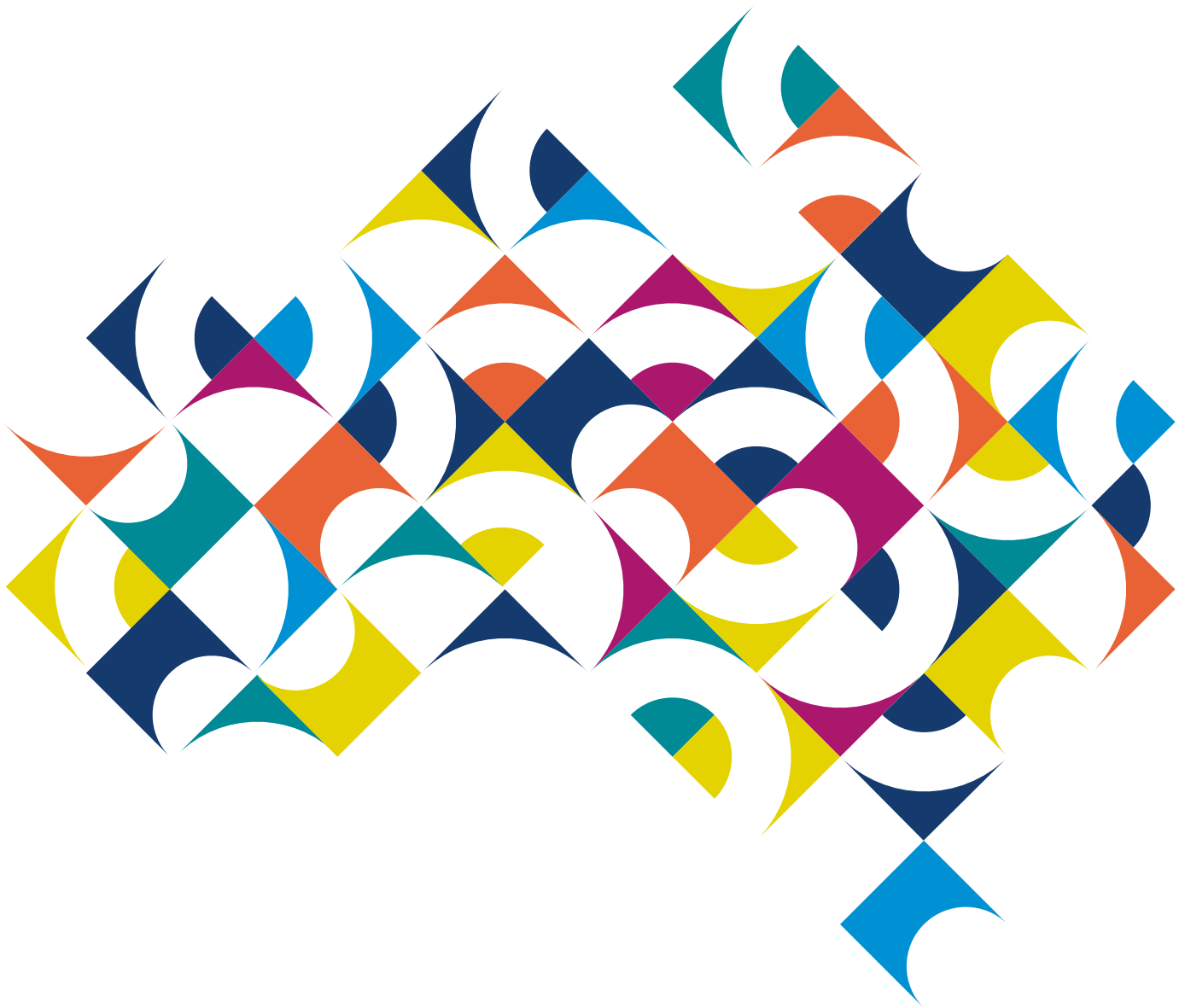




Australian Government

Department of Health
and Aged Care



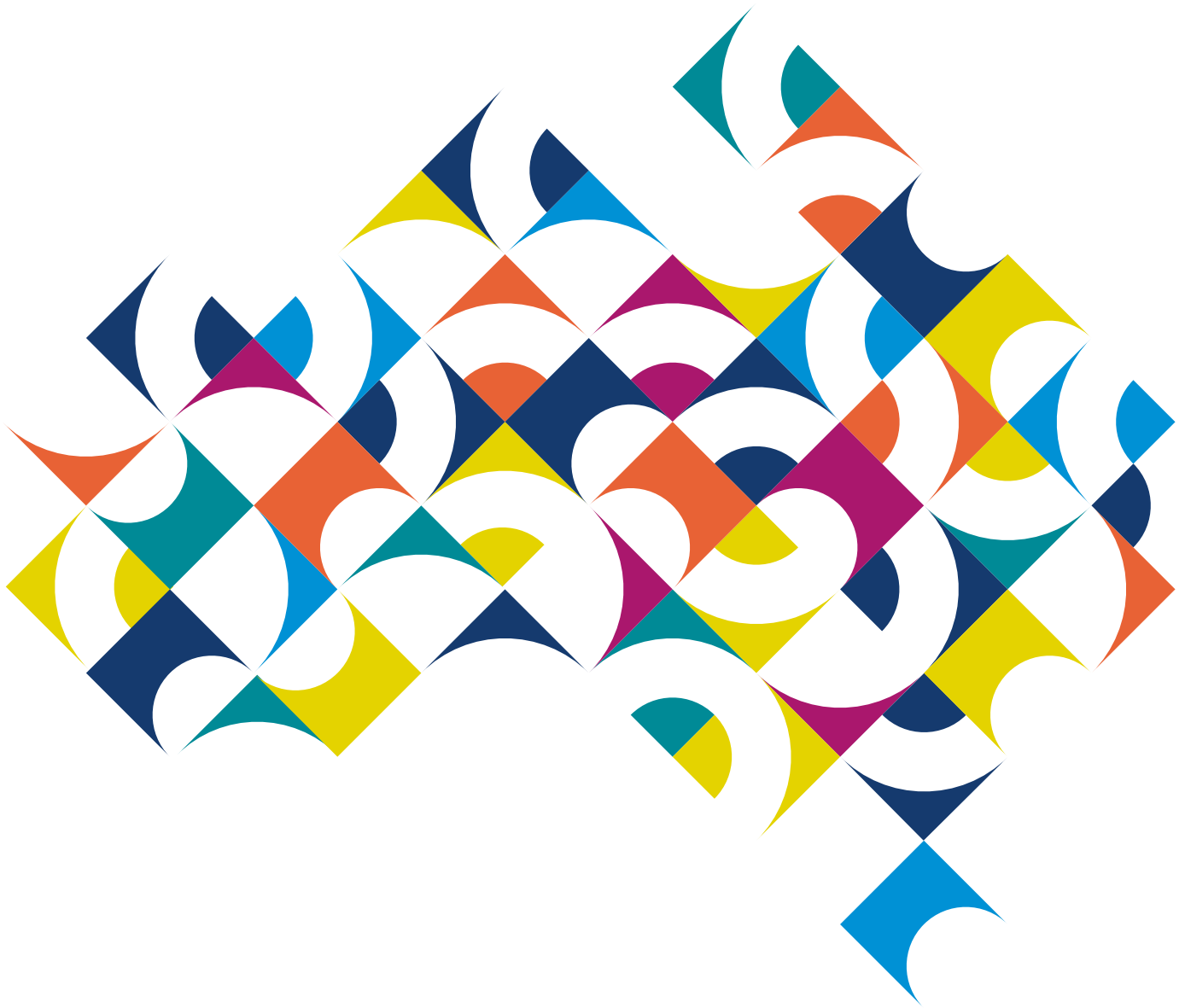
Department of Health
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Corporate Plan
2022–23

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Acknowledgement of Country

We, the Department of Health and Aged Care, proudly acknowledge the Traditional Owners and Custodians of Country throughout Australia, and pay respect to those who have preserved and cared for the lands on which we live, work, and benefit from each day.

We recognise the inherent strengths and knowledge Aboriginal and Torres Strait Islander peoples provide to the health and aged care system and thank them for their existing and ongoing contributions to the wider community. We extend this gratitude to all health and aged care workers who contribute to improving health and wellbeing outcomes with, and for, First Nations peoples and communities.

We also recognise and respect Aboriginal and Torres Strait Islander peoples' continuing connections and relationships to the lands, waters, culture, and community; and pay respect to all Elders past, present, and emerging.

Artist interpretation of the Department of Health and Aged Care, our reconciliation journey, and our 100th anniversary. Artwork is titled '100 Years of Health' by contemporary Kalkadoon artist Chern'ee Sutton.

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Secretary's Foreword

Welcome to the Department of Health and Aged Care's 2022–23 Corporate Plan.

The Australian Government's agenda is guided by 2 key principles: *'that no one is left behind, and that no one is held back'*. As our primary planning document, the Corporate Plan outlines how we will, with our partners, support the Government to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.

Our Department is now called the Department of Health and Aged Care, which reflects the importance of aged care to the Australian community and the high priority the Government and our Department places on aged care reform.

The Strengthening Medicare Taskforce has been established to identify ways to improve primary care access and affordability, and provide better support to patients with ongoing and chronic illness. One way we are working to improve access to general practitioners (GPs) is delivering of 50 bulk billing Medicare Urgent Care Clinics to relieve pressure off hospital emergency departments. In addition, we will continue to facilitate access to affordable medicines by listing every drug recommended by the independent Pharmaceutical Benefits Advisory Committee on the Pharmaceutical Benefits Scheme (PBS).

Our Department will collaborate with primary care providers to improve health outcomes for First Nations peoples. We will work with the National Aboriginal Community Controlled Health Organisation (NACCHO), and community-controlled and other health services, to close the gap in health outcomes. This includes training up to 500 new First Nations health workers, increasing access to life saving dialysis treatment for

those living with chronic kidney disease, expanding efforts to eradicate rheumatic heart disease in remote communities, and investing in capital upgrades.

We will continue to prioritise improving Australia's mental health care system to ensure all Australians have access to mental health and suicide prevention services when and where they need them. This will involve ongoing collaboration with states and territories to ensure a nationally consistent and unified approach to achieve better mental health outcomes. In addition, we will carry out our responsibilities under the National Mental Health and Suicide Prevention Agreement¹, and bilateral agreements, to deliver a better mental health system for Australians, and ensuring mental health and suicide prevention is embedded across other portfolios and service systems.

We will prioritise the ability for Australians to access world class medical care when and where they need it, regardless of where they live. We will deliver a more flexible and innovative model of care, including trials that enable GP trainees to be employed by a single employer while completing their training. We will deliver increased support for generalist doctor and GP registrars in regional, rural, and remote Australia, and will work with states and territories to deliver critical

¹ Available at: www.federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement

health infrastructure, support for maternity and radiation oncology services, and ensure access to essential services in rural and remote regions. Our Department will continue to support the implementation of *Australia's Disability Strategy 2021–31*, which focuses on a national approach to improve the lives of people with disability and address the gaps in healthcare and sporting access.

Our Department supported a Review, the First Secretaries Group Improving Pathways Review (the Review), commissioned by the National Cabinet to identify practical improvements to the health system, particularly the interface between state and territory hospitals, and other parts of the health system. The Review, undertaken by the First Secretaries Group, explored reform across portfolios including aged care, primary care, mental health, disability, and workforce strategy and planning, as well as health system funding and financing arrangements, to ensure the sustainability of Australia's health system. The Department is closely considering the recommendations, in consultation with state and territory officials.

We will implement measures that ensure residential aged care facilities can provide the level of care expected for our older Australians through a new Australian National Aged Care Classification including:

- the requirement for a registered nurse to be always present onsite
- an increase in the number of carers and care minutes
- supporting government submissions to stages 2 and 3 of the Fair Work Commission's consideration of an increase to the wages of aged care workers, including implementing the Commission's interim decision to increase wages for direct care workers in aged care by 15%
- overseeing the requirement to provide better nutrition for aged care residents
- developing a star rating system for residential aged care.

We will work to implement the National COVID-19 Health Management Plan and transition to proportionate, scalable, and targeted arrangements balanced against the risk of future waves and the need to ensure our health system has the capacity to respond. Ongoing transmission and future waves of infection are highly probable, but will likely be associated with less severe disease and therefore less health system strain given the combination of immunity from previous infections and updated vaccines. Our key focus will be on continuing health system responses that minimise impact on the most vulnerable people in our community, and those at increased risk of experiencing severe disease.

Our Department will lead the design of an Australian Centre for Disease Control (CDC), tasked with ensuring

ongoing pandemic preparedness, leading and further embedding federal and state cooperation in public health responses to future infectious disease outbreaks, and working to prevent both communicable diseases and other chronic diseases. The Government will contribute funding towards a new Financial Intermediary Fund for pandemics, which will be established at the World Bank as part of Australia's commitment to protecting against the impact of future pandemics.

Our Department has geared up to support an impressive array of global sporting events being held in Australia; and ensure the social, economic and health benefits of hosting are felt across the broader community. These events include the UCI Road World Championships, the FIBA Women's Basketball World Cup, and the ICC Men's Cricket T20 World Cup that have already taken place in the second half of 2022, as well as a growing number of future events including the FIFA Women's Football World Cup, the World Transplant Games, and the Men's and Women's Rugby World Cups. These events continue our 'Green and Gold Decade' of Australian sporting events, which will culminate in the Brisbane 2032 Olympic and Paralympic Games. In addition, there will be enhanced protection of the integrity of sport as well as improved opportunities for community participation in sport and recreation.

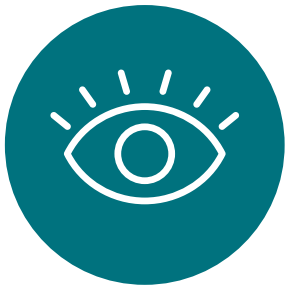
We have a broad range of commitments to deliver on behalf of the Government and to fulfil the expectations of the Australian community. To work towards achieving these, our corporate teams will:

- provide guidance in continuing to live within our means
- support our adherence to grants and procurement rules
- maintain formal assurance arrangements, particularly in delivering programs and projects
- facilitate strong relationships with Ministers' Offices
- support our compliance with legislative requirements
- upgrade our accommodation
- provide the IT infrastructure and tools to support flexible working arrangements.

As we commence a new phase for our Department, I look forward to the ongoing contributions of our committed and talented staff.

As the accountable authority of the Department of Health and Aged Care, I am proud to present the *Department of Health and Aged Care Corporate Plan 2022–23*, which covers the period 2022–26 as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

Professor Brendan Murphy AC
Secretary



Our Vision

Better health and wellbeing for all Australians, now and for future generations.



Our Purpose

With our partners, support the Government to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.



Our Values and Behaviours

The Australian Public Service (APS) Values (also known as the ICARE principles) set out the standard of behaviour expected of APS employees, and are the foundation of everything we do.² They are brought to life for our staff through the Department's Behaviours in Action, which provide practical guidance to staff about what expected behaviours look like in the workplace. The ICARE principles are embedded into staff members' performance agreements, which are regularly revisited during the year to ensure staff are familiar with the expected behaviours.



Our Outcomes

Our purpose is achieved through our outcomes and programs.

² Including the APS Employment Principles and the APS Code of Conduct contained in the *Public Service Act 1999*.



Outcome 1

Health Policy, Access and Support

**1.1 Health Research,
Coordination
and Access**

1.2 Mental Health

**1.3 Aboriginal and Torres
Strait Islander Health**

1.4 Health Workforce

**1.5 Preventive Health
and Chronic Disease
Support**

**1.6 Primary Health
Care Quality and
Coordination**

**1.7 Primary Care
Practice Incentives
and Medical
Indemnity**

**1.8 Health Protection,
Emergency
Response and
Regulation**

1.9 Immunisation



Outcome 2

Individual Health Benefits

2.1 Medical Benefits

2.2 Hearing Services

**2.3 Pharmaceutical
Benefits**

**2.4 Private Health
Insurance**

2.5 Dental Services

**2.6 Health Benefit
Compliance**

**2.7 Assistance through
Aids and Appliances**



Outcome 3

Ageing and Aged Care

**3.1 Access and
Information**

3.2 Aged Care Services

3.3 Aged Care Quality



Outcome 4

Sport and Recreation

4.1 Sport and Recreation

Our Operating Context

Our operating environment is influenced by a range of opportunities to address challenges and enhance a public health system jointly administered by the Commonwealth and states and territories.

The Australian Government has ambitious plans for improving the health and aged care systems. We will support these plans by prioritising the health of all Australians through a range of reform measures to be undertaken in genuine partnership with our stakeholders.

We will support all Australians to access high quality and affordable medical services and medicines by strengthening Medicare and the Pharmaceutical Benefits Scheme.

The current and future health needs of the Australian community will be assessed and met through:

- evidence-based health policies
- improved access to comprehensive and coordinated health care
- ensuring sustainable funding for health infrastructure, services, research, and technologies
- a strengthened, sustainable, and well distributed health workforce
- the ability to respond quickly to new best practice treatments and services, a key learning from the COVID-19 pandemic.

We will ensure ongoing pandemic preparedness, strive to prevent diseases, and proactively detect, prevent, and respond to threats to public health and safety.

We will focus on the Government's response to the Royal Commission into Aged Care Quality and Safety. In addition, we will ensure older Australians have access to reliable and trusted information, and a range of flexible options to facilitate equitable access to appropriate, high quality care, whether remaining at home or in residential care.

We will promote the role sport plays in achieving broader health, social, and economic policy objectives. We will achieve this through increasing participation by all Australians in sport and recreation activities, promoting the benefits of an active lifestyle, encouraging excellence in high-performance athletes, protecting the integrity of sport, and showcasing Australia as a premier host of major international sporting events.

We are well prepared to achieve outcomes and support our staff to meet the challenges of a changing and fast paced environment. We will also strive to maintain the high level of public trust in health experts and strong engagement with the Australian community.

Through the strategies and activities outlined within this Corporate Plan, we will continue to meet the expectations of the Government and the needs of our diverse Australian community.



Our Partners

In supporting the Government to lead and shape Australia's health and aged care system and sporting outcomes, we rely on collaboration and cooperation with a wide range of internal and external stakeholders.

To ensure Australians are at the centre of design and implementation, we work in partnership with our stakeholders to develop, implement, and oversee policies and programs that are coherent, connected, and evidence-based.

We work closely with other Commonwealth entities, state and territory governments, and our portfolio entities to deliver and administer our programs. These partnerships are crucial for joint planning, co-investment in services, and opportunities to better integrate across the healthcare system.

Collaboration with states and territories on long term, system wide health reform is a key priority, and will enable a nationally consistent approach to achieve better health outcomes for all Australians. We also collaborate with consumers, healthcare providers, the broader healthcare sector, and other key stakeholders to develop services based on assessed need, as well as implement new initiatives.

Through our commitment to the National Agreement on Closing the Gap, we are partnering with First Nations peoples, communities, organisations, and mainstream services to improve access to effective healthcare services and health outcomes for First Nations peoples. We supported our ministers at a Health Ministers' Aboriginal and Torres Strait Islander Health Roundtable in October 2022, which addressed health inequalities including the First Nations' health workforce and building stronger links with other sectors to support health outcomes including housing, justice, education, and social services.

We continue to learn from, and share our experience and expertise with, partners in Australia and around the world to improve health in our region and globally. We engage internationally to drive more integrated and strategic activities across the health portfolio. This includes strategic engagement with the World Health Organization, and bilaterally with key partners in our region and more broadly through the G20 and the Organisation for Economic Co-operation and Development.

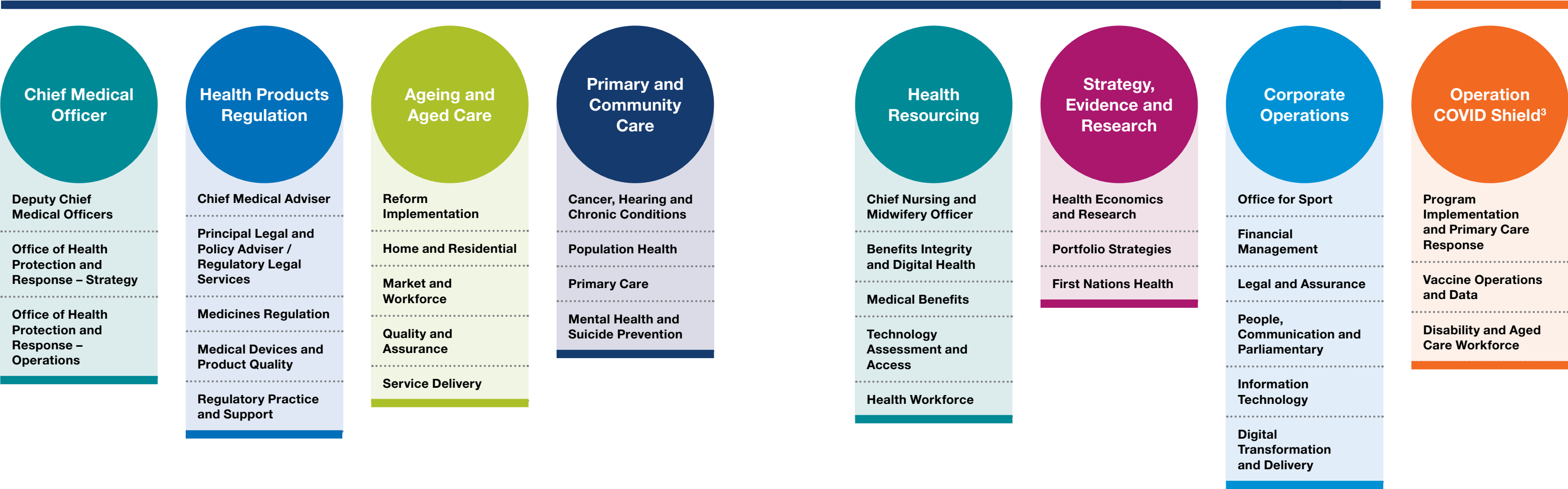
Our partnerships are critical to achieving our purpose and contribute significantly to the impact we have within the Australian community, helping us to achieve our vision of better health and wellbeing for all Australians, now and for future generations.



Our Structure

The Hon Mark Butler MP Minister for Health and Aged Care and Deputy Leader of the House	The Hon Emma McBride MP Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health
The Hon Anika Wells MP Minister for Aged Care and Minister for Sport	Senator the Hon Malarndirri McCarthy Assistant Minister for Indigenous Health
The Hon Ged Kearney MP Assistant Minister for Health and Aged Care	

Secretary
Professor Brendan Murphy AC



Statutory office holders			
Aged Care Quality and Safety Commissioner Janet Anderson PSM	Gene Technology Regulator Dr Raj Bhula	National Health and Medical Research Council Commissioner of Complaints Mr Chris Reid	Chief Executive Officer, National Sports Tribunal John Boulton AM
Executive Director, Australian Industrial Chemicals Introduction Scheme Graeme Barden	National Health Funding Pool Administrator Michael Lambert	National Rural Health Commissioner Professor Ruth Stewart	

³ Operation COVID Shield ceased operations on 31 July 2022, with the functions of the National COVID Vaccine Taskforce returning to the Department from 1 August 2022.

Our Contribution to Government Initiatives

Uluru Statement from the Heart

The Uluru Statement from the Heart clearly outlines the ongoing impacts of colonisation, systemic discrimination, and intergenerational trauma for First Nations peoples. The Department recognises that only by listening to First Nations voices will we be able to improve health outcomes and close the gap in key areas of health.

