples) will become part of the Commonwealth Home Support Program (CHSP).
- From 1 July 2016, the CHSP and Multi-Purpose Services will start to be offered to all eligible residents on Norfolk Island.
- Increasing Choice in Home Care will allow funding to follow eligible consumers, and enable consumers to choose their service provider. Portable packages will allow the consumer to change their provider, including when the consumer moves to another location.

Programs and program objectives contributing to **Outcome 11**

Program 11.1: Access and Information

- Provide equitable and timely access to aged care assessments and make it easier for older people to find aged care services and information

Program 11.2: Home Support

- Provide high quality support, at a low intensity on a short-term or on-going basis, or higher intensity services delivered on a short term episodic basis to frail older people (65 years and over or 50 years and over for Aboriginal and Torres Strait Islander people) to maximise their independence at home and in the community for as long as they choose or are able to do so

Support frail older people through the delivery of planned respite activities which allow carers to take a break from their usual caring responsibilities

Program 11.3: Home Care

- Provide coordinated packages of services tailored to meet individuals' specific care needs including care services, support services, clinical services and other services to support older people to remain living at home

Program 11.4: Residential and Flexible Care

- Residential aged care provides a range of care options and accommodation for older people who are unable to continue living independently in their own homes
- Flexible care caters to the needs of older people, in either a residential or home care setting, who may require a different approach than that provided through mainstream residential and home care options

Program 11.5: Workforce and Quality

- To ensure the availability of a skilled workforce, empower consumers and ensure a high quality of care to recipients of aged care services

Program 11.6: Ageing and Service Improvement

- To enable the Australian Government to better support activities that promote healthy and active ageing, to better respond to existing and emerging challenges including dementia care and to better support services targeting Aboriginal and Torres Strait Islander peoples and people from diverse backgrounds

Analysis of performance – Program 11.1: Access and Information

The Department met the majority of performance targets for Program 11.1: Access and Information. In 2011, the Productivity Commission identified the need for an improved entry point to the aged care system and the need for an independent assessment service. On 1 July 2015, with the introduction of the Commonwealth Home Support Program, My Aged Care was expanded to become the single entry point to the aged care system in Australia. Services were significantly enhanced to include: a central client record to facilitate the collection and sharing of client information; the Regional Assessment Service to conduct face-to-face assessments of people seeking entry-level support at home; the National Screening and Assessment Form to ensure a nationally consistent and holistic screening and assessment process; and the provision of web-based portals for clients, assessors and service providers.

Moving to a new system has taken time and 2015-16 has been a transitional year for the sector. There were some initial challenges in terms of stabilising the ICT platform, and the contact centre, assessors and providers had to adapt to new processes.

Over 3,000 aged care service providers across the nation were transitioned into My Aged Care, enabling them to directly and flexibly manage their own service information and receive client referrals.

To help ensure My Aged Care was working as it should, the Department conducted a mid-point review and enhanced a number of operational and system processes that further supported the full transition of the Aged Care Assessment Teams onto My Aged Care.

Provide equitable and timely access to aged care assessments and make it easier for older people to find aged care services and information

Establishment and operation of My Aged Care systems and workforce capable of providing aged care information, conducting needs based assessments and making referrals for services.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 93

2015-16 Target	2015-16 Result
Expanded functionality of My Aged Care systems and improved assessor training.	Functionality of My Aged Care systems and improved assessor training was delivered. Result: Met ✓

From 1 July 2015, My Aged Care expanded from an information service to include the creation of a client record, enhanced service finder functionality, consistent needs based home support and comprehensive assessments, and referrals to appropriate Commonwealth aged care services.

Training for the My Aged Care assessment workforce was coordinated and delivered appropriately at each transition point and is now embedded into the ongoing workforce management structure.

Number of calls made to the My Aged Care Contact Centre.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 93

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
382,600	634,060	161,448	146,439	223,502	N/A
	Result: Met ✓				

The number of calls⁶⁸ made to the My Aged Care Contact Centre Consumer line exceeded initial forecasts following the My Aged Care functionality expansion on 1 July 2015. In addition, the contact centre received over 150,000 calls from assessors and service providers for system and process support; they also received a further 293,000 webforms and faxes, the majority being referrals for aged care services.

A proportion of this increased demand can be attributed to transition impacts as the community, providers and assessors progressively adopted the reforms.

The Department actively engaged with the sector on capacity issues experienced by the contact centre with a focus on enhancing the quality of services delivered.

Average number of unique visitors per month to the My Aged Care website.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 93

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
121,000	203,045	116,366	56,000	N/A	N/A
	Result: Met ✓				

The increase in website demand is reflective of the increased use of the enhanced Service Finder functionality. The My Aged Care website and Contact Centre numbers have been promoted through the year via: the distribution of printed materials such as My Aged Care branded brochures and postcards; videos played in GP surgeries; and search engine marketing.

