



Australian Government

Department of Health
and Aged Care

Corporate Plan

2023-24





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

I am pleased to present the Department of Health and Aged Care's 2023–24 Corporate Plan. As the Department's primary planning document, the Plan outlines our objectives for this financial year; how we will support the Government to shape high-quality health, aged care and sports systems, and the framework for measuring our performance.

The key priorities that we will deliver on behalf of the Australian Government:

- Building a stronger Medicare to meet the urgent healthcare needs of today, while continuing reforms to build a stronger Medicare for future generations.
- Working with the states and territories on long term, system wide health reform and administration of the Addendum to the National Health Reform Agreement 2020–25.
- Improving Australia's mental health care system to ensure all Australians have access to mental health and suicide prevention services.
- Continuing to close the gap in First Nations health and wellbeing outcomes by focussing on early intervention strategies, education programs, measures to improve access to culturally safe and appropriate mainstream health services and increasing the First Nations health workforce.
- Implementing the National Medical Workforce Strategy and addressing the health workforce shortage across Australia.
- Reducing smoking and vaping rates (particularly among young Australians) through stronger legislation, enforcement, education and support.
- Facilitating access to affordable medicines for all Australians, including people living in remote and First Nations communities. This includes implementing reforms recommended by the Pharmaceutical Benefits Advisory Committee to increase the maximum dispensing quantities of certain PBS listed medicines.
- Restoring dignity to aged care and ensuring older Australians are treated with the respect they deserve, embedding new aged care assessment arrangements, rolling out a new regulatory model, and increasing the wages of aged care workers.
- Ensuring the health of all Australians is better protected now and into the future through continuing investments in health protection, preventive health and sport. This includes establishing an Australian Centre for Disease Control to provide a national focal point for disease management and improve our ability to respond to health emergencies and other public health challenges.

The Department's skilled and experienced workforce is critical to delivering the Government's health, aged care and sports priorities. We will develop an Action Plan and a Delivery Plan which will detail the activities required to implement the recommendations of the Australian Public Service Commission's Capability Review of the Department. A significant uplift to our internal capability will be the establishment of the Office of the Chief Health Economist in 2023–24. The Office's primary duty will be to translate health economic principles and practices to design policy, implement programs, evaluate outcomes and analyse impacts.

We will continue to have a significant focus on developing our workforce capability, ensure a safe and respectful work environment, and implement strategies to support a diverse and inclusive workforce including reconciliation actions. Our corporate teams will collectively advise on compliance with legislative requirements, financial management, adherence to grants and procurement rules, and project and program assurance; as well as ensure the Department is equipped with the necessary IT infrastructure and services.

Additionally, strong collaboration with our portfolio agencies, other Australian Government entities, state and territory governments, third parties, key peak bodies and international partners is vital to our success in the development and delivery of policy and program solutions.

In delivering high-quality outcomes for all Australians, the Department will embody the Australian Public Service's values, expectations and highest standards of ethics, integrity and accountability.

As the accountable authority of the Department of Health and Aged Care, I am proud to present the 2023–24 Department of Health and Aged Care Corporate Plan, which covers the period 2023–27 as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

Blair Comley PSM
Secretary

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 Vision

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

Our Values and Behaviours

The Australian Public Service (APS) Values (also known as the ICARE¹ principles) set out the standard of behaviour expected of APS employees and are the foundation of everything we do. 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 reviewed during the year to ensure staff are familiar with the expected behaviours.

¹ ICARE (Impartial, Committed to service, Accountable, Respectful, and Ethical); including the APS Employment Principles and the APS Code of Conduct contained in the *Public Service Act 1999*.

Our Outcomes

Our purpose is achieved through our outcomes and programs.

Outcome 1

Health Policy, Access and Support

- 1.1 Health Research, Coordination and Access
- 1.2 Mental Health
- 1.3 First Nations 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 Physical Activity

- 4.1 Sport and Physical Activity



Our Structure

The Hon Mark Butler MP

Minister for Health and Aged Care and Deputy Leader of the House

The Hon Anika Wells MP

Minister for Aged Care and Minister for Sport

The Hon Ged Kearney MP

Assistant Minister for Health and Aged Care

The Hon Emma McBride MP

Assistant Minister for Mental Health and Suicide Prevention
and Assistant Minister for Rural and Regional Health

Senator the Hon Malarndirri McCarthy

Assistant Minister for Indigenous Health

Blair Comley PSM
Secretary

Chief Medical Officer

- Deputy Chief Medical Officer
- Emergency Management
- Office of Health Protection

Health Products Regulation

- Chief Medical Adviser
- Medicines Regulation
- Medical Devices and Product Quality
- Principal Legal and Policy Adviser / Regulatory Legal Services
- Regulatory Practice and Support

Ageing and Aged Care

- Home and Residential
- Market and Workforce
- Reform Implementation
- Service Delivery
- Quality and Assurance

Primary and Community Care

- Cancer, Hearing and Chronic Conditions
- Mental Health and Suicide Prevention
- Population Health
- Primary Care

Health Resourcing

- Benefits Integrity
- Chief Nursing and Midwifery Officer
- Health Workforce
- Medical Benefits and Digital Health
- Technology Assessment and Access

Health Strategy, First Nations and Sport

- First Nations Health
- Health Economics and Research
- Health Systems Strategy
- Office for Sport
- Office of the Chief Health Economist

Corporate Operations

- Digital Transformation and Delivery
- Financial Management
- Information Technology
- Legal and Assurance
- People, Communication and Parliamentary

Statutory office holders

Janet Anderson PSM

Aged Care Quality and Safety Commissioner

Ian Yates

Interim Inspector-General of Aged Care

Graeme Barden

Australian Industrial Chemicals Introduction Scheme, Executive Director

Dr Raj Bhula

Office of the Gene Technology Regulator

Michael Lambert

National Health Funding Pool Administrator

Chris Reid

National Health and Medical Research Council Commissioner of Complaints

Professor Ruth Stewart

National Rural Health Commissioner

Kitty Chiller AM

National Sports Tribunal, Acting Chief Executive Officer

Our Operating Context

The Department operates in an evolving and complex environment, with a public health system jointly administered by the Commonwealth and states and territories.

In serving as the primary source of advice to our Ministers, the Department is mindful of the Government's policy priorities in the health, aged care and sporting sectors. The functions and responsibilities of the Department play a significant role and influence upon the lives of Australians. As such, all decisions undertaken must be lawful and the Department must remain accountable to the Parliament and the Australian community.

Achieving high-quality outcomes in such complex sectors as health, aged care and sports is a shared responsibility. Accordingly, the Department will continue to leverage and build on our highly collaborative relationships with our portfolio agencies, entities representing all tiers of government, the broader health sector, consumers and their representative peak bodies, as well as international partners to research, learn and seek improvements to our policy design and program implementation.

The Department is mindful of the Australian Government's Budget priorities of striking the right balance between much needed reform and fiscal responsibility. We are committed to ensuring that every dollar allocated to health, aged care and sport is utilised as efficiently as possible, while delivering the best possible outcomes for all Australians.





Our Partners

In supporting the Australian Government to lead and shape Australia's health and aged care systems and sporting outcomes, we work closely with a range of local and international counterparts.

Partnerships with Services Australia and other Australian Government entities, state and territory governments and our portfolio agencies are crucial for long-term system-wide health reform, better integration across the healthcare system, and co-investment and joint planning including for major sporting events.

Collaboration with consumers, health care providers, key peak bodies and the broader healthcare sector also enable us to develop policies and programs that are consumer-centric and evidence-based.

Strategic international engagement with bodies like the World Health Organization, the G20 and the Organisation for Economic Co-operation and Development further support the Government's priorities to improve our own health system and to better contribute to regional and global health security.

Our Contribution to Government Initiatives



National Agreement on Closing the Gap

Delivering on our commitments under the National Agreement on Closing the Gap (National Agreement) remains a key priority for the Department.

The National Agreement sets the policy framework to guide the Department's actions and investment to close the gap in health outcomes for First Nations. In particular, the National Agreement is changing the way that we as governments work with First Nations peoples through four Priority Reforms:

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

The Closing the Gap Steering Committee (the Steering Committee) is driving the Department's efforts to embed the Priority Reforms in our day-to-day work. The Steering Committee is chaired by the Department's Chief Operating Officer, with membership comprising of senior Health Executives. To focus efforts, the Steering Committee has agreed a Closing the Gap Framework for Action.

The Framework for Action identifies action areas to embed the Priority Reforms across the whole Department, recognising that embedded change will only happen if we increase our efforts whatever our role.

Some initial projects being undertaken by the Steering Committee include:

- development of a First Nations Partnership and Engagement Framework: to guide staff on how to work collaboratively and in genuine partnership with First Nations stakeholders
- First Nations Health Funding Transition Program: to review Department programs that aim to improve health outcomes for First Nations peoples and transition activities, where appropriate, to First Nations led organisations
- implementation monitoring and reporting: to build actions to support the Closing the Gap Action Plan into the Department's formal project management processes.

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

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

Australia's Disability Strategy 2021–2031 (the Strategy) 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 fulfilling the Strategy's vision of an inclusive Australian society that ensures people with disability can fulfil their potential as equal members of the community.

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 Intellectual Disability Roadmap), which is an Associated Plan to the Strategy. The Intellectual Disability Roadmap will support health and wellbeing outcomes under the Strategy.

The Department has begun a co-design process with people with autism, family and carers, and practitioners to develop a new National Roadmap to Improve the Health and Mental Health of Autistic People (the Autism Roadmap). The Autism Roadmap is being coordinated with the National Autism Strategy, and both will be consistent with the directions of Australia's Disability Strategy.

In 2023–24, the Department will continue to contribute to achieving the Strategy's objectives through progressing health related actions under the Early Childhood Targeted Action Plan and the Emergency Management Targeted Action Plan; and continuing work under the initial 3-year Disability Data Improvement Plan (DDIP) for 2022–2025. The DDIP outlines 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.

Responsible and targeted cost-of-living relief

The Department is working to ensure Australians can access affordable high-quality health care when they need, by tripling the bulk billing incentive for patients aged under 16 years, pensioners and other Commonwealth concession card holders for all face-to-face general practice consultations more than 6 minutes in length and certain telehealth consultations. In addition, the rollout of 50 Urgent Care Clinics during 2023–24 will ensure more patients have access to the care they need without out-of-pocket expenses and for extended operating hours, while reducing the pressure on hospital emergency departments.

From 1 September 2023 we will begin phasing in increases to the maximum dispensing quantities allowed for more than 300 Pharmaceutical Benefits Scheme (PBS) medicines. This will see some patients able to receive 60 days' worth of the medicine they need for a stable, chronic health condition rather than the current 30 days' supply for the same PBS co-payment of \$30. This not only reduces the cost of medicines directly, but also reduces the number of visits required to doctors and pharmacists saving both time and money.

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:

- ageing and aged care services
- controlled drugs
- food standards
- gene technology
- health and aged care related grants
- health promotion and support bodies
- health research and data
- health security and international health
- human cloning and embryo research
- industrial chemicals
- medical, pharmaceutical, dental, hearing benefits
- organ and tissue donation
- private health insurance
- radiation protection and nuclear safety
- security sensitive biological agents
- sport and sport integrity including anti-doping
- therapeutic goods and products such as medicines, vaccines, cell tissue, blood production and medical devices
- tobacco advertising and plain paper packaging.

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.

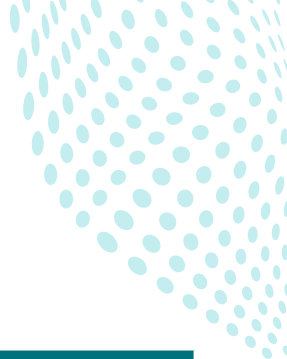
2. Risk-based and data-driven.

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 to regulation and take a proactive and collaborative approach to the delivery 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 ²	Program 2.4
* Supporting the integrity of health benefit claims	Program 2.6

*For these regulatory functions, the Department has in place a Ministerial Statement of Expectations (SOE), which provides expectations of how the Department will achieve its regulatory objectives, carry out its regulatory functions, and exercise its powers, and responding Statement of Intent (SOI), which sets out the Department's intentions on how the regulators and regulatory functions will deliver on those expectations. The SOE and SOI are available on the Department's website.

**The Australian Industrial Chemicals Introduction Scheme and the Gene Technology Regulator have their own respective SOEs and SOIs, which are available on their websites.

² 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 strategic portfolio policy issues to improve the performance of health, aged care and sport systems, organisational performance, delivery of administered programs and implementation of our change projects that have the highest risk.

The **Executive Committee** provides strategic direction and leadership to ensure outcomes documented in our Portfolio Budget Statements (PB Statements) and Corporate Plan are achieved. The Executive Committee operates in an advisory capacity to the Secretary as the Accountable Authority 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 **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.