The Department is taking tangible action to implement the Uluru Statement by enabling self-determination for First Nations peoples. This includes strengthening our partnerships with the First Nations health sector (the National Aboriginal Community Controlled Health Organisation on behalf of the Aboriginal community-controlled health services sector), and taking steps to implement genuine shared decision-making in the delivery of policies and programs.

The National Aboriginal and Torres Strait Islander Health Protection Sub-committees (renamed from the Aboriginal and Torres Strait Islander Advisory Group on COVID-19) will continue with an expanded membership and remit to provide advice to the Australian Health Protection Principal Committee on health protection matters from a First Nations perspective.

National Agreement on Closing the Gap

The National Agreement on Closing the Gap (the National Agreement) echoes the need to change the way we work. The National Agreement outlines, in practical and measurable terms, ways to ensure the voices of First Nations peoples are given weight on issues that impact their lives. It pushes governments to build and strengthen genuine partnerships and shared decision making with First Nations peoples.

In line with the Uluru Statement from the Heart and the *National Agreement*, the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Health Plan) was developed in genuine partnership with First Nations leaders, and directly reflects their voices, needs, and aspirations. The Health Plan, released in December 2021, also recognises that improved outcomes will only be achieved if First Nations peoples are leading the decisions that impact their health and wellbeing.

As well as including the perspectives of First Nations peoples in partnerships and decision making, we recognise that increasing participation in the health workforce is critical to increasing cultural safety in the mainstream health system, which will in turn improve outcomes through better access and participation of clients. Without tangible reform, it is expected that First Nations peoples will remain underrepresented in the health workforce.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Workforce Plan) was released in March 2022. The Workforce Plan represents priorities identified by First Nations peoples, and includes strategies and actions to increase the participation of First Nations peoples in the national health workforce.

To further implement the Uluru Statement and achieve our commitments under the National Agreement, the Department established the Closing the Gap Steering Committee (the Steering Committee). The Steering Committee will drive the necessary work to align the entire Department's operations and services with the Priority Reforms of the National Agreement, which are:

- partnership and shared decision making
- building the community controlled sector
- transforming government organisations
- sharing access to information and data at a regional level.

The Steering Committee is chaired by the Department's Chief Operating Officer, with membership comprising of senior Health Executives. The Aboriginal organisation, Everywhen, has been engaged to support this work. The Department's commitment to implement these changes will be supported by an accompanying implementation plan and tracker. Importantly, this work will ensure First Nations voices guide reforms across health, mental health, aged care, and health workforce programs, services and policies, and ultimately lead to improved health outcomes for First Nations peoples.

Supporting implementation of *Australia's Disability Strategy 2021–2031*

More than one in 6 Australians have disability.⁴ People with disability have poorer health and healthcare access than the general population, with significantly higher rates of potentially avoidable deaths.⁵

Australia's Disability Strategy 2021–2031 (the Strategy)⁶ is Australia's national disability policy framework. It builds on the *National Disability Strategy 2010–2020* to establish a national approach to improving the lives of people with disability. The Strategy was developed through extensive consultations and engagement, where people with disability and the disability sector shared their experiences to ensure the Strategy is practical, effective, and targeted.

Health and wellbeing is one of the 7 Outcome Areas identified in the Strategy, where governments at all levels, working with the community and people with disability, will focus on delivering the changes needed.

The Department is committed to supporting the implementation of the Strategy and, in particular, addressing gaps in health and healthcare access for people with disability. The Department participates in the Cross Agency Working Group on implementation of the Strategy, chaired by the Department of Social Services.

The Department is also progressing the National Roadmap for Improving the Health of People with Intellectual Disability (the Roadmap)⁷, which is an Associated Plan to the Strategy. The Roadmap will support health and wellbeing outcomes under the Strategy.

In 2022–23, the Department will contribute to the Strategy's actions and objectives through the following work:

Early Childhood Targeted Action Plan

The Department will lead implementation of a health action (Action 1.2) under the Early Childhood Targeted Action Plan.⁸ Action 1.2 is to provide support to facilitate, through Primary Health Networks and Aboriginal Community Controlled Health Services, improved access to primary health care services to better enable early detection of disability or developmental concerns in young children, and facilitate appropriate referral pathways, recognising the needs for priority population groups.

Disability Data Improvement Plan

The Department is establishing an initial 3 year Disability Data Improvement Plan (DIP) for 2022–2025. The Strategy's Shared Leadership Model requires lead portfolios, including our Department, to produce an initial 3 year DIP setting out how data can be improved for people with disability in their key systems. The aim of the DIP is to outline how the Department will improve the quality of data held for people with disability to advance decision making and program performance. Improving data is a key element of the Strategy, and aims to measure outcomes, identify data linkage points between systems, and support the development of new measures.

⁴ AIHW (2020). *People with disability in Australia 2020*. Available at: www.aihw.gov.au/reports/disability/people-with-disability-in-australia-2020-in-brief/contents/people-with-disability-in-australia

⁵ AIHW (2020). *Mortality patterns among people using disability support services: 1 July 2013 to 30 June 2018 (Summary report)*. Available at: www.aihw.gov.au/getmedia/de0fc029-4574-4e7b-899c-9818fa482966/aihw-dis-76-summary.pdf.aspx?inline=true

⁶ Available at: www.disabilitygateway.gov.au/document/3106

⁷ Available at: www.health.gov.au/resources/publications/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability

⁸ The 5 Targeted Action Plans under the strategy are focused on: early childhood, emergency management, safety, community attitudes, and employment.

Emergency Management Targeted Action Plan

In collaboration with other agencies, disability organisations, and the Advisory Committee on the Health Emergency Response to COVID-19 for People with Disability, the Department is progressing work to contribute to the following actions under the Strategy's Emergency Management Targeted Action Plan:

Action 1.4: Australian Government Department of Health to review Australia's COVID-19 response for people with disability and incorporate learnings into emergency planning and future emergency responses.

Action 1.5: Australian Government to work with state and territory governments to provide greater clarity on agency roles and responsibilities for responding to health emergencies for people with disability and the disability sector.

Action 1.6: The Australian Government (along with state and territory governments) to recognise the disability workforce as an essential workforce in the context of public health emergencies and in public health emergency planning.

Action 2.6: The Australian Government (along with state and territory and local governments, and disability service providers), to consider the needs of people with intellectual disability in their emergency preparedness planning.

Action 2.7: Australian Government Department of Health (in coordination with states and territories), to continue work to ensure disability support workers have priority access to personal protective equipment, appropriate testing procedures, and infection prevention and control training during the COVID-19 and any future widespread communicable disease outbreaks.



Our Regulatory Approach

The regulatory environment in the health and aged care sector is complex and broad ranging. The Australian Government, through the Department and its portfolio entities, has significant responsibility for regulating a wide range of health and aged care systems, including:

- therapeutic goods and products such as medicines, vaccines, cell tissue, and blood production and medical devices
- ageing and aged care services
- controlled drugs
- gene technology
- industrial chemicals
- private health insurance
- radiation protection and nuclear safety
- sport integrity
- safety and quality in healthcare
- food standards
- embryo research
- security sensitive biological agents
- health provider compliance
- hearing services.

Our regulators play a vital role in administering legislation that covers thousands of professionals, organisations, and businesses that support the health and wellbeing of Australians.

Through our regulation, the Department aims to protect the health, safety, and wellbeing of all Australians by identifying risks to human health and the environment and managing those risks to prevent harm through education and effective, proportionate compliance activities.

The development, management, and review of our regulation is guided by the Health Regulatory Policy Framework, which identifies a set of common principles to underpin the Department's approach to regulation:

1. Continuous improvement and building trust.

We adopt a whole of system perspective to regulation, continuously improving our performance, capability, and culture to build trust and confidence in our regulatory system.

2. Risk-based and data-driven. We manage risks proportionately, apply treatments which are specific to the prevailing risks and maintain essential safeguards while minimising unnecessary regulatory burden, and leverage data and digital technology to support those we regulate to comply and grow.

3. Collaboration and engagement. We are transparent and responsive communicators, implementing regulations in a modern and collaborative way.

We recognise that we have a shared responsibility for the stewardship of our regulatory systems. We adopt a whole of system view of our regulation and take a proactive and collaborative approach to the care of the regulatory functions which the Department oversees.

Regulator / regulatory function	Program
Regulatory oversight of therapeutic goods by the Therapeutic Goods Administration	Program 1.8
Regulatory oversight of controlled drugs by the Office of Drug Control	Program 1.8
Administration of the Australian Industrial Chemicals Introduction Scheme (AICIS) by the Office of Chemical Safety	Program 1.8
Gene Technology Regulator (GTR) / Office of the Gene Technology Regulator	Program 1.8
Supporting access to high quality hearing services through the Hearing Services Program	Program 2.2
Regulatory oversight of private health insurance and private hospitals ⁹	Program 2.4
Supporting the integrity of health benefit claims	Program 2.6

⁹ Where those obligations do not fall within the prudential regulatory role of the Australian Prudential Regulation Authority.

Our Corporate Governance

Corporate governance plays an integral role in ensuring Australian Government priorities and program outcomes are delivered efficiently and effectively.

There are 7 senior governance committees that provide advice and make recommendations to our executives on organisational performance, delivery of administered programs, implementation of our highest risk change projects, and strategic portfolio policy issues to improve the performance of health, aged care and sport systems.

The **Executive Committee** provides strategic direction and leadership to ensure outcomes documented in our Corporate Plan and Portfolio Budget Statements (PB Statements) are achieved. The Executive Committee operates in an advisory capacity to the Secretary as the Chief Executive and has no legal status.

The **Audit and Risk Committee** provides independent advice and assurance to the Secretary on the appropriateness of our financial reporting, systems of internal control, performance reporting, and systems of risk oversight and management.

The **Program Assurance Committee** is an advisory body reporting to the Executive Committee. This Committee drives excellence in program delivery across all programs, which are mapped to the outcome and program structure reflected in the PB Statements. This committee considers both the ongoing delivery of programs and the implementation of new programs and measures.

The **Digital, Data and Implementation Board** provides oversight, advice, and assurance to the Executive Committee on effective management and ongoing viability of our highest risk change projects and portfolio of work. The Board also provides strategic advice and leadership on the digital, data, and ICT work programs to ensure the Department is leveraging existing technologies, patterns, and capabilities to effectively deliver on new and emerging priorities of government, while ensuring alignment with the digital transformation agenda.

The **Security and Workforce Integrity Assurance Committee** supports the Secretary and Executive in the provision of a cohesive and coordinated approach to security and workforce integrity risk, having regard for long term protective security goals, objectives, and responses of the Department as it delivers government outcomes.

The **Closing the Gap Steering Committee** drives necessary work to align the entire Department's operations and services with the Priority Reforms of the National Closing the Gap Agreement. The Steering Committee is chaired by the Department's Chief Operating Officer, with membership comprised of senior Health Executives.

The **Strategic Policy Forum** provides the Executive Committee with a whole-of-portfolio view of new policy development and current policy challenges by bringing together senior leaders to inform early policy design, policy implementation, and ongoing monitoring and evaluation of critical initiatives. The Forum aims to foster a culture of innovation, collaboration, and contestability.



Our Risk Management Framework

Our risk management framework assists our people to make better decisions, encourages engagement with risk, and positions us to be more agile to deal with current and emerging challenges.

Our risk management framework includes a Risk Management Policy, our key strategic document that supports the achievement of the Department's outcomes. The framework and Risk Management Policy have been developed in accordance with the *Public Governance, Performance and Accountability Act 2013*, Commonwealth Risk Management Policy, and is aligned to the AS/NZS ISO 31000:2018 Risk Management – Guidelines.

During last financial year we achieved a number of significant implementation milestones, including:

- creation of a defined Chief Risk Officer role
- revising the Risk Management Policy to improve practicality
- updating our Risk Culture Statement
- revising the Enterprise Risks and associated Tolerance Statements.

The Department's updated Risk Culture encourages our people to take appropriate and calculated risks, in accordance with the risk tolerance, to achieve the Department's objectives. Our leaders encourage this through an open, no blame approach that ensures our people are comfortable with reporting and escalating risks where necessary. By taking this proactive approach to risk, we can benefit from healthy risk-taking behaviour to achieve our objectives, whilst applying appropriate controls to manage those risks.

Over the next 4 years, the Department aims to finalise the implementation stage of our significant reform agenda to build risk management capability and achieve and embed a consistently mature level of risk management ability across the Department.

Our Risk Appetite Statement

The Department has developed a Risk Appetite Statement to guide decision making as follows:

The Department wants everyone to engage with, understand and appropriately manage its risks. Specifically, the Department is eager to engage with higher levels of risk and look for innovation in relation to its policy development and delivery outcomes, where the potential rewards may provide improvements to the health and wellbeing of the Australian public. Conversely, the Department has little to no appetite for engaging with risk that could harm its people or the Australian public.

Enterprise Risks









Enterprise level risk themes have been identified to assist our staff at all levels in understanding the boundaries in which we operate and where innovation and creativity are important in achieving our strategic priorities. We have identified the 8 core enterprise level risk themes that have the most significant impact on our strategic priorities and operations. These provide a structured and systematic approach to identifying, managing, and reporting risks relevant to our day to day business.

The Department regularly assesses the broader risk landscape within which we operate to effectively manage the potential impacts it may have on delivery of our objectives. Within the ever-evolving risk landscape, our most significant strategic and operational challenges include delivering the Government's ambitious reform agenda and to move towards managing COVID-19 like other respiratory illnesses. To maintain reform delivery, we will need to ensure strong ICT capability to support us to work as efficiently as possible and to be agile, flexible, and innovative.

We recognise it is critical to our ongoing success to proactively consider, identify, and engage with significant current and emerging risks. During 2022, the Department reviewed and updated the Enterprise Risks that threaten the Department's ability to achieve our strategic objectives and outcomes. We have identified 6 Enterprise Risks. Associated Risk Tolerance Statements help our staff to understand where we can be more innovative in achieving an outcome, and where we should take a more cautious approach. The Tolerance Statements are intended to support good, informed, and deliberate decision making in managing our Enterprise Risks to successfully deliver our priorities.

The updated Enterprise Risks and their associated Tolerance Statements are in the following 2 tables:

Enterprise Risk Category (alphabetical order)	Enterprise Risk	Mitigation Strategies
Delivery	Failure to design and deliver key programs, projects and services in accordance with the Department's strategic objectives.	<ul style="list-style-type: none"> • Enter into successful contracts and agreements, ensuring the delivery of both the asset and cash value of the agreement. To do this, we will work with our external partners and have appropriate processes, systems, and people to deliver health, aged care, and sporting services to the community. • Establish strong project delivery management and oversight practices with nimble escalation of risks and opportunities.
Financial	Ineffective management of financial resources to ensure compliance, prevention of potential fraud and the delivery of Government priorities.	<ul style="list-style-type: none"> • Have accountability for public money. • Manage finances in line with budgets at all levels. • Enable staff to effectively manage financial resources.
Information Technology, Data and Digital Services	Failure to provide fit for purpose, information technology and digital services, including the protection of personal data and the safe and effective sharing of data for programs, projects, and services.	<ul style="list-style-type: none"> • Ensure the security of our information and personal data that we maintain. • Have stable IT systems to properly maintain and manage information of stakeholders and staff. • Enable new and innovative ways to deliver and support programs and projects.
People	Inability to manage the capability and capacity of the Department's workforce, and inability to maintain the safety and wellbeing of our own people, in order to achieve Government priorities.	<ul style="list-style-type: none"> • Uphold our duty of care for our staff. • Conduct activities that ensure we provide and support a safe environment for both the physical and mental health of our staff and the community. • Ensure engagement and performance of staff. • Attract, recruit, and retain the right workforce to deliver business outcomes. • Build capability through targeted learning and development programs.
Policy	Failure to provide strategic and evidence-based policy advice in a timely manner to Government.	<ul style="list-style-type: none"> • Develop and implement new and innovative policies with strategies and programs that are sustainable over the short, medium, and long term to achieve the best possible health, ageing and sport policy outcomes.
Reform	Failure to sufficiently anticipate and respond to emergencies and other challenges in order to deliver effective and efficient outcomes.	<ul style="list-style-type: none"> • Have a flexible and responsive approach to policy delivery and change management with project and program delivery. • Ensure active communication and engagement with key stakeholders to effectively anticipate emergencies and challenges and drive change as necessary.
Regulatory	Failure to design and implement effective regulatory policies and practices to support good health outcomes.	<ul style="list-style-type: none"> • Implement best practice policies and procedures to protect the health and safety of the community, while focusing on reducing regulatory burden on businesses, healthcare professionals and consumers.
Stakeholders	Ineffective partnering and engagement with external and internal stakeholders to achieve good health outcomes.	<ul style="list-style-type: none"> • Continue to develop the already strong working relationships with existing partners, particularly peak bodies, delivery partners and jurisdictions.

Enterprise Risk Category (alphabetical order)	Risk Tolerance Level (Low - Moderate - High)	Enterprise Risk Tolerance Statement
Delivery		The Department has a high tolerance for supporting the health, safety, and wellbeing of the community through delivering reliable, effective programs, projects, and services.
Financial		The Department has a low tolerance for the mismanagement of financial resources and fraud.
Information Technology, Data and Digital Services		<p>The Department has a low tolerance for inappropriate, illegal, or fraudulent access to systems, which might result in the exposure of personal data and critical information.</p> <p>The Department has a high tolerance to provide fit for purpose and innovative information technology and digital services and consistent practices for the lawful sharing of data and information.</p>
People		<p>The Department has a low tolerance for any activities that may cause harm to the safety and wellbeing of our people.</p> <p>The Department has a high tolerance for taking a flexible approach to recruiting and retaining an engaged, diverse, and skilled workforce.</p>
Policy		The Department has a high tolerance for identifying, developing, and reviewing policies to provide the best possible solutions to existing and emerging health priorities and challenges.
Reform		The Department has a high tolerance for taking risks that evolve our capability, culture systems and processes to be agile and respond to the needs of the health and aged care system into the future.
Regulatory		<p>The Department has a low tolerance for non-compliance with relevant legislation and regulatory activities and requirements.</p> <p>The Department has a high tolerance for risk-based approaches to regulation and red-tape reduction for business, community organisations and individuals while ensuring the currency of standards for products and services.</p>
Stakeholders		The Department has a high tolerance for engaging with stakeholders to deliver better practice, policy, and programs.

Our Capability

Corporate Operations Group (Corporate) Strategy 2020–23

The Corporate Operations Group (Corporate) is focused on our business partners, and we put them at the centre of everything we do, both within the Department of Health and Aged Care and in portfolio agencies. The Corporate Strategy, governed by the Corporate Operations Board, sets out an approach to enhance corporate service delivery and drive continuous improvement. Focusing on incremental uplifts that will effectively support the delivery of the Department's Corporate Plan and enable business areas to successfully deliver, the Corporate Strategy aims to:

- coordinate an approach to understand our customers
- consistently deliver corporate services to meet customer needs
- strengthen all aspects of project delivery
- enable improved policy development and program management
- clarify accountability and obligations across Corporate
- enhance our engagement model and plan for the future.

We continue to build and maintain our capability to support the Australian Government to lead and shape Australia's health and aged care system and sporting outcomes.

Workforce Capability

We continue our strong commitment to building a professional and skilled workforce, with a focus on capabilities required to deliver on the priorities of the Government and the Department, including:

- leading the Government's health response to the COVID-19 pandemic
- implementing reforms to the aged care sector
- health improvements for First Nations peoples
- strengthening Medicare and primary care.

Key skills and capabilities we are focused on further developing include:

- core public service skills (the 'APS craft')
- management and leadership
- policy development
- project and program management
- investigation and compliance
- data and digital
- performance reporting and regulation.

We also participate in various Australian Public Service professional graduate streams to build pipeline capability in data, digital, and human resources.



Workforce Strategy

Since March 2020, we have seen firsthand how the COVID-19 pandemic changed the way people work. Our surge experience enabled us to accelerate planning to ensure our people have the skills, structures, and support needed to succeed in competitive and complex environments.

More than 5,000 people work at the Department in locations around Australia. We undertake critical roles across 17 job families, including policy, project and program management, science and engineering, data, research and analysis, and regulation and compliance.

In 2022–23, we will develop and implement a Workforce Strategy (the Strategy) that defines how the Department will continue to engage, develop, and position our workforce to deliver its strategic purpose. Through annual implementation plans under the Strategy, workforce actions will be prioritised toward understanding, growing, supporting, and mobilising the capability needed for a high performing, diverse, and agile workforce.

Our approach to workforce management will underpin the Strategy and help identify emerging roles, risks, and opportunities in real time. This will allow us to increase capacity and focus specifically on priority capabilities, culture, leadership, entry level programs, pathways, and recruitment.

We will build our understanding of what the right people, with the right skills, at the right time looks like to support evidence-based workforce decisions.

Diversity and Inclusion

We continue to invest in attracting, developing, and retaining a diverse workforce, and value the range of views and approaches diversity brings to our workplace. We are committed to being inclusive, culturally aware, and responsive to the needs of individuals in our policies and practices. Program initiatives have been developed and continue to be implemented to broaden diversity and inclusion in our workplace, supporting a wider range of diversity dimensions including gender, age, disability, LGBTQIA+, First Nations peoples, and cultural diversity.

In addition to our commitments under the National Agreement on Closing the Gap, implementation of our Innovate Reconciliation Action Plan (RAP) 2021–2023 is underway. This RAP focuses on empowerment, self-determination, and harnessing the valuable perspectives and knowledge of First Nations peoples, including staff and stakeholders, under the 3 core pillars of respect, relationships, and opportunities.

Across the health sector, it has become evident that self-determination is the key approach to producing effective and sustainable improvements in First Nations health and wellbeing outcomes.

We acknowledge that to deliver high quality and culturally appropriate services, policies and programs, we must demonstrate our understanding and respect of First Nations peoples, cultures, and histories. We will continue to build the Department's cultural competence, supporting our staff to form genuine, respectful, and collaborative partnerships with each other and First Nations peoples, stakeholders, and community groups.



New Ways of Working and Learning

We recognise the need for a modern workplace, a flexible culture and work practices, strong leadership, and better technology to support our people to do their best work in a location that best supports them, whether remotely or in the office, together or independently. Our flexible approach supports business continuity, enabling us to operate safely and seamlessly from any location.

The New Ways of Working (NWOW) program is transforming our workplace by creating more flexible, healthier work environments that promote adaptability, collaboration, and performance. This program is delivering better designed physical spaces and better mobile technologies, underpinned by a strong focus on enabling our staff to do their best work.

This includes a continued focus on training and change management to ensure we maximise productivity improvements and more collaborative and integrated ways of working across the Department.

By the end of 2021–22, more than 1,700 staff moved into new workplaces in Hobart, Perth, and Canberra (in both the Sirius Building and our new building at Fairbairn).

During 2022–23, proposed NWOW developments are:

- August 2022 – refurbishment of Sirius Building Level 7, Canberra.
- September 2022 – refurbishment of the Melbourne Office.
- Early 2023 – refurbishment of Sirius Building Level 6, Canberra.

In addition to the physical changes, the Department has supported an accelerated, largescale IT equipment provision and capability support program, enabling all staff, not just those working from refitted office locations, to work flexibly through improved IT capability. This has improved the Department's resilience and agility and contributed to staff engagement and wellbeing.

Our approach also improves our ability to attract and retain staff seeking flexible work opportunities. Over the next 12 months, there will be a focus on policies and change management support for staff to adopt and sustain the behaviours, mindsets, and leadership skills to support a flexible, high performance workforce.

As the needs and locations of our workforce change, we are changing the learning and development opportunities we offer and how we deliver them. Changes to the Department's IT capability have provided a platform to deliver face-to-face, online, and blended programs.