Extent of consumer satisfaction with My Aged Care website service.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 94

2015-16 Target	2015-16 Result
Maintaining over 60% of surveyed consumers satisfied with the service provided by My Aged Care Website during the first year of operation. ⁶⁹	59%
	Result: Substantially met ✓

The My Aged Care website is designed to provide consumers with plain English information on ageing and aged care services to help them navigate the system. The website also includes useful tools such as service finders and fee estimators to assist consumers to find and compare services. The Department has made a number of enhancements to the usability of the website over the past 12 months to support the expansion of My Aged Care functionality and is committed to continuing to improve the user experience.

⁶⁸ Number of calls to the My Aged Care Consumer and Provider lines for 2015-16.

⁶⁹ HealthDirect Australia Contact Centre and Website Customer Satisfaction Survey Report.

Extent of consumer satisfaction with My Aged Care Contact Centre service.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 94

2015-16 Target	2015-16 Result
Maintaining over 90% of surveyed consumers are satisfied with the service provided by My Aged Care Contact Centre during the first year of operation. ⁷⁰	97% Result: Met ✓

Satisfaction surveys for callers (both consumers and the sector) to the My Aged Care Contact Centre are performed by Australian Market Research. Callers are asked at the end of calls if they would like to be transferred to complete a survey. They are also given an option of being called back at a later point in time to undertake the survey.

My Aged Care assessment workforce (Contact Centre, Regional Assessment Service organisations and Aged Care Assessment Teams (ACATs)) to complete mandatory training prior to undertaking screening and assessment through My Aged Care.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 94

2015-16 Target	2015-16 Result
100% of the My Aged Care assessment workforce completes the mandatory training for their screening, assessment or delegate roles.	The requirement for mandatory training is included in the Department's agreements with all contracted assessment workforce organisations. Result: Met ✓

Contracted organisations report to the Department on their compliance against My Aged Care program requirements. The Department is establishing a routine method to validate this based on reports provided by the Registered Training Organisation and users within the My Aged Care system.

Number of new client registrations.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 95

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
183,800	288,649 Result: Met ✓	N/A	N/A	N/A	N/A

The number of new My Aged Care client registrations is greater than originally forecast, demonstrating the higher than expected demand for My Aged Care services since 1 July 2015. The benefit of the client registration process is clients no longer need to tell their story multiple times as My Aged Care builds on their individual record at each stage of the client journey.

⁷⁰ HealthDirect Australia Contact Centre and Website Customer Satisfaction Survey Report.

Number of assessments completed on My Aged Care.⁷¹

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 95

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
459,300	183,887	N/A	N/A	N/A	N/A
	Result: Not met ●				

The Aged Care Assessment Teams (ACATs) transitioned to full use of the My Aged Care system during February/March 2016. The ACATs were originally scheduled to transition in late 2015, however, the decision was made to delay the transition to early 2016 to ensure system capability. The timing of the transition impacted the number of ACAT assessments being conducted on My Aged Care in 2015-16 as the majority were conducted on the former legacy system. Regional Assessment Services (RAS) were introduced as part of the expansion of My Aged Care to conduct nationally consistent and holistic assessments for clients seeking to access entry-level home support services. As a new service, assessment numbers indicated for 2015-16 were based on forecast, not previous year assessment numbers. RAS assessment numbers were below this forecast for 2015-16.

Aged Care Assessment Program (ACAP) and Regional Assessment Service organisations training resources reflect current program operation and enable consistent decision making.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 93

2015-16 Target	2015-16 Result
All ACAP training reflects the current program operation model, with six monthly reviews of all training resources to ensure currency is maintained.	During the 2015-16 implementation period, a six monthly review of all training material was substituted with: system changes; communications; factsheets; and frequently asked questions as changes have occurred.
	Result: Substantially met ✓

Updated information is regularly provided to assessment organisations to ensure internal training material is kept up to date. A full review of Statement of Attainment training for My Aged Care assessors commenced in early 2016 and will be finalised by the end of July 2016.

⁷¹ Includes ACAT and Regional Assessment Service organisation assessments.

ACAP data is maintained to a high level of accuracy and is provided within the specified timeframe by the State and Territory Governments to the Australian Government.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 94

2015-16 Target	2015-16 Result
State and Territory Governments successfully upload data files into the Aged Care Data Warehouse in the required timeframe and format with an error rate not exceeding 0.1%.	All States and Territories have met this target. Result: Met ✓

Under a new agreement with the Australian Government, the State and Territory Governments transitioned their Aged Care Assessment Teams onto the My Aged Care System from February to March 2016. This involved transition from legacy reporting systems to My Aged Care.

Percentage of high priority ACAT assessments completed within 48 hours of referral.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 95

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
85.0%	96.9%	94.8%	89.0%	88.0%	85.0%
	Result: Met ✓				

ACATs provide first intervention of a clinical nature within 48 hours of a referral for assessment being received.

Analysis of performance – Program 11.2: Home Support

The Department met all performance targets for Program 11.2: Home Support, for criteria for which data is currently available. The Australian Government is committed to providing a range of services and programs to help older people stay independent and in their homes and communities for longer. The commencement of the Commonwealth Home Support Program (CHSP) in 2015 saw four programs being consolidated into one, which were the:

- Commonwealth Home and Community Care (HACC) Program;
- planned respite from the National Respite for Carers Program (NRCP);
- Day Therapy Centres (DTC) Program; and
- Assistance with Care and Housing for the Aged (ACHA) Program.