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.

Risk Management

Effective risk management 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.

The Risk Management Policy is a key strategic document to support the achievement of the Department's outcomes. The Risk Management Framework has been developed to support the Risk Management Policy and provides practical insight into how to embed risk management practices across all aspects of the Department's operations. Both documents have been developed in accordance with the *Public Governance, Performance and Accountability Act 2013*, Commonwealth Risk Management Policy, and are aligned to the AS/NZS ISO 31000:2018 Risk Management – Guidelines.

The Department has a positive risk culture, one where people are encouraged 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 3 years, the Department aims to finalise the implementation stage of our significant risk management 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's Risk Appetite Statement states:

The Department is willing to engage with higher levels of risk, particularly for innovation in policy development and delivery outcomes. The reward of engaging with these risks would be improvements to the health of Australians. On the other hand, the Department does not want to engage with risks that could harm our people and neither do we want to harm the Australian public or their health and wellbeing.

Enterprise Risks

Enterprise level risk categories 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 8 Enterprise Risks 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 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, ongoing challenges within the Aged Care sector and meeting diverse workforce requirements.

We recognise it is critical to our ongoing success to proactively consider, identify, and engage with significant current and emerging risks. Our 8 identified Enterprise Risks and 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 Enterprise Risks and their associated Tolerance Statements are in the following tables:



Enterprise Risk Category (alphabetical order)	Enterprise Risk Statement	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 effective and efficient 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 appropriate 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 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"> • Have a strong evidence base, using data, evaluation and citizen engagement. • Develop and implement 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. • Engage with stakeholders at both policy design and delivery.

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 2024–26

The Corporate Operations Group (Corporate) is focused on our business partners, both within the Department of Health and Aged Care and in portfolio agencies and we put them at the centre of everything we do.

The Strategy, governed by the Corporate Operations Board, sets out an approach to enhance corporate service delivery and drive continuous improvement. It 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.

Corporate aims to refresh the 2020–23 Corporate Strategy to further focus on incremental uplifts that will effectively support the delivery of the Department's Corporate Plan and enable business areas to successfully deliver on their program objectives. We will continue to build and maintain our capability to support the Australian Government to lead and shape Australia's health and aged care system.

Workforce Capability

Our capabilities are central to achieving our vision and delivering our objectives. To meet workforce challenges we face now and in the future and to effectively manage risks, we focus on retaining, developing, and investing in the areas that are critical to our business success.

Understanding and continually assessing our critical roles, skills, knowledge and attributes, ensures we can meet our workforce goals. We have identified the critical capabilities required for our operations and our ability to deliver in future operating contexts.

Capabilities we are focused on investing, attracting, retaining and developing include:

- integrity
- core public service skills (the 'APS craft')
- management and leadership
- policy development
- project and program management
- regulation and compliance
- data and digital
- strategy and planning
- health science and research
- communication and stakeholder engagement
- risk management.



We are reviewing our entry level pathways programs, developing a centralised capability framework, and adjusting our learning and development offerings and approach to mobility to support these capabilities. We are also developing a departmental Employee Value Proposition to assist in attracting and retaining people with the right skills.

We offer contemporary learning and development opportunities to our staff, with multiple ways to learn in the workplace. We are embracing and leveraging enhanced IT capability to provide platforms to learn online and in hybrid formats. We are applying a continuous learning approach with learning solutions available from bite-sized learning through to intensive programs. We are providing tools and resources to build the capability of our staff wherever they are in their career, and wherever they are located.

We are committed to growing and developing the capability of the Department, including addressing recommendations from the Department of Health and Aged Care Capability Review (the Capability Review). We are also focused on uplifting the capability of the Department in line with the APS Reform agenda.

Workforce Strategy

In recent years, rapid transformation has affected our workforce and how we manage it; increasing the risks we manage, changing our operating environment, and impacting our ability to attract and retain critical capabilities. Over this time, the Australian Public Service landscape has also evolved. Shifts in public sentiment and social issues continue to influence expectations, specifically where and how we need to deliver our work.

There are nearly 6,000 people working 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 developed our Workforce Strategy (the Strategy). The Strategy outlines how we will navigate changes in our environment and attract, retain, engage, and develop a highly capable workforce. Annual implementation plans under the Strategy prioritise the actions we will take to understand, grow, support, and mobilise the capability we need for a high-performing, diverse, and agile workforce.

The Strategy organises implementation over four areas of action:

- Compete for Talent
- Grow our Own
- Support and Build Agility
- Leadership and Culture.

The priorities and focus outlined in the Strategy and its implementation plan align with our Corporate Operations Group Strategy, the APS Workforce Strategy 2025, the APS Values, and the cultural mindset outlined in our Behaviours in Action.



Diversity and Inclusion

We 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. We actively pursue initiatives 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'.

We know 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

We recognise our staff need a modern workplace, a flexible culture and the ability to choose how they work - whether that's 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 delivering better designed, more inclusive workspaces and improved technology. This provides a flexible work environment that supports collaboration, accessibility, inclusivity, and performance. NWOW is underpinned by a strong focus on enabling our staff to do their best work, and includes training and change management to ensure we maximise the gains from our new work environment, and adopt more collaborative and integrated ways of working.

Our approach is a core element of the Employee Value Proposition (EVP)³ we are developing. To ensure we deliver on this promise, over the next 12 months, we will focus on policies and support for staff to adopt and sustain the behaviours, mindsets, and leadership skills needed to thrive in a modern workplace.

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. Closely aligned to the APS Net Zero 2030 policy, our 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. This exceeds the current requirements of the Energy Efficiency in Government Operations (EEGO) Policy and Green Lease Schedules which requires a minimum 4.5-star rating for tenancies greater than 2000m². The milestone was achieved without the use of green power or externally sourced recycled water.

Further, in line with the Government's Commonwealth vehicle fleet targets, 75% of new Commonwealth's fleet passenger vehicles are to be low-emissions vehicles by 2025, with a marked preference for zero-emission vehicles. We have aligned our transport leasing policies to this objective, and are well placed to meet this target.

³ An EVP is a mix of tangible and intangible benefits, describing why someone would choose to work at one organisation over another. Our EVP will identify the unique benefits of a career in the Department and help us to attract and retain the skills and capabilities we need as an organisation to achieve our outcomes.



Information Communications and Technology Capability

Under the sponsorship of the Digital, Data and Implementation Board, the Department of Health and Aged Care ICT Strategy 2023–2026 (ICT Strategy) will commence implementation throughout 2023–24. The ICT Strategy aligns our broad ICT work program to the Department's program delivery framework encompassing the health and aged care sectors, wider health portfolio, and whole of government contexts. It ensures the Department is leveraging existing technologies, patterns and capabilities to effectively deliver new and emerging priorities of government, while ensuring alignment to the digital transformation priorities and supporting a flexible digitally-enabled working arrangement for our staff.

The ICT Strategy will focus on 4 business-aligned strategic themes:

1. Modern workplace:

- If determined feasible, developing a single network solution by marrying Unclassified and PROTECTED networks to minimise costs, elevate security, and improve user experience without compromising safety.
- Upgrading communication and collaboration tools to streamline collaboration and enhance productivity.
- Modernising device management to bolster security, simplify processes, and support flexible remote work options.

2. Enterprise platforms:

- Consolidating Application Programming Interface (API) and platforms to create consistency in customer experience and improve data quality.
- Enhancing digital channels and messaging software for a uniform user experience, reduced complexity, effective customer engagement, and streamlined services.
- Adopting enterprise platforms and decommissioning legacy services to support digital transformation, optimise customer experience, and phase out insecure legacy applications.

3. Data and analytics:

- Enhancing data analytics capabilities with advanced business intelligence tools to improve decision-making, policy development, and staff productivity.
- Streamlining data management with investments in data backup, recovery, integration, and quality to ensure robust, efficient, and secure processes.
- Implementing real-time data processing and analysis with data modelling and streaming solutions for agile decision making and policy adjustments in the health and aged care sectors.

4. ICT delivery and sustainment:

- Enhancing cybersecurity posture with strengthened encryption, network security, and intrusion detection to meet Protective Security Policy Framework (PSPF)/IT Service Management (ITSM) requirements and protect against data theft.
- Modernising corporate IT infrastructure by migrating email channels, TRIM⁴ systems, and SharePoint to improve data availability, quality, and secure data-sharing practices.
- Implementing ICT sourcing strategy to foster innovation, expertise, and competitiveness in the ICT market for a sustainable and agile IT ecosystem aligned with the Department's strategic goals.

Uplifting our protective and cyber security maturity and implementation of the Department of Health and Aged Care Security Strategy 2023–26 continues to be a priority to mitigate residual 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.



⁴ TRIM is the approved Electronic Document and Records Management System for the Department of Health and Aged Care.

Economic Capability

The Department recognises the value of uplifting capability such as to produce an economics evidence base to inform policy. The Department intends to establish an Office of the Chief Health Economist (the Office) to provide leadership on economic issues and engage in the public discourse on health and aged care system reform. The Office's primary duty will be to translate health economic principles and practices to design policy, implement programs, evaluate outcomes, and analyse impacts. The advice will be practical, timely, targeted, and sensitive to broader political and economic realities that are consistent with the Government's policy agenda. The Office will produce economic commentary, analysis, and insights in the context of the health and aged care system to better understand its economic challenges.

The Australian health and aged care systems are facing many economic challenges such as an ageing population, rising costs, workforce availability and emerging technologies. Health system redesign is more critical than ever to achieve value for money with appropriate resource allocation, and the increase in productivity. These challenges require strategic thinking and planning so the nation can have sustainable, high-quality healthcare and aged care systems for many years to come. The Office will be the solution to providing an economic lens to the Department's strategic activities, and this will enable linkages across its fiscal reporting requirements. The Office will focus on building a forward-looking strategic policy agenda to achieve better health and aged care outcomes.

Data Capability

We foster a culture that promotes and values opportunities for the safe and effective use and sharing of data to drive better health and aged care outcomes for Australians.

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

Through continued implementation of the Department of Health and Aged Care Data Strategy 2022–25, we will drive advancements and improvements in our data governance arrangements, data asset discoverability, data sharing and release, data quality and integration, technology and innovation, and building trust and transparency. Staff capability efforts will include developing targeted opportunities to attract and retain data and analytics specialists, as well as lifting data literacy more broadly.

Evaluation

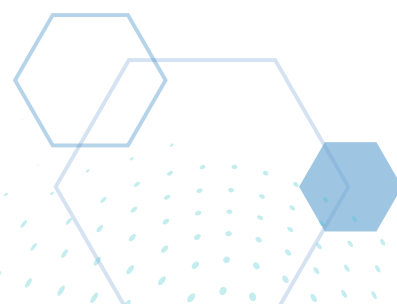
Our enhanced evaluation framework will be used as a tool to ensure decision making is evidence-based. It covers factors including the likely policy outcomes of funding, delivery track record, strategic significance or opportunities, and value for money. It is also scalable, ranging from speedy, desktop reviews for low risk and/or more urgent evaluations to more comprehensive and detailed examinations that may involve commissioning external expertise.

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 financial 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.

The Department has commissioned a comprehensive external review of its financial controls and assurance framework in 2023–24, and enhancements to the framework will be implemented targeting increased understanding of, and compliance with, finance law.