Our approach to learning goes beyond the classroom, and includes managing hybrid teams and building cultural capability and professional writing courses specific to the Department. We are providing tools and resources to build the capability of our staff wherever they are in their career, and wherever they are located.



Our Environmental Management System

Through our Environmental Management System, we continue to support the Government's enhanced commitment to improving the energy efficiency of government operations and decreasing greenhouse gas emissions to reduce our environmental impact. Our environmental activities focus on recycling, reducing energy use, waste minimisation, and reducing consumption of office goods.

We are proud to have the majority of our Canberra-based staff located in the Sirius Building, which in 2018 was announced as the first building in Australia to achieve a 6-star National Australian Built Environment Rating System energy rating, water rating, and Green Star performance rating, achieving this milestone without the use of green power or externally sourced recycled water.

NWOW – Fairbairn

NWOW – Perth

Information Communications and Technology Capability

Under the sponsorship of the Digital, Data and Implementation Board, the 2023–25 ICT Strategy will be released in the first half of this financial year, and aligns to the broad framework encompassing the Health and Aged Care sectors, wider Health portfolio, and whole of government context, as well as providing linkage to this Corporate Plan.

The ICT Strategy will be comprised of statements that articulate the vision, mission and business-aligned strategic themes that are focused on:

- connecting consumers, industry and agency partners, service providers, health professionals, and researchers to our digital ecosystem
- providing technology-enabled operational services to the rest of the Department in a way that is contemporary and relevant
- continuing to improve how the technology function will be optimised, managed, and secured.

The ICT Strategy will provide a blueprint of how technology supports and shapes the overall business strategy of the Department. It will also establish direction for everyone in the IT function by setting goals that are clear and achievable. It will inform and guide those that work in technology delivery through an implementation plan that will outline the objectives, initiatives, and roadmap for each one year horizon. We will strive for innovative, sustainable, and secure IT systems that deliver on our outcomes and achieve our purpose. Key to this is how we leverage whole of government solutions and capabilities to drive efficiencies, reduce waste, and optimise experience.

The digital transformation of our regulatory and subsidisation programs continues building on the initial implementation of the Health Products Portal. This transformation establishes a series of standard enterprise design patterns that will become the basis for the transformation of other key digital interfaces with providers and consumers.

Aged care reforms provide opportunities to deliver modern, scalable, reusable, and human-centred digital solutions to increase flexibility and ability, improve the client experience, increase interoperability and data transparency with the sector, and reduce costs. This positions the Department and the aged care sector to respond to future demands and emergencies. We also continue to support digital enablement to improve unified mental health outcomes, as well as improving searching and reporting associated with vaccine adverse events and improving digital sharing between jurisdictions across the Commonwealth to facilitate this reporting.

Uplifting our protective and cyber security maturity and implementation of the Security Strategy will continue to be a priority to mitigate any outstanding security risks. Significant progress has been made in ensuring our buildings, assets, and personnel remain safe, along with a strong focus on continuing the rollout of our Essential 8 cyber security controls to protect our systems and data. The Chief Technology Officer role brings increased focus to transforming our technology delivery platforms to ensure our solutions are fit for purpose, financially sustainable, secure, and reliable.



Data Capability

We work collaboratively with other government entities, jurisdictions, and non-government partners to enhance our data and analytics capacity. We use analytics securely and appropriately to provide insights to decision makers, building on a strong foundation of data governance.

We are enhancing our information management capability, systems, and processes to facilitate accountability, transparency, preservation, collaboration, and deliver better data and analytic services.

We will work to deliver a consistent departmental data policy and governance framework, with a focus on more streamlined use of our data, analytical capability development, and lifting data literacy. We will also drive the linkage of key datasets, for example, the Australian Immunisation Register and the Multi-Agency Data Integration Project, to support delivery of the COVID-19 vaccine rollout.

Evaluation

We are continuing to embed and strengthen our evaluation capacity, culture, and capability through delivery of a whole of department approach to robust and transparent evaluation practices. This will inform evolution of our policies and programs based on the best available evidence, support us in our resource allocation and decision making responsibilities, and ensure outcomes are delivered as intended.

Financial Management Capability

We are responsible for a significant portion of the Commonwealth Budget. One of our core responsibilities is ensuring resources made available by government on behalf of the Australian community are managed in an efficient, effective, economical, and ethical manner.

We deliver a strong financial management framework to ensure we make evidence-based finance decisions and meet our financial accountability, performance, and governance obligations.

Our Finance Strategy 2020–24 sets out a long term vision based on 3 pillars of our financial management framework:

- A strong financial controls and assurance framework.
- Providing credible, accurate and consistent financial information and advice.
- A financial governance framework which promotes the effective and efficient use of resources.



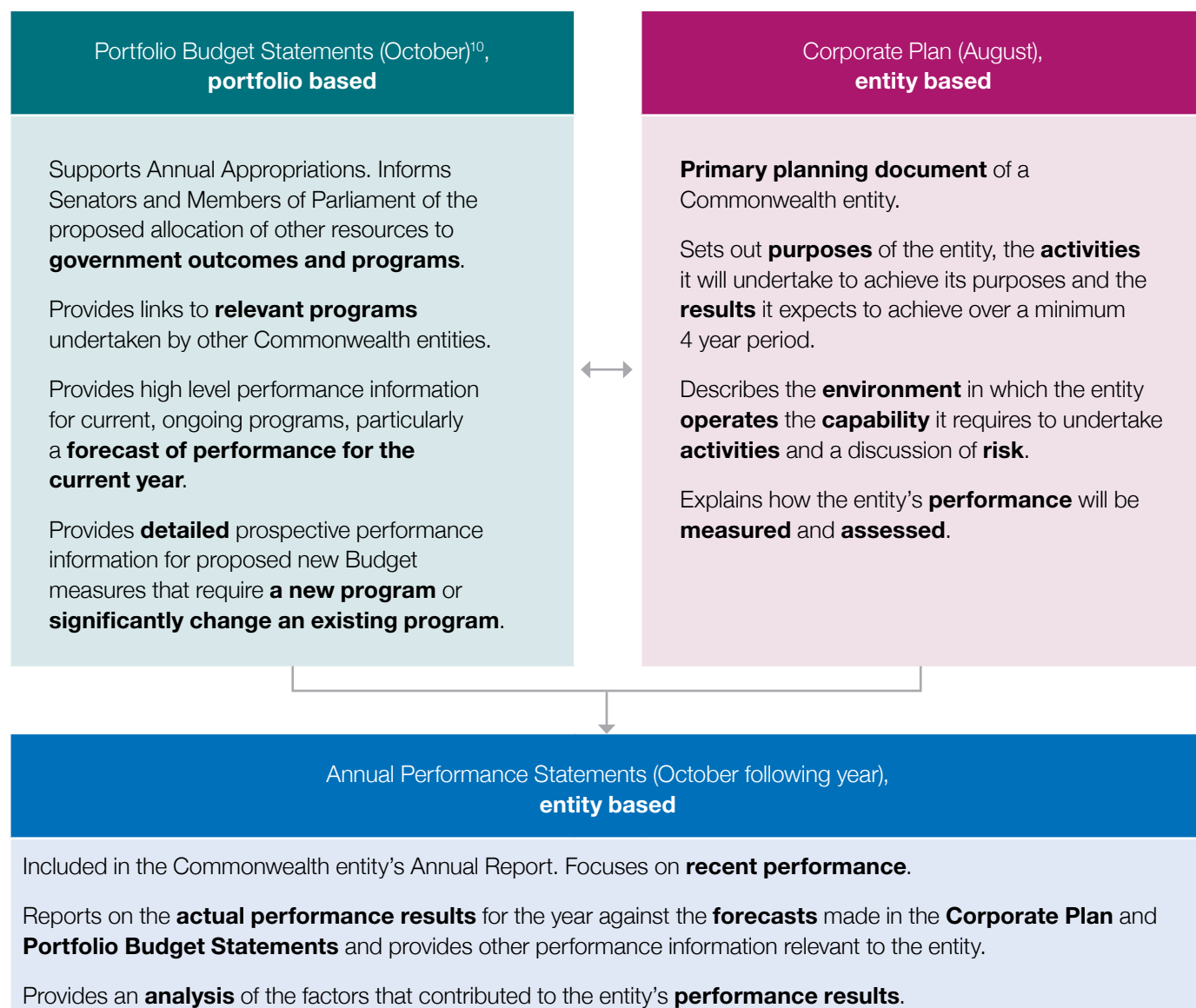
Our Performance

We assess our performance by measuring how we meet the objectives of our 20 programs, and through them how we achieve our 4 outcomes. Our high level, evidence-based measures are designed to both plan and report our performance reliably and consistently across multiple performance cycles. Assessments and results of our performance measurement will be reported in the 2022–23 Annual Performance Statements (included in our Annual Report).

The Commonwealth Performance Framework is established by the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and requires entities to demonstrate how public resources have been applied to achieve their purposes. It outlines the obligations of accountable authorities to prepare corporate plans, with section 16E of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) prescribing the requirements for corporate plans and performance information published by entities.

Commonwealth Performance Framework

Key components of relevant publications



¹⁰ The 2022–23 Budget was handed down on 29 March 2022. Following the Federal election, a revised Budget was handed down on 25 October 2022, at which time an updated Portfolio Budget Statements 2022–23 was published.

In addition to the Commonwealth Performance Framework, our Performance Measurement and Reporting Framework enables a clearer line of sight between planning, measuring, monitoring, evaluating, and reporting performance, which in turn informs policy development and implementation.

	Planning	Reporting
External audience, less detail, broad scope	<ul style="list-style-type: none"> • Government Priorities • Corporate Plan • Portfolio Budget Statements 	<ul style="list-style-type: none"> • Annual Performance Statements • Annual Report
Internal audience, more detail, narrow scope	<ul style="list-style-type: none"> • Division business plans • Branch and section plans • Program and project plans • Individual performance and development plans 	<ul style="list-style-type: none"> • Internal performance evaluation • Reporting to governance bodies • Program and project reporting • Individual performance reviews

Our Performance Assurance

In line with the Commonwealth Evaluation Policy, the Department is working to improve the quality of performance reporting for the purposes of accountability, continuous improvement, and decision making.

We continue to make ongoing improvements in the reliability, objectivity, and clarity of our performance measures through our Performance Reporting Continuous Improvement Project. This is achieved through:

- improving the identification and documentation of data sources and methodologies used to measure results against performance measures
- continuing analysis of performance measures to balance the mix of quantitative and qualitative measures of outputs, efficiency and effectiveness
- seeking regular external assurance of performance information to ensure unbiased review of performance measures and the associated planned performance for adherence to the PGPA Rule
- ongoing review to streamline and align performance information across the Portfolio Budget Statements, Corporate Plan, and Annual Performance Statements.

These improvements will further help us to ensure consistency can be achieved between key reporting documents, making our reporting clearer and more informative to readers.



OUTCOME 1

Health Policy, Access and Support

Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian Community

Outcome 1 is delivered through the following programs:

1.1 Health Research, Coordination and Access

1.2 Mental Health

1.3 Aboriginal and Torres Strait Islander Health

1.4 Health Workforce

1.5 Preventive Health and Chronic Disease Support

1.6 Primary Health Care Quality and Coordination

1.7 Primary Care Practice Incentives and Medical Indemnity

1.8 Health Protection, Emergency Response and Regulation

1.9 Immunisation

Outcome Snapshot

The broad scope of **Outcome 1** reflects the complexity of our work. On behalf of the Australian Government, we undertake a wide range of functions to improve the health outcomes of Australians. This includes:

- Working in partnership with states and territories to ensure all Australians are provided with the choice to receive public hospital services free of charge, based on clinical need and within a clinically appropriate period, equitably and regardless of geographic location.
- Working with the Australian Digital Health Agency to deliver the national digital health agenda.
- Driving growth and improvement in the safe and effective use and sharing of health related data.
- Cementing Australia's place as a world leader in health and medical research.
- Engaging with key international partners.
- Delivering the National Mental Health and Suicide Prevention Plan.
- Working in partnership with First Nations peoples and communities to improve health outcomes through the National Agreement on Closing the Gap.
- Implementing the Stronger Rural Health Strategy and the National Medical Workforce Strategy.
- Reducing preventable mortality and morbidity through cancer screening programs.
- Implementing the National Preventive Health Strategy 2021–2030.
- Implementing the National Obesity Strategy 2022–2032.
- Developing the National Tobacco Strategy 2022–2030.
- Establishing the Strengthening Medicare Taskforce to support primary care reform.
- Implementing the Practice Incentives Program.
- Implementing the COVID-19 Vaccine Claims Scheme.
- Leading the Government and national health sector response to health emergencies, including the COVID-19 pandemic.
- Improving access to blood and blood products and other therapeutic goods, including prioritising the evaluation of COVID-19 treatments and vaccines for consumers, and streamlining regulatory processes for industry.
- Administering the National Gene Technology Scheme.
- Administering the Australian Industrial Chemicals Introduction Scheme.
- Delivering the Government's COVID-19 Vaccine and Treatment Strategy.
- Regulating and advising on controlled drugs, including medicinal cannabis, to support Australia's obligations under International Drug Control Conventions.
- Addressing disparities in health care and health outcomes for specific population groups, including women and girls, through various services, policies, and programs, recognising the impact of the wider determinants of health.

PROGRAM 1.1

Health Research, Coordination and Access

Program Objective

Collaborate with state and territory governments, the broader healthcare sector, and engage internationally to improve access to high quality, comprehensive, and coordinated health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and world class health and medical research.

Our Operating Focus

The COVID-19 pandemic has demonstrated the importance of a coordinated, whole of system focus on achieving better health outcomes and improving access for all Australians. Now, more than 2 years into the pandemic, we are moving toward embedding what we have learned.

We will continue to support the Government's partnership with states and territories to improve care pathways for patients and address pressures on Australia's health system, including the public hospital system. We will do so within formal and informal mechanisms, such as the 2020–25 Addendum to the National Health Reform Agreement, Health Ministers meetings, and engagement between senior officials within health departments. We will also continue to collaborate with the broader healthcare sector and engage internationally to drive more integrated and strategic activities across the portfolio, particularly through exploring reforms to address broader system challenges.

We will continue to work in partnership with other countries on international issues that will improve the health and wellbeing of our region, particularly through the World Health Organization, the G20, and the Organisation for Economic Co-operation and Development.

The COVID-19 pandemic highlighted the critical need for health system preparedness. We will support the Government in working with international partners to strengthen global health architecture, ensuring collective preparedness to respond to the next pandemic. While the pandemic has presented a global challenge for all countries, it has also created a surge in technological advancement in Australia. We will continue to engage with consumers, healthcare providers, and industry to ensure innovation not only meets the needs of Australians now, but also adapts to meet the needs of future generations.

The Medical Research Future Fund (MRFF)¹¹ continues to benefit the Australian community and global efforts to respond to worldwide health emergencies, such as the COVID-19 pandemic. As of October 2022, the MRFF invested more than \$2.3 billion across more than 907 research projects. We will continue to cement Australia's place as a world leader in health and medical research through disbursements from the MRFF that address significant Australian health concerns and opportunities. This work is complemented by the continuation of the successful Encouraging More Clinical Trials in Australia initiative, supporting ongoing collaboration with states and territories to cut red tape and increase the number of clinical trials in Australia.

¹¹ The MRFF is a research fund set up by the Government in 2015. In July 2020, it grew to \$20 billion. Net interest from the fund pays for important health and medical research projects.

Major reform initiatives in aged care and mental health, as well as the pandemic response, have seen an increased demand for data to inform policy development, evaluation, and service delivery. The Australian, state and territory governments, and the research sector are all actively seeking access to more data. This requires managing data sharing risks while meeting public expectations that policies and programs are delivering outcomes as intended. Increased data and analytics

activity within priority areas has increased the value of consistent approaches to departmental data governance matters and appropriate risk management for facilitating timely data sharing.

In conjunction with the Australian Digital Health Agency, we are supporting the transformation of digital health to drive improvements in health outcomes and enhance delivery of expanded, safer, more trusted, and streamlined digital health services.

Key Activities – Program 1.1	2022-23	2023-24	2024-25	2025-26
Supporting effective collaboration with state and territory governments to improve health and wellbeing for all Australians.	•	•	•	•
Leading collaboration with states and territories on long term, system wide health reform and administration of the Addendum to the National Health Reform Agreement 2020–25.	•	•	•	•
Providing support to states and territories for costs incurred as a result of the COVID-19 pandemic under the National Partnership on COVID-19 Response.	•	•		
Providing a sustainable source of funding for transformative health and medical research through sources including the MRFF and the Biomedical Translation Fund.	•	•	•	•
Supporting research into potential COVID-19 treatments and vaccines.	•	•	•	•
Working with states and territories to redesign clinical trial operating systems and to make it easier to conduct and participate in safe, high quality clinical trials.	•	•	•	•
Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders.	•	•	•	•
Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment.	•	•	•	•
Implementing a whole of department evaluation strategy, a whole of department Data Strategy, and an update to the Department's Data Governance and Release Framework.	•	•	•	
Providing our Ministers, the Australian Digital Health Agency, and other key stakeholders with timely and well-informed research, policy, and legislative advice that supports the Government's digital health agenda, including the My Health Record System.	•	•		
Working with the National Blood Authority, Organ and Tissue Authority, and states and territories to ensure access to a safe, secure supply of essential blood and blood products, as well as life-saving organ, tissue, and haemopoietic progenitor cell transplants.	•	•	•	•
Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs.	•	•	•	
Developing policies that embed emerging technologies into the Australian health system to effectively balance public benefit, cost, and risk. This includes the staged introduction of mitochondrial donation in Australia.	•	•	•	•
Working in partnership with key countries and international organisations on international health issues and reforms to global health architecture.	•	•	•	•

Our Performance

Performance Measures for Health Research, Coordination and Access – Program 1.1

Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation.¹²

Planned Performance Targets	
2022–23	2023–24 (and beyond)
<ul style="list-style-type: none"> Disburse 100% of the available budget for the Medical Research Future Fund (MRFF) in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan. Support 40 new clinical trials. Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices. Build the capacity of First Nations peoples to lead Indigenous health and medical research. Build the capacity of the health and medical research sector. Support collaboration across the health and medical research sector. Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding. 	As per 2022–23.

Data Source and Methodology

Information on investments is updated monthly using data supplied by the National Health and Medical Research Council (NHMRC) and the Business Grants Hub in the Department of Industry, Science and Resources (DISR), who administer MRFF grants on behalf of our Department. Datasets provided by NHMRC and DISR also include other quantitative and qualitative information on research projects funded by the MRFF that enables our Department to determine the types of projects funded, and capacity building and collaboration activities occurring within the projects.

Data is maintained internally by our Department. Information on the value of investments is published in our Department's annual financial statements, which are audited by the Australian National Audit Office and are available within the Department's annual reports, located on our website¹³.

Measure Type

Qualitative/Output

Discussion

This performance measure reviews a suite of work that captures the range of granting activities funded through the MRFF across the health and medical research sector, including grants, grant opportunities, researchers, and research organisations. The targets have been based on outcomes in previous financial years, taking into consideration the increased funding available for disbursement every year since the inception of the MRFF, which will stabilise at \$650 million per year from 2022–23. Achievements against the targets will indicate whether the Department is succeeding in maintaining a level of MRFF activity in line with government and community expectations based on historical trends.

¹² Source: *Health Portfolio Budget Statements 2022–23*, p.55.

¹³ Available at: www.health.gov.au/about-us/corporate-reporting/annual-reports

The rate of avoidable readmissions to public hospitals reduces over time.¹⁴

Planned Performance Targets

2022–23	2023–24 (and beyond)
Reduced rate of avoidable readmissions compared to 2021–22 baseline.	As per 2022–23.

Data Source and Methodology

The necessary data is contained in the state and territory submissions of the Admitted Patient Care (APC) National Minimum Dataset to the Independent Health and Aged Care Pricing Authority (IHACPA). The baseline data for this measure will become available between January and March 2023.

The APC is private data that belongs to states and territories, with the Commonwealth having limited rights of use as set out by the 2020–25 National Health Reform Agreement (NHRA). IHACPA will produce additional analysis on top of this data, including headline summary of statistics such as the rate of avoidable hospital readmissions, which will be able to be made public.

IHACPA and the Administrator of the National Health Funding Pool, working with the Australian Commission on Safety and Quality in Health Care, will provide the analysis of state and territory public hospital data to report on the measure.

Measure Type

Quantitative/Effectiveness

Discussion

All Australian governments have committed to reforms under the NHRA, which include a focus on avoidable hospital readmissions. These reforms aim to integrate safety and quality into the pricing and funding of Australian public hospitals in a way that:

- improves patient outcomes
- provides an incentive in the system to provide the right care, in the right place, at the right time
- decreases avoidable demand for public hospital services
- signals to the health system the need to reduce instances of preventable poor quality patient care, while supporting improvements in data quality and information available to inform clinicians' practice.

¹⁴ Source: *Health Portfolio Budget Statements 2022–23*, p.56.

PROGRAM 1.2

Mental Health

Program Objective

Improve the mental health and wellbeing of all Australians, including a focus on suicide prevention.

Our Operating Focus

We will implement the Government's priority to improve Australia's mental health care system to ensure all Australians have access to mental health and suicide prevention services when and where they are needed.

The complexity and fragmentation of the mental health and suicide prevention system requires significant and sustained reform. The Productivity Commission Inquiry into Mental Health, the National Suicide Prevention Adviser, the Royal Commission into Victoria's Mental Health System, and the Select Committee on Mental Health and Suicide Prevention all identified significant gaps in the mental health and suicide prevention system and recommend system-wide reform.

While we have commenced reform in a range of areas in recent years, further ongoing reform is required. This relies on the sustained commitment and cooperation of all Australian governments, noting responsibility for mental health and suicide prevention is shared between the Commonwealth and states and territories.

The National Mental Health and Suicide Prevention Agreement (National Agreement) came into effect on 8 March 2022. Bilateral schedules with all states and territories form part of the National Agreement and define funding for specific initiatives at the state level. Through the National Agreement, governments will collaborate on systemic, whole of government reform to deliver a comprehensive, coordinated, consumer focused, and compassionate mental health and suicide prevention system to benefit all Australians.

Our Department is proud and excited to be at the forefront of driving reform in this critical area and implementing the National Agreement. This will be achieved by working in partnership with states and territories on the foundations of the mental health system, clarifying roles, joint planning and co-investment in services, and opportunities to better integrate across the system. We will work in partnership with the Department of the Prime Minister and Cabinet on whole of Australian Government engagement, continue to invest in and support key areas of need, and closely monitor the services provided to the community through mental health initiatives and programs.

We will also continue to work with Primary Health Networks (PHNs) and other key stakeholders to develop regional services based on assessed need, and implement new initiatives to address gaps in the current system.

Our Department will continue to focus on:

- Prevention and early intervention, to provide all Australians greater access and choice to engage with high quality, free, and low cost digital mental health services early to prevent mental illness. This includes addressing social determinants of mental health, such as housing and homelessness, education, employment, and interaction with the justice system.
- Maintaining commitment to working toward zero suicides through activities preventing suicide and self-harm, and provide support to those impacted by suicide.
- Treatment, to ensure easy to access, high quality, person-centred treatment for all Australians who need it, at the right stage of life.
- Support for priority populations through effective and culturally appropriate mental health services for specific groups at increased risk of mental ill health.
- Workforce and governance, to support Australia's mental health system and workforce.