The CHSP benefits frail older people and carers by providing streamlined access to entry-level support services and a standardised national assessment process and entry point through My Aged Care. Continuity of service was achieved, ensuring minimal disruption to clients.

The CHSP ensures that all clients have equity of access to services that are socially and culturally appropriate and free from discrimination. Aboriginal and Torres Strait Islander people may be eligible for the CHSP from 50 years of age and over, whereas for non-Indigenous people, it is 65 years and over.

In 2016, a one-off grant was allocated to CHSP providers to contribute towards costs incurred to align their businesses to the new program taxonomy and comply with new reporting requirements. A total of 1,149 providers have received the one-off grant, totalling \$18 million.

Provide high quality support through the Commonwealth Home Support Program⁷²

Continuity of services in programs being incorporated into the CHSP.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 96

2015-16 Target	2015-16 Result
New CHSP Agreements with service providers established by 1 November 2015 to maintain continuity of service.	All Agreements were with service providers by 1 November 2015. Result: Met ✓

The CHSP delivers entry level care to frail, older Australians living in their homes. The term 'entry level' refers to home support services provided at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term episodic basis. Service providers continued to provide services to clients throughout the transition period.

Regular stakeholder consultation on the management of the new CHSP through formal and informal mechanisms.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 96

2015-16 Target	2015-16 Result
Timely contact and consultation with key stakeholders.	Regularly contacted and consulted with key stakeholders. Result: Met ✓

The Department conducted consultations and communications through various mediums including bulk emails, webinars and media releases to engage with stakeholders including consultation with the National Aged Care Alliance sub-group – the CHSP Advisory Group.

Funding agreements established with providers for the delivery of CHSP services.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 96

2015-16 Target	2015-16 Result
New CHSP Agreements with service providers established by 1 November 2015.	All Agreements were offered to service providers by 1 November 2015. Result: Met ✓

The establishment of funding agreements was achieved through regular consultation and communication with stakeholders, including the transitioning of service providers, and effective internal communication and governance.

⁷² Program objective has been simplified. Refer 'Programs and program objectives contributing to Outcome 11' on page 196.

Commonwealth Home Support services delivered by contracted service providers to support frail older people and their carers to get the services they need to remain at home.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 97

2015-16 Target	2015-16 Result
Regular reporting on key milestones from contracted service providers indicate that activities are being implemented according to contractual arrangements.	Service providers are reporting on contracted activities, recognising that some service providers are still receiving support to transition to new reporting arrangements. Result: Met ✓

The Department supported contracted service providers, through webinars, bulk emails, training and direct engagement, to manage and report on Commonwealth Home Support service activities in line with contractual arrangements.

Number of older people receiving Commonwealth Home Support services.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 96

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
556,136	Data not available	N/A	N/A	N/A	N/A

In line with funding agreements, data collection for the CHSP commenced on 1 November 2015 and only eight months of client data was captured from 1 November to 30 June 2016. This data has not been compiled at the time of publishing. In 2016-17 a full set of the CHSP client data will be available.

Number of Commonwealth Home Support older clients receiving services as a percentage of the target population.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 97

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
≥ 87%	Data not available	N/A	N/A	N/A	N/A

In line with funding agreements, data collection for the CHSP commenced on 1 November 2015 and only eight months of client data was captured from 1 November to 30 June 2016. This data has not been compiled at the time of publishing. In 2016-17, the CHSP will report on the target population.

Analysis of performance – Program 11.3: Home Care

The Department met or substantially met all performance targets for Program 11.3: Home Care. This program assists older Australians to remain living in their own home by providing a coordinated package of service, tailored to meet individual specific care needs. During 2015-16, the Department worked towards transitioning all Home Care Packages to a consumer-directed care basis, giving consumers more choice and flexibility in the types of care and services they access and on the delivery of those services.

Delivering the Home Care Package on a consumer-directed care basis, in line with the Home Care Agreement developed between the provider and the consumer, provides greater transparency about what funding is available under their package and how those funds are spent through the use of an individualised budget and monthly statement.

Adapting administrative systems and establishing an organisational culture that supports the consumer-directed care focus of service delivery, has been a complex process for some providers, especially smaller providers.

In 2016, a one-off grant was allocated to home care providers for the costs incurred in 2014-15 for retraining and reskilling the workforce for the transition to the consumer-directed care service delivery model. The payments were finalised in January 2016. A total of 462 home care package providers have received the one-off grant, totalling \$19.7 million.

Smaller providers, including those in rural and remote areas, have required a range of support to assist with the transition. Work is continuing to support those providers in 2016-17.

Consumer-directed care

In 2015-16, home care packages moved towards a consumer-directed care (CDC) model. There are four levels of home care packages, ranging from level 1 for support of people with basic needs to level 4 for people with high care needs. The CDC model puts the consumer at the centre of their care, and builds a more flexible aged care system.