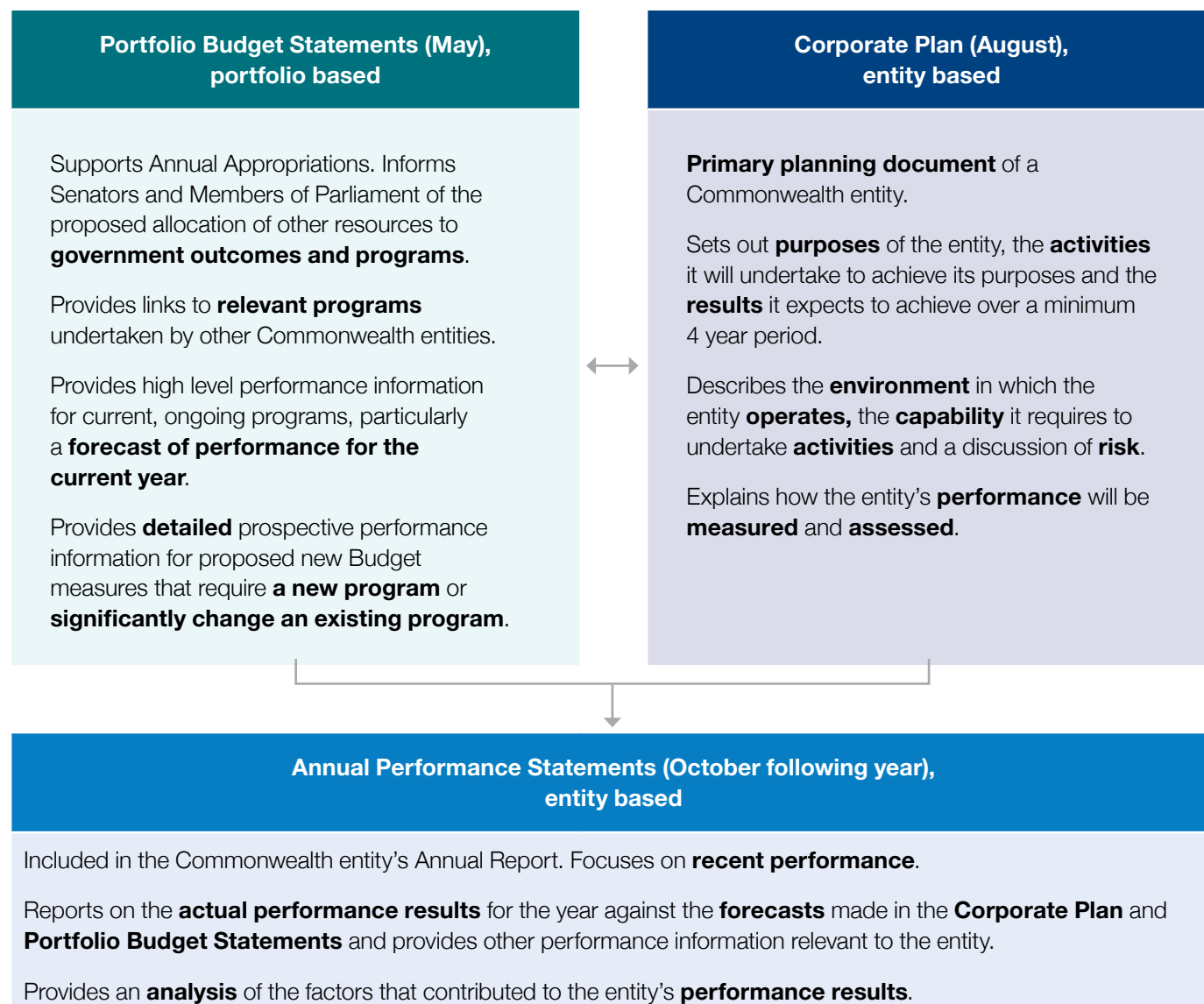


Our Performance

Commonwealth Performance Framework

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.

Key components of relevant publications.



Department's Performance Measurement and Reporting Framework

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">• Reporting• 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 Assessment and Assurance

We assess our performance by measuring how we meet the objectives of our 20 programs, and through them how we achieve our 4 outcomes. For each program, we list the material key activities we will undertake, the associated delivery strategies, and the performance measures/ planned performance targets to track our progress.

These evidence-based performance elements 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 2023–24 Annual Performance Statements (included in our Annual Report).

We seek to improve the clarity, reliability, and objectivity of our performance reporting through our Performance Reporting Continuous Improvement Project. This is achieved through:

- reviewing of our performance framework to ensure our key activities and corresponding performance measures are relevant, up-to-date and aligned with government priorities
- ongoing review to streamline and align performance information across the Portfolio Budget Statements, Corporate Plan, and Annual Performance Statements
- ensuring performance data collected is reliable, verifiable, and supported by proportionate assurance processes
- 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
- disclosing any limitations associated with the data and methodology used to assess performance
- 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.

These steps will further help us to ensure consistency and 'clear read' is achieved between key reporting documents, thereby making our performance reporting more accountable to the Australian Government, Parliament and the public.





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 First Nations 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.
- Working with the Australian Commission on Safety and Quality in Health Care and other stakeholders to achieve a safe, high-quality and sustainable health system.
- 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 Mental Health and Suicide Prevention system reform, including implementing the National Mental Health and Suicide Prevention Agreement.
- Supporting the delivery of the Government's commitments under the National Agreement on Closing the Gap.
- Developing and implementing national health workforce strategies and addressing health workforce shortages across Australia through programs and reforms, including working with states and territories and across government agencies to streamline processes that impact on health workers.
- Reducing preventable mortality and morbidity caused by chronic conditions and substance abuse.
- Implementing the recommendations of the Strengthening Medicare Taskforce on the highest priority improvements to primary care.
- Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs.
- Implementing the National Preventive Health Strategy 2021–2030.
- Implementing initiatives aligned with the National Obesity Strategy 2022–2032.
- Implementing the National Tobacco Strategy 2023–2030.

- Improving access to blood and blood products and other therapeutic goods, and streamlining regulatory processes for industry.
- Administering the National Gene Technology Scheme.
- Administering the Australian Industrial Chemicals Introduction Scheme.
- Regulating therapeutic goods, including by updating and maintaining the Australian Register of Therapeutic Goods, and by delivering appropriate education and compliance programs.
- 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.
- Working in partnership with the Culturally and Linguistically Diverse (CALD) Communities Health Advisory Group and peak multicultural organisations to ensure equity in access to information, support and services to provide better health and wellbeing outcomes for everyone in Australia.
- Developing the first 10 Year National Action Plan for the Health and Wellbeing of LGBTIQ+ people.
- Implementing the Strengthening Medicare reforms and the Primary Health Care 10 Year Plan 2022–2032.
- Continuing implementation of Medicare 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 Primary Health Networks as key delivery partners and health system integrators at regional level and Healthdirect as a national asset for health triage and advice.
- Improving health outcomes for people with intellectual disability through establishment and operation of a National Centre of Excellence in Intellectual Disability Health.
- Implementing the MyMedicare system and developing new incentives in the Practice Incentives Program to support quality and continuity in primary care.
- Supporting the effective operation of the Australian health system by providing support to keep professional indemnity insurance products affordable for privately practicing providers.
- Regulating and advising on controlled drugs, including medicinal cannabis, to support Australia's obligations under International Drug Control Conventions.
- Continuing to deliver on the Government's National Immunisation Strategy 2019–2024.
- Establishing an Australian Centre for Disease Control (CDC).



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

More than 3 and a half years on from the declaration by the World Health Organization of COVID-19 as a public health emergency, and 3 months on from the ending of that declaration, we are moving towards embedding what we learnt, while continuing to address the health impacts of the virus.

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) continues to benefit the Australian community and global efforts to respond to worldwide health emergencies, such as the COVID-19 pandemic. As of June 2023, the MRFF invested more than \$2.7 billion across 1,100 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.

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.

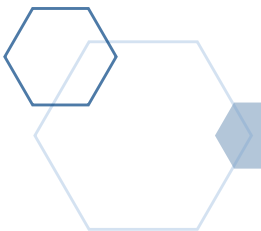
In conjunction with the Australian Digital Health Agency, we are supporting the transformation of digital health to drive improvements in health outcomes and enhance delivery of expanded, safer, more trusted, and streamlined digital health services.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activity: Providing a sustainable source of funding for transformative health and medical research through sources including the MRFF and the Biomedical Translation Fund.	
Performance Measure: Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation. ⁵	
Planned Performance Results	
2023–24	2024–25 (and beyond)
<ul style="list-style-type: none">a. Disburse 100% of the available budget for the MRFF in 2023–24 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan.b. Support 40 new clinical trials.c. Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices.d. Build the capacity of First Nations peoples to lead Indigenous health and medical research.e. Build the capacity of the health and medical research sector.f. Support collaboration across the health and medical research sector.g. Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding.	As per 2023–24.

⁵ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.58.



Key Activity:

Providing a sustainable source of funding for transformative health and medical research through sources including the MRFF and the Biomedical Translation Fund.

Data Source and Methodology

For all targets, the source data is provided by the grant hubs (National Health and Medical Research Council (NHMRC) and Business Grants Hub (BGH)) that receive, assess, administer and make payments for MRFF grants on the Department's behalf. For target c., data on commercialisation projects is also provided by the grantees themselves (see below).

For target a., financial (expenditure) data uploaded by NHMRC and BGH to the Department of Health and Aged Care's Administered Reporting Information by Program (ARIP) is used. The data used for reporting are the sum of expenses for the MRFF under Priority 4 (MRFF Health Special Account) and Priority 2 (MRFF Supplementation) in 2022–23. Information on the value of investments is published in the Department's annual financial statements, which are audited by the Australian National Audit Office and available on the Department's website .

For all other targets, data on MRFF grants, researchers and research organisations (extracted from NHMRC's and BGH's grants management systems) and provided directly to the Department is used. The data used for reporting are:

- b. MRFF grants executed in 2023–24 that fit the World Health Organization's definition of a clinical trial (as per standard operating procedure for classifying MRFF grants).
- c. MRFF grants executed in 2023–24 that have a specific focus on commercialisation (as per standard operating procedure for classifying MRFF grants). Also, MRFF-funded projects announced on the websites of companies that are awarded grants to help Australian organisations commercialise their research (including MTPConnect at www.mtpconnect.org.au, Brandon Capital Partners at www.brandoncapital.com.au and ANDHealth at www.andhealth.com.au) in 2023–24.
- d. MRFF grants executed in 2023–24 that have a specific focus on Aboriginal and/or Torres Strait Islander health (as per standard operating procedure for classifying MRFF grants), and the names of all research team members (Chief Investigators) on those grants and their Aboriginal and/or Torres Strait Islander status.
- e. MRFF grants executed in 2023–24 and the names of all research team members (Chief Investigators) on those grants.
- f. MRFF grants executed in 2023–24 and the names of all participating organisations on those grants.
- g. List of organisations that applied and were approved for MRFF Eligible Organisation status by NHMRC in 2023–24.

Information on MRFF grants, researchers and research organisations is available on the Department's website⁶.

Measure Type

Quantitative/Qualitative/Output

Discussion

Consistent with the *Medical Research Future Fund Act 2015* (MRFF Act), the purpose of the MRFF is to provide grants of financial assistance to support medical research and medical innovation. Funds are disbursed across a range of research areas consistent with the 10-year Investment Plan for the MRFF.

Following an ANAO performance audit of the MRFF in 2021, the Department has developed a suite of new targets under performance measure 1.1A, which were reviewed and endorsed by the MRFF's Program Assurance Group and the Audit and Risk Committee. The targets are designed to capture the broad range of research activities funded through the MRFF and their potential impact on the health system, including through developing the research sector. The targets are intentionally diverse, not only to reflect the many ways research outcomes can be delivered, but also to hold the Department to account for the different ways research impact can be evaluated.

The targets show how the MRFF is:

- funding transformative health and medical research, by funding grants consistent with the 10-Year Investment Plan (target a)
- improving lives, by funding research that aims to bring benefits to patients (targets a, b c and d)
- contributing to health system sustainability, by growing the research workforce and funding teams of diverse researchers to pool their resources to address health challenges (targets d, e, f and g)
- driving innovation, by supporting researchers and research organisations to develop and test new methods, approaches, tools, treatments etc. (targets b and c).

⁶ Available at: www.health.gov.au/resources/publications/medical-research-future-fund-mrff-grant-recipients?language=und

Key Activity:

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 and supporting effective collaboration between Commonwealth state and territory governments to improve health and wellbeing for all Australians.

Performance Measure:

The rate of avoidable readmissions to public hospitals reduces over time.⁷

Planned Performance Results

2023–24	2024–25 (and beyond)
Reduced rate of avoidable readmissions compared to 2021–22 baseline (0.78%).	As per 2023–24.

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).

An Avoidable Hospital Readmission (AHR) is defined by the IHACPA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), with the specifications for each financial year being published as part of the National Efficient Price Determination (NEP Determination).

Avoidable hospital readmissions are processed on the yearly reconciled APC data by the IHACPA and the Administrator of the National Health Funding Pool. The Administrator's advice (and therefore data) is not available until 6–9 months after the end of the financial year.

The Department's methodology for the measurement of the target is:

Numerator: Administrator's Advised AHR National Weighted Activity Unit (NWAU)

Denominator: Administrator's Advised Total Acute Admitted NWAU

The 2021–22 baseline rate reflects the first year that public hospital services were priced and funded by this criteria under the 2020–2025 NHRA on ensuring a consistent approach across jurisdictions and is directly linked to a key NHRA obligation.

This performance measure has been amended since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24* (p.59) with the inclusion of the 2021–22 baseline rate (0.78%).

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.

⁷ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.59.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Support the modernisation of the My Health Record system to collect clinical data leveraging national standards.
- Collaborate with states and territories under a new Intergovernmental Agreement on National Digital Health to establish a new National Health Information Exchange to enable near-real-time sharing of clinical information between the primary, acute and aged care health settings.
- Lead the policy agenda for national standards for digital health to support transitions of care across health settings for Australians.
- Working in partnership with key countries and international organisations on international health issues and reforms to global health architecture.
- 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.
- 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.