Key Activities – Program 1.2	2022-23	2023-24	2024-25	2025-26
Working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules.	•	•	•	•
Establishing targeted regional initiatives for suicide prevention and implementing initiatives to address the impact of suicide and mental ill health on First Nations peoples.	•	•		
Improving the mental health and wellbeing of children and their families through strengthened support for new and expectant parents, early intervention, and multidisciplinary care.	•	•	•	•
Enhancing the capacity of headspace youth services and improving access to community based mental health services for adults.	•	•	•	•
Improving access to Medicare subsidised mental health care for patients, their families and carers, and aged care residents.	•	•	•	•
Providing aftercare services to support Australians discharged from hospital following a suicide attempt, and suicide postvention services to support those bereaved by suicide.	•	•	•	•
Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.	•			
Providing additional support for Australians with eating disorders and their families.	•	•	•	•
Providing support for culturally and linguistically diverse communities through the Program of Assistance for Survivors of Torture and Trauma and Mental Health Australia.	•	•	•	•
Expanding and implementing the standardised clinical assessment and referral tool for a consistent and evidence-based approach.	•			
Establishing the Social and Emotional Wellbeing Partnership under Closing the Gap.	•	•	•	•

Our Performance

Performance Measures for Mental Health – Program 1.2

PHN-Commissioned mental health services used per 100,000 population ¹⁵ .	
Planned Performance Targets	
2022–23	2023–24 (and beyond)
• Annual increase on 2021–22 numbers.	Annual increase.
Data Source and Methodology	
Data sources:	
<ul style="list-style-type: none">• <i>Numerator:</i> Administrative data - The Primary Mental Health Care Minimum Data Set provides the basis for PHNs and the Department of Health and Aged Care to monitor and report on service delivery, and inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.• <i>Denominator:</i> The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS). ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.	
Methodology:	
$100,000 \times (\text{Numerator} \div \text{Denominator})$.	
<ul style="list-style-type: none">• <i>Numerator:</i> Number of clients who had an active episode of care within the period (i.e. accessed at least one service).• <i>Denominator:</i> ABS Estimated Resident Population by PHN region.	
Measure Type	
Quantitative/Output	
Discussion	
<p>Results for this indicator should be interpreted with caution. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. It also does not provide information on whether services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.</p> <p>This measure will also be affected by the results of regional planning and commissioning of services by PHNs. PHNs are responsible for determining the range of services to be delivered in their region and allocate funding appropriately.</p>	

¹⁵ Source: *Health Portfolio Budget Statements 2022*, p.58.

Medicare mental health services used per 100,000 population.¹⁶

Planned Performance Targets

2022–23	2023–24 (and beyond)
• Annual increase on 2021–22 numbers.	Annual increase.

Data Source and Methodology

Data sources:

- *Numerator:* Administrative data. Number of Medical Benefits Schedule (MBS) services is generated using Medicare claims data in the Department of Health and Aged Care Enterprise Data Warehouse.
- *Denominator:* The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS). ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.

Methodology:

$100,000 \times (\text{Numerator} \div \text{Denominator})$.

- *Numerator:* Number of MBS subsidised mental health services claims processed.
- *Denominator:* ABS Estimated Resident Population.

Measure Type

Quantitative/Output

Discussion

Results for this indicator should be interpreted with caution. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. It also does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

This measure is also affected by availability of the workforce to deliver services and service provider gap payments.

Number of headspace services delivered per 100,000 population of 12–25 year olds.¹⁷

Planned Performance Targets

2022–23	2023–24 (and beyond)
• Annual increase on 2021–22 numbers.	Annual increase.

Data Source and Methodology

Data sources:

- *Numerator:* Administrative data. The Primary Mental Health Care Minimum Data Set (PMHC MDS) provides the basis for PHNs and the Department of Health and Aged Care to monitor and report on service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.
- *Denominator:* The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics. ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.

Methodology:

$100,000 \times (\text{Numerator} \div \text{Denominator})$.

- *Numerator:* Number of headspace occasions of service.
- *Denominator:* ABS Estimated Resident Population (12–25 year olds).

Measure Type

Quantitative/Output

Discussion

Results for this indicator should be interpreted with caution. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. It also does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

¹⁶ Source: *Health Portfolio Budget Statements 2022*, p.58

¹⁷ Ibid.

PROGRAM 1.3

Aboriginal and Torres Strait Islander Health

Program Objective

Drive improved health outcomes for First Nations peoples.

Our Operating Focus

We will implement key government priorities to close the gap in health outcomes, including through training up to 500 new First Nations health workers, providing better renal services, expanding efforts to eradicate rheumatic heart disease in remote communities, and investing in capital upgrades for Aboriginal Community Controlled Health Services.

Health outcomes continue to be comparatively worse for First Nations peoples than non-Indigenous Australians, despite improvements in key areas. First Nations peoples experience a burden of disease 2.3 times higher and, on average, a life expectancy 8 to 10 years lower than non-Indigenous Australians. The Department is committed to improving these outcomes.

The current frameworks to guide government action to improve health outcomes for First Nations peoples are the National Agreement on Closing the Gap (July 2020), the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Health Plan), and the *National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021–31* (Workforce Plan). In keeping with the Uluru Statement from the Heart and the National Agreement on Closing the Gap, these frameworks were developed in partnership with First Nations leaders, and directly reflect the voices, needs, and aspirations of First Nations peoples. They recognise that improved outcomes will only be achieved if First Nations peoples are leading the decisions that impact their health and wellbeing.

The Health Plan reflects the priorities of First Nations peoples and will guide government action. Key areas identified for immediate action include continuing to support and grow the community-controlled health sector, ensuring access to culturally safe and appropriate mainstream health services, increasing the First Nations health workforce, and action to support preventive health, health promotion, early intervention, and suicide prevention.

The Health Plan also highlights that wider social determinants and cultural determinants of health play a significant role in health outcomes. We will work closely with our Australian Government colleagues to foster cross-sectoral solutions to improve health outcomes, including in areas across early childhood development, housing, environmental health, employment, education, and justice.

The Department has formed a Closing the Gap Steering Committee, which is leading the structural change required to align the entire Department's operations and services with the Priority Reforms of the National Agreement on Closing the Gap. These include:

- partnership and shared decision making
- building the community-controlled sector
- transforming government organisations
- data sovereignty, including sharing access to information and data.

The Steering Committee is chaired by the Department's Chief Operating Officer and comprised of our senior executives. The Aboriginal organisation, Everywhen, has also been engaged to support this work. Our commitment to implementing this required structural change will be supported by an accompanying implementation plan and tracker.

Key Activities – Program 1.3	2022-23	2023-24	2024-25	2025-26
Supporting delivery of the Government's commitments under the National Agreement on Closing the Gap.	•	•	•	•
Embedding structural reform across the Department to implement the Priority Reforms of the National Agreement on Closing the Gap.	•	•	•	•
Supporting growing primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services.	•	•	•	•
Delivering health infrastructure projects that create modern, high quality health clinics in areas of need.	•	•	•	•
Working in partnership First Nations leaders to determine the accountability and implementation arrangements for the <i>Aboriginal and Torres Strait Islander Health Plan 2021–2031</i> , and the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31</i> .	•	•	•	•
Delivering approaches to reduce the burden of chronic disease among First Nations peoples, including rheumatic heart and renal disease.	•	•	•	•
Prioritising investment in maternal, child, and family health to support First Nations children having the best start in life, including supporting the establishment of the dedicated Waminda Birthing on Country Centre of Excellence.	•	•	•	•
Investing in activities that reduce smoking rates for First Nations peoples, and embedding improvements made to date.	•	•	•	•
Supporting improvements in First Nations peoples' health outcomes through primary health care data collection and use.	•	•	•	•



Our Performance

Performance Measures for Aboriginal and Torres Strait Islander Health – Program 1.3

Planned Performance Targets	
2022–23	2023–24 (and beyond)
Develop accountability and implementation arrangements for the Health Plan and the Workforce Plan.	Deliver annual report on the implementation of the Health Plan and Workforce Plan.
Data Source and Methodology The Health Plan is published on the Department's website ¹⁹ . The Workforce Plan is published on the Department's website ²⁰ . The first annual implementation progress assessment for the Workforce Plan will be published on the Department's website by 30 June 2023.	
Measure Type Qualitative/Output	
Discussion Measuring the implementation of these plans through relevant partnerships assesses the Department's leadership in the objective of driving improved health outcomes for First Nations peoples. This measure is strongly linked to improving access to comprehensive and coordinated health care, better equipping Australia to meet the current and future health needs of all Australians.	

By 2031, increase the proportion of First Nations babies with a healthy birthweight to 91%. ²¹			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
89.6%	89.7%	89.9%	90.1%
Data Source and Methodology The Australian Institute of Health and Welfare (AIHW) National Perinatal Data Collection. This is an established national population based cross-sectional collection of data on pregnancy and childbirth. The data is updated on a yearly basis. There is currently a 17 month data lag between collection of the data and when it is publicly reported. Information regarding this data, including scope and methodology, is available on the AIHW website ²² .			
Measure Type Quantitative/Effectiveness			
Discussion The healthy birthweight measure aligns with Closing the Gap target 2 (children are born healthy and strong), which the Government is committed to achieving under the new National Agreement on Closing the Gap.			

¹⁸ Source: *Health Portfolio Budget Statements 2022–23*, p.60.

¹⁹ Available at: www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023

²⁰ Available at: www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031

²¹ Source: *Health Portfolio Budget Statements 2022–23*, p.60.

²² Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-perinatal-data-collection

PROGRAM 1.4

Health Workforce

Program Objective

Ensure Australia has the workforce necessary to improve the health and wellbeing of all Australians. Improve the quality, distribution, and planning of the Australian health workforce to better meet the needs of the community and deliver a sustainable, well distributed health workforce.

Our Operating Focus

We will support the Government's priority to facilitate access to quality primary care for all Australians. We will support election commitments to implement reforms to Distribution Priority Areas and initiatives to attract and retain more health workers to regional and rural Australia through improving training and incentive programs. We will also support development of innovative models of multidisciplinary care.

The Government has recently committed \$146 million in targeted initiatives, which includes funding of:

- more trials of new innovative models of primary care
- an increase to 1,000 placements under the John Flynn Prevocational Doctor program to encourage more hospital-based doctors to enter general practice in rural Australia
- additional training posts for rural generalist registrars, general practice (GP) registrars, and fellowed GPs to undertake advanced skills training
- greater workforce incentives for GPs to practice in rural areas under the Workforce Incentive Program, and greater workforce incentives for rural multi-disciplinary health care teams.

Australia needs a sustainable and highly trained medical workforce. We will implement the National Medical Workforce Strategy to guide long term collaborative medical workforce planning across Australia.

Together with our Chief Nursing and Midwifery Officer, we will work with key stakeholders from the nursing, consumer, and other health provider sectors to develop a Nurse Practitioner (NP) 10 Year Plan and a National Nursing Workforce Strategy (Nursing Strategy). Both the NP 10 Year Plan and the Nursing Strategy will address health workforce and primary care strategies to support the ongoing development of a capable, resilient nursing profession delivering person-centred, evidence-based, and compassionate care to all Australians.

We will continue to support the Government to improve access to health services in regional, rural, and remote Australia through a range of reforms and improved investment. This investment will give doctors more opportunities to train and practice in rural and remote Australia and provide nurses and allied health professionals a greater role in the delivery of multidisciplinary, team-based primary care.

Key Activities – Program 1.4	2022-23	2023-24	2024-25	2025-26
Improving the quality of the Australian health workforce, including through implementation of the \$146 million Rural Health Package through targeted support and incentives for medical practitioners working in general practice to achieve specialist recognition.	•	•	•	•
Supporting the Health Workforce Taskforce, established by Health Ministers, who are developing and driving short, medium, and long term strategies to improve the attraction, recruitment, and migration of international health workers, and streamline registration processes once in-country. The focus is on developing actions with joint, collaborative responsibility between jurisdictions.	•	•		
Leading work agreed to by federal, state and territory Health Ministers to take urgent action to address concerns regarding cosmetic surgery, especially the risks to consumers.	•	•		
Supporting distribution of the health workforce across Australia, including in regional, rural, and remote areas, through teaching programs.	•	•	•	•
Improving distribution of the health workforce through improved incentives for doctors, nurses, and allied health professionals under programs such as the Workforce Incentive Program.	•	•	•	•
Ensuring health workforce resources are targeted to specific needs, with ongoing enhancements of the health workforce planning tools.	•	•	•	•
Transitioning the Australian General Practice Training Program to a college-led training model in 2023.	•	•		



Our Performance

Performance Measures for Health Workforce – Program 1.4

Effective investment in workforce programs will improve health workforce distribution in Australia.²³

- a. Full time equivalent (FTE) Primary Care General Practitioners per 100,000 population.**
- b. FTE non-general practice medical specialists per 100,000 population.**
- c. FTE primary and community nurses per 100,000 population.**
- d. FTE primary and community allied health practitioners per 100,000 population.**
- e. Proportion of GP training undertaken in areas outside major cities.**

Planned Performance Targets

	2022–23		2023–24		2024–25		2025–26	
	MM1 ²⁴	MM2–7	MM1	MM2–7	MM1	MM2–7	MM1	MM2–7
a.	115.2	109.2	115.6	110.6	116.0	112.0	110.1	115.2
b.	192.3	96.6	196.6	100.6	201.1	104.7	205.9	109.1
c.	187.5	229.4	191.5	232.8	195.7	236.7	225.4	187.5
d.	437.2	412.1	445.9	421.5	455.1	431.2	403.0	437.2
e.	N/A	>50%	N/A	>50%	N/A	>50%	50%	N/A

Data Source and Methodology

- a. Medical Benefits Scheme claims data.²⁵ This is administered and owned by the Department, in partnership with Services Australia.
- b. c. d. National Health Workforce Datasets (NHWD) and derived from an annual survey of all registered health practitioners.²⁶ The NHWD is provided to the Department by the Australian Health Practitioner Regulation Agency. The Department then becomes the data custodians of this dataset.
- e. Australian General Practice Training (AGPT) Program data and Remote Vocational Training Scheme (RVTS). AGPT program data is captured daily from Regional Training Providers into the Department's Registrar Information Data Exchange. RVTS program data is provided 6 monthly to the Department through progress reports by RVTS Ltd, and is administered and owned by the Department.

Measure Type

Quantitative/Effectiveness

Discussion

Changes to this performance measure:

- Measure a. is a combination of the previously separate measures of vocationally and non-vocationally registered primary care general practitioners (GPs). As more primary care GPs complete their training, the proportion of GPs that are non-vocationally registered is reducing steadily, removing the benefit of measuring them separately.
- Measures c. and d. have been adjusted to align with the new Primary Care definitions for Nurses and Allied Health.

²³ Source: *Health Portfolio Budget Statements 2022–23*, p.62.

²⁴ Geography: Cities (MM1) and rural (MM2–7) based on Modified Monash Model 2019.

²⁵ Available at: www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

²⁶ Available at: www.hwd.health.gov.au/resources/information/nhwds.html

PROGRAM 1.5

Preventive Health and Chronic Disease Support

Program Objective

Support all Australians, including underserved populations and marginalised groups, to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, tobacco and illicit drug use; increasing healthy eating patterns and levels of physical activity; increasing cancer screening participation and the early detection and management of chronic conditions; and expanding newborn bloodspot screening.

Our Operating Focus

We will continue to apply an equity lens to improve the health and wellbeing of all Australians by improving outcomes, increasing access, and reducing preventable mortality and morbidity caused by chronic conditions, communicable disease, and substance use. This will be achieved through the development and implementation of evidence-based policies and measures to address a wide range of chronic conditions, and the prevention and reduction of the impacts and harms of drug use and harmful alcohol consumption. Activities will seek to tackle health inequities by addressing the wider determinants of health and the needs of specific populations, including women and girls.

The Government has announced \$39 million over 4 years from 2022–23 to increase the number and consistency of conditions screened across jurisdictions and deliver world-class newborn bloodspot screening. The Government will consult widely with states and territories, clinicians, technical experts, families, and other experts to deliver this commitment.

We continue to search for, and implement, the best ways of delivering cancer care and securing Australia's ability to be a world leader in cancer research. Cancer Australia is leading the development of the Australian Cancer Plan (ACP) in close partnership with the Department. The aim of the ACP is to provide an overarching national approach to cancer control that meets the needs of all Australians now and in the future. The ACP will include national priorities over the next 2, 5, and 10 years, covering the continuum of cancer care (prevention, early detection, presentation, diagnosis, treatment, supportive care, survivorship, palliative care, and end-of-life care). The continued development of the ACP and the associated government response will be key priorities for 2022–23.

We are currently establishing multiple Comprehensive Cancer Centres across Australia, where multidisciplinary cancer services will be co-located, reducing the time, cost, and disruption that often accompany a cancer diagnosis. The Centres will also co-locate cancer services and cancer research, thereby facilitating cancer patients' access to high quality, cutting-edge diagnostic technologies and therapies, and supporting Australian cancer researchers.

Infrastructure investments will also be directed to the Jreissati Family Pancreatic Cancer Centre, in the Epworth Hospital in Victoria, to help improve pancreatic cancer outcomes; and to a cancer genomics laboratory within the Centre for Cancer Biology in South Australia to support innovative genomic cancer research.

This infrastructure investment will be complemented by partnering with cancer support organisations to deliver further government commitments to support cancer patients. This will be achieved through the establishment of a National Melanoma Nursing Program, a pilot of a survivorship program at the W.P. Holman Clinic in Tasmania, and the reopening of the Kaden Centre in New South Wales to deliver targeted oncology exercise programs to people experiencing all stages of cancer and chronic conditions.

In delivering cancer screening programs, we work to improve the health and wellbeing of Australians by reducing preventable mortality and morbidity caused by cancer. Cancer screening programs increase the likelihood of detecting abnormalities or cancer in its earlier stages and reduce morbidity and mortality, leading to better health outcomes. Our population based national cancer screening programs are proven to save lives.

Despite their success, around 50% of eligible Australians do not regularly participate in the national cancer screening programs. Strong community engagement and more innovative, data-driven approaches are integral to ensuring all eligible Australians are accessing the available screening programs. We consult with our program partners and continue to develop innovative and collaborative approaches to maintain and increase participation in the National Bowel Cancer Screening Program, BreastScreen Australia, and the National Cervical Screening Program.

A draft evaluation strategy for the National Drug Strategy 2017–2026 is being developed, with consultations expected to begin in the second half of 2022 and finalisation expected in 2022–23. We are also working to finalise the draft National Tobacco Strategy 2022–2030, which aims to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental, and economic costs, and the inequalities it causes. The National Tobacco Strategy 2022–2030 is expected to be finalised during 2022, subject to endorsement by relevant Commonwealth, state, and territory governments.

Almost half of the Australian population has one or more chronic conditions like diabetes, heart disease, and cancer. The latest data from the Australian Bureau of Statistics (ABS) show that in 2020–21, 10.7% of people aged 18 years and over were current daily smokers. In addition, the 2017–18 ABS National Health Survey found that one in 4 children and 2 in 3 adults are overweight or obese. 2020–21 data showed more than half of adults (72.8%) don't meet the physical activity guidelines, just 8.5% of children and 6.1% of adults eat the recommended amount of fruit and vegetables, and most people eat too many discretionary foods and drinks. Risk factors like these increase the risk of premature death and disease.

We can prevent many chronic health conditions from developing or reduce their impact through effective regulation, and by creating systems and environments that support people to live a healthy lifestyle. Improving education, awareness of symptoms, and encouraging regular health assessments supports early detection of, and intervention for chronic conditions.

The National Preventive Health Strategy 2021–2030 (NPHS) outlines the long term approach to prevention in Australia over 10 years to improve health and wellbeing and reduce the burden of disease. It is underpinned by an 'equity lens' and strongly emphasises that preventive action must take an approach that focuses on the wider determinants of health to address the interconnected causes of poor health and wellbeing.

In doing so, we consider health inequities across Australia, including gender inequities, and promote equitable access to health care that is culturally safe and targeted to diverse community needs. Activities supporting the implementation of the NPHS will continue to be progressed in 2022–23, including:

- an implementation and evaluation plan
- a Prevention Prioritisation Framework and Prevention Benefits Framework
- analysis of the current public health workforce
- a National Consumer Engagement Strategy for Preventive Health
- a National Health Literacy Strategy.

The National Obesity Strategy 2022–2032 is a 10 year framework for action to prevent, reduce, and treat obesity in Australia. The National Obesity Strategy outlines a range of interventions which cover the food and physical activity systems to build knowledge and skills in communities. It also provides a focus on early intervention and supportive health care to enable all levels of government and the sector to undertake activities that will help address the obesity epidemic in Australia. The Strategy will provide opportunities for multisectoral partnerships and collaboration to support people to live a healthy lifestyle and reduce their risk factors.

Early detection is a key aspect of prevention and early intervention, and we are continuing to play a critical role in Australia's world leading efforts in national screening and immunisation programs. We are also continuing to support the early detection and management of chronic conditions, with a focus on mental and physical well-being, tailored to priority populations as appropriate. This work is guided by the National Strategic Framework for Chronic Conditions, which outlines the overarching policy for the prevention and management of chronic conditions in Australia. It provides guidance for the development and implementation of policies, strategies, actions, and services to address chronic conditions and improve health systems across all levels of government.

Key Activities – Program 1.5	2022–23	2023–24	2024–25	2025–26
Developing, implementing, and monitoring: <ul style="list-style-type: none"> national strategies for preventive health, obesity, breastfeeding, and injury prevention national strategies for men's and women's health existing national strategic action plans for chronic diseases and children's health. 	•	•	•	•
Addressing disparities in health care and health outcomes for priority population groups through effective services, policies, and programs, recognising the impact of the wider determinants of health.	•	•	•	•
Working with Commonwealth entities, states and territories, and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, and other drugs through: <ul style="list-style-type: none"> implementing activities that align with the objectives of the National Drug Strategy 2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy, and finalising the next National Tobacco Strategy 2022–2030 delivering health promotion and education activities to support smoking and nicotine cessation and prevention delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and the risks of drinking alcohol while pregnant and breastfeeding delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028. 	•	•	•	•
Investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks.	•	•	•	•
Supporting expansion of tobacco control program activities through investment in tobacco control research and evaluation, and international tobacco control.	•	•	•	•
Encouraging and enabling healthy lifestyles, physical activity, and good nutrition through initiatives such as the Healthy Food Partnership, Health Star Rating system, Australian Guide to Healthy Eating, Shaping a Healthy Australia – Healthy Habits Project, updates to the Physical Activity Guidelines for adults (18 to 64 years) and older Australians (65+ years), and the Healthy Heart Initiative.	•	•	•	•
Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program.	•	•	•	•
Working in partnership with states and territories, increasing the consistency and number of conditions in newborn bloodspot screening programs.	•	•	•	•
Improving early detection, treatment, and survival outcomes for people with cancer by continuing to: <ul style="list-style-type: none"> actively invite Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program support states and territories to deliver the BreastScreen Australia program operate the National Cancer Screening Register improve participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030 Eliminate cervical cancer as a public health issue in Australia by 2035. 	•	•	•	•
Implementing investments in new infrastructure to enhance high quality cancer care, including a network of Comprehensive Cancer Centres, with new Centres in Adelaide, Perth, and Brisbane to be established in partnership with state governments.	•	•	•	•
Supporting prevention, early detection, and management of chronic conditions for individuals and their families and carers.	•	•	•	•

Our Performance

Performance Measures for Preventive Health and Chronic Disease Support – Program 1.5

Improve overall health and wellbeing of Australians by achieving preventive health targets.²⁷

- a. Percentage of adults who are daily smokers.**
- b. Percentage of population who drink alcohol in ways that put them at risk of alcohol-related disease or injury.**
- c. Percentage of population who have used an illicit drug in the last 12 months.**

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. Progressive decrease	a. Progressive decrease	a. Progressive decrease	a. Progressive decrease
b. Progressive decrease	b. Progressive decrease	b. Progressive decrease	b. Progressive decrease
c. Progressive decrease	c. Progressive decrease	c. Progressive decrease	c. Progressive decrease

Data Source and Methodology

- a. Baseline figure from the most recent data in the Australian Bureau of Statistics National Health Survey 2017–18²⁸.
- b. Baseline figure from the most recent data in the *2019 National Drug Strategy Household Survey*²⁹, and analysis conducted by the Australian Institute of Health and Welfare (AIHW) in mapping data on alcohol consumption patterns against the updated National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Drinking Alcohol³⁰.
- c. Baseline figure from the most recent national data in the *2019 National Drug Strategy Household Survey*³¹.