CDC empowers consumers to influence the delivery of the services they receive and allows them to exercise a greater degree of choice in what services are delivered, where and when. This results in a particularly positive effect on consumers with diverse needs. Emily's story is an example of CDC in action.

It was important for Emily to stay independent and active as she got older. Emily has been able to do this with the help of her home care package. Emily realised that she was becoming isolated after the passing of her partner, Joan. She worked with her service provider to review her care plan to fix the situation. Her service provider had their staff undergo lesbian, gay, bi sexual, transgender and intersex (LGBTI) awareness training, to broaden their understanding of potential issues Emily may face.

The service provider contacted an LGBTI group, connecting her with community in her area.



During their discussions, Emily told her case manager that she used to go swimming, but had stopped going when Joan passed away. Emily's case manager found a local swimming group, and if Emily wanted to go swimming again, transport could be organised through her home care package.

Emily has been very satisfied with the care and services, and has been spending time with the swimming group. Since she started swimming with the group, she has become stronger and has reconnected with her community.


Emily is just one of many aged care consumers who have been empowered to direct their own care and needs with the CDC model.

For more information about home care packages delivered on a CDC basis, visit: www.myagedcare.gov.au

Provide coordinated packages of services tailored to meet individuals' specific care needs including care services, support services, clinical services and other services to support older people to remain living at home

All Home Care Packages are delivered on a consumer-directed care basis.


Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 97

2015-16 Target	2015-16 Result
All Home Care Packages are transitioned to a consumer-directed care basis by 1 July 2015.	On 1 July 2015, some providers were still receiving support to fully transition to consumer-directed care, due to a need to adapt administrative systems and organisational culture to support operational elements of the transition. Result: Substantially met 

The majority of providers are delivering services on a consumer-directed care basis. Approximately 7.5% of home care providers are still receiving support to transition to consumer-directed care.

Consumers and providers are supported to adopt consumer-directed care approaches.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 97

2015-16 Target	2015-16 Result
All consumers and providers have access to information and material to support their adoption of consumer-directed care approaches for Home Care Packages.	All consumers and providers have access to information and material to support their adoption of consumer-directed care. Result: Met 

The Department has undertaken a strategic communication and engagement approach to ensure providers have access to information on aged care reform. The Department has funded a number of capacity building projects to develop tools and resources to support operational change required for adoption of consumer-directed care in business as usual operations.

Consumers have been provided access to a comprehensive range of materials through My Aged Care and the Department's website. Key documents such as the Charter of Rights and Responsibilities have been translated into 18 languages, ensuring equity of access. The Department has funded project partners to provide a range of educational services. This support assists the consumer to understand the legislation that the provider operates under and also their rights and responsibilities. It enables the consumer to make fully informed choices about their care and services.

The Department has contracted Taylor Nelson Sofres (TNS) Pty Limited, an international research company with expertise in social research. TNS will conduct research on home care providers and consumers to understand their knowledge of consumer-directed care, satisfaction with the approach and perceptions of support and information provided. The results of this research will be available to the Department in August 2016, and will provide an analysis of the effectiveness of support and information provided by the Department to support delivery of consumer-directed care.

Number of new Home Care Packages allocated.⁷³

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 98

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
6,045	6,445 Result: Met ✓	6,653	0 ⁷⁴	5,835	1,724

The Minister for Aged Care varied the original Ministerial Determination in January 2016 to make available an additional 400 Level 4 Home Care Packages for allocation in 2015-16.

A key focus in 2015 was the release of significantly higher level Home Care Packages (i.e. Level 3 and Level 4) relative to lower level packages, in recognition of consumer demand for higher level home care.

There are four levels of a Home Care Package. Home care levels range from Level 1, for the support of people with basic care needs; to Level 2, for low level care needs; Level 3 for intermediate care needs; and Level 4, for people with high care needs. A consumer can be eligible for either low-level care (Level 1 or 2 package) or high-level care (Level 3 or 4 package). An Aged Care Assessment Team undertakes the assessment and approval of the level of care that a consumer is eligible for. The increase in level of Home Care Package is related to a person's assessed need, level of frailty and need for more complex care services.

Home Care providers continue to deliver services.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 98

2015-16 Target	2015-16 Result
All Home Care Packages allocated are operational.	78,956 out of 79,313 allocated packages were operational at 30 June 2016. 357 allocated packages were not operational. Result: Substantially met ✓

Number of operational Home Care Packages at end of financial year.⁷⁵

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 98

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
78,747	78,956 Result: Met ✓	72,702	66,149	60,308	59,201

The utilisation of Home Care Packages is dependent upon geographical demand and required level of care, resulting in under-utilisation in some locations of lower level packages.

A greater than estimated number of Home Care Packages were required to meet the needs of aged Australians.

⁷³ As part of the aged care reforms announced by the Government in the 2015-16 Budget, from 2016-17, home care packages will no longer be allocated to providers through the Aged Care Approvals Round.

⁷⁴ There was no allocation of Home Care Packages in 2013-14.

⁷⁵ The total number of Home Care Packages each year is determined following the previous year's stocktake of places.