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 and suicide prevention system to ensure access and equity for all Australians 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. Our Department is proud and excited to be at the forefront of driving reform in this critical area. Structural reforms to the mental health and suicide prevention system have already commenced, but implementation will take time and many of the funded services are still being established. 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, the Department is 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.

The 2023–24 Budget lays the groundwork to make real, structural changes to the mental health system in response to the Better Access evaluation and sector feedback. The Department will work with the sector and people with lived experience of mental illness and suicidality to deliver the next phase of mental health system reforms. This will consider solutions to not only improve access to Medicare-subsidised services, but also to a range of services across the system. This will include low intensity services to more comprehensive, multidisciplinary services for people with complex needs.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activity: Increasing access to PHN-commissioned services	
Performance Measure: PHN-commissioned mental health services used per 100,000 population. ⁸	
Planned Performance Results	
2023–24	2024–25 (and beyond)
Annual increase on 2022–23 numbers.	Annual increase.
Data Source and Methodology	
Data sources: <ul style="list-style-type: none">• Numerator: 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.• 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: $100,000 \times (\text{Numerator} \div \text{Denominator})$ <ul style="list-style-type: none">• Numerator: Number of clients who had an active episode of care within the period (i.e. accessed at least one service).• Denominator: ABS Estimated Resident Population by PHN region.	
Measure Type Quantitative/Output	
Discussion Results for this measure 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. 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.	

⁸ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.60.

Key Activity:

Increasing the number of people accessing Medicare mental health services.

Performance Measure:

Medicare mental health services used per 100,000 population.⁹

Planned Performance Results**2023–24**

Annual increase on 2022–23 numbers.

2024–25 (and beyond)

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 measure 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.



⁹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.61.

Key Activity: Enhancing the capacity of headspace youth services.	
Performance Measure: Number of headspace services delivered per 100,000 population of 12 to 25 year olds.¹⁰	
Planned Performance Results	
2023–24	2024–25 (and beyond)
Annual increase on 2022–23 numbers.	Annual increase.
Data Source and Methodology Data sources: <ul style="list-style-type: none"> 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 (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"> Numerator: Number of headspace occasions of service. Denominator: ABS Estimated Resident Population (12–25 year olds). 	
Measure Type Quantitative/Output	
Discussion Results for this measure 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.	



¹⁰ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.61.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Driving national reforms to the mental health and suicide prevention systems to ensure access and equity for all Australians.
- Working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules, and build and strengthen the mental health workforce through the National Mental Health Workforce Strategy.
- Improving equity of access to Medicare-subsidised mental health care for patients, their families and carers.
- Delivering critical suicide prevention initiatives, in partnership with states and territories.
- Enhancing the capacity of youth mental health services and improving access to community based mental health services for adults.
- Improving the mental health and wellbeing of children and their families through support for new and expectant parents, early intervention, and multidisciplinary care.
- Implementing targeted mental health and suicide prevention supports to priority population groups, including First Nations peoples, culturally and linguistically diverse communities and LGBTIQA+ communities.
- Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.
- Ensuring all Australians have access to, and choice in, high-quality, free and low-cost digital mental health services.



First Nations Health

Program Objective

Drive improved health outcomes for First Nations peoples.

Our Operating Focus

Health outcomes continue to be comparatively worse for First Nations peoples than non-Indigenous Australians, despite improvements in key areas. The Department is committed to improving these outcomes.

The current frameworks to guide government action to improve health outcomes for First Nations people are the National Agreement on Closing the Gap (July 2020) and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health 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 people. They recognise that improved outcomes will only be achieved if First Nations people are leading the decisions that impact their health and wellbeing.

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 sharing access to information and data at a regional level.

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

The Health Plan reflects the priorities of First Nations people 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 Health Plan provides the strategic policy framework which guides the development of all First Nations health policies, programs, and initiatives across the Department. These will be reflected in many Programs, not just Program 1.3.

Funding under Program 1.3 is directed through the Indigenous Australians' Health Programme (IAHP) and is aligned to the priorities of the Health Plan. The objective of the IAHP is to support the delivery of, and access to, high-quality, culturally appropriate health care and services to First Nations peoples, primarily focussed on:

- Comprehensive Primary Health Care
- Chronic disease prevention and management
- Child, maternal and family health
- Capital infrastructure works.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activities:

- Working in partnership with First Nations leaders to determine the accountability and implementation arrangements for the Aboriginal and Torres Strait Islander Health Plan 2021–2031, and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31.
- Delivering activities to contribute to achieving Target 1 (life expectancy) and Target 2 (healthy birthweight) of 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.

Performance Measure:

Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations.

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
70%	72%	74%	76%

Data Source and Methodology

Data is analysed and maintained internally by the Department.

Measure Type

Quantitative/Output

Discussion

The performance measure published in the *Health and Aged Care Portfolio Budget Statements 2023–24* (p.63) “By 2031, increase the proportion of First Nations babies with a healthy birthweight to 91%.” has been replaced as data for this measure will never be available at the required timeframes for Departmental reporting periods.

The new performance measure directly relates to key activities to grow primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services, and supporting delivery of the Government's commitments under the National Agreement on Closing the Gap.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- 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.
- Supporting the delivery of the Government's commitments under the National Agreement on Closing the Gap.
- Delivering approaches to reduce the burden of chronic disease among First Nations peoples, including supporting actions to end rheumatic heart disease and address renal disease.
- Delivering health infrastructure projects that create modern high-quality health clinics in areas of need.
- Supporting and growing primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services (ACCHS).
- Improving First Nations cancer outcomes through supporting the ACCHS sector to respond to and improve cancer related health outcomes, tailored to local need and priorities.
- Investing in population health measures 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.

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 implementation of election commitments and Budget measures under the Government's response to the Strengthening Medicare Taskforce, including 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.

Australia needs a sustainable and highly trained medical workforce. With states and territories, education providers and health sector employers, we will implement the National Medical Workforce Strategy to guide long term collaborative medical workforce planning across Australia.

Led by our Chief Nursing and Midwifery Officer, we will work with key stakeholders from the nursing, consumer, and other health provider sectors to implement the Nurse Practitioner (NP) 10 Year Plan and develop 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 health workers more opportunities to train and practice in rural and remote Australia and provide greater opportunities for health workers in the delivery of multidisciplinary, team-based primary care.

We will continue to lead work with states and territories and across Government agencies to streamline international migration processes to increase the numbers of skilled migrants, particularly in health and aged care.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activities:

- Implementing workforce programs to improve the health and wellbeing of all Australians.
- Supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches.
- Improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals including through reforms to the Workforce Incentive Program.

Performance Measure:

- Effective investment in workforce programs will improve health workforce distribution in Australia.¹¹
- Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.¹²
- FTE non-general practice medical specialists per 100,000 population.¹³
- FTE primary and community nurses per 100,000 population.¹⁴
- FTE primary and community allied health practitioners per 100,000 population.¹⁵
- Proportion of GP training undertaken in areas outside major cities.¹⁶

Planned Performance Results

	2023–24		2024–25		2025–26		2026–27	
	MM1 ¹⁷	MM2–7	MM1	MM2–7	MM1	MM2–7	MM1	MM2–7
a.	115.2	109.2	115.6	110.6	116.0	112.0	116.5	113.5
b.	192.3	96.6	196.6	100.6	201.1	104.7	205.9	109.1
c.	187.5	229.1	191.5	232.8	195.7	236.7	200.1	240.7
d.	437.2	412.1	445.9	421.5	455.1	431.2	464.7	441.2
e.	N/A	>50%	N/A	>50%	N/A	>50%	N/A	>50%

Data Source and Methodology

a. Medical Benefits Scheme claims data.¹⁸ This is administered and owned by the Department, in partnership with Services Australia.

b. c. d. National Health Workforce Datasets (NHWDS) and derived from an annual survey of all registered health practitioners.¹⁹ The NHWDS 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.

¹¹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.65.

¹² Medical Benefits Scheme claims data (based on date of service).

¹³ National Health Workforce Datasets (NHWDS), Medical Practitioners.

¹⁴ NHWDS, Nurses and Midwives.

¹⁵ NHWDS, Allied Health.

¹⁶ Australian General Practice Training Program data and Rural Vocational Training Scheme data.

¹⁷ Geography: Cities (MM1) and rural (MM2–7) based on Modified Monash Model 2019.

¹⁸ Available at: www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

¹⁹ Available at: www.hwd.health.gov.au/resources/information/nhwds.html

Key Activities:

- Implementing workforce programs to improve the health and wellbeing of all Australians.
- Supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches.
- Improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals including through reforms to the Workforce Incentive Program.

Measure Type

Quantitative/Effectiveness

Discussion

The measure quantitatively assesses the effectiveness and impact of a number of the program's activities related to improving the quality, distribution and planning of the Australian health workforce. The reporting indicates the changes in workforce expected over time because of the impact of Commonwealth programs, including the Stronger Rural Health Strategy, as well as underlying trends.



Preventive Health and Chronic Disease Support

Program Objective

Support the people of Australia to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, illicit drug use, and tobacco use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation.

Our Operating Focus

We will continue to apply an equity lens to improve the health and wellbeing of all Australians by increasing investments in preventive health initiatives, improving access to treatment services, and reducing preventable mortality and morbidity caused by chronic conditions, poor lifestyle 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 unhealthy diets, physical inactivity, inequitable access to healthcare, tobacco and e-cigarette use, drug use, and harmful alcohol consumption. Activities will seek to tackle health inequities by addressing the wider determinants of health across the life-course, including social, environmental and commercial determinants, and the needs of specific populations.

The Government has established the National Women's Health Advisory Council (the Council) to provide strategic advice and recommendations directly to government to improve health outcomes for all Australian women and girls. The Council will provide advice on implementation of the National Women's Health Strategy 2020–2030 and look to address gender bias in the health system.

The first 10 Year National Action Plan for the Health and Wellbeing of LGBTIQ+ people is being developed by government. The Action Plan will be informed by a national consultation with LGBTIQ+ people and an Expert Advisory Group. The Action Plan is expected to be finalised in 2024.

Injury is a major cause of preventable death and disability in Australia and the Government is developing a National Strategy for Injury Prevention (the Strategy) to provide a national focus on injury prevention. The Strategy will help governments and non-government organisations embed safe practices in programs and policies and is expected to be finalised in late 2023.

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. The forthcoming launch of the Australian Cancer Plan (ACP) developed by Cancer Australia will provide an overarching national approach to cancer control that meets the needs of all Australians now and in the future. The ACP includes 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 implementation of the ACP will be key priorities for 2023–24.

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.

We have also invested in infrastructure investments for 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.

These investments are complemented by partnering with cancer support organisations to deliver further government commitments to support cancer patients. The Government has established a National Melanoma Nursing Program, a pilot survivorship program at the W.P. Holman Clinic in Tasmania, and assisted with 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. We will commence a review of the BreastScreen Australia Program to ensure it remains contemporary and continues to provide high-quality and safe breast cancer screening services that meet the needs of Australian communities.

The National Lung Cancer Screening Program will be developed and implemented over a 2 year period from July 2023, with screening expected to be nationally available to eligible individuals from July 2025. The Program will be co-designed in partnership with the First Nations health sector to maximise prevention and early detection of lung cancer in First Nations communities.

We will continue to work with relevant Commonwealth entities and state and territory governments to support a collaborative approach to implement alcohol and other drug policy frameworks and service delivery to prevent and reduce the harms of alcohol and other drug use on individuals, families, and communities.

In addition, through the implementation of 2023–24 Budget measures the Department will continue to support essential alcohol and other drug treatment and prevention services, along with diagnosis and support activities to improve health outcomes for Australians living with Fetal Alcohol Spectrum Disorder (FASD), their families and carers. This will include \$1.4 million to expand the reach of the ‘Strong Born’ FASD awareness campaign into First Nations communities nationally.

In line with the National Tobacco Strategy 2023–2030 we will continue to work toward reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs, and the inequalities it causes. We are supporting the progress of proposed legislation to modernise existing tobacco control laws and introduce new measures to discourage smoking and tobacco use, and prevent the promotion of e-cigarettes. We are also supporting development of a comprehensive, coordinated suite of reforms to reduce rates of e-cigarette use in the community.

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 2021–22, 10.1% 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 often occur concurrently and 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 2023–24.