Measure Type

Quantitative/Effectiveness

Discussion

These measures provide insight into performance against the objective through key preventive health targets. Including this set of targets in one measure helps to provide an overall picture of performance, as these elements don't report annually. Targets for 2022–23 are set based on the most recent available data. Ongoing targets will be set once baselines have been established.

²⁷ Source: *Health Portfolio Budget Statements 2022–23*, p.64.

²⁸ Available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

²⁹ Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs

³⁰ Available at: www.aihw.gov.au/reports/alcohol/measuring-risky-drinking-aus-alcohol-guidelines/contents/measuring-risky-drinking

³¹ Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs

Increase the level of cancer screening participation.

a. National Bowel Cancer Screening Program.

b. National Cervical Screening Program.

c. BreastScreen Australia Program.³²

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. Progressive increase towards 53.0%	a. Progressive increase towards 53.0%	a. Progressive increase towards 53.0%	a. Progressive increase towards 53.0%
b. Progressive increase towards 64.0%	b. Progressive increase towards 64.0%	b. Progressive increase towards 64.0%	b. Progressive increase towards 64.0%
c. Progressive increase towards 65.0%	c. Progressive increase towards 65.0%	c. Progressive increase towards 65.0%	c. Progressive increase towards 65.0%

Data Source and Methodology

All 3 screening programs provide data to the AIHW to produce annual program monitoring reports.

Measure Type

Quantitative/Effectiveness

Discussion

Targets for 2022–23 are set based on the National Preventative Health Strategy 2021–2030 targets. It is expected that the participation rates will increase from the previous year's achievement.

³² Source: *Health Portfolio Budget Statements 2022*, p.65

PROGRAM 1.6

Primary Health Care Quality and Coordination

Program Objective

Strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality, and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions, and assist in reducing unnecessary hospital visits and admissions.

Our Operating Focus

We will implement key government priorities through the Strengthening Medicare Taskforce, the Strengthening Medicare GP Grants Program, improving access to general practitioners (GPs) through the boosting of workforce incentives for rural and regional GPs, and the establishment of 50 Medicare Urgent Care Clinics to relieve pressure off hospital emergency departments and make it easier for Australians to see a healthcare professional when they have an urgent, but not life threatening, need for care.

We are supporting the work of the Strengthening Medicare Taskforce, chaired by the Minister for Health and Aged Care, to make recommendations on priorities under the \$750 million Strengthening Medicare Fund to deliver:

- improved patient access to general practice, including after hours
- improved patient access to GP-led multidisciplinary team care, including nursing and allied health
- greater affordability for patients
- better prevention and management of ongoing health conditions, including chronic conditions
- decreased pressure on hospitals.

Implementation of the \$220 million Strengthening Medicare GP Grants Program will support GPs to provide better care.

We will continue to work in partnership with Primary Health Networks (PHNs) to set the strategic direction of the PHN Program to enhance program governance and assurance, undertake and provide fit for purpose and best practice grant and program management, and support continuous improvement and innovation in service delivery. This will help strengthen the primary care system, improve health outcomes, reduce hospitalisations by supporting general practices, commission services to meet local health needs, integrate health systems, and drive innovation.

There will be several external factors impacting the work of PHNs across 2022–26, including roles in:

- supporting GPs and other health providers to respond to the COVID-19 pandemic
- managing impacts the pandemic has on the delivery of PHN commissioned services
- implementing responses to recommendations from several Royal Commissions
- implementing the National Health Reform Agreement 2020–25.

To manage these risks, we will continue to consult with relevant internal and external stakeholders to develop collaborative approaches and policy which supports the health and wellbeing of Australians. The PHN Program will also look to strengthen relationships between PHNs and their state or territory governments to help facilitate health reform initiatives, including co-commissioning and innovative models of care.

We will continue to provide Australians with access to health information, advice, referral, and virtual services through Healthdirect.³³ In 2022–23, we will work with states and territories to implement a new operating model for Healthdirect that will increase efficiency, reduce costs, and improve the quality of services.

We are working to improve the health and care of people with intellectual disability, and implementing priority actions under the National Roadmap for Improving the Health of People with Intellectual Disability (the Roadmap) is key to this work. The Roadmap sets out a targeted program of reforms across the health system to better meet the needs of people with intellectual disability. It is an associated plan to the *National Disability Strategy 2021–2031*, Australia's overarching framework for disability policy. Work is already underway to implement 4 priority initiatives under the Roadmap:

- Establishing a National Centre of Excellence in Intellectual Disability Health, following a scoping and co-design process to inform an appropriate model for the Centre.
- Improving the uptake of annual health assessments for people with intellectual disability.
- Curriculum development in intellectual disability health.
- Implementing the Primary Care Enhancement Program for people with intellectual disability.

We will also continue to work with stakeholders to improve women's health outcomes by supporting high quality maternity services, raising awareness of stillbirth, and implementing initiatives to reduce the stillbirth and preterm birth rates. This includes implementing the Woman-centred care – Strategic directions for Australian maternity services and the National Stillbirth Action and Implementation Plan. The Australian Pregnancy Care Guidelines will be updated, and national Postnatal Care Guidelines will be developed.

³³ Healthdirect provides trusted health services that are accessible through multiple channels 24 hours per day.

Key Activities – Program 1.6	2022-23	2023-24	2024-25	2025-26
Improving the quality and coordination of primary health care.	●	●	●	
Developing health policy for activities combatting family, domestic and sexual violence, and child abuse, including oversight of the family and domestic and sexual violence Primary Health Network pilot, and providing increased support to primary care providers to assist in early identification, intervention, and coordinated referral to support services.	●	●	●	●
Supporting and implementing the work of the Strengthening Medicare Taskforce.		●	●	●
Supporting measures that improve the coordination and integration of health services to manage health in the community, with a focus on complex and chronic conditions, and reduce potentially preventable hospital attendances and admissions.	●	●		
Supporting PHNs to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve care coordination and integration.	●	●	●	
Commencing implementation of 50 Urgent Care Clinics, which will make it easier for Australian families to see a healthcare professional when they have an urgent, but not life threatening, need for care.	●	●	●	●
Supporting the delivery of health information, advice, and services through interactive communication technology to help people care for themselves and their families.	●	●	●	●
Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advanced care planning.	●	●	●	●
Supporting practices to provide better, safe and quality care, and see more patients through one off grants under the Strengthening Medicare GP Grants Program.	●	●	●	●
Supporting measures to implement the Woman-centred care: Strategic directions for Australian maternity services, which provides national strategic directions to support Australia's high quality maternity care system and enables improvements in line with contemporary practice, evidence and international developments. Together with state and territory governments, this includes implementation of actions under the National Stillbirth Action and Implementation Plan.	●	●	●	●
Establishing the Strengthening Medicare Fund to deliver better access and care for patients through reforms to primary care, in line with recommendations from the Strengthening Medicare Taskforce.	●	●	●	●
Improving the experience and outcomes of people with disability in the health system, including through implementation of the National Roadmap for Improving the Health of People with Intellectual Disability and support for the COVID-19 Disability Advisory Committee.	●	●	●	●

Our Performance

Performance Measures for Primary Health Care Quality and Coordination – Program 1.6

The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data. ³⁴			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
26	27	28	29
Data Source and Methodology This data is obtained from the Australian Institute of Health and Welfare (AIHW), who develop an indicator based on a 5 year trend line of best fit. Information is available on the AIHW website ³⁵ . There is up to a 2 year lag collecting data from states and territories.			
Measure Type Quantitative/Effectiveness			
Discussion A decline in the rate of potentially preventable hospitalisations correlates to an effective delivery of quality primary health care. These targets are ambitious but achievable, noting that PHNs do not have control over all factors during potentially preventable hospitalisations.			



³⁴ Source: *Health Portfolio Budget Statements 2022–23*, p.67.
³⁵ Available at: www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-exploring-the-data/contents/exploring-the-potentially-preventable-hospitalisations-data

PROGRAM 1.7

Primary Care Practice Incentives and Medical Indemnity

Program Objective

Provide incentive payments to eligible general practices and general practitioners (GPs) through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity, and improve access and health outcomes for patients. Promote the ongoing stability, affordability, and availability of medical indemnity insurance to enable stable fees for patients and allow the medical workforce to focus on delivering high quality services. Provide policy support to the administration of the COVID-19 Vaccine Claims Scheme by Services Australia.

Our Operating Focus

We will ensure the PIP continues to facilitate access to quality health care and health outcomes for Australians.

We will continue to implement the PIP with assistance from Services Australia, who administer payments to practices and GPs in consultation with the PIP Advisory Group and program partners. As a result of the COVID-19 pandemic, there has been an increase in telehealth consultations for primary care services. In recognition of the decision to make telehealth a permanent feature of primary health care, PIP payment calculations now include telehealth consultations as part of a patient's care.

The PIP is comprised of multiple incentives covering general practice access in aged care, after hours, for First Nations Australians, and in rural Australia, including to procedural services. Incentives also promote the adoption of eHealth, teaching, and quality data provision in general practice.

Working with the Australian Institute of Health and Welfare, PIP Quality Improvement data of 10 agreed Quality Improvement Measures will continue to be released through the national report. Through consultative processes with the sector, we will continue to identify opportunities to improve the collection and use of data across the health system.

PIP finances will continue to be monitored through enhanced forecasting practices, allowing the Department to respond quickly and early to pressures. With recent enhancements to our data capability, we will continue to improve program management. General practice accreditation will continue to ensure Australians receive quality and safe health care at a general practice level. Changes to the National General Practice Accreditation Scheme, administered by the National Commission for Safety and Quality in Health Care as a result of the review conducted in 2021, will commence implementation, including any consequential impacts to PIP management.

Opportunities for changes to the PIP to contribute to primary care reform objectives will be considered by the Strengthening Medicare Taskforce, which will make recommendations to government by the end of 2022.

The Medical Indemnity Schemes will continue to provide financial support through 7 assistance schemes to improve the accessibility of medical indemnity insurance to privately practising medical professionals, including medical practitioners, allied health professionals, and endorsed midwives.

In Australia, it is compulsory for all registered health professionals to hold medical indemnity insurance, which provides financial protection to both health practitioners and patients in circumstances where a patient sustains an injury or adverse outcome caused by malpractice, negligence, or an otherwise unlawful act. All medical indemnity insurers will also need to continue providing an annual report on compliance to the Secretary of the Department of Health and Aged Care, which will be published on the Department's website within 3 months after the end of the financial year.

The COVID-19 Vaccine Claims Scheme, while a compensation scheme rather than an indemnity scheme, will provide appropriate compensation to people who suffer recognised adverse reactions to COVID-19 vaccines approved by the Therapeutic Goods Administration. This is a time-limited scheme that is currently due to terminate on 17 April 2024.

Key Activities – Program 1.7	2022-23	2023-24	2024-25	2025-26
Providing incentive payments to eligible general practices and general practitioners. Incentives include the: <ul style="list-style-type: none"> • After Hours Incentive • Aged Care Access Incentive • eHealth Incentive • Rural Loading Incentive • Teaching Payment • Indigenous Health Incentive • Procedural General Practitioner Incentive • Quality Improvement Incentive. 	•	•	•	•
Overseeing the medical and midwife indemnity schemes to promote ongoing stability, affordability, and availability of medical indemnity insurance. Through these schemes, subsidise claims costs and ensure the cost of insurance premiums remains affordable.	•	•	•	•
Administering a contract with an eligible insurer for the provision of professional indemnity insurance to deliver the Midwife Professional Indemnity Scheme on behalf of the Government.	•	•	•	•
Providing policy support for the administration of the COVID-19 Vaccine Claims Scheme by Services Australia (currently scheduled to cease on 17 April 2024).	•	•	•	

Our Performance

Performance Measures for Primary Care Practice Incentives and Medical Indemnity – Program 1.7

Maintain Australia's access to quality general practitioner care through the percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network.³⁶

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
≥92.0%	≥94.0%	≥95.0%	≥95.0%

Data Source and Methodology
Data is obtained from Services Australia for the number of practices participating in the Practice Incentives Program (PIP), and Primary Health Networks reporting practice participation results. This data is maintained internally by the Department. Data relating to accredited practices is obtained and maintained by the Australian Commission on Safety and Quality in Health Care.

Measure Type
Quantitative/Output

Discussion
This measure assesses whether PIP practices are gradually adopting continuous quality improvements that will enhance the effectiveness of the other PIP incentives and multiply the benefits to health outcomes.

Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of cover.³⁷

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
95.0%	95.0%	95.0%	95.0%

Data Source and Methodology
Medical indemnity insurers provide data to the Department annually. Results are available on the Department's website³⁸, where the number of refusals of cover and the application of risk surcharges for medical practitioners are also available.

Measure Type
Quantitative/Effectiveness

Discussion
This measure assesses the effectiveness of legislative changes made under the Medical Indemnity Reform. A reduction in the number of refusals of cover and risk surcharge applications applied to premiums demonstrates the changes are successful in ensuring accessible and affordable medical indemnity cover.
The 95.0% target is considered a reasonable estimate to allow for non-compliant practitioners, where an insurer may refuse cover if the risk is deemed to be too high.

³⁶ Source: *Health Portfolio Budget Statements 2022–23*, p.68.

³⁷ Source: *Health Portfolio Budget Statements 2022–23*, p.69.

³⁸ Available at: www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicalindemnity-pubs.htm

PROGRAM 1.8

Health Protection, Emergency Response and Regulation

Program Objective

Protect the health of the Australian community through national leadership and capacity building to detect, prevent, and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism, and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms (GMOs), and industrial chemicals.

Our Operating Focus

We will lead the design of an Australian Centre for Disease Control (CDC) tasked with ensuring ongoing pandemic preparedness, leading a federal response to future infectious disease outbreaks, and working to prevent non-communicable (chronic) and communicable (infectious) diseases.

We will also lead the development of a National Climate and Health Strategy by working closely with states and territories and other stakeholders to ensure the health system is well prepared to respond to the health impacts of climate change, and continues to support the health needs of Australians into the future.

Australia is emerging from one of the greatest health challenges in its history. The response to the COVID-19 pandemic has demonstrated the critical importance of maintaining and strengthening Australia's health emergency preparedness, response capacity, and capabilities.

Our National Incident Centre (NIC) is responsible for ensuring the national health sector has integrated and coordinated arrangements in place to prepare for and respond to domestic and international health emergencies.

The NIC is also responsible for undertaking the duties and responsibilities of Australia's National International Health Regulations' Focal Point, as designated by the International Health Regulations (2005). The NIC is essential in developing robust technical and medical advice through the Australian Health Protection Principal Committee to inform decision making by the Cabinet and its various sub-committees, the Health Chief Executives Forum, and the Health Ministers Meeting. The NIC also contains the National Medical Stockpile, which is a strategic reserve of medical countermeasures, chemical, biological, radiological and nuclear items, personal protective equipment, and other medical supplies, with a focus on prevention, preparedness, and response activities to support Australian jurisdictional and Commonwealth sector response capabilities during a national health emergency.

We continue to collaborate with international counterparts to respond to the pandemic. Our ongoing engagement assists our awareness of emerging treatments, diagnostics, and vaccines, as well as potential supply issues for existing products. A priority of our response is to continue the expedited regulatory approval and supply of vaccines, treatments, and medical devices that are needed to help our community manage the pandemic.

Preparedness and response activities not related to the pandemic continued, but were impacted by our mobilisation response activities during the pandemic. It is vital that all therapeutic goods available in Australia are of an acceptable standard, that the Australian community has confidence in being able to access new and emerging therapeutic goods in a timely way, and that these goods are monitored to identify any safety concerns. Scientific advancements in therapeutic goods offer better outcomes for Australians, so our risk-based regulatory framework balances safeguarding consumers while being contemporary, adaptable, and supportive of innovation. Our education activities, including in response to emerging issues, will assist businesses to apply and comply with regulatory requirements.

The Therapeutic Goods Administration (TGA) has been a leading example in risk-based, data-driven regulation, and has been engaging with international regulators, other Commonwealth agencies, jurisdictions, and key stakeholders to deliver adaptive regulation. Applying best practice performance through increased use of adaptive regulation demonstrates the TGA's leadership in further enhancing its risk-based approach.

The Australian Industrial Chemicals Introduction Scheme (AICIS), established under the *Industrial Chemicals Act 2019*, regulates the introduction (import and manufacture) of industrial chemicals in Australia. AICIS will continue to work in partnership with government, industry, and community stakeholders to aid in the protection of Australians and the environment from the harmful effects of industrial chemicals.

Through the Office of Drug Control (ODC), we regulate and provide advice on the import, export, and manufacture of controlled drugs, as well as the cultivation and production of cannabis for medicinal purposes, to support Australia's obligations under International Drug Conventions.

Through the Office of the Gene Technology Regulator (OGTR), we also support Australia's Gene Technology Regulator to protect the health and safety of people, and to protect the environment, by identifying risks posed by, or as a result of, gene technology, and by managing those risks through regulating certain dealings with GMOs.



Key Activities – Program 1.8	2022-23	2023-24	2024-25	2025-26
Coordinating the surveillance of nationally notified diseases.	•	•	•	•
Establishing an Australian Centre for Disease Control.	•	•	•	
Through the NIC, engaging with states and territories, and international partners, to refine coordination arrangements to ensure Australia maintains its capacity and capability to prepare for, and respond to, health emergencies.	•	•	•	•
Leading the Government and national health sector response to health emergencies.	•	•	•	•
Regulating therapeutic goods, including COVID-19 vaccines and treatments, to ensure safety, efficacy, performance, and quality. Promote best practice, monitor compliance, and take appropriate action to address non-compliance.	•	•	•	•
Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile.	•	•	•	•
Improving access to therapeutic goods for consumers and streamlining regulatory processes for industry through, for example, the Therapeutic Goods Administration's Digital Transformation program.	•	•	•	•
Delivering efficient, best practice therapeutic goods regulatory outcomes through regulatory science excellence, international collaboration, and reform in accordance with the Regulatory Science Strategy 2020-2025.	•	•	•	•
Regulating nicotine liquid (vaping) products, including education and compliance activities.	•	•		
Regulating and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs to support Australia's obligations under the International Narcotic Drugs Conventions.	•	•	•	•
Regulating the medicinal cannabis industry by issuing licences and permits, supporting domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities.	•	•	•	•
Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture.	•	•	•	•
Completing industrial chemical risk assessments and evaluations within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide timely information and recommendations about the safe use of industrial chemicals.	•	•	•	•
Raising awareness of regulatory obligations and monitoring compliance among industrial chemical introducers.	•	•	•	•
Limiting the use of animal test data, while maintaining human health and environment protections in accordance with the <i>Industrial Chemicals Act 2019</i> .	•	•	•	•
Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with GMOs.	•	•	•	•
Supporting a modern, flexible, and innovative National Gene Technology Scheme.	•	•	•	•

Key Activities – Program 1.8	2022-23	2023-24	2024-25	2025-26
Working with the Australian and state and territory governments to implement recommendations outlined in the Third Review of the National Gene Technology Scheme.	•	•		
Implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022 and supporting a coordinated response to reducing the spread of BBV and STI.	•			
Continuing compliance with the World Health Organization's International Health Regulations (2005) core capacities.	•	•	•	•
Ensuring Australia has a readily available supply of antivenoms, Q fever, and pandemic influenza vaccines.	•	•	•	•
Providing a One Health response to detect, address, and respond to the threat of antimicrobial resistance.	•	•	•	•
Delivering a national response for the prevention, early identification, control, and management of accelerated silicosis caused by engineered stone, and other dust diseases.	•	•	•	•
Developing and implementing Australia's first National Health and Climate Strategy.	•	•	•	•

Our Performance

Performance Measures for Health Protection, Emergency Response and Regulation – Program 1.8

Percentage of therapeutic goods evaluations that meet statutory timeframes. ³⁹			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
100%	100%	100%	100%
Data Source and Methodology Records of medicines, medical devices, and biologicals applications. Data is analysed and maintained internally by the Department. Evaluation activities are measured against statutory timeframes contained within the Therapeutic Goods Regulations 1990. ⁴⁰			
Measure Type Quantitative/Efficiency			
Discussion Achieving 100% demonstrates that efficient regulatory processes are in place.			
Regulator Performance and Best Practice Principles This performance measure aligns with Principle 1 of the Principles of regulator best practice, ‘ <i>Continuous improvement and building trust</i> ’. The Therapeutic Goods Administration (TGA) demonstrates this by publishing evaluation timeframes in external performance reports, the achievement of which builds public trust and confidence in the performance of our regulatory functions. It also ensures we continue to minimise duplication and harmonise activities with international regulators to achieve better regulatory outcomes, thus reducing the compliance burden on industry.			

Number of completed inspections of licence holders under the <i>Narcotic Drugs Act 1967</i> . ⁴¹			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
25	25	25	25
Data Source and Methodology Records of compliance and initial inspections undertaken. Data is analysed and maintained internally by the Department.			
Measure Type Quantitative/Output			
Discussion Achieving 25 medicinal cannabis inspections demonstrates output against the objective of regulation, monitoring, and assessment of controlled drugs, balancing available resources, and stakeholder expectations.			
Regulator Performance and Best Practice Principles This performance measure aligns with Principle 2 of the Principles of regulator best practice, ‘ <i>Risk-based and data-driven</i> ’. The Office of Drug Control (ODC) uses an informed, risk-based approach to licence holder compliance, which includes performing desktop inspections. This approach allows licence holders to engage flexibly with inspectors. The ODC uses industry trends and data to proactively assist entities to stay compliant and prevent non-compliance.			

³⁹ Source: *Health Portfolio Budget Statements 2022–23*, p.71.

⁴⁰ Version in force as at October 2022 is available at: www.legislation.gov.au/Details/F2022C01026

⁴¹ Source: *Health Portfolio Budget Statements 2022–23*, p.72.

a. Percentage of GMO licence decisions made within statutory timeframes.

b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.⁴²

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. 100%	a. 100%	a. 100%	a. 100%
b. 100%	b. 100%	b. 100%	b. 100%

Data Source and Methodology

Records of licence applications and inspections. Data is analysed and maintained internally by the Department. Statutory reporting requirements are prescribed in Section 136(1A) of the *Gene Technology Act 2000*⁴³. Practice reviews, audits, and inspections are reported in the OGTR's quarterly activity statements⁴⁴ and annual reports⁴⁵.

Measure Type

Quantitative/Efficiency

Discussion

This measure focuses on efficiency of the OGTR's activities in regulating dealings with GMOs to protect people and the environment.

Regulator Performance and Best Practice Principles

This performance measure aligns with Principle 1 of the Principles of regulator best practice, '*Continuous improvement and building trust*'. Completing assessments in a timely manner and publishing outcomes builds public trust and confidence in the performance of our regulatory functions. Our licensing and compliance activities form a cycle of continuous improvement, with risk assessments informing the analysis of potential non-compliances, and the outcomes of compliance assessments aiding in the formulation of improved licence conditions.