Analysis of performance – Program 11.4: Residential and Flexible Care

The Department met or substantially met the majority of performance targets for Program 11.4: Residential and Flexible Care. Residential aged care provides accommodation and care for older Australians who are unable to remain living in their own homes, either permanently or on a respite basis. In 2015-16, the Australian Government funded an additional 10,940 new residential aged care places.

In 2015-16, the Government allocated \$67 million in capital grants from the Rural, Regional and Other Special Needs Building Fund to 22 providers for capital works projects. This funding will support the development of 297 new residential aged care places and the upgrade of facilities to accommodate 270 existing residential aged care places. The funded projects included works to improve access to residential aged care for people from special needs groups and works to address fire safety.

In 2015, the Government announced the new Short-Term Restorative Care (STRC) Program building on the success of the existing Transition Care Program. Unlike Transition Care, STRC will be available to people without requiring a hospital stay, assisting to help older Australians live longer in their own homes. Significant progress has been made in implementing STRC Program, including an extensive stakeholder consultation process held in October 2015 and regular briefings and updates provided to interested stakeholder groups over the course of the financial year. From 2016-17, new STRC places will progressively become available with at least 2,000 places available by 2021.

The Department continued to improve access to culturally appropriate aged care services for Indigenous Australians with the establishment of a service in Kintore, Northern Territory, under the Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Providing a range of residential and flexible care options and accommodation for older people who are unable to continue living independently in their own homes⁷⁶

Competitive Aged Care Approvals Round.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 99

2015-16 Target	2015-16 Result
Competitive Aged Care Approvals Round undertaken with outcomes to be announced by April 2016.	Outcomes of the Competitive Aged Care Approvals Round were announced on 18 March 2016. Result: Met ✓

The 2015 Competitive Aged Care Approvals Round application process allowed prospective and existing approved providers of aged care to apply for a range of new Australian Government funded aged care places and financial assistance in the form of a capital grant.

⁷⁶ Program objective has been simplified. Refer 'Programs and program objectives contributing to Outcome 11' on page 196.

All new residential Aged Care Places allocated.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 100

2015-16 Target	2015-16 Result
All new residential Aged Care Places are allocated by 30 June 2016.	All new residential Aged Care Places were allocated by 30 June 2016. Result: Met ✓

Through the 2015-16 Aged Care Approvals Round 10,940 new residential aged care places were allocated across Australia by 30 June 2016.

Number of operational Residential Aged Care places at end of financial year.⁷⁷

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 100

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
198,259	199,449 Result: Met ✓	195,953	192,834	189,761	187,941

A number of red tape reduction measures have been implemented to make it easier for approved providers to operationalise provisionally allocated places. This was achieved by reducing the associated regulatory burden, enabling approved providers to focus less on administrative processes and more on the timely delivery of care to older Australians who require it.

Expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 99

2015-16 Target	2015-16 Result
Conduct a funding round to expand existing services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, with places allocated by 31 May 2016.	A funding round is planned to occur in 2016, with places being made operational in the first half of 2017. Result: Not met ●

⁷⁷ The total number of Residential Aged Care places each year is determined following the previous year's stocktake of places.

Number of flexible places available for Aboriginal and Torres Strait Islander peoples through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 99⁷⁸

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
820	820 Result: Met ✓	802	739	679	675

All new flexible places for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program allocated.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 100

2015-16 Target	2015-16 Result
All new flexible places for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are allocated by 31 May 2016.	173 of the 200 new flexible places have been allocated. Result: Substantially met ✓

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program funds organisations to provide culturally appropriate residential and/or community care to older Aboriginal and Torres Strait Islander people.

Funding provides access to aged care services through 32 aged care facilities. Services are delivered to meet the aged care needs of this community, allowing older Aboriginal and Torres Strait Islander people to live close to home and community.

The Department did not meet its target to conduct a funding round to expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The scope of the funding round is under consideration by the Government, with a funding round expected to occur in 2016.

In December 2015, a new flexible aged care service was established in Kintore, Northern Territory (NT). The provider was allocated 18 home care packages to deliver aged care services in a remote, Indigenous community.

In 2012-13 funding was provided to expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. This funding provided approximately 200 additional places over a five year period commencing in 2012-13. To date, 173 places have been allocated via inviting expressions of interest for new and additional services from communities identified through comprehensive consultation processes and departmental resources.

In addition, the Department is currently working with key partners to establish a new flexible aged care service in Nhulunbuy, NT. Up to 30 places will be made available for the establishment of this service.

⁷⁸ The same performance criterion was reported in error on page 100 of the 2015-16 Portfolio Additional Estimates Statements.

Number of operational Short-Term Restorative Care places (including Transition Care Places).

Source: 2015-16 Health Portfolio Budget Additional Estimates Statements, p. 99⁷⁹

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
4,000	4,000 Result: Met ✓	4,000	4,000	4,000	4,000

As at 30 June 2016, 4,000 Transition Care Places were in operation. These places are administered through State and Territory health departments. On average the Transition Care Program had a 88.1% occupancy rate during the 2015-16 financial year. The Commonwealth invested more than \$254 million in transition care.