The Culturally and Linguistically Diverse (CALD) Communities Health Advisory Group (the Advisory Group) is a key engagement mechanism in the Department to provide a coordinated approach to multicultural health and wellbeing. Priorities for the Advisory Group in 2023 include contributing to the development and implementation of the Enhanced Communications for CALD Communities – Prevention and Management of Chronic Conditions Campaign, and supporting the 2023–24 Budget commitment of \$0.9 million to undertake a Review of COVID-19 Vaccine Program engagement activities and co-design an effective engagement strategy to increase COVID-19 vaccination uptake in CALD communities in line with the Strategic Framework for Transitioning COVID-19 Measures.

The Government has a clear focus on improving health equity and learning from the experiences of the COVID-19 pandemic, which highlighted the challenges some people from CALD backgrounds face in accessing public health information and health care, and the need for government to rapidly disseminate information to reach CALD communities.

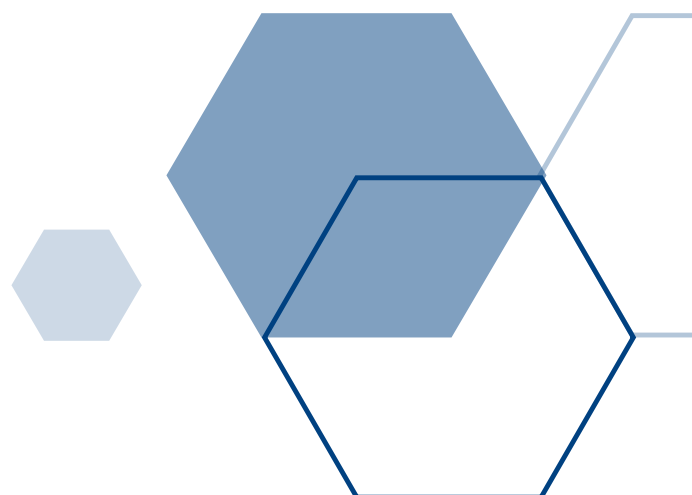
The 2023–24 Budget commits \$2.5 million over 4 years (2023–24 to 2026–27) in seed funding to the Federation of Ethnic Communities' Councils of Australia to establish the Australian Multicultural Health Collaborative as a platform to engage multicultural primary care consumers. This measure supports the Strengthening Medicare Taskforce recommendations, and Government's commitment to ensuring consumers and communities are at the centre of primary care reform.

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 guide all governments and partners to change the current conditions that promote weight gain and support those living with overweight or obesity.

The Department is implementing a range of activities aimed at improving the food supply and making healthier food choices easier while monitoring Australians' eating habits. This includes ongoing support for the Health Star Rating System, Healthy Food Partnership, Australian Dietary Guidelines, breastfeeding initiatives, and actions to restrict inappropriate marketing of infant formulas and explore regulations to limit unhealthy food marketing to children.

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 wellbeing, tailored to priority populations as appropriate. This work is guided by the National Strategic Framework for Chronic Conditions (2017–2025), which outlines the overarching policy for the prevention and management of chronic conditions in Australia. In 2023–24 we will commence a refresh of the Framework to ensure it aligns with the NPHS, the Primary Health Care 10 Year Plan, recommendations from the Strengthening Medicare Taskforce Report and other domestic and international policies and priorities.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activity:

- **Working with Commonwealth entities, states, 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:**
 - 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 the National Tobacco Strategy 2023–2030 — 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 raise awareness of 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 and e-cigarette control program activities through investment in tobacco and e-cigarette control research and evaluation, and international tobacco control.

Performance Measure:

Improve overall health and wellbeing of Australians by achieving preventive health targets.²⁰

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

i. reduction in harmful alcohol consumption by 2030

ii. reduction of young people (14 to 17 year olds) consuming alcohol by 2030

iii. reduction of pregnant women aged 14 to 49 years consuming alcohol whilst pregnant by 2030.

c. Percentage of population who have used an illicit drug in the last 12 months.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	Progressive decrease of daily smoking prevalence towards <10%	Progressive decrease of daily smoking prevalence towards <10%	Progressive decrease of daily smoking prevalence towards <5%	Progressive decrease of daily smoking prevalence towards <5%
b.	Progressive decrease of harmful alcohol consumption towards: i. <29.7% ii. <10.0% iii. <10.0%	Progressive decrease of harmful alcohol consumption towards: i. <29.7% ii. <10.0% iii. <10.0%	Progressive decrease of harmful alcohol consumption towards: i. <28.0% ii. <10.0% iii. <10.0%	Progressive decrease of harmful alcohol consumption towards: i. <28.0% ii. <10.0% iii. <10.0%
c.	Progressive decrease of recent illicit drug use towards <13.94%	Progressive decrease of recent illicit drug use towards <13.94%	Progressive decrease of recent illicit drug use towards <13.94%	Progressive decrease of recent illicit drug use towards <13.94%

²⁰ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.67.

Data Source and Methodology

- Baseline figure from the most recent data in the Australian Bureau of Statistics National Health Survey 2017–18.
- Baseline figure from the most recent data in the 2019 National Drug Strategy Household Survey, 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 Alcohol.
- Baseline figure from the most recent national data in the 2019 National Drug Strategy Household Survey.

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.

The planned performance results for 'b(i)', published in the *Health and Aged Care Portfolio Budget Statements 2023–24*, (p.67), have been revised. The revision has been made to address a minor difference between the planned performance results baseline data and proposed baseline data according to the 2019 National Drug Strategy Household Survey data, that had been revised based on the Australian Institute of Health and Welfare analysis with the updated 2020 Alcohol Guidelines²¹.



²¹ Available at: www.aihw.gov.au/reports/alcohol/measuring-risky-drinking-aus-alcohol-guidelines/contents/measuring-risky-drinking

Key Activity:

Improving early detection, treatment, and survival outcomes for people with cancer by increasing participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030.

Performance Measure:

Increase the level of cancer screening participation²²

- National Bowel Cancer Screening Program.
- National Cervical Screening Program.
- BreastScreen Australia Program.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	Progressive increase towards 53.0%	Progressive increase towards 53.0%	Progressive increase towards 53.0%	Progressive increase towards 53.0%
b.	Progressive increase towards 64.0%	Progressive increase towards 64.0%	Progressive increase towards 64.0%	Progressive increase towards 64.0%
c.	Progressive increase towards 65.0%	Progressive increase towards 65.0%	Progressive increase towards 65.0%	Progressive increase towards 65%

Data Source and Methodology

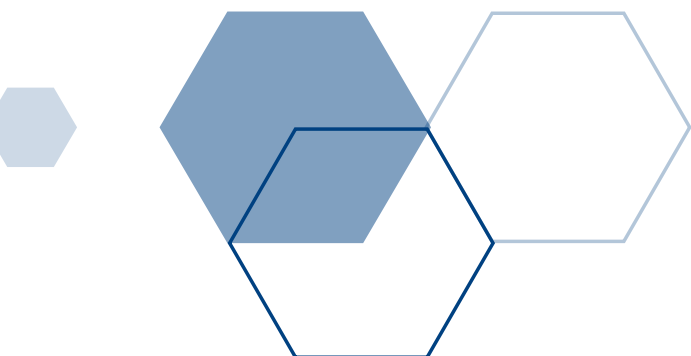
All 3 screening programs provide data to the AIHW to produce annual program monitoring reports.

Measure Type

Quantitative/Output

Discussion

These measures provide insight into performance against the program's objective via key preventive health targets. Including this set of targets in one measure helps to provide an overall picture and avoid reporting gaps in years where one measure or another may not have data available.



²² Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.68.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Improving First Nations cancer outcomes through support of the Aboriginal Community Controlled Health Services sector to respond to and improve cancer related health outcomes, tailored to local need and priorities.
- Implementing a new national Lung Cancer Screening Program, to be operational by July 2025.
- Supporting states and territories to deliver the BreastScreen Australia program.
- Operating the National Cancer Screening Register.
- Encouraging and enabling healthy lifestyles, physical activity, and good nutrition through implementation of initiatives aligned with the National Preventive Health Strategy 2021–2030, as well as the development and promotion of relevant guidelines.
- 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.
- Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program.
- Developing, implementing and monitoring:
 - national strategies for preventive health, obesity, breastfeeding, and injury prevention
 - national strategies for men's and women's health
 - national strategic action plans for chronic diseases, children and young people's health and LGBTIQ+ health and wellbeing.



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 the Government's Strengthening Medicare reforms, improving access to general practitioners (GPs) and multidisciplinary primary care teams in the community. We will finalise the rollout of 58 Medicare Urgent Care Clinics to relieve pressure on 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. Finalisation of the \$220 million Strengthening Medicare GP Grants Program will also support GPs to provide better care.

We will continue to support the Primary Health Networks (PHNs) as our delivery partners for the Strengthening Medicare reforms and to address service gaps, drive innovation and coordinate and integrate health care at the regional level. The Department will continue to strengthen relationships between PHNs state and territory governments and Local Hospital Networks through joint state-wide planning to facilitate co-commissioning and innovation.

A new PHN Strategy will set the strategic direction for PHNs as regional coordinators, commissioners, and capacity-builders to deliver evidence-based place-based solutions.

An audit of the PHN Program by the ANAO will guide and strengthen program governance and assurance and support continuous improvement to meet the growing demands on the program.

Through the Australian Government Chief Allied Health Officer, we will work across portfolios and governments to ensure allied health is appropriately represented in national policy, program and funding decisions — reflecting the essential role that the allied health sector plays in health, aged and disability care.

We will support Healthdirect to provide national access to health information, advice, referral, and virtual services. We are working across government and with state and territory governments to improve the health and care of people with disability. Implementing priority actions under the National Roadmap for Improving the Health of People with Intellectual Disability 2022–23 (the Roadmap) is key to this work, with four priority initiatives underway:

- The National Centre of Excellence in Intellectual Disability Health.
- 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 support the development of a new National Roadmap to Improve the Health and Mental Health of Autistic People and, with the Department of Social Services and its portfolio agencies, continue to develop a workplan to improve the health of people with disability with guidance from the Disability Health Sector Consultation Committee.

We support high-quality maternity services, raise awareness of stillbirth, implement initiatives to reduce stillbirth and preterm birth rates, and support families experiencing miscarriage and stillbirth. This includes implementing both the Woman-centred care – Strategic directions for Australian maternity services and National Stillbirth Action and Implementation Plan as well as improving data collection and reporting. In 2023–24, the Australian Pregnancy Care Guidelines will be updated, and national Postnatal Care Guidelines will be developed. We will continue to support activities to end violence against women and children, including through PHN-commissioned programs.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activity: Supporting Primary Health Networks 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 multidisciplinary care, care coordination and integration.			
Performance Measure: 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. ²³			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
27	28	29	30
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 ²⁴ . 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.			

²³ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.70.
²⁴ Available at: www.aihw.gov.au

The following additional activities fall below the materiality threshold for having a published performance measure but are published in the Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations.

- Implementing MyMedicare, a voluntary patient registration scheme that will formalise and strengthen the relationship between patients and their primary care teams, provide feedback to general practices with more comprehensive information about their regular patients, and provide access to patient-centred funding packages.
- Finalising the rollout of 58 Medicare 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 general practices through one off grants under the Strengthening Medicare GP Grants program.
- Health policy for activities combatting family, domestic and sexual violence (including child sexual abuse), including oversight of the family and domestic 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.
- Improving health outcomes for people with intellectual disability through establishment and operation of a National Centre of Excellence in Intellectual Disability Health.
- Supporting the delivery of health information, advice, and services through Healthdirect's 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 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.
- Monitoring progress towards improved outcomes in primary health care and supporting consumer, community and stakeholder engagement in primary care reform.



Primary Care Practice Incentives and Medical Indemnity

Program Objective

Provide incentive payments to eligible general practices and general practitioners 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 health workforce to focus on delivering high-quality services.

Our Operating Focus

We will administer the Practice Incentives Program (PIP) to support the quality provision of general practice services.

We will partner with Services Australia, who administer PIP payments to practices and general practitioners and the Australian Institute of Health and Welfare, who report annually on the 10 PIP Quality Improvement Measures.

We will continue to work with the Australian Commission on Quality and Safety in Health Care, the Royal Australian College of General Practitioners and other stakeholders to improve quality for general practice. We will also consult with stakeholders and consumers to finalise the parameters of new incentives in residential aged care for wrap around care for frequent hospital users, in preparation for those incentives commencing in 2024–25.

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 associated with performance measures are listed under Our Performance.



Our Performance

Key Activity: Providing Practice Incentive Program payments to eligible general practices for participation in the Quality Improvement Incentive.			
Performance Measure: 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. ²⁵			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
≥94.0%	≥95.0%	≥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.			



²⁵ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.72.

Key Activity:

Requiring medical indemnity insurers to only refuse to provide cover or apply a risk surcharge on insurance premiums under limited circumstances as set out under section 52A of the *Medical Indemnity Act 2002*.

Performance Measure:

Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of medical indemnity insurance cover.²⁶

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
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 website²⁷, 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.