This performance measure also aligns with Principle 2, OGTR assessments are '*Risk-based and data-driven*'. We use the latest scientific information and compliance histories to inform our risk assessments, and may include engagement with regulated entities, governments, and the public.

⁴² Source: *Health Portfolio Budget Statements 2022–23*, p.72.

⁴³ Available at: www.comlaw.gov.au/Current/C2004C04256

⁴⁴ To be available at: www.ogtr.gov.au/resources/collections/quarterly-activities-reports

⁴⁵ To be available at: www.ogtr.gov.au/resources/collections/annual-reports-operations-gene-technology-regulator

Industrial chemical risk assessments and evaluations completed within statutory timeframes.⁴⁶

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
≥95%	≥95%	≥95%	≥95%

Data Source and Methodology

Records of completed assessment and evaluation reports. Data is analysed and maintained internally by the Department. Industrial chemical assessment and evaluation statements are published on the AICIS website⁴⁷.

Measure Type

Quantitative/Efficiency

Discussion

This measure reports on the timeliness of assessment and evaluation information being made available to all stakeholders to facilitate the safe use of industrial chemicals, and timely authorisation of the introduction of chemicals into the Australian market. Where required, assessments and evaluations include risk management recommendations to be implemented by Commonwealth, state, and territory risk managers to facilitate safe use.

Regulator Performance and Best Practice Principles

This performance measure aligns with Principle 1 of the Principles of regulator best practice, '*Continuous improvement and building trust*', as it demonstrates that we maintain risk proportionate safeguards while minimising regulatory burden. Completing assessments and evaluations within statutory timeframes allows risk management recommendations to be made (where required) in a timely manner, and protection of humans and the environment from the use of industrial chemicals. The measure also informs resource allocation across the scheme.

⁴⁶ Source: *Health Portfolio Budget Statements 2022–23*, p.72.

⁴⁷ Available at: www.industrialchemicals.gov.au

PROGRAM 1.9

Immunisation

Program Objective

Reduce the incidence of vaccine preventable diseases to protect individuals, and increase national immunisation coverage rates to protect the Australian community.

Our Operating Focus

We will implement the Government's priority to focus on the next phase of pandemic response activities by promoting and increasing the uptake of third and fourth COVID-19 vaccine doses, tackling the gap in First Nations vaccination rates in comparison to the general population, and lifting vaccination rates among children aged 5 to 11 years.

Vaccination is a safe and effective way to prevent the spread of many diseases that cause hospitalisation, serious ongoing health conditions, and sometimes death.

The National Immunisation Program (NIP) is a collaborative program between the Australian and state and territory governments. It aims to increase national immunisation rates to improve the health and wellbeing of Australians through the provision of free vaccines for eligible Australians to protect against vaccine preventable diseases.

The NIP is actioned through the National Immunisation Strategy 2019–2024, which aims to expand and improve the NIP and maximise vaccination coverage in eligible vulnerable populations. The National Immunisation Strategy provides measures and goals for the strategic direction of Australia's Immunisation Program over 5 years and across 8 priority areas:

- Improve immunisation coverage.
- Ensure effective governance of the NIP.
- Ensure secure vaccine supply and efficient use of vaccines for the NIP.
- Continue to enhance vaccine safety monitoring systems.

- Maintain and ensure community confidence in the NIP through effective communication strategies.
- Strengthen monitoring and evaluation of the NIP through assessment and analysis of immunisation register data and vaccine-preventable disease surveillance.
- Ensure an adequately skilled immunisation workforce through promoting effective training for immunisation providers.
- Maintain Australia's strong contribution to the region.

Separately to the NIP, Program 1.9 also supports the COVID-19 vaccine rollout.

To ensure targeted vaccine programs are delivered, the monitoring of arrangements and services provided through the NIP and associated immunisation initiatives will continue. This includes the collection, analysis, and reporting of data from the Australian Immunisation Register (AIR) in line with the *Australian Immunisation Register Act 2015*. Mandatory reporting to the AIR commenced for COVID-19 vaccines administered on or after 20 February 2021, influenza vaccines administered on or after 1 March 2021, and all other NIP vaccines administered on or after 1 July 2021. Mandatory reporting ensures the AIR contains a complete and reliable dataset of vaccines administered in Australia.

Partnerships with key government agencies, such as the Department of Education and the Department of Social Services to increase immunisation coverage rates, and Services Australia, which administers the AIR on our behalf, will continue to be prioritised in order to deliver on priority areas within the National Immunisation Strategy 2019–2024.

Key Activities – Program 1.9	2022-23	2023-24	2024-25	2025-26
Developing, implementing, and evaluating strategies to improve immunisation coverage of vaccines covered by the NIP.	•	•	•	•
Partnering with states, territories, and other important stakeholders to deliver vaccine initiatives.	•	•	•	•
Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease.	•	•	•	•
Implementing immunisation activities/campaigns to encourage uptake and ensure eligible groups have access to evidence-based information to inform their decision making.	•	•	•	•
Ensuring secure vaccine supply and efficient use of vaccines for the NIP.	•	•	•	•
Developing the next National Partnership on Essential Vaccines.	•	•	•	•
Ensuring compliance with mandatory reporting of vaccinations to the AIR.	•	•	•	•
Continuing to deliver the national COVID-19 vaccine response while working with stakeholders to transition the COVID-19 vaccination program to a sustainable operating model.	•			
Implementing governance and access requirements for the AIR.	•	•	•	•



Our Performance

Performance Measures for Immunisation – Program 1.9

Immunisation coverage rates:⁴⁸

- a. For children at 5 years of age are increased and maintained at the protective rate of 95%.
- b. For First Nations children 12–15 months of age are increased to close the gap and then maintained.
- c. For adults at greater risk of vaccine preventable diseases due to age are increased.

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. ≥95.00%	≥95.00%	≥95.00%	≥95.00%
b. ≥94.25%	≥95.00%	≥95.00%	≥95.00%
c. To be set in late 2022 following baseline being set based on 2021–22 data.	To be set in late 2022 following baseline being set based on 2021–22 data.	To be set in late 2022 following baseline being set based on 2021–22 data.	To be set in late 2022 following baseline being set based on 2021–22 data.

Data Source and Methodology

Immunisation data is reported to the AIR⁴⁹, and quarterly coverage reports produced by Services Australia. The National Centre for Immunisation Research and Surveillance (NCIRS) also produces independent coverage reports which validate the coverage rates reported by the Department. These are available on the NCIRS website⁵⁰. Comprehensive reporting on the performance of the COVID-19 vaccine rollout is published regularly.

Measure Type

Quantitative/Effectiveness

Discussion

Please note: This performance measure relates to the NIP, which is separate to the COVID-19 vaccine rollout.

- a., b. The target has been set at 95.00% for children aged 5 years as this level provides sufficient herd immunity to prevent transmission of vaccine preventable diseases in the community.
- c. Amendments to the *Australian Immunisation Register Act 2015* make it mandatory to report COVID-19 vaccinations to the AIR from 20 February 2021, and influenza vaccinations from 1 March 2021. Accordingly, 2021–22 data will allow the setting of a baseline from which future targets will be defined.

⁴⁸ Source: *Health Portfolio Budget Statements 2022–23*, p.74.

⁴⁹ Available at: www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage

⁵⁰ Available at: www.ncirs.org.au



OUTCOME 2

Individual Health Benefits

Ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in health care services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance.

Outcome 2 is delivered through the following programs:

2.1 Medical Benefits

2.2 Hearing Services

2.3 Pharmaceutical Benefits

2.4 Private Health Insurance

2.5 Dental Services

2.6 Health Benefit Compliance

2.7 Assistance through Aids and Appliances and Medical Indemnity

Outcome Snapshot

Through **Outcome 2** we undertake a wide range of functions to provide Australians with affordable and accessible healthcare services. This includes:

- Supporting patient access to telehealth services during the COVID-19 pandemic.
- Implementing initiatives from the Roadmap for Hearing Health.
- Supporting ongoing access to the latest innovative medicines for patients.

- Ensuring choice for consumers across a range of cost-effective private health insurance products.
- Supporting access to dental health services for eligible children.
- Helping health providers meet their compliance obligations.
- Supporting Australians managing specific health conditions.



PROGRAM 2.1

Medical Benefits

Program Objective

Deliver a modern, sustainable Medicare program that supports all Australians to access high quality and cost-effective professional services. Work with consumers, health professionals, private health insurers, and states and territories to continue strengthening Medicare.

Our Operating Focus

We will implement key government priorities by restoring higher rebates for regional mental health video telehealth services.

Telehealth, for a wide range of professional attendances, is now a key feature of the Medicare Benefits Schedule (MBS). A broad range of telehealth items continue to support the equitable and safe delivery of health services nationally. Supporting video as the preferred telehealth medium will be an ongoing focus in response to independent expert advice and available evidence, particularly for longer and more complex consultations.

Medicare telehealth services will continue to adapt to emerging challenges to service delivery and complement ongoing approaches to infection control. Recent examples include formalising unrestricted eligibility for general practitioner (GP) telehealth services to patients affected by natural disasters, and new temporary assessments of a patient's eligibility for COVID-19 oral anti-viral medications by telephone, when longer consultations are required for safe prescribing. A post implementation review of telehealth will also be undertaken as part of the MBS Continuous Review by the Medicare Review Advisory Committee.

Superseded, geographically based GP and allied health telehealth items introduced before COVID-19 will be consolidated across the Medicare telehealth program. The implementation of appropriate Medicare compliance measures will also incorporate telehealth services into normal payment integrity and quality assurance processes.

Following the completion of the MBS Taskforce Review in 2020, the rolling process of government consideration of the recommendations and subsequent implementation of changes to the MBS will continue. These reforms will support a contemporary and sustainable MBS, noting many of the recommended changes are significant and complex. Balancing their timely implementation with processes which enable adequate time for the sector to incorporate changes into their care and business models will require ongoing effort and significant stakeholder engagement.

The MBS Continuous Review will support the ongoing provision of contemporary, evidence-based, high value health care for all Australians. The continuous review function complements the health technology assessment processes of the Medical Services Advisory Committee. Through the Medicare Review Advisory Committee, it provides clinician-led independent advice that drives value for the patient and taxpayer.

Key Activities – Program 2.1	2022-23	2023-24	2024-25	2025-26
Implementing recommendations of the MBS Review to ensure MBS items are aligned with contemporary clinical evidence and best practice.	●	●	●	
Supporting patient access to radiation oncology services by providing targeted financial contributions to the capital cost of radiation oncology linear accelerators.	●	●	●	●
Supporting access to COVID-19 pathology testing through MBS items and targeted programs.	●			
Supporting patient access to telehealth services, including by restoring a fee loading to video telehealth psychiatry consultations to regional and rural patients.	●	●	●	●
Assessing applications for, and providing targeted financial assistance to, Australians who require life saving medical treatment not available in Australia, and patients who incur ill health or injury as a result of a specific act of international terrorism.	●	●	●	●
Continuing the continuous MBS Review mechanism to ensure the MBS reflects contemporary and evidence-based care.	●			

Our Performance

Performance Measures for Medical Benefits – Program 2.1

Percentage of Australians accessing Medicare Benefits Schedule (MBS) services. ⁵¹			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
>90%	>90%	>90%	>90%
Data Source and Methodology Medicare statistics recorded on a rolling 12 month time series. This is published on the Department's website ⁵² .			
Measure Type Quantitative/Effectiveness			
Discussion The proportion of Australians who access MBS services demonstrates its accessibility to the Australian population. The target is set considering those Australians who do not access the MBS for various reasons, including those who cannot physically access services, and people who obtain health services through non-MBS mechanisms including veterans. Any significant deviation from the target within a 12 month period would generate concern and require instigation.			

Percentage of Government agreed Medicare Benefits Schedule (MBS) Taskforce recommendations that have been implemented. ⁵³			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
80%	80%	80%	90%
Data Source and Methodology The MBS Review Taskforce ran from 2015 to 2020, delivering over 60 reports to the Government, including a Final Report in December 2020. Ongoing implementation and progress against this measure is subject to a progressively increasing number of Taskforce recommendations considered by government and implementation timing and priorities for agreed recommendations. Almost 1,400 recommendations were made, of which 916 have been accepted by the Government. Copies of these reports are available on the Department's website ⁵⁴ . Implementation of the agreed recommendations is tracked by the Department and data is maintained internally.			
Measure Type Quantitative/Output			
Discussion Planned performance targets published in the 2022–23 Portfolio Budget Statements have been reduced because medical practitioners have indicated this is the rate at which they can incorporate MBS changes into their professional practice. The stable target also reflects the fact that government continues to agree to further recommendations, including additional recommendations emerging from the Continuous Review of the MBS, which are implemented as quickly as practicable.			

⁵¹ Source: *Health Portfolio Budget Statements 2022–23*, p.82.

⁵² Available at: www.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1

⁵³ Source: *Health Portfolio Budget Statements 2022–23*, p.82.

⁵⁴ Available at: www.health.gov.au/resources/collections/mbs-review-final-taskforce-reports-findings-and-recommendations

PROGRAM 2.2

Hearing Services

Program Objective

Provide hearing services, including devices, to eligible people to help manage their hearing loss and improve engagement with the community. Continue support for hearing research, with a focus on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss.

Our Operating Focus

We are committed to reducing the impact of hearing loss in the Australian community.

Through the Hearing Services Program (HSP), we provide access to high quality hearing services and devices for eligible Australians. We work with a wide range of stakeholders including consumer and community groups, suppliers, hearing service providers, manufacturers, and researchers.

We also support implementation of the Government's \$6.5 million investment over 3 years to establish 3 The Shepherd Centre facilities in New South Wales and Tasmania to support children with hearing loss and their

families, and expand the digital HearHub platform, which provides clinical and other resources for organisations that work with children with hearing loss.

We also engage with the sector on opportunities for further reform following completion of measures identified in the Roadmap for Hearing Health, funded by the 2020–21 Budget. Other measures and activities include:

- supporting research to develop the evidence base for effective treatment and prevention of hearing loss
- conducting a national hearing health awareness and prevention campaign.

Key Activities – Program 2.2	2022–23	2023–24	2024–25	2025–26
Supporting access to high quality hearing services through the delivery of the voucher component of the HSP.	•	•	•	•
Administering the Community Service Obligations component of the HSP and providing specialist services to children and other eligible groups through Hearing Australia.	•	•	•	•
Supporting hearing research and development projects through the National Acoustic Laboratories.	•	•	•	•
Supporting a voluntary hearing screenings pilot for school age students.	•			
Implementing program improvements such as the new Hearing Services Online portal and Hearing website.	•			
Supporting the establishment of 3 The Shepherd Centre hearing facilities, and upscaling of the HearHub digital platform.	•	•	•	

Our Performance

Performance Measures Hearing Services – Program 2.2

a. Number of active vouchered clients who receive hearing services.				
b. Number of active Community Service Obligations (CSO) clients who receive hearing services.⁵⁵				
Planned Performance Targets				
	2022–23	2023–24	2024–25	2025–26
a.	843,000	865,000	899,000	914,000
b.	77,000	79,300	81,700	83,800
Data Source and Methodology <p>Voucher scheme data is provided through the Department’s Hearing Services Online claims portal and also held by the Department’s Enterprise Data Warehouse. Monthly and annual statistics are published on the HSP website⁵⁶ under ‘About the Program: Program Statistics’.</p> <p>CSO data is provided by Hearing Australia and maintained by the Department. It is also reported in Hearing Australia’s Annual and Quarterly Reports⁵⁷.</p> <p>The above planned performance are the forecasts for future years based on the historical trends.</p>				
Measure Type <p>Quantitative/Output</p>				
Discussion <p>This measure assesses growth in service access and utilisation, reflecting 2 distinct parts of the HSP (voucher scheme and CSO):</p> <ul style="list-style-type: none"> • ‘Active’ clients refers to clients that have accessed the HSP and have approved claims within the reporting period. • ‘Vouchered’ clients are predominantly older Australians with hearing impairment who are eligible for the program and hold a current voucher. <p>The CSO component of the program assists young people or clients with complex hearing needs with managing their hearing capacity and maximising communication ability.</p> <p>Potential new outcome measures are being considered and may be used for future outcome and efficiency measures.</p>				
Regulator Performance and Best Practice Principles <p>Consistent with best practice principles, these performance measures assist active monitoring and planning for risks of market changes.</p>				

⁵⁵ Source: *Health Portfolio Budget Statements 2022–23*, p.83.

⁵⁶ Available at: www.hearingservices.gov.au

⁵⁷ Available at: [www.hearing.com.au/About-Hearing-Australia/Corporate-Publications-\(1\)/Annual-Reports](http://www.hearing.com.au/About-Hearing-Australia/Corporate-Publications-(1)/Annual-Reports)

PROGRAM 2.3

Pharmaceutical Benefits

Program Objective

Provide all eligible Australians with reliable, timely, and affordable access to high quality, cost-effective, innovative, clinically effective medicines, and sustainable pharmaceutical services, by subsidising the cost of medicines through the Pharmaceutical Benefits Scheme (PBS) and the Life Saving Drugs Program (LSDP).

Our Operating Focus

We will implement key government priorities by facilitating access to affordable medicines by listing on the PBS drugs recommended by the independent Pharmaceutical Benefits Advisory Committee (PBAC) and reducing the PBS general co-payment.

To ensure eligible Australians can access cost-effective and affordable medicines, we continue subsidisation of the cost of medicines through the PBS, supported through the new Medicines Funding Guarantee.

The Government's subsidy of medicines, treatments, and health services under the PBS, Medicare and other access programs is informed by expert Health Technology Assessment.

We will continue to support ongoing access to the latest innovative medicines for patients. We will also deliver significant savings for Australians and eligible residents by creating a more secure medicines supply through delivery of reforms to the PBS, as agreed by the Commonwealth and medicines industry in the 2022–27 Strategic Agreements with Medicines Australia, and the Generic and Biosimilar Medicines Association.

The Health Products Portal (HPP) has been operational since 2020, enabling the pharmaceutical sector to digitally register and apply for new PBS listings through the PBAC. In the first quarter of 2022, functionality was added to enable the evaluation of Medical Services Advisory Committee submissions through the HPP.

Further development of the HPP is scheduled for the latter half of 2022, which will include Prostheses List Advisory Committee applications, Australian Technical Advisory Group on Immunisation pre-submission advice meetings, and National Immunisation Program applications. Ultimately, the HPP will result in significant regulatory savings to industry by providing a single, secure, and easy to use point where industry can interact with government to apply, track, pay for, and manage listings for regulated and reimbursed health-related products and services. It will also provide a benefit to government through supporting more efficient receipt of applications and payment, and to the community through supporting a quicker access to the most up to date medicines, medical devices, and medical services.

Key Activities – Program 2.3	2022-23	2023-24	2024-25	2025-26
Facilitating equitable access to essential PBS medicines for all Australians, including people living in remote and First Nations communities.	●	●	●	●
Contributing to a sustainable PBS by supporting the PBAC to assess each medicine's safety, clinical effectiveness, and cost-effectiveness compared with other comparable treatments.	●	●	●	●
Delivering improvements to the PBS through reductions to the PBS Safety Net thresholds and general patient co-payment, and therefore making medicines more affordable and accessible for Australians.	●			
Ensuring patients have access to medicines and professional pharmacy services that support the safe and quality use of medicines through the Seventh Community Pharmacy Agreement.	●	●	●	
Supporting and monitoring pharmaceutical wholesalers participating in the Community Service Obligation Funding Pool to ensure all eligible Australians have timely access to PBS medicines, including delivering subsidised PBS units to community pharmacies within agreed timeframes.	●	●	●	
Ensuring continuity of medicines supply through the Minimum Stockholding Requirements, designed to help protect Australian patients, pharmacists, and prescribers from the impact of global medicines shortages.		●	●	●
Monitoring the number and location of PBS suppliers to ensure suppliers are being approved in appropriate locations.	●	●	●	
Supporting the Health Technology Assessments (HTA) Policy and Methods Review to ensure HTA approaches keep pace with advances in health technology and minimise barriers to access.	●	●		
Undertaking post-market health technology assessment and ongoing reviews of PBS listed medicines to ensure they are clinically safe and cost-effective for patients.	●	●	●	●
Providing access to new and existing medicines for patients with life threatening conditions, assessing patient applications, administering medicine orders within agreed timeframes, and supporting the LSDP Expert Panel to assess new medicines for LSDP listings and review existing LSDP medicines.	●	●	●	●



Our Performance

Performance Measures for Pharmaceutical Benefits – Program 2.3

Percentage of new medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) that are listed on the Pharmaceutical Benefits Scheme (PBS) within 6 months of in-principle agreement to listing arrangements.⁵⁸

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
≥80.0%	≥80.0%	≥80.0%	≥80.0%

Data Source and Methodology

Data is analysed for each new medicine listed on the PBS within a financial year. Data is maintained internally by the Department. The date of listing is based on the first appearance of that new medicine in the National Health (Listing of Pharmaceutical Benefits) Instrument 2012 (PB 71 of 2012). The date when the in-principle pricing outcome letter is sent to the sponsor is publicly available on the Medicine Status Website⁵⁹ as the date government processes commence.

More information on the PBAC is available on the Department's website⁶⁰.

Measure Type

Quantitative/Output

Discussion

The 6 month timeframe provides sufficient time to negotiate complex pricing and budget impact issues, seek approval of listing arrangements by other government agencies, seek government approval, and finalise and distribute the amended PBS schedule.

The target of ≥80% is appropriate, as this is an achievable target. Setting it to a higher percentage may adversely impact the Department's capacity to negotiate the best outcomes, particularly on budget impact and price.

Regulator Performance and Best Practice Principles

This measure links to Principle 2, '*Risk-based and data-driven*', by actively monitoring and planning for risks of market changes and new business models that may have flow-on effects for operations.

⁵⁸ Source: *Health Portfolio Budget Statements 2022–23*, p.85.

⁵⁹ Available at: www.pbs.gov.au/medicinesstatus/home.html

⁶⁰ Available at: www.pbs.gov.au/info/industry/listing/elements/pbac-meetings

Processing time of applications for access to the Life Saving Drugs Program (LSDP) following receipt of a complete application.⁶¹

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
90% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.	90% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.	90% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.	90% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.
Data Source and Methodology Applications are received from the treating physician. Confirmation of Medicare numbers are received from Services Australia within 72 hours on receipt of a complete application. Data is maintained internally by the Department.			
Measure Type Quantitative/Efficiency			
Discussion The performance targets for processing of 100% of applications within 48 hours for urgent applications, and 100% of all applications within 30 days, reflect that medicines on the LSDP are essential for patients and are often required urgently. In practice, processing times are well below 30 days. The target of 90% of applications processed within 8 calendar days reflects that some applications require expert advice and require more than 8 days to finalise.			

⁶¹ Source: *Health Portfolio Budget Statements 2022–23*, p.85.

PROGRAM 2.4

Private Health Insurance

Program Objective

Promote affordable, quality private health insurance (PHI) and greater choice for consumers.

Our Operating Focus

We are committed to reforming PHI and improving its value for all Australians who purchase it.

The Australian health system is a hybrid of public and private health care, with PHI and private hospitals playing an important role.

Unexpected out-of-pocket costs can cause financial hardship for many Australians, and transparency and choice are important for patients to be better informed and prepared for private medical treatment.

We will progress enhancements to the Medical Costs Finder website to provide greater functionality and individual cost information for a range of medical specialists, and support these activities with appropriate education material. The enhancements will increase transparency of out-of-pocket costs for consumers across Australia.