New Short-Term Restorative Care places are scheduled to be allocated as part of the 2016 Aged Care Approvals Round, and will commence operation in 2016-17.

Number of operational Multi-Purpose Services places at end of financial year.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 100

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
3,695	3,592 Result: Substantially met ✓	3,545	3,525	3,483	3,337

Due to the changes implemented in home care and further planning required to implement changes that will take effect from February 2017, home care places were not allocated to Multi-Purpose Services (MPS) in 2015-16. There are 33 provisionally allocated MPS places which are yet to be made operational. A further funding round will be conducted in 2016-17 to allocate additional MPS places.

The performance result of ‘substantially met’ is based on meeting 97% of the target.

Analysis of performance – Program 11.5: Workforce and Quality

The Department met the majority of performance targets for Program 11.5: Workforce and Quality. Australia’s aged care system has a strong quality framework, appropriately skilled and qualified workforce, and empowers consumers. The Australian Government continued to support the Community Visitors Scheme, providing one-on-one visits in residential care and home visits for those clients receiving home care packages, with a focus on special needs groups.

The Department continued to take a risk-based regulatory approach to identified non-compliance to protect the health, safety and wellbeing of care recipients. Appropriate and proportionate compliance action was undertaken to bring providers back into compliance.

⁷⁹ The same performance criterion was reported in error on page 100 of the 2015-16 Portfolio Additional Estimates Statements.

To ensure the availability of a skilled workforce, empower consumers and ensure high quality of care to recipients of aged care services

Continuing uptake of new models of the Community Visitors Scheme.

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

2015-16 Target	2015-16 Result
Increase uptake of new models of the Community Visitors Scheme.	<p>2015-16 data indicates an increased uptake of the new models of the Community Visitors Scheme, including one-on-one home care visits and group visits in residential care.</p> <p>Result: Met ✓</p>

Continued support for the Community Visitors Scheme to provide one-on-one visits in residential care, home visits for people receiving home care packages and group visits (groups of two or more residents) in residential aged care settings.

This included a focus on targeting special needs groups (people from culturally and linguistically diverse backgrounds and Lesbian, Gay, Bisexual, Transexual and Intersex people).

Number of annual reviews of Aged Care Funding Instrument funding claims to ensure residents are correctly funded.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 102

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
20,000	15,763	20,587	20,349	21,426	18,735
	Result: Substantially met ✓				

Fewer reviews were conducted in 2015-16. Improved targeting and the increased use of more labour intensive comprehensive reviews resulted in a greater proportion of incorrect Aged Care Funding Instrument claims being identified.

The performance result of 'substantially met' is based on meeting 79% of the target.

Percentage of General Purpose Financial Reports submitted by approved providers reviewed to assess financial risk.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 102

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100%	100%	100%	100%	100%
	Result: Met ✓				

Risk profiling was applied across all who submitted a General Purpose Financial Report, and a detailed risk assessment was undertaken on all those identified as being at the highest level of risk.

Percentage of detailed risk assessments completed for residential aged care approved providers assessed as having a financial risk at the highest level.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 102

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	N/A	N/A	N/A	N/A

Detailed risk assessments were undertaken on all approved providers assessed at the highest financial risk level. Compliance approaches were identified to bring those providers into compliance if required.

Extent to which the Department has taken appropriate action to identify and respond to provider financial risks where those risks have been assessed as being at the highest level.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 103

2015-16 Target	2015-16 Result
Action taken by the Department is proportionate to the level of risk and in accordance with the <i>Aged Care Act 1997</i> .	The Department has taken appropriate action to identify and respond to all providers assessed as being at the highest level of financial risk in accordance with the Act. Result: Met ✓

Following a detailed risk assessment, proportionate regulatory action is taken in accordance with the *Aged Care Act 1997*.

Extent to which the Department has taken appropriate action against approved providers to address serious non-compliance that threatens the health, welfare or interests of care recipients.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 103

2015-16 Target	2015-16 Result
Action taken by the Department is proportionate to the level of risk and in accordance with the <i>Aged Care Act 1997</i> .	The Department has taken appropriate action to respond to all providers to address serious non-compliance in accordance with the Act. Result: Met ✓

All instances of identified serious non-compliance were responded to appropriately and proportionately. Sanctions were imposed on all approved providers where an immediate and severe risk to the safety, health or wellbeing of care recipients was identified. Where there is identified non-compliance, the Department applies a risk based approach and following a detailed assessment, appropriate and proportionate regulatory action is taken in accordance with the *Aged Care Act 1997*.

Percentage of occasions where the Department has taken appropriate action against approved providers to address serious non-compliance that threatens the health, welfare or interests of care recipients.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 103

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
100%	100% Result: Met ✓	100%	100%	100%	100%

In 2015-16, the Department imposed four sanctions on two approved providers following identification of an immediate and severe risk to the safety, health or welfare of care recipients.

Aged Care Complaints Commissioner

From 1 January 2016, the Aged Care Complaints Scheme moved to the Aged Care Complaints Commissioner (Complaints Commissioner). For results on the four performance criteria below and information on complaints, please refer to the Complaints Commissioner's 2015-16 Annual Report.