This performance measure has been amended since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24*, (p.72). 'Medical indemnity insurance' has been included for clarity of the type of cover referred to in the performance measure.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Administering 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.
- Overseeing the administration of the COVID-19 Vaccine Claims Scheme by Services Australia (currently scheduled to cease on 17 April 2024).

²⁶ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.72.

²⁷ Available at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicalindemnity-pubs.htm>

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, and industrial chemicals.

Our Operating Focus

We will lead the establishment of an Australian Centre of Disease Control (CDC) to provide national leadership, coordination and collaboration, improve existing capability, boost capacity and address gaps in our ability to prepare for and respond to health emergencies and other public health challenges. The Australian CDC will serve as a national focal point for health prevention and management to enhance Australia's ability to respond to future health emergencies and challenges.

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).

We also manage the National Medical Stockpile (NMS), which was established as a strategic reserve of medical countermeasures, chemical, biological, radiological and nuclear items, and has expanded to capture personal protective equipment, and other medical supplies, to support COVID-19. Our management of the NMS is focused on reform, prevention, preparedness, and response activities to support Australian jurisdictional and Commonwealth sector response capabilities during a national health emergency.

Australia's National COVID-19 Vaccine Program will continue to support access to safe and effective COVID-19 Vaccines, with more than 65 million doses administered to Australians since the start of the pandemic. While no longer in an emergency phase of the pandemic, the Program still plays a critical role in reducing severe disease and death from COVID-19 by encouraging uptake of boosters and enabling access to new vaccines, particularly within populations who experience more severe outcomes from COVID-19. In 2023–24, the Program will continue to work through primary care providers to administer the vaccine and progressively transition off key parts of the Program to states and territories.

We are also leading the Australian Government response to the House Standing Committee on Health, Aged Care and Sport (Inquiry into Long COVID and Repeated COVID Infections and developing a Post-Acute Sequelae of COVID-19 (PASC) Plan which will take into consideration the findings detailed in the Committee's final report.

We will continue to provide policy leadership in preparing for and responding to the impacts of climate change on health. This will include developing Australia's first National Health and Climate Strategy, intended for release by the end of 2023. The Strategy will lay the basis for coordinated policy development and action across the health system to reducing greenhouse gas emissions and adapt to the impacts of climate change.

We continue working to eliminate HIV and other blood borne viruses and sexually transmitted infections (BBVSTI) as a public health threat to the Australian population by 2030. This includes supporting the work of the HIV Taskforce and working with states and territories, peak organisations and external stakeholders on the finalisation of the five BBVSTI strategies 2023–2030.

The Department will continue to support the implementation of 'Australia's National Antimicrobial Resistance Strategy – 2020 and Beyond', working across health, agriculture and the environment and including work to establish a One Health Surveillance system.

The Department will also continue to prevent and protect against communicable diseases, such as mosquito and vector-borne diseases, tuberculosis, polio, and Creutzfeldt-Jakob disease.

We continue to provide national leadership to enhance Australia's public health laboratory capacity to detect, identify and respond to existing and emerging communicable diseases and biological threats of security concern. We work closely with the Public Health Laboratory Network to provide advice on infectious disease testing arrangements, methodologies, and emerging technology. We continue to work to guide the implementation of microbial genomics into Australian public health practice. Legislation to support the introduction of the National Occupational Respiratory Disease Register has been introduced to the Parliament and we are working to finalise the National Silicosis Prevention Strategy and accompanying National Action Plan to reduce the incidence of silicosis and other dust diseases among workers and improve the quality of life of affected people.

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 such as industry, health professionals and the community 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.

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.

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 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 associated with performance measures are listed under Our Performance.

Our Performance

Key Activity:

Regulating therapeutic goods, including COVID-19 vaccines and treatments, to ensure safety, efficacy, performance and quality.

Performance Measure:

Percentage of therapeutic goods evaluations that meet statutory timeframes.²⁸

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
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.

Measure Type

Quantitative/Efficiency

Discussion

This performance measure aligns with Principle 1 of the Principles of regulator best practice, 'Continuous improvement and building trust'. 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.

Key Activities:

- Regulating and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs, including medicinal cannabis, to support Australia's obligations under the International Drug 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.

Performance Measure:

Number of completed inspections of licence holders under the *Narcotic Drugs Act 1967*.²⁹

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
27	30	32	35

Data Source and Methodology

Records of compliance and initial inspections undertaken. Data is analysed and maintained internally by the Department.

Measure Type

Quantitative/Output

²⁸ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.74.

²⁹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.74.

Discussion

Achieving 27 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, 'Risk-based and data-driven'. 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.

Key Activity:

Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms (GMOs).

Performance Measure:

- a. Percentage of GMO licence decisions made within statutory timeframes.
- b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.³⁰

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	100%	100%	100%	100%
b.	100%	100%	100%	100%

Data Source and Methodology

Records of licence applications and incidents. Data is analysed and maintained internally by the Department. All licence decision timeframes are measured against statutory timeframes within the Gene Technology Regulations 2001³¹. All reports or allegations (incidents) received are assessed in accordance with the Monitoring and Compliance Managing Incidents Reports Standard Operating Procedures.

Measure Type

Quantitative/Output

Discussion

This measure focuses on efficiency of the OGTR's activities in regulating dealings with GMOs to protect people and the environment. It also reflects the annual reporting requirements prescribed in Section 136(1A)(a)(b) of the *Gene Technology Act 2000*³² and regulatory functions of most interest to the Commonwealth, State and Territory governments.

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 licence decisions in a timely manner and assessing compliance incidents 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 licence decisions 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.

³⁰ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.74.

³¹ Available at: <https://www.legislation.gov.au/Details/F2020C0095731>

³² Available at: www.comlaw.gov.au/Current/C2004C04256

Key Activity:

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.

Performance Measure:

Industrial chemical risk assessments and evaluations completed within statutory timeframes.³³

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
≥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 website.³⁴

Measure Type

Quantitative/Output

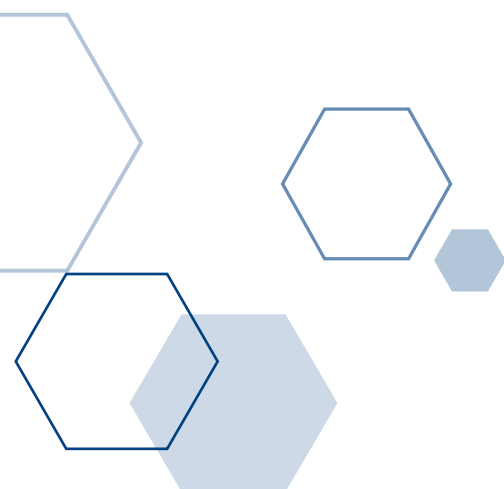
Discussion

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.

This performance measure also aligns with Principle 2, AICIS assessments are ‘Risk-based and data-driven’. We use the latest scientific information to inform assessment and evaluations, and may include engagement with regulated entities, other regulators, and/or risk managers.



³³ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.75.

³⁴ Available at: www.industrialchemicals.gov.au

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Delivering efficient, best practice therapeutic goods regulatory outcomes including through international collaboration.
- Continuing compliance with the World Health Organization's (WHO) International Health Regulations (2005) core capacities.
- Regulating nicotine vaping products, including education and compliance activities.
- Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture.
- Establishing an Australian CDC that will ensure ongoing pandemic preparedness, lead the federal response to future disease outbreaks, and work to prevent both communicable (infectious) and non-communicable (chronic) disease.
- Leading the Government and national health sector response to health emergencies and retaining Australia's capacity to effectively respond to emergencies or emerging health risks. This includes the National Critical Care and Trauma Response Centre (NCCTRC) which facilitates Australian Medical Assistance Teams (AUSMATs) that can be deployed to an emergency response (in Australia or overseas). It also supports Royal Darwin Hospital to provide Australia's front line rapid response in the event of a mass casualty incident in the region and maintains a cache of equipment and medical supplies to support an AUSMAT.
- Coordinating the surveillance of nationally notified diseases.
- Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile.
- Ensuring Australia has a readily available supply of antivenoms, Q fever and pandemic influenza vaccines.
- Ensuring Australia has an ongoing supply of COVID-19 vaccines through appropriate purchasing, storage and delivery mechanisms.
- Finalising and implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2023–2030 and supporting a coordinated response to reducing the spread of BBV and STI.
- Supporting the work of the HIV Taskforce to achieve virtual elimination of HIV transmission in Australia.
- Delivering a National Strategy on Health and Climate Change policy.
- Providing a One Health response to detect, address, and respond to the threat of antimicrobial resistance (AMR).
- Establishing a National Occupational Respiratory Disease Registry and supporting the implementation of the all-of-Government's Response to the final report of the National Dust Disease Taskforce.



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

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.

Immunisation initiatives and services provided under the NIP will continue to be monitored and reported on the Department's website to ensure targeted vaccine programs are delivered. 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 to the AIR ensures that it 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 the priority areas within the National Immunisation Strategy 2019–2024.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activities:

- Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP).
- Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease.
- Ensuring secure vaccine supply and efficient use of vaccines for the NIP.

Performance Measure:

Immunisation coverage rates:³⁵

- For children at 5 years of age are increased and maintained at the protective rate of 95%.
- For First Nations children 12 to 15 months of age are increased to close the gap and then maintained.
- For 15 year olds, HPV vaccinations are increased with a target of 90% coverage by 2030.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	≥95.00%	≥95.00%	≥95.00%	≥95.00%
b.	≥95.00%	≥95.00%	≥95.00%	≥95.00%
c.	≥90.00%	≥90.00%	≥90.00%	≥90.00%

Data Source and Methodology

Immunisation data is reported to the AIR³⁶, and quarterly coverage reports are produced by Services Australia and reported by the Department. 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 website³⁷. 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. Since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24*, a new measure on HPV vaccination coverage has been included to align with the national strategy for the elimination of cervical cancer. The Australian Government has set an HPV vaccination coverage rate target of 90% of 15 year olds by 2030. This replaces the previous measure ‘for adults at greater risk of vaccine preventable diseases due to age are increased’. This measure has been removed as data was not available to report in the planned performance result.

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.

³⁵ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.76.

³⁶ Available at: <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children>

³⁷ Available at: www.ncirs.org.au

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Updating the NIP program arrangements to fund pharmacists to administer NIP vaccines to eligible people, at no cost (where pharmacists are authorised by state and territory laws to administer these vaccines).





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**

Outcome Snapshot

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

- Reforming the Medicare Benefits Schedule to ensure affordable access to privately provided health services, targeting incentives to Australians with the greatest need.
- Providing access to high-quality hearing services and devices for eligible Australians.
- Supporting the establishment of 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.
- Implementing key government priorities by facilitating access to affordable medicines through the listing on the Pharmaceutical Benefits Scheme medicines recommended by the Pharmaceutical Benefits Advisory Committee.
- Assessing applications from patients with ultra-rare, life-threatening conditions to access new and existing medicines under the Life Saving Drugs Program.
- Ensuring the continuity of medicines supply to help protect Australia patients, pharmacist, and prescribers from impact to global medicines shortages, through the new Minimums Stockholding Requirements.
- Continuing to collaborate with consumers, healthcare providers, hospitals, and private health insurers to ensure the private health sector provides high-value care.
- Reforming private health insurance and improving its value for all Australians who purchase it.
- Continuing to support the delivery of the Child Dental Benefits Schedule and the Federation Funding Agreement for Public Dental Services while contributing to the long-term reform of dental policy and programs.
- Continuing 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.
- Working to provide timely, reliable and affordable access to the National Diabetes Services Scheme, the Insulin Pump Program and the Continuous Glucose Monitoring Initiative, which help Australians with diabetes effectively self-manage their condition.
- Assisting eligible people with a stoma to have timely access to fully subsidised stoma products.



Medical Benefits

Program Objective

Deliver a modern, sustainable Medicare Benefits Schedule 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 priorities announced in the 2023–24 Budget as part of the Government’s ongoing reform of general practice and primary care. These measures improve the affordability and accessibility of general practice and primary care services and support GPs to bulk bill those Australians who feel the cost-of-living pressures most acutely.

Central to these reforms and commencing on 1 November 2023 is the tripling of Medicare Benefits Schedule (MBS) bulk billing incentive benefits for general attendance consultations for Commonwealth concession card holders and patients aged under 16 years of age. The increased incentives, funded through an investment of \$3.5 billion over the forward estimates, will apply to the most commonly claimed MBS general practice consultations, including all face-to-face general practice consultations more than 6 minutes in length, all telehealth general practice services which are between 6 and 20 minutes in length, and longer telehealth general practice consultations where a patient is registered with their GP through MyMedicare.