We will continue to collaborate with consumers, healthcare providers, hospitals, and private health insurers to ensure the private health sector provides high value care.

We will continue to ensure privately insured patients have access to clinically appropriate, cost-effective medical devices and human tissue products under the private health insurance regulations.

The prices charged for medical devices in the private health care system, informed by the current Prostheses List, are in most cases higher than costs of the same items in other competitive markets, including the public hospital system. We will implement reforms to the Prostheses List over 4 years to reduce the cost of medical devices used in the private health sector and streamline access to new medical devices, which will improve the affordability and value of PHI for Australians.

Key Activities – Program 2.4	2022-23	2023-24	2024-25	2025-26
Supporting a viable, sustainable and cost-effective PHI sector, including through the PHI rebate.	●	●	●	●
Working with private health insurers, private hospitals, and private healthcare providers to ensure choice to consumers across a range of cost-effective PHI products and healthcare services.	●	●	●	●
Supporting implementation of PHI reforms to improve the affordability and value of PHI for consumers and contribute to the long term sustainability of the sector.	●	●	●	●
Encouraging Australians to take up PHI by ensuring access to quality and up to date information relating to PHI.	●	●	●	●
Providing a website and education initiative to improve information availability and transparency of medical specialist out-of-pocket costs.	●	●		
Modernising and improving the Prostheses List to reduce the cost of medical devices for privately insured consumers, and to streamline access to new medical devices.	●	●	●	●

Our Performance

Performance Measures for Private Health Insurance – Program 2.4

Percentage of applications to the Minister from private health insurers to change premiums charged under a complying health insurance product that are assessed within approved timeframes. ⁶²			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
100%	100%	100%	100%
Data Source and Methodology			
Applications from private health insurers are submitted in an approved form through a secure portal managed by the Australian Prudential Regulation Authority. The application form and timeframes are developed in consultation with private health insurers and the Government, and are published on the Department’s website ⁶³ .			
Measure Type			
Quantitative/Efficiency			
Discussion			
This measure assesses the efficiency of a critical regulatory process to assess the value of PHI products. Timely and rigorous assessment of applications provides policy holders with confidence regarding the value of the premium, supports the sustainability of the private health sector, and enables effective administration of the PHI rebate.			
Consumers benefit from a timely and rigorous whole of sector premium application process, ensuring confidence that price changes are being carefully scrutinised. In addition, consumers are being provided with an opportunity to compare the policies offered by all insurers at the same time to determine the product that best suits their needs and circumstances.			



⁶² Source: *Health Portfolio Budget Statements 2022–23*, p.86.
⁶³ Available at: www.health.gov.au/phi-6720-2021-private-health-insurance-premium-round-applications

PROGRAM 2.5

Dental Services

Program Objective

Improve access to adult public dental services through a Federation Funding Agreement with state and territory governments, and support eligible children to access essential dental health services through the Child Dental Benefits Schedule (CDBS).

Our Operating Focus

We continue to work with states and territories to support access to public dental services across Australia.

While states and territories maintain responsibility for the delivery of these services, the Government provides support to facilitate access to additional public dental services on top of those funded by individual jurisdictions.

The Government also provides eligible children aged up to 17 years access to basic dental services through the CDBS. Benefits that can be claimed under the CDBS include examinations, x-rays, cleaning, fissure sealing, fillings, extractions, and root canals. Benefits are not available for orthodontic or cosmetic dental work, and cannot be paid for services provided in a hospital.

The Fifth Review of the *Dental Benefits Act 2008* commenced in July 2022. The final report will be delivered in 2023.

Key Activities – Program 2.5	2022–23	2023–24	2024–25	2025–26
Working with Services Australia to support access to dental health services for eligible children through the CDBS.	●	●	●	●
Undertaking the Fifth Review of the <i>Dental Benefits Act 2008</i> .	●			

Our Performance

Performance Measures for Dental Services – Program 2.5

The percentage of eligible children⁶⁴ accessing essential dental health services through the Child Dental Benefits Schedule (CDBS).⁶⁵

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
41.8%	42.7%	43.6%	44.5%

Data Source and Methodology

The target data is calculated by the percentage of children accessing the CDBS against the total number of eligible children. The Department receives this data from Services Australia. It is then maintained internally by the Department.

Measure Type

Quantitative/Effectiveness

Discussion

CDBS targets are determined by reflecting on the access rate of previous years and considering emerging trends.

⁶⁴ From 1 January 2022, to be eligible for the CDBS a child must be between zero and 17 years of age, must be eligible for Medicare, and the child or parent/guardian must be receiving a relevant Australian Government Payment, such as Family Tax Benefit Part A. From 1 January 2014 to 31 December 2021, the age of eligibility was between 2 and 17 years of age. A list of eligible payments is available at: www.servicesaustralia.gov.au/eligible-payments-for-child-dental-benefits-schedule?context=22426

⁶⁵ Source: *Health Portfolio Budget Statements 2022–23*, p.87.

PROGRAM 2.6

Health Benefit Compliance

Program Objective

Support the integrity of health benefit claims through prevention, early identification, and treatment of incorrect claiming, inappropriate practice, and fraud.

Our Operating Focus

We will continue to work to deliver a quality health provider compliance program that protects the integrity and long term sustainability of Medicare programs, including the Medical Benefits Schedule, the Pharmaceutical Benefits Scheme, and the Child Dental Benefits Schedule. We will achieve this by preventing and deterring non-compliance where possible and ensuring audits and reviews are targeted effectively at providers whose claiming is potentially non-compliant or inappropriate.

To ensure the compliance of health provider claiming, we work in close consultation with professional bodies and stakeholder groups. This includes informing the design of compliance strategies and the delivery of information to health providers on the appropriate use of Medicare programs. This assists providers to meet their compliance obligations when claiming benefits.

We use a range of compliance measures commensurate with the compliance concern, including stakeholder engagement, awareness raising, targeted compliance letters, audits, behaviourally informed interventions, practitioner reviews, and criminal investigations.

Key Activities – Program 2.6	2022-23	2023-24	2024-25	2025-26
Strengthening compliance through data analytics, behavioural economics, education for providers, debt recovery, and compliance actions, including targeted campaigns, audit, practitioner reviews, and criminal investigations.	●	●	●	●
Continuing to consult closely with professional bodies and stakeholder groups on compliance strategies to assist health providers in meeting their compliance obligations.	●	●	●	●

Our Performance

Performance Measures for Health Benefit Compliance – Program 2.6

Percentage of completed audits, practitioner reviews and investigations that are found non-compliant. ⁶⁶			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
>80%	>80%	>80%	>80%
Data Source and Methodology <p>A case is considered non-compliant where it is:</p> <ul style="list-style-type: none">• referred to the Commonwealth Director of Public Prosecutions• referred to the Director of the Professional Services Review• referred to the Delegate of the Chief Executive Medicare within Professional Review Section• completed as an audit case and non-compliant services are confirmed. <p>Cases are included where the date of referral/completion of a case falls within the reporting period.</p> <p>The non-compliance measurement is calculated by dividing the number of cases determined as non-compliant by the total number of completed cases (compliant and non-compliant).</p> <p>Data is maintained internally by the Department.</p>			
Measure Type <p>Quantitative/Efficiency</p>			
Discussion <p>This measure determines the effectiveness of compliance and targeting strategies that have been established to efficiently find healthcare providers who are non-compliant and thereby support the integrity of health benefit claims.</p>			
Regulator Performance and Best Practice Principles <p>The Department's regulatory role in finding healthcare providers who are non-compliant uses intelligence and data to inform a risk-based approach to compliance and enforcement.</p>			

⁶⁶ Source: *Health Portfolio Budget Statements 2022–23*, p.88.

PROGRAM 2.7

Assistance through Aids and Appliances

Program Objective

Improve health outcomes for the Australian community through the provision of targeted assistance for aids and appliances.

Our Operating Focus

We will implement the Government's priority to provide access to subsidised flash glucose monitoring and continuous glucose monitoring (CGM) products to every Australian with type 1 diabetes through the National Diabetes Services Scheme (NDSS).

Commencing 1 July 2022, the Government has committed \$273.1 million to provide an additional 71,000 people with type 1 diabetes who do not have concessional status access to subsidised CGM products, with an affordable co-payment equivalent to \$32.50 per month.

We will continue working to provide timely, reliable, and affordable access to the NDSS, including CGM products and the Insulin Pump Program, which help Australians with diabetes effectively self-manage their condition. We are able to achieve this through close collaboration with key stakeholder organisations, the health sector, and diabetes product sponsors to ensure people with diabetes can continue to access the best diabetes products, support, and related programs and services in a manner that best meets their needs.

We will continue our work to provide timely, reliable, and affordable access to the National Epidermolysis Bullosa Dressing Scheme (NEBDS), which helps Australians with epidermolysis bullosa access dressings, bandages, and ancillary products at a reduced cost. NEBDS also provides access to support and education programs for Australians with epidermolysis bullosa, their families, and carers.

We will continue to assist eligible people with a stoma by ensuring timely access to fully subsidised stoma related products under the Stoma Appliance Scheme, with products distributed through 20 Stoma Associations nationally.

In addition, we will continue to monitor the supply of products, particularly those manufactured overseas, which may be impacted by matters beyond our control, such as international supply chain disruptions caused by the COVID-19 pandemic.

Key Activities – Program 2.7	2022-23	2023-24	2024-25	2025-26
Managing the National Diabetes Services Scheme to ensure the provision of timely, reliable, and affordable access to products and services to help people living with diabetes effectively manage their condition.	•	•	•	•
Implementing the election commitment to expand access to continuous glucose monitoring products to all people with type 1 diabetes from 1 July 2022.	•	•	•	•
Managing the Insulin Pump Program to support access to fully subsidised insulin pumps for eligible low income families who have children (under 21 years of age) with type 1 diabetes.	•	•	•	•
Supporting access to clinically appropriate dressings to improve quality of life for people with epidermolysis bullosa.	•	•	•	•
Assisting people with stomas by ensuring access to stoma related products.	•	•	•	•
Providing access to fully subsidised bowel management medicines for people with paraplegia and quadriplegia, who are members of participating paraplegic and quadriplegic associations.	•	•	•	•



Our Performance

Performance Measures for Assistance through Aids and Appliances – Program 2.7

Average Net Promotor Score for National Diabetes Services focus group participants. ⁶⁷			
Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
>70	>70	>70	>70
Data Source and Methodology			
Diabetes Australia has engaged the University of Technology Sydney as the independent evaluator of the NDSS for the period 2021–22 to 2023–24 to undertake the National Registrant Evaluation Survey, as well as complete reviews of NDSS programs and services. All people with diabetes registered with the NDSS with a valid email address or mobile phone number, who have agreed to be contacted for research purposes, will be invited to participate in the online survey each year. Alternative options will be provided for those people unable to access the email link. The outcomes of both will inform this measure.			
Measure Type			
Quantitative/Effectiveness			
Discussion			
This measure provides an assessment of how the NDSS is perceived by NDSS registrants.			
The >70 target indicates an expectation that the scheme will meet the needs of registrants while acknowledging that some participants may have objections to the scope or nature of the scheme that do not reflect the Department's performance.			

⁶⁷ Source: *Health Portfolio Budget Statements 2022*, p.89.



OUTCOME 3

Ageing and Aged Care

Improved wellbeing for senior Australians through targeted support, access to appropriate, high quality care, and related information services.

Outcome 3 is delivered through the following programs:

3.1 Access and Information

3.2 Aged Care Services

3.3 Aged Care Quality

Outcome Snapshot

Through **Outcome 3** we are providing older Australians with access to appropriate, high quality care, while also focusing on the Australian Government's response to the Royal Commission into Aged Care Quality and Safety (the Royal Commission).

This includes:

- Developing a star rating system for residential aged care.
- Assisting older Australians in understanding and exercising their aged care rights.
- Increasing independent advocacy for older Australians to understand and exercise their aged care rights.
- Improving information and supports for older Australians to access aged care.
- Increasing the accountability and transparency of aged care providers to help older Australians make informed decisions about their care.
- Taking steps to introduce requirements for 24/7 nursing in every aged care facility and an average of 215 minutes of care per resident per day, as well as supporting the Government's submission to the Fair Work Commission in relation to aged care worker wages.
- Releasing the remaining 40,000 additional Home Care Packages (from the 80,000 packages announced in 2021–22) to support older Australians who choose to remain in their own homes.
- A new residential aged care funding model implemented from 1 October 2022.
- Expanding the Serious Incident Response Scheme to include in-home services.
- Implementing a \$229 million package to improve the quality of life and care for people living with dementia and their carers.
- Supporting aged care providers to deliver appropriate, respectful care to older Australians with diverse needs.
- Supporting aged care providers to grow and skill their workforce to deliver appropriate, respectful care to older Australians with diverse needs.
- Designing a new residential aged care system that assigns places directly to older Australians from 1 July 2024.
- Strengthening the financial and prudential regulation of the aged care sector to ensure a sustainable aged care system for the future.
- Developing a new regulatory model for aged care.

PROGRAM 3.1

Access and Information

Program Objective

Provide older Australians, their families, representatives, and carers with reliable and trusted information about aged care services and how to access them through My Aged Care. Provide improved and more consistent client outcomes, timely and high quality assessments of clients' needs and goals, appropriate referrals, and equitable access to aged care services.

Our Operating Focus

We will support key government priorities by providing accessible and reliable information and resources with easily identifiable entry points through the My Aged Care website, contact centre, and recently introduced in-person support in dedicated Services Australia service centres.

We will increase financial transparency in aged care by requiring residential aged care providers to report – publicly and in detail – how funding is spent. Information will be published on My Aged Care about providers' expenditure on care, nursing, food, maintenance, cleaning, administration, and profits, as well as hours worked by care staff. The amount of financial information published will be built gradually to inform the choice of older Australians and their families looking for a residential aged care service.

Older Australians and their families can expect to see:

- from August 2022, a financial report on the aged care sector that includes annual information on aggregate expenditure on care, food, cleaning, and maintenance
- from November 2022, General Purpose Financial Statements that include information on profits
- from February 2023, a quarterly financial statement on the aged care sector that includes information on care minutes and expenditure on care and food
- by January 2024, standardised and benchmarked information on their provider's operations, including comprehensive reporting on income, expenditure on care, nursing, food, maintenance, cleaning, administration, and profit/loss.

In early 2023, the Care Finder Program will be introduced to provide intensive support to the most vulnerable older Australians to assist them in navigating the aged care system and accessing care and support that best meet their needs. The My Aged Care website will be enhanced in response to work being undertaken to address recommendations of the Royal Commission, including the addition of a star ratings system for residential aged care, and a process to verify specialisation claims made by aged care providers. This will further support older Australians to make informed choices about their aged care service options.

We will continue to provide free, independent advocacy through an expanded National Aged Care Advocacy Program to ensure greater choice and quality safeguards for older Australians. A doubling of the aged care advocacy workforce, with innovative specialist activities, will improve access to advocacy for older Australians in outer metropolitan, rural, and remote areas, as well as for home care recipients and culturally and linguistically diverse groups.

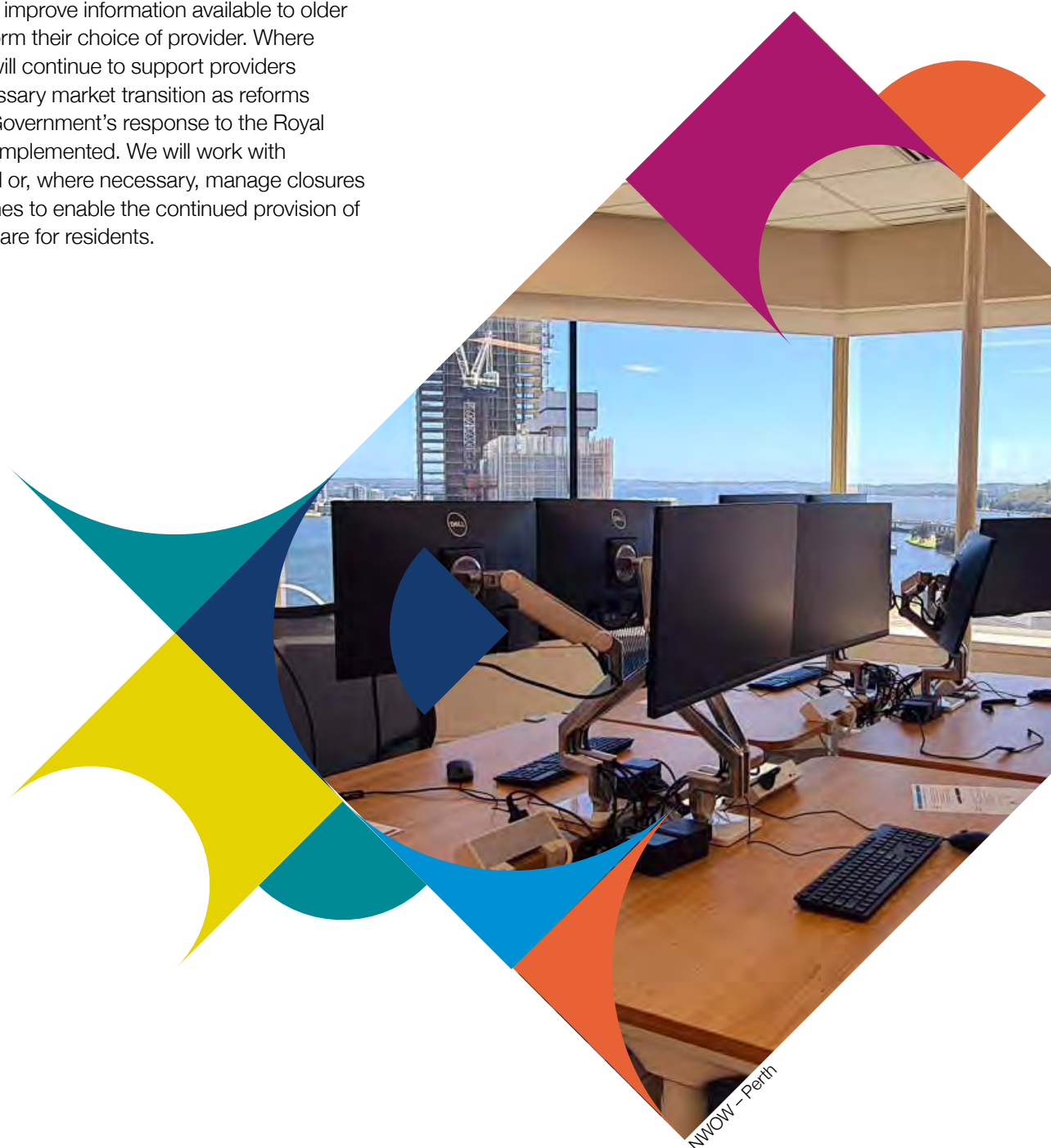
We will continue to support state and territory governments (Aged Care Assessment Teams) and Regional Assessment Service organisations to conduct assessments, including by telehealth, where required, to enable clients to access appropriate support.

We will progress reforms to aged care assessment arrangements to simplify and improve the arrangements for older Australians in accordance with recommendations by the Royal Commission.

Our policies and programs will deliver a fairer aged care system, where all older Australians have equitable access to the quality care they need. We are focusing on regional, rural, and remote markets, and are identifying options to better address barriers to access, and better target resources in areas of the greatest need. This will be complemented through the establishment of an Indigenous workforce of trusted people to assist First Nations peoples who need support in accessing aged care services.

We are committed to improving culturally appropriate access to aged care for First Nations peoples, culturally and linguistically diverse peoples, and older Australians who are homeless or experiencing homelessness.

There is an increased need to monitor providers' financial performance and improve information available to older Australians to inform their choice of provider. Where appropriate, we will continue to support providers through the necessary market transition as reforms arising from the Government's response to the Royal Commission are implemented. We will work with providers to avoid or, where necessary, manage closures of aged care homes to enable the continued provision of safe and quality care for residents.



Key Activities – Program 3.1	2022-23	2023-24	2024-25	2025-26
Providing consistent, accessible, inclusive, reliable, and useful information and resources with easily identifiable entry points, namely the My Aged Care website, contact centre, and in-person support via Services Australia service centres.	●	●	●	●
My Aged Care will continue supporting older Australians, their families, representatives and carers to understand, access and navigate the aged care system. This includes providing: <ul style="list-style-type: none"> • explanation on the different types of aged care services available • the ability to apply for an assessment of needs to identify eligibility for aged care services • referrals and support to find and compare service providers • information to understand and estimate potential costs for aged care services • Star Ratings for all residential aged care services, to support choice. 	●	●	●	●
Continuing the rollout of the face-to-face channel for My Aged Care in dedicated Services Australia service centres, and delivering extended aged care system navigator trials until the care finder program commences in 2023.	●			
Introducing the care finder program to assist the most vulnerable older Australians with intensive support to navigate the aged care system and access the care and services to best meet their needs in early 2023.	●	●	●	●
Delivering and expanding upon individual advocacy support through the National Aged Care Advocacy Program.	●	●	●	
Supporting delivery of aged care assessments through the Aged Care Assessment Team (ACAT), and Regional Assessment Service (RAS) programs.	●			
Increasing the availability of volunteer visits to socially isolated and lonely older Australians through an expanded Community Visitors Scheme, with the transition to a more sustainable and effective Aged Care Volunteer Visitor Scheme model from 2023-24.	●	●	●	●
Collaborating with the Department of Social Services and the National Disability Insurance Agency to implement the Younger People in Residential Aged Care (YPIRAC) Strategy 2022-2025 through the Joint Agency Taskforce.	●	●	●	
Extending the YPIRAC System Coordinator Program from January 2023 to 2025, which will support younger people in residential aged care and their families in accessing age-appropriate accommodation and support.	●	●	●	
Providing rural and regional aged care providers with access to a highly skilled surge workforce through expansion of the Rural Locum Assistance Program.	●	●		

Our Performance

Performance Measures for Access and Information – Program 3.1

Maintain efficiency of My Aged Care assessments as demonstrated by the percentage of:

- a. High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting.**
- b. High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting.**
- c. High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only).⁶⁸**

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. >90.0%	N/A	N/A	N/A
b. >90.0%	N/A	N/A	N/A
c. >90.0%	N/A	N/A	N/A

Data Source and Methodology

Data is logged by assessors into the My Aged Care system. Data is analysed and maintained internally by the Department.

Measure Type

Quantitative/Efficiency

Discussion

Assessment organisations are currently funded to 30 June 2023. Targets beyond this date will be considered in the context of future single assessment system arrangements.

⁶⁸ Source: *Health Portfolio Budget Statements 2022–23*, p.96.

The percentage of surveyed users who are satisfied with the service provided by the:

a. My Aged Care Contact Centre.

b. My Aged Care website.⁶⁹

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
a. >95%	>95%	>95%	TBC
b. ≥65%	TBC	TBC	TBC

Data Source and Methodology

Customer satisfaction survey and callers to the contact centre.

‘Users’ refers to callers to the My Aged Care contact centre and visitors to the My Aged Care website.

‘Satisfied’ callers to the My Aged Care contact centre are those who give the contact centre a score of 6 to 10 on a scale of zero to 10 in response to the customer satisfaction survey. ‘Satisfied’ visitors to the website consist of an aggregate score from multiple questions which measure key indicators of website satisfaction.

Measure Type

Quantitative/Effectiveness

Discussion

Please note: Planned performance targets for b. My Aged Care website for the years 2023–24 and 2024–25 published in the *Health Portfolio Budget Statements 2022–23* have been removed. These targets will be revised in 2023 subject to new contractual arrangements.