Percentage of complaints finalised by the Aged Care Complaints Scheme within 90 days.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 102

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
80%	Refer to Complaints Commissioner's 2015-16 Annual Report.	87%	84%	85%	83%

Percentage of complaints resolved by the Aged Care Complaints Scheme at early resolution.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 102

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
64%	Refer to Complaints Commissioner's 2015-16 Annual Report.	81%	78%	72%	61%

Timely and effective resolution of complaints through the Aged Care Complaints Scheme.

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

2015-16 Target	2015-16 Result
Majority of complaints are resolved within 90 days, with over 64 per cent finalised at the early resolution stage.	Refer to Complaints Commissioner's 2015-16 Annual Report.

Satisfaction with the operation of the Aged Care Complaints Scheme.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 103

2015-16 Target	2015-16 Result
Results of satisfaction surveys indicate that the majority of complainants and approved providers responding to the survey are satisfied with the operation of the Complaints Scheme.	Refer to Complaints Commissioner's 2015-16 Annual Report.

Analysis of performance – Program 11.6: Ageing and Service Improvement

The Department met the majority of performance targets for Program 11.6: Ageing and Service Improvement. Dementia continues to be a challenge for the health and aged care system, with the prevalence of dementia predicted to rise significantly. The current suite of dementia support programs funded by the Australian Government will not be sufficient to deliver the same quality of service to an ever-growing client base. For this reason, during 2015-16, the Department analysed its dementia support programs and began developing improved, streamlined national services.


An element of this has been a process to establish a single national Dementia Behaviour Management Advisory Service and the new Dementia Training Program, to be launched in October 2016. These new programs will achieve efficiencies, allowing a greater number of people to access the services they need, as well as allow expansion into new services. The new programs will be available to an array of health professionals and care staff in all health and aged care settings.

A key challenge faced by residential aged care providers is the management of behavioural and psychological symptoms of dementia. The national launch of the Severe Behaviour Response Teams on 2 November 2015 created a new tier of support for residential aged care providers to manage severe and extreme cases of behavioural and psychological symptoms of dementia. While Severe Behaviour Response Teams have not been operational for a full year, feedback to date has been positive and data indicates that referrals will continue to grow to meet future targets.

To enable the Australian Government to better support activities that promote healthy and active ageing, to better respond to existing and emerging challenges including dementia care and to better support services targeting Aboriginal and Torres Strait Islander peoples and people from diverse backgrounds

Funding will be available under the Dementia and Aged Care Services Fund.


Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 104

2015-16 Target	2015-16 Result
An open grant funding round is advertised in 2016.	An open funding round was advertised in April 2016 to seek a national provider for the Dementia Behaviour Management Advisory Service, and a national provider to deliver a suite of dementia training and education activities. Result: Met 

The national provider for the Dementia Behaviour Management Advisory Service and dementia training programs will commence by October 2016.

Activities and projects that improve the lives of people with dementia are delivered, including as part of Severe Behaviour Response Teams.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 104

2015-16 Target	2015-16 Result
Continued Government funding of a number of programs which provide additional support for people with dementia.	Funding of \$52.1 million in 2015-16 was provided for a range of existing dementia programs. Result: Met 

During 2015-16, the following activities continued to receive funding to support people living with dementia:

- Dementia Behaviour Management Advisory Service;
- Dementia Training Study Centres;
- Dementia Care Essentials;
- National Dementia Support Program;
- a number of smaller one-off projects; and
- Severe Behaviour Response Teams.

Number of service episodes delivered by Severe Behaviour Response Teams.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 105

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
550	319 Result: Not met ●	N/A	N/A	N/A	N/A

The Severe Behaviour Response Teams program commenced national service delivery on 2 November 2015, so has not been operational for the full 2015-16 financial year.

As part of the referrals received, there have been a total of 13,157 service activities, with an average of 42 service activities per service episode.

Feedback on the service delivery received through the program’s performance reporting and independently provided to the Department has been positive.

Number of service episodes delivered by Dementia Behaviour Management Advisory Services clinicians that support aged care staff, healthcare professionals and family carers to improve their care of people with behavioural and psychological symptoms of dementia.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 105

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
6,800	7,941 Result: Met ✓	7,323	N/A	N/A	N/A

Performance data for the program indicates that targets for the Dementia Behaviour Management Advisory Services are being met, and in some instances exceeded. Feedback on the program indicates a high level of satisfaction with the care being delivered.

Projects to support older Aboriginal and Torres Strait Islander people and services that provide care to this group are delivered, including grants of capital assistance.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 104


2015-16 Target	2015-16 Result
An open grant funding round is advertised in 2016.	An open grant funding round was not held in 2015-16. Result: Not met ●

Funding continues to be made available under the Dementia and Aged Care Services Fund for one-off activities such as capital funding, or under programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and the Service Development Assistance Panel.

Remote Indigenous communities continued to be supported through one-off grants for items including capital assistance, security upgrades, and purchase of equipment necessary for the delivery of high quality aged care.