Also commencing from 1 November 2023, a new MBS item for longer consultations of 60 minutes or more will be implemented. These items will support improved access and affordability of services for patients with chronic conditions and complex needs who require more time with their GP.

Changes to the indexation methodology applying to all indexed MBS items will also be implemented, and following the application of a 3.6% indexation factor from 1 July 2023, further legislative changes will be made before 1 November 2023 to apply an additional 0.5% indexation factor. Together, these changes will result in a further investment of \$1.5 billion in the MBS over the forward estimates.



The removal of the legislated requirement for collaborative arrangements for participating midwives and nurse practitioners will also be progressed, as announced in the 2023–24 Budget. Removing this requirement will provide eligible midwives and nurse practitioners with greater autonomy to work to their full scope of practice, and improve consumer access to care, particularly in rural and remote areas. Access to care provided by nurse practitioners will be further supported through a 30% increase, commencing 1 July 2024, to MBS rebates for nurse practitioner attendance items.

The MBS will also continue to support increasingly targeted and more effective health care in line with clinical best practice. From 1 November 2023, eligible patients will be able to receive subsidised carrier testing for 3 genetic conditions (cystic fibrosis, spinal muscular atrophy and fragile X syndrome) to determine the reproductive risk of having a child affected by one of these conditions. These 3 conditions are the most common inheritable genetic disorders with substantially reduced life expectancy in the Australian population. The MBS is also providing patient access to cutting-edge technology to improve health outcomes. From 1 November 2023, eligible patients will also be able to access gene expression profiling testing to estimate the risk of breast cancer recurring after treatment.

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 is supporting 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 associated with performance measures are listed under Our Performance.



Our Performance

Key Activity: Supporting access to a contemporary and sustainable Medicare Benefits Schedule (MBS).			
Performance Measure: Percentage of Australians accessing Medicare Benefits Schedule services. ³⁸			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
>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 ³⁹ .			
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 investigation. The performance measure “Percentage of Government agreed Medicare Benefits Schedule Taskforce recommendations that have been implemented” published in the <i>Health and Aged Care Portfolio Budget Statements 2023–24</i> (p.83) has been removed as the measure presupposes what Government will fund through budget processes. The Department will continue to provide public advice on the numbers of MBS taskforce recommendations that have been agreed by Government and recommendations that have been implemented. This will be available on the Department’s website ⁴⁰ .			



³⁸ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.83.
³⁹ Available at: <https://www.health.gov.au/resources/collections/medicare-statistics-collection>
⁴⁰ Available at: www.health.gov.au

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Implementing recommendations of the MBS Review to ensure MBS items are aligned with contemporary clinical evidence and best practice.
- Continuing the continuous MBS Review mechanism to ensure the MBS reflects contemporary and evidence-based care.
- Supporting patient access to radiation oncology services by providing targeted financial contributions to the capital cost of radiation oncology linear accelerators.
- 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.
- Supporting access to COVID-19 pathology testing through MBS items and targeted programs.



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.

Through our funding of approximately \$5 million for the National Acoustics Laboratory, we support research to develop the evidence base for effective treatment and prevention of hearing loss.

We will 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 continue to engage with stakeholders on opportunities to further improve hearing health and are supporting a national hearing health awareness and prevention campaign.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activities:

- Access to high-quality hearing services through the delivery of the Voucher scheme component of the Hearing Services Program (HSP).
- Administering the Community Service Obligations (CSO) component of the HSP, providing specialist services to children and other eligible groups through Hearing Australia.

Performance Measure:⁴¹

- a. Number of active vouchered clients⁴² who receive hearing services.
- b. Number of active Community Service Obligations clients who receive hearing services.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	865,000	899,000	914,000	943,359
b.	79,000	81,700	83,800	87,152

Data Source and Methodology

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 website⁴³ under 'About the Program: Program Statistics'.

CSO data is provided by Hearing Australia and maintained by the Department. It is also reported in Hearing Australia's Annual and Quarterly Reports⁴⁴.

The above planned performance are the forecasts for future years based on the historical trends.

The planned performance results published in the *Health and Aged Care Portfolio Budget Statements 2023–24*, (p.84), have been updated to reflect new funding model projections.

Measure Type

Quantitative/Output

Discussion

This measure assesses growth in service access and utilisation, reflecting 2 distinct parts of the HSP (voucher scheme and CSO):

- '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.

The CSO component of the program assists young people or clients with complex hearing needs with managing their hearing capacity and maximising communication ability.

Potential new outcome measures are being considered and may be used for future outcome and efficiency measures.

Regulator Performance and Best Practice Principles

Consistent with best practice principles, these performance measures assist active monitoring and planning for risks of market changes.

⁴¹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.84.

⁴² Active clients refers to the number of current voucher holders under the Hearing Services Program that have accessed one or more program services during the year.

⁴³ Available at: www.hearingservices.gov.au

⁴⁴ 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)

Pharmaceutical Benefits

Program Objective

Provide all eligible Australians with reliable, timely, and affordable access to high-quality, cost-effective medicines, and 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 for all Australians, including people living in remote and First Nations communities, by listing on the PBS medicines recommended by the independent Pharmaceutical Benefits Advisory Committee (PBAC) and implementing reforms recommended by the PBAC to increase the maximum dispensing quantities of certain PBS listed medicines.

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 the Health Technology Assessment (HTA) Policy and Methods Review to ensure HTA approaches keep pace with advances in health technology.

We will continue to support ongoing access to the latest innovative medicines for patients in a sustainable way. 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 2022, functionality was added to enable the evaluation of Medical Services Advisory Committee submissions through the HPP.

In 2023, development of the HPP will include further work to support the Medical Device and Human Tissue Product List, with applications for listing scheduled to transition to the HPP in the second half of 2023. From 1 January 2023, the HPP has been the approved method for lodging requests for Australian Technical Advisory Group on Immunisation pre-submission advice meetings, and work will continue in 2023 to support future 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 associated with performance measures are listed under Our Performance.



Our Performance

Key Activity:

Provide all eligible Australians with reliable, timely, and affordable access to high-quality, clinically effective, cost-effective medicines recommended by the Pharmaceutical Benefits Advisory Committee, by listing of new medicines on the Pharmaceutical Benefits Scheme.

Performance Measure:

Percentage of new medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) that are listed on the Pharmaceutical Benefits Scheme within 6 months of in principle agreement to listing arrangements.⁴⁵

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
≥80%	≥80%	≥80%	≥80%

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 used as the date of in-principle agreement to listing arrangements, and is publicly available on the Medicine Status Website⁴⁶ as the date government processes commence.

More information on the PBAC is available on the Department’s website⁴⁷.

Measure Type

Quantitative/Output

Discussion

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

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



⁴⁵ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.86.

⁴⁶ Available at: www.pbs.gov.au/medicinesstatus/home.html

⁴⁷ Available at: www.pbs.gov.au/info/industry/listing/elements/pbac-meetings

Key Activity:

Providing access to new and existing medicines for patients with ultra-rare life-threatening conditions, assessing patient applications, administering medicine orders within agreed timeframes, and supporting the Life Saving Drugs Program (LSDP) Expert Panel to assess new medicines for LSDP listing and review existing LSDP medicines.

Performance Measure:

Processing time of applications for access to the Life Saving Drugs Program following receipt of a complete application.⁴⁸

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
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

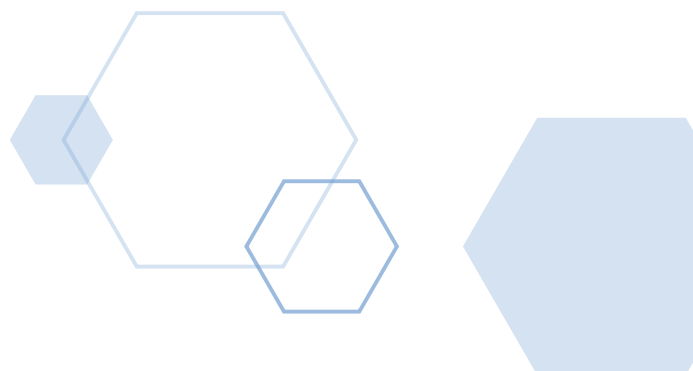
Applications are received from the treating physician and processed in line with Standard Operating Procedures once complete. Data are maintained internally by the Department and results are calculated based on the percentage of applications assessed in the required timeframes.

Measure Type

Quantitative/Output

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 complex applications, require expert clinical advice, so take longer than 8 days to finalise.



⁴⁸ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.87.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- 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, and expanding the range of funded pharmacy programs, including staged supply of opioid dependency treatment medications, to recognise the full scope of practice of pharmacists.
- 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, in a way that supports Australians to access medicines through a reliable domestic supply chain.
- 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 Assessment (HTA) Policy and Methods Review to ensure HTA approaches keep pace with advances in health technology.
- Undertaking post market health technology assessment and ongoing reviews of PBS listed medicines to ensure they are clinically safe and cost-effective for patients.



Private Health Insurance

Program Objective

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

Our Operating Focus

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

We are committed to reforming PHI and improving its value for all Australians who purchase it. We foster a culture that promotes and values opportunities for the safe and effective use and sharing of data to drive better health and aged care outcomes for Australians.

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 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 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 associated with performance measures are listed under Our Performance.



Our Performance

Key Activity: Assessment of private health insurer premium change applications.			
Performance Measure: 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. ^{49, 50}			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
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 ⁵¹ .			
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.			

The following additional activities fall below the Department’s materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Supporting a viable, sustainable and cost effective PHI sector, including through the PHI rebate and reforms to the Medical Device and Human Tissue Product List which will reduce the cost of medical devices for privately insured consumers.
- 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.

⁴⁹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.88.
⁵⁰ Application form and timeframes are available at: <https://www.health.gov.au/news/phi-circulars/phi-6222-2023-private-health-insurance-premium-round-applications>
⁵¹ Available at: <https://www.health.gov.au/news/phi-circulars/phi-6222-2023-private-health-insurance-premium-round-applications>

Dental Services

Program Objective

Support eligible children to access essential dental health services through the Child Dental Benefits Schedule (CDBS).

Our Operating Focus

We will work with Services Australia to continue to deliver the Child Dental Benefits Schedule (CDBS) in accordance with the *Dental Benefits Act 2008* and Dental Benefits Rules 2014. The CDBS is a means tested program that provides around 2.5 million Australian children with access to benefits for basic dental services.

We will also support the delivery of the final report on the Fifth Review of the *Dental Benefits Act 2008*.

We will continue to work with states and territories to support access to public dental services across Australia. This includes delivering a 2-year interim Federation Funding Agreement while the Australian Government, states and territories negotiate long-term funding arrangements for public dental services.

We will support implementation on the 2023–2026 National Dental Care Survey and lay the foundations for long-term public dental reform through a dental services Costing Study and National Minimum Data Set.⁵²

Key activities associated with performance measures are listed under Our Performance.



⁵² This program is administered by the Department of Health and Aged Care under Program 1.6, and was funded under the 2023–24 Budget measure 'Long Term Dental Funding Reform Developmental Work and Interim Funding'.

Our Performance

Key Activity: Working with Services Australia to support access to dental health services for eligible children through the CDBS.			
Performance Measure: The percentage of eligible children ⁵³ accessing essential dental health services through the Child Dental Benefits Schedule. ⁵⁴			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
42.7%	43.6%	44.5%	45.4%
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.			



⁵³ 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.

⁵⁴ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.89.

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 deliver a quality health provider compliance program that protects the integrity and long term sustainability of universal health coverage under 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 we will ensure that compliance actions are targeted effectively at providers whose claiming is potentially non-compliant, whether inadvertent or deliberate (fraud).

Through the establishment of the Medicare Integrity Taskforce (the taskforce), we will implement commitments made in the 2023–24 Budget measure: Strengthening Medicare - Improving Medicare Integrity.⁵⁵

We will deliver improvements in collaboration with Services Australia and external stakeholders including professional bodies and other stakeholder groups.

This includes seeking advice from these bodies to inform 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 will continue to 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 associated with performance measures are listed under Our Performance.

⁵⁵ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.16.



Our Performance

Key Activity: To take action against health care providers who are found non-compliant to support the integrity of health benefit claims.			
Performance Measure: Percentage of completed audits, practitioner reviews and investigations that find non-compliance. ⁵⁶			
Planned Performance Results			
2023–24	2024–25	2025–26	2026–27
>80%	>80%	>80%	>80%
Data Source and Methodology Cases are included where the date of referral/completion of a case falls within the reporting period. The non-compliance measurement is calculated by dividing the number of cases determined as non-compliant by the total number of completed cases. Data is maintained internally by the Department. A case is considered non-compliant where it is: <ul style="list-style-type: none">referred to the Commonwealth Director of Public Prosecutionsplaced in 6-month review after a practitioner review program interview, referred to the Delegate of the Chief Executive Medicare within the Professional Review Section or a request can be made to the Director of Professional Services Reviewcompleted as an audit case and non-compliant services are confirmed.			
Measure Type Quantitative/Effectiveness			
Discussion This measure determines the effectiveness of compliance and targeting strategies that have been established to efficiently identify and undertake compliance action with healthcare providers who are non-compliant and thereby support the integrity of health benefit claims.			
Regulator Performance and Best Practice Principles 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.			