⁶⁹ Source: *Health Portfolio Budget Statements 2022–23*, p.97.

PROGRAM 3.2

Aged Care Services

Program Objective

Provide choice through a range of flexible options to support older Australians who need assistance. This includes supporting people to remain living at home and connected to their communities for longer, through to residential care for those who are no longer able to continue living in their own home.

Our Operating Focus

We will fulfill key government priorities by introducing a new Australian National Aged Care Classification (AN-ACC), implementing the requirement for a registered nurse to always be present onsite, implementing an increase in the number of carers and care hours, ensuring better nutrition for aged care residents, and supporting a government submission to the Fair Work Commission for a real increase to the wages of aged care workers.

The Government has provided significant increased investment to improve residential aged care services and access. This includes:

- increasing and improving front line care delivered to around 243,000 older Australians accessing residential aged care, and nearly 68,000 accessing residential respite each year
- ensuring every aged care home has a registered nurse on site 24 hours a day, 7 days a week by July 2023
- improving care by having more carers with more time to care
- from 1 October 2023, the Government requiring an average of 200 care minutes, including 40 registered nurse minutes per resident, per day. From 1 October 2024, this will increase to 215 minutes, including 44 registered nurse minutes per resident, per day.

The Commonwealth Home Support Programme (CHSP) has been extended for one year, from 30 June 2022 to 30 June 2023. The funding arrangements have transitioned from quarterly in advance to monthly in arrears and introduce a national unit price range for service activities, with monthly reporting processes being embedded over the year.

The Government is committed to reforming the Home Care Packages (HCP) Program through arrangements to limit administration costs. To make costs fairer for recipients, new legislation bans exit fees and enables the capping of administration and management charges in the Home Care Packages Program.

We will be reducing wait times for HCPs by releasing an additional 40,000 HCPs in 2022–23.⁷⁰ This will be complemented by our ongoing in-house reviews of up to 500 HCP providers per year to assure value for money of this significant investment.

We will continue to progress reforms to simplify and improve in-home aged care arrangements in accordance with the recommendations of the Royal Commission into Aged Care Quality and Safety (Royal Commission).

To drive improvements in the care outcomes for aged care residents, the AN-ACC funding model commenced on 1 October 2022. The new funding model will improve transparency over the way funding is allocated among residential aged care providers, providing a fairer, more equitable system for distributing funding.

⁷⁰ This 40,000 is in addition to the 40,000 HCPs released in 2021–22.

We will continue to design and implement a more consumer driven and competitive residential aged care system, which replaces the Aged Care Approvals Round. From 1 July 2024, residential aged care places will be assigned to older Australians, giving them greater choice over which approved provider delivers their care. In addition, providers will have greater control over their business decisions, and will be incentivised to develop higher quality and more innovative models of care and accommodation that best meet the preferences of their clients. While the new system is being developed, transitional arrangements are in place to allow providers to apply directly to the Department for an allocation of residential places if they can deliver care, but do not have available places.

We will provide capital grant funding to support essential aged care infrastructure projects to increase access to quality, sustainable, and culturally safe aged care services

for First Nations peoples, in areas where older Australians currently have limited or no access, or where staff caring for their needs do not have suitable housing.

We will continue the implementation of a new financial and prudential monitoring, compliance, and intervention framework for aged care providers to improve continuity of care and better manage the risk of financial failure through enhanced financial reporting, transparency, and accountability. We will also work with the Aged Care Quality and Safety Commission to give the Commissioner new powers to enhance accountability and integrity in the system. We will continue to deliver programs that build the capability and sustainability of aged care providers.

We will establish additional units through the Specialist Dementia Care Program to provide intensive and specialist care for people exhibiting very severe behavioural and psychological symptoms of dementia, with a focus on stabilising and reducing symptoms.

Key Activities – Program 3.2	2022-23	2023-24	2024-25	2025-26
Extension to the CHSP, and transition to payment in arrears.	●	●		
Delivering the HCP Program and conducting assurance reviews of up to 500 providers, and relevant fraud minimisation activities to support the HCP Program and any future program.	●	●	●	
Providing access to a range of short term services focused on supporting client independence and wellness to enable older Australians to keep living in their own homes.	●	●	●	●
Supporting people in residential aged care, and people with different care needs, via flexible care arrangements.	●	●	●	
Delivering a range of residential aged care options and accommodation for older Australians who are unable to continue living independently in their own homes, either on a permanent or short term basis.	●	●	●	●
Supporting development of innovative technologies to pilot stage to improve care for people living with dementia.	●			
Continuing to support access to restorative care interventions by improving wellbeing for older Australians through the Short-Term Restorative Care (STRC) Programme and Transition Care Programme.	●	●	●	●
Delivering a more client centred Disability Support for Older Australians program for older Australians with disability.	●	●	●	●
Providing flexible care options to meet the aged care needs of older Australians living in regional and remote communities through the Multi-Purpose Services Program.	●	●	●	●
Supporting the Indigenous Australians Health Programme, including delivery of culturally appropriate aged care for First Nations people close to home, through the ongoing expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.	●	●	●	
Continuing rollout of the Specialist Dementia Care Program, including evaluation and assessment of how adequately the program meets demand for this type of service.	●	●	●	●
Expanding the Regional Stewardship of the Aged Care outreach model to strengthen governance and support the implementation of aged care reforms in regional areas through the Health State and Territory Network.	●	●	●	●

Our Performance

Performance Measures for Aged Care Services – Program 3.2

Number of clients that accessed Commonwealth Home Support Programme services.⁷¹

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
>840,000	N/A	N/A	N/A
Data Source and Methodology CHSP performance data is entered externally by funded providers into a reporting system managed by the Department of Social Services. This is reported to the Department and held internally.			
Measure Type Quantitative/Output			
Discussion Targets for each financial year are rounded to the nearest 100 and reflect the target at 30 June. Targets for 2023–24 and beyond will be set subject to government decisions and in-home aged care reforms in response to the Royal Commission.			

Number of allocated Home Care Packages.⁷²

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
275,600	N/A	N/A	N/A
Data Source and Methodology The number of allocated HCPs is the sum of the number of people receiving a HCP and the number of people who have been offered a HCP but have not yet accepted. ⁷³ Data on HCP indicators is published quarterly by the Australian Institute of Health and Welfare (AIHW) and shows data on the forecast number of allocated HCPs.			
Measure Type Quantitative/Output			
Discussion Targets for each financial year are rounded to the nearest 100 and reflect the target at 30 June. Targets for 2023–24 and beyond will be set subject to government decisions and in-home aged care reforms in response to the Royal Commission.			

⁷¹ Source: *Health Portfolio Budget Statements 2022–23*, p.99.

⁷² Ibid.

⁷³ Persons offered a HCP can have up to 84 days from the date of offer to take up their package.

Residential aged care places available as at 30 June.⁷⁴

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
230,000	235,000	N/A	N/A

Data Source and Methodology

The Department maintains a record of allocated aged care places. A stocktake of these places is undertaken annually, with results published on the Australian Institute of Health and Welfare's web resource, GEN Aged Care Data.

The target numbers represent an estimate only of the total number of places providers will have brought to market (operationalised) each year based on historical trends. Current market forces, including lower rates of occupancy and increased costs of building, will likely slow the rate at which these target numbers can be realised.

Measure Type

Quantitative/Output

Discussion

Lower rates of occupancy indicate there is sufficient stock of residential aged care places available to meet the needs of older Australians unable to continue living independently in their own homes.

From 1 July 2024, residential aged care places will be assigned to older Australians. The Department intends to replace this performance measure at that time.



NWOW – Fairbairn

⁷⁴ Source: *Health Portfolio Budget Statements 2022–23*, p.100.

PROGRAM 3.3

Aged Care Quality

Program Objective

Support the provision of safe and quality care for older Australians and their choice of care through regulatory activities and collaboration with the aged care sector and older Australians, as well as capacity building and awareness raising activities.

Our Operating Focus

We will fulfill key government priorities by ensuring providers have a clear understanding of their legal responsibilities, requiring providers to preference direct employment, and establishing a registration scheme to govern the employment of personal care workers.

We are developing a new rights-based legislative framework focused on the needs of older Australians that:

- provides for high quality, safe, and compassionate care
- supports harmonisation across government systems
- gives effect to recommendations of the Royal Commission into Aged Care Quality and Safety (Royal Commission).

Our review of the Aged Care Quality Standards will focus on key areas of concern identified by the Royal Commission, including governance, diversity, dementia, food and nutrition, and clinical care. This review is expected to be completed by 31 December 2022.

To deliver on our plans, we will continue to place older Australians at the centre of our operations and work collectively to ensure the aged care system is simple, effective, and connected to meet their needs. Opportunities for insights and engagement with older Australians and the community will remain embedded into our core business.

We will continue to deliver initiatives designed to build the capability and capacity of the aged care workforce, with a focus on supporting local solutions for the aged care sector. This involves working with the Department's regional network in combination with the support of other agencies and organisations, including employment providers and registered training organisations.

We will progress, where appropriate, harmonising regulation across care and support sectors, including

aged care, the National Disability Insurance Scheme (NDIS), disability services, and veterans' care. This will include aligned and improved regulation of providers and workers, while ensuring strong protections for the safety of Australians using those services and supports.

The Serious Incident Response Scheme (SIRS) will be expanded to home services to ensure older Australians receiving these services are offered the same level of protection as those in residential care.

We will focus on strengthening our understanding of the aged care workforce through improving our workforce data collection and projections. Assistance is being provided to the sector through the Workforce Advisory Service for attracting and retaining workers and workforce planning, while work is also underway across government to support the rollout of new training places to increase the number of qualified personal care workers.

We will continue to focus on making dementia and diversity part of our core business in aged care, and delivering a cohesive approach to dementia support programs that follows a person's journey and integrates across both the aged care and health sectors. This involves implementing an expansion of post-diagnosis and behaviour support for people living with dementia, as well as aligning activities relating to funding, regulation, information, and education measures to ensure person-centred care.

Coordinated health, social, and aged care services can be a significant enabler for people as they age, particularly for people living with dementia and their carers. We will work with Primary Health Networks, state and territory governments, the Carers Gateway and dementia service providers to increase the coordination and accessibility of these services. This includes negotiation of a new National Dementia Action Plan.

Key Activities – Program 3.3	2022-23	2023-24	2024-25	2025-26
Implementing more equitable access to aged care for First Nations peoples and special needs group.	●	●	●	●
Ensuring provision of quality aged care services, including equitable care for people from diverse backgrounds and support for people with dementia.	●	●	●	
Providing funding and support through the Dementia Training Program, Dementia Behaviour Management Advisory Service, and Severe Behaviour Response Teams.	●	●	●	●
Working with Australians with diverse characteristics and life experiences to develop aged care services that are culturally safe, including through the adoption of trauma informed care practices.	●	●	●	
Working with the Aged Care Quality and Safety Commission (ACQSC) to refine the risk-based targeting and information sharing capability within the ACQSC, including information about home care.	●			
Conducting an independent capability review of the ACQSC to assess its functions and operations against best practice regulation and identify opportunities for improvement.	●			
Improving the standard of food and nutrition for those in residential aged care, through reporting, strengthened standards, and sector support and engagement.	●	●		
Supporting implementation of the Aged Care Workforce Strategy Taskforce report <i>A Matter of Care: Australia's Aged Care Workforce Strategy</i> .	●			
Implementing the aged care nurses' bonus initiative and transition to practice programs.	●	●		
Implementing a registration scheme for personal care workers.	●	●	●	●
Continuing to provide free independent business advisory services, including workforce advisory services, to residential aged care and home care providers.	●			
Providing grant funding to support residential aged care providers to deliver quality care and achieve a stronger and more viable residential aged care sector through the Structural Adjustment Program.	●			
Expanding the Financial Monitoring Program to identify and support providers to manage financial risk and refer them to support.	●	●	●	
Improving coordination and accessibility of post-diagnostic supports for people living with dementia and their carers, including through an expansion of the National Dementia Support Program and the development of support and referral pathway resources and guidance for health professionals and consumers.	●	●	●	●
Developing accommodation design standards for residential aged care.	●	●		
Strengthening regulation through harmonisation across the care and support sector, including aged care, the NDIS and disability services, and veterans' care.	●			
Review of the Aged Care Quality Standards, with focus on governance, diversity, dementia, food, and nutrition.	●	●		
Expanding the SIRS to in-home services.	●	●	●	
Expanding the National Aged Care Mandatory Quality Indicator Program (QI Program) to enhance reporting across a further 6 key areas of care, to support quality improvement and transparency.	●	●	●	

Our Performance

Performance Measures for Aged Care Quality – Program 3.3

Percentage of care givers providing feedback via a survey who report an improvement in confidence when managing Behavioural and Psychological Symptoms of Dementia, following an intervention from the Dementia Behaviour Management Advisory Service (DBMAS) or the Severe Behaviour Response Teams (SBRT).⁷⁵

Planned Performance Targets

2022–23	2023–24	2024–25	2025–26
≥90%	≥90%	≥90%	≥90%

Data Source and Methodology

Data is obtained through a Quality Satisfaction Survey and managed by Dementia Support Australia (DSA). The survey is sent to all referrers for both DBMAS and SBRT who have a valid email address. The relevant response is to: *'Contact with DSA has increased my/our confidence regarding behaviour management.'*

DSA provides 6 monthly reports to the Department.

Measure Type

Quantitative/Effectiveness

Discussion

DBMAS and SBRT are major programs contributing to all elements of the objective for Australians living with dementia. The planned performance target has been increased to reflect the results achieved in previous years.

⁷⁵ Source: *Health Portfolio Budget Statements 2022–23*, p.102.



OUTCOME 4

Sport and Recreation

Improved opportunities for community participation in sport and recreation, excellence in high-performance athletes, and protecting the integrity of sport through investment in sport infrastructure, coordination of Commonwealth involvement in major sporting events, and research and international cooperation on sport issues.

Outcome 4 is delivered through the following programs:

4.1 Sport and Recreation

Outcome Snapshot

Through **Outcome 4**, we will undertake a wide range of functions to advance the role sport plays in achieving the Australian Government's broader health, social, and economic policy objectives. This includes:

- Implementing sport policies and initiatives.
- Coordinating Commonwealth support for major international sporting events hosted in Australia.
- Improving water and snow safety.
- Partnering with Sport Australia and relevant areas of the Department of Health and Aged Care to encourage Australians to lead more healthy and active lifestyles.
- Ensuring sport dispute resolution is fair, efficient, and transparent.
- International engagement on sport policies, and participation in forums and meetings.



PROGRAM 4.1

Sport and Recreation

Program Objective

Increase participation in sport and physical activity by all Australians and foster excellence in Australia's high-performance athletes. Further Australia's national interests by supporting the Australian sport sector, showcasing Australia as a premier host of major international sporting events, and improving water and snow safety.

Our Operating Focus

We will implement key government priorities by coordinating the bidding for, and delivery of, major international sporting events hosted in Australia, as well as promoting the benefits of an active lifestyle.

The sporting sector continues to recover from the impacts of COVID-19 restrictions, resuming community, domestic, and international sporting events.

Looking forward, the decade of major international sporting events to be hosted in Australia leading up to the Brisbane 2032 Olympic and Paralympic Games provides new opportunities for sport to contribute benefits across the Australian community and the Indo-Pacific region.

Over the coming year, we will continue to work with state and territory governments, and the sports industry, on national sport policy and the role of major sporting events in supporting government policy objectives. This includes physical and mental health, economic recovery, trade and tourism, high-performance outcomes, diplomacy, and social inclusion.

Sporting clubs and organisations are seeking to grow participation in community sport and address the decline in participation caused by the COVID-19 pandemic. There is also a need to support the thousands of coaches, officials, and volunteers in the sector. We will continue to work with the Australian Sports Commission to review and implement sport policies and initiatives that encourage Australians of all abilities to participate in community sport and lead more healthy and active lifestyles.

We will deliver the Government's commitment to extend the Beach Safety Equipment Fund through Surf Life Saving Australia to keep beachgoers safe through the purchase of critical rescue boards and boats, life jackets, all-terrain vehicles, defibrillators, first aid, and medical supplies.

We will also work with the Australian Sports Commission and the Australian Institute of Sport to support the high performance system through funding, programs and facilities, and enabling athletes and support personnel to prepare for major sporting events including the Birmingham 2022 Commonwealth Games, the Paris 2024 Olympic and Paralympic Games, and other upcoming international events.

The 'Green and Gold Decade' of hosting major international sporting events in Australia commences from 2022–23, with a focus on delivery for early events including the UCI⁷⁶ Road World Championships 2022, the FIBA⁷⁷ Women's World Cup 2022, the ICC⁷⁸ Men's T20 World Cup 2022, Virtus Oceania Asia Games 2022, the World Transplant Games 2023, and the FIFA⁷⁹ Women's World Cup 2023 (jointly hosted by Australia and New Zealand).

We will continue supporting legacy initiatives to maximise social, economic, and sporting outcomes. This includes initiatives associated with the FIBA Women's World Cup 2022 and FIFA Women's World Cup 2023 to raise the profile of women's sport, drive increased participation by girls and women, and promote gender equality and social inclusion in sport.

⁷⁶ Union Cycliste Internationale.

⁷⁷ Fédération Internationale de Basketball Amateur (International Basketball Federation).

⁷⁸ International Cricket Council.

⁷⁹ Fédération Internationale de Football Association.

We will continue supporting planning processes for the Brisbane 2032 Olympic and Paralympic Games through financial, policy, and operational support coordination to ensure government commitments are met and expectations are realised.

We will continue promoting and protecting the integrity and fairness of Australian sport through the National Sports Tribunal (NST). The NST will continue to provide the Australian sporting community with an independent and specialist forum for resolving sporting disputes through arbitration, mediation, conciliation, and case appraisal.

Key Activities – Program 4.1	2022-23	2023-24	2024-25	2025-26
Implementing sport policies, programs, and initiatives, and promoting the benefits of an active lifestyle.	•	•	•	•
Collaborating with the Australian Sports Commission on policy development and engagement with states and territories.	•	•	•	•
Engaging on international sport policy and partnering with the Department of Foreign Affairs and Trade on sports diplomacy initiatives.	•	•	•	•
Coordinating whole of government support for the bidding and hosting of major international sporting events hosted in Australia.	•	•	•	•
Developing and implementing a strategic, whole of government legacy and communications approach for major sporting events.	•	•	•	•
Supporting Brisbane as the host of the 2032 Olympic and Paralympic Games.	•	•	•	•
At a departmental level, providing corporate support to Sport Integrity Australia for sports integrity legislation and budget requirements.	•	•	•	•
Providing a cost-effective, efficient, transparent, and independent forum for resolving nationally focused sporting disputes through the NST.	•	•	•	•
Supporting water and snow safety organisations to reduce the incidence of fatal and non-fatal drownings and accidents, and promoting the importance of water and snow safety.	•	•	•	•



Our Performance

Performance Measures for Sport and Recreation – Program 4.1

Engagement of Australians in weekly organised community sport and physical activity as measured through:⁸⁰

- a. Percentage of Australian children aged zero to 14 years participating in organised sport or physical activity outside of school hours once per week.**
- b. Percentage of Australians aged 15 years and over participating in sport or physical activity once per week.**

Planned Performance Targets⁸¹

2022	2023	2024	2025
a. Progressive increase towards 59%	Progressive increase towards 59%	Progressive increase towards 59%	Progressive increase towards 59%
b. Progressive increase towards 83%	Progressive increase towards 83%	Progressive increase towards 83%	Progressive increase towards 83%

Data Source and Methodology

Data for a. and b. is derived from the Australian Sports Commission AusPlay survey results⁸² AusPlay collects national, state, and territory data on participation rates across organised sport and physical activity. To align with the release of AusPlay data, this performance measure will be reported on a calendar year basis.

Measure Type

Quantitative/Effectiveness

Discussion

Supporting the participation of Australians in sport and physical activity is a priority of the Government. National participation rates in sport and physical activity declined for 2 years (2019–20 and 2020–21) during the COVID-19 pandemic. In 2020–21, children's (0 to 14 years) participation at least once per week dropped to 42%, and 15 years and over participation dropped to 80%. The planned performance targets aim for participation rates to gradually increase, returning to pre-pandemic levels by 2025.

⁸⁰ Source: *Health Portfolio Budget Statements 2022*, p.106

⁸¹ To align with the release of AusPlay date, from October 2022 this performance measure will be reported on a calendar year basis.

⁸² Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

Strategic coordination of Commonwealth responsibilities in relation to the following future bids and major sporting events in Australia.⁸³

Planned Performance Targets			
2022–23	2023–24	2024–25	2025–26
<ul style="list-style-type: none"> • ICC T20 Men's World Cup 2022 • UCI Road World Championships 2022 • Virtus Oceania Asia Games 2022 • FIBA Women's World Cup 2022 • World Transplant Games 2023 • FIFA Women's World Cup 2023 • Victoria 2026 Commonwealth Games • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games. 	<ul style="list-style-type: none"> • FIFA Women's World Cup 2023 • Victoria 2026 Commonwealth Games • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games. 	<ul style="list-style-type: none"> • Victoria 2026 Commonwealth Games • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games. 	<ul style="list-style-type: none"> • Victoria 2026 Commonwealth Games • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games.
Data Source and Methodology Policies and operational arrangements are developed and implemented to meet the Government's commitments to support bids for, and delivery of, future major sporting events in Australia. Data is maintained internally by the Department.			
Measure Type Qualitative/Output			
Discussion The Department is working to improve performance measures for this program. In the interim, this measure provides insight into the expected level of output and enables reporting that can be compared year to year.			

⁸³ Source: *Health Portfolio Budget Statements 2022–23*, p.107.

List of Requirements

The Corporate Plan has been prepared in accordance with the requirements of:

- subsection 35(1) of the *Public Governance, Performance and Accountability (PGPA) Act 2013* and
- the PGPA Rule 2014.

This table details the requirements met by the *Department of Health and Aged Care Corporate Plan 2022–23* and the section references for each requirement.

Topic	Requirements	Sections
Introduction	<ul style="list-style-type: none"> • A statement that the plan is prepared for paragraph 35(1)(b) of the Act. • The reporting period for which the plan is prepared. • The reporting periods covered by the plan. 	Message from the Secretary
Purposes	<ul style="list-style-type: none"> • The purposes of the entity 	Our Purpose
Key activities	<ul style="list-style-type: none"> • For the entire period covered by the plan, the key activities that the entity will undertake in order to achieve its purposes. 	Outcome 1 Outcome 2 Outcome 3 Outcome 4
Operating context	<ul style="list-style-type: none"> • The environment in which the entity will operate. • The strategies and plans the entity will implement to have the capability it needs to undertake its key activities and achieve its purposes. • A summary of the risk oversight and management systems of the entity, and the key risks that the entity will manage and how those risks will be managed. • Details of any organisation or body that will make a significant contribution towards achieving the entity's purposes through cooperation with the entity, including: <ul style="list-style-type: none"> – how that cooperation will help achieve those purposes, and – how any subsidiary of the entity will contribute to achieving the entity's purposes. 	Message from the Secretary Our Operating Context Contents Our Contribution to Government Initiatives Our Corporate Governance Our Capability Our Performance Outcome 1 Outcome 2 Outcome 3 Outcome 4
Performance	<ul style="list-style-type: none"> • Specified performance measures for the entity that meet the requirements of section 16EA. • Specified targets for each of those performance measures for which it is reasonably practicable to set a target. 	Our Performance Outcome 1 Outcome 2 Outcome 3 Outcome 4



Better health and wellbeing
for all Australians, now
and for future generations