Extent of implementation of service system improvement initiatives to better support older people from diverse backgrounds and with special needs.

Source: 2015-16 Health Portfolio Additional Estimates Statements, p. 104

2015-16 Target	2015-16 Result
Continued Government funding of Partners In Culturally Appropriate Care to support and promote understanding of cultural issues and accessibility of services through My Aged Care.	<p>Seven Partners In Culturally Appropriate Care (PICAC) organisations, one in each State and Territory (including one organisation for both NSW and ACT), continue to be funded to equip aged care providers to deliver culturally appropriate care to older people from culturally and linguistically diverse (CALD) backgrounds. A project to investigate My Aged Care accessibility for these communities commenced in 2015-16.</p> <p>Result: Met </p>

PICAC organisations are funded to improve partnerships between aged care providers and CALD communities, develop and disseminate information and translated aged care resources to CALD communities, and provide culturally appropriate training to staff of aged care services. In 2015-16, one of the PICAC organisations was engaged to support and promote an understanding of cultural issues and CALD communities' accessibility of services through My Aged Care. The organisation will continue to consult with My Aged Care and CALD communities until the project's completion on 30 June 2017.

Outcome 11 – Budgeted expenses and resources

	Budget Estimate ^{1,2} 2015-16 \$'000 (A)	Actual ² 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Program 11.1: Access and Information			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	86,897	87,327	430
<i>Departmental expenses</i>			
Departmental appropriation ³	16,085	23,013	6,928
Expenses not requiring appropriation in the current year ⁴	505	1,033	528
Total for Program 11.1	103,487	111,373	7,886
Program 11.2: Home Support⁵			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	1,091,321	1,064,310	(27,011)
<i>Departmental expenses</i>			
Departmental appropriation ³	23,582	16,505	(7,077)
Expenses not requiring appropriation in the current year ⁴	525	1,076	551
Total for Program 11.2	1,115,428	1,081,891	(33,537)
Program 11.3: Home Care⁵			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	1,216	898	(318)
Special appropriations			
<i>Aged Care Act 1997 - home care packages</i>	1,103,461	1,134,595	31,134
<i>Departmental expenses</i>			
Departmental appropriation ³	14,207	14,230	23
Expenses not requiring appropriation in the current year ⁴	421	852	431
Total for Program 11.3	1,119,305	1,150,575	31,270

	Budget Estimate ^{1,2} 2015-16 \$'000 (A)	Actual ² 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Program 11.4: Residential and Flexible Care			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	93,954	60,844	(33,110)
Zero real interest loans ⁶			
- appropriation	68,451	22,289	(46,162)
- expense adjustment	(63,749)	(18,037)	45,712
Special appropriations			
<i>Aged Care Act 1997 - residential care</i>	7,643,190	7,690,942	47,752
<i>Aged Care Act 1997 - flexible care</i>	329,144	333,891	4,747
<i>Aged Care (Accommodation Payment Security Act 2006)</i>	718	718	-
<i>Departmental Expenses</i>			
Departmental appropriation ³	26,781	26,452	(329)
Expenses not requiring appropriation in the current year ⁴	756	1,592	836
Total for Program 11.4	8,099,245	8,118,691	19,446
Program 11.5: Workforce and Quality			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	9,953	12,965	3,012
<i>Departmental expenses</i>			
Departmental appropriation ⁴	35,068	39,296	4,228
Expenses not requiring appropriation in the current year ⁴	1,112	2,262	1,150
Total for Program 11.5	46,133	54,523	8,390
Program 11.6: Ageing and Service Improvement			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	84,540	71,536	(13,004)
Special appropriations			
- continence aids payments	35,815	17,202	(18,613)
<i>Departmental expenses</i>			
Departmental appropriation ³	23,358	21,877	(1,481)
Expenses not requiring appropriation in the current year ⁴	685	1,341	656
Total for Program 11.6	144,398	111,956	(32,442)

	Budget Estimate ^{1,2} 2015-16 \$'000 (A)	Actual ² 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Outcome 11 Totals by appropriation type			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	1,367,881	1,302,132	(65,749)
Special appropriations	9,112,328	9,177,348	65,020
<i>Departmental expenses</i>			
Departmental appropriation ³	139,081	141,373	2,292
Expenses not requiring appropriation in the current year ⁴	4,004	8,156	4,152
Total expenses for Outcome 11	10,623,294	10,629,009	5,715
Average staffing level (number)	777	766	(11)

¹ Budgeted appropriation taken from the 2016-17 Health Portfolio Budget Statements and re-aligned to the 2015-16 outcome structure.

² The ageing and aged care functions transferred from the Department of Social Services under the Administrative Arrangements Order issued on 30 September 2015.

³ Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)', 'Revenue from independent sources (s74)' and an expense adjustment due to Machinery of Government changes.

⁴ 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.

⁵ This Program excludes National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.

⁶ 'Ordinary annual services (Bill 1)' against program 11.4 excludes amounts appropriated in Bill 1 for Zero Real Interest Loans as this funding is not accounted for as an expense.