The following additional activities fall below the Department’s materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Identifying threats to the integrity of health payment programs through effective use of external information sources and advanced data analytics.
- Designing, developing and implementing compliance treatments, such as audit, practitioner reviews, and investigations, to address integrity threats.
- Continuing to consult closely with professional bodies and stakeholder groups to better understand and address causes of non-compliance.
- Recovering debts to the Commonwealth from inaccurate and fraudulent claiming by practitioners under health programs.

⁵⁶ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.90.

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 continue working to provide timely, reliable and affordable access to the National Diabetes Services Scheme (NDSS), the Insulin Pump Program and the Continuous Glucose Monitoring Initiative, which help Australians with diabetes effectively self-manage their condition. We are able to do this through close collaboration with key stakeholder organisations, the health sector and diabetes product sponsors.

We continue to monitor for supply issues, particularly those manufactured overseas which may be impacted by international supply chain disruptions. We also continue to meet regularly with Diabetes Australia and the administrator of the NDSS on strategies to alleviate this risk and take mitigation action as required.

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 products under the Stoma Appliance Scheme, with products distributed through Stoma Associations nationally.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activity:

Deliver the National Diabetes Services Scheme, including expanded access arrangements for continuous glucose monitoring products, with the assistance of Diabetes Australia.

Performance Measure:

Average Net Promoter Score for National Diabetes Services Scheme programs.⁵⁷

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
>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.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- 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 products.
- Providing access to fully subsidised bowel management medicines for people with paraplegia and quadriplegia, who are members of participating paraplegic and quadriplegic associations.

⁵⁷ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.91.



Outcome 3

Ageing and Aged Care

Improved wellbeing for older 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 people in Australia, their families, representatives and carers with access to high-quality aged care services that match their preference to age in place facilitated through:

- Finalising preparations for the commencement of a newly established single assessment system.
- An additional 9,500 home care packages will be made available in 2023–24 to meet the growing preference for older people to continue to live independently in their own homes.
- Developing systems to help aged care recipients choose their provider, providing greater choice and control in decision making.
- Enhancing support for the viability of aged care providers, particularly those in regional, rural and remote areas.
- Enhancing the National Aboriginal and Torres Strait Islander Flexible Aged Care Program to ensure First Nations peoples can access high-quality, culturally safe care.
- A new regulatory framework and prudential model to enable changes to how providers are regulated.
- Improving aged care residents' dining experiences and food and nutrition reporting.
- Requiring residential aged care services to provide residents with Monthly Care Statements on care provided and occurrences of significant change.
- Enabling continuous improvement and enhancing star ratings for older people and working to expand the Quality Indicator program to in-home care services.
- Progressing the National Worker Registration Scheme.
- Extending the Disability Support for Older Australians program.



Access and Information

Program Objective

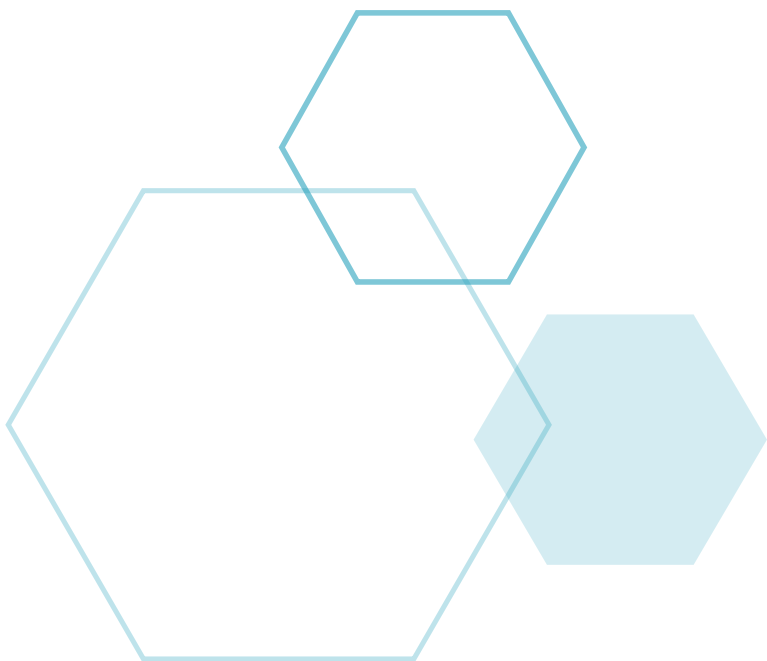
Provide older people in Australia, their families, representatives and carers access to reliable and trusted information about aged care services through My Aged Care. Provide improved and more consistent client outcomes, responsive assessments of clients' needs and goals, appropriate referral, and equitable access to aged care services.

Our Operating Focus

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

We will focus on:

- delivering policies and programs for a fairer aged care system, where all older people have access to the quality care they need
- providing intensive support to older people through the care finder program, to assist in navigating the aged care system and accessing care and support to best meet their needs
- providing free, independent advocacy through an expanded National Aged Care Advocacy Program and doubling the aged care advocacy workforce, to improve access to advocacy for older people in outer metropolitan, rural and remote areas, as well as for home care recipients and culturally and linguistically diverse groups
- delivering initiatives to assist First Nations peoples to access culturally safe aged care services, by:
 - assisting First Nations peoples to navigate the aged care system through the Elder Care Support Program
 - supporting to access culturally safe care that best meets their needs
 - establishing a new source of accountability and assurance for First Nations aged care, in the form of the interim First Nations Aged Care Commissioner
 - working with more First Nations community-controlled organisations to deliver care
 - supporting new First Nations organisations to build their capability to enter the aged care sector.
- identifying options to better address barriers to access, and better target resources particularly in regional, rural and remote markets
- supporting providers, where appropriate, through the necessary market transition as reforms arising from the Government's response to the Royal Commission are implemented



- working with providers to avoid or, where necessary, manage closures of aged care homes to enable the continued provision of safe and quality care
- increasing financial transparency by publishing a Quarterly Financial Snapshot (QFS) of the aged care sector, which aligns with recommendations from the Royal Commission into Aged Care Quality and Safety (the Royal Commission)
- fulfilling the Government's election commitment to help older people and their families make more informed decisions about their aged care by publishing, from early 2024 service-level information on residential care providers' income, expenditure and profits or losses on My Aged Care from early 2024
- progressing reforms to aged care assessment arrangements to simplify and improve the arrangements for older people in accordance with recommendations by the Royal Commission
- working closely with assessment organisations to prepare for a transition to a Single Assessment system from 1 July 2024
- continuing to support state and territory governments' Aged Care Assessment Teams and Regional Assessment Service (RAS) organisations to conduct assessments to enable clients to access appropriate support.

Key activities associated with performance measures are listed under Our Performance.



Our Performance

Key Activity:

Easy, consistent and equitable access for older Australians.

- 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.

Performance Measure:

Older Australians and their representatives have access to reliable and trusted information through My Aged Care, as measured through consumer satisfaction.⁵⁸

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%
b.	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%	The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%

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

Qualitative/Effectiveness

Discussion

The online My Aged Care Customer Satisfaction Survey allows users to rate their satisfaction with the website and provide free text feedback. The survey helps to monitor and measure the effectiveness of the website (one of the primary information sources for older people and their support networks seeking to find out about and access aged care services), including determining the realisation of benefits from the investment in the new website, and inform continuous improvement opportunities.

Contact Centre target of more than 95% of customers satisfied or very satisfied by the service delivered by the Contact Centre has remained stable over time and is a significant benchmark to enable measurement over the forward years. The target represents a very high level of service delivery and the high level of client satisfaction achieved by the Contact Centre to date.

⁵⁸ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.99.

Key Activity:

Supporting delivery of aged care assessments through the Aged Care Assessment Team (ACAT) and Regional Assessment Service (RAS) programs.

Performance Measure:

Older Australians are assessed for service need as measured through assessment timeliness.⁵⁹

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%	High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%	High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%	High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%
b.	High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting >90%	High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting >90%	High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting >90%	High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting >90%
c.	High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only) >90%	High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only) >90%	High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only) >90%	High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only) >90%

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 2024. Targets beyond this date will be considered in the context of future single assessment system arrangements.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Delivering the care finder program which supports older people to interact with My Aged Care, and access aged care services and other supports in the community.
- Delivering the Elder Care Support Program which supports First Nations peoples to navigate the aged care system and access culturally safe care that best meets their needs.
- Providing in-person My Aged Care support at Services Australia service centres.

⁵⁹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.100.

Aged Care Services

Program Objective

Provide choice through a range of flexible options to support older people 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

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

We will focus on whole-of-system reform across the entire care continuum by:

- providing 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 people currently have limited or no access, or where staff caring for their needs do not have suitable housing
- implementing a new financial and prudential monitoring, compliance, and intervention framework for aged care providers. This is intended to improve continuity of care and better manage the risk of financial failure through enhanced financial reporting, transparency, and accountability
- working with the Aged Care Quality and Safety Commission to legislate new powers for the Commissioner to enhance accountability and integrity in the system
- continuing to deliver programs that build the capability and sustainability of aged care providers.

For in-home care services, our focus will be on:

- extending the Commonwealth Home Support Programme (CHSP) for a further one year until 30 June 2025. This aligns with the decision to commence the new Support at Home program on 1 July 2025
- releasing an additional 9,500 Home Care Packages (HCP) in 2023–24. 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
- monitoring the changes implemented on 1 January 2023 to cap administration and management charges in the

HCP Program to increase transparency and make more funds available to meet the assessed needs, so older people can spend more of their package on care.

For residential aged care, our focus will be on:

- increasing and improving front line care delivered to around 243,000 older people accessing residential aged care, and nearly 68,000 accessing residential respite each year
- introducing a requirement that every aged care home has a registered nurse on site and on duty 24 hours a day, 7 days a week by July 2023
- implementing, from 1 October 2023, the Government's commitment which requires 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
- establishing 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
- designing and implementing a more consumer driven residential aged care system, which replaces the Aged Care Approvals Round. From 1 July 2024, residential aged care places will be assigned to older people, giving them greater choice, over which approved provider delivers their care. 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.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activity:

Respect, Care and Dignity for older Australians.

- Measure older peoples' experiences of residential aged care homes and capture their perspective on whether they are being cared for with respect and dignity.

Performance Measure:

Older Australians are treated with respect and dignity in receiving aged care services, as measured through resident experience.⁶⁰

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
Maintain or increase the average Resident Experience Survey (RES) Score of 82% for residential aged care homes.	Increase the average RES Score for residential aged care homes by at least 2 percentage points from 2023–24.	Increase the average RES Score for residential aged care homes by at least 1 percentage point from 2024–25.	Increase the average RES Score for residential aged care homes by at least 1 percentage point from 2025–26.

Data Source and Methodology

Data is sourced on the number of aged care residents that choose to complete the Residents' Experience Surveys (RES). Aged care residents refer to older people who are residing in government funded residential aged care homes and excludes aged care residents where the Commonwealth funded aged care home receive an exemption.

- Around 20% of residents across 2,700 Commonwealth funded residents aged care homes will be surveyed.
- The survey includes a 10% response rate from each non-exempt aged care home.
- The 2022 survey questions were designed in collaboration with La Trobe University Lincoln Centre for Research on Ageing (external organisation).
- The 2023 survey has been improved based on feedback from residents on the questions contained within the tool (one question changed).

Measure Type

Qualitative/Effectiveness

Discussion

The measure relates directly to the program objective as ensuring respect, care and dignity in delivering aged care services remains a key focus of the activities undertaken by the Department. Respect, care and dignity is about ensuring older people are valued when receiving care. It also works to ensure older people are able have real choice of providers and high-quality services.

The performance result measures older people's experiences of residential aged care homes and captures their perspectives on whether they are being cared for with respect and dignity.

The target is set using the first year of available data (baseline) – an average of the results from the 2022 Residents' Experience Surveys.

The target will be to maintain and then steadily improve the average survey score as the sector matures in line with aged care reform, and as the collection and response to residents' experience becomes embedded in common practice.

Residential aged care services that choose not to participate will receive a 1 Star Rating for the Residents' Experience component which will negatively affect their overall star rating published on the My Aged Care website.

⁶⁰ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.101.

Key Activity:

Respect, Care and Dignity for older Australians.

- Respect, care and dignity is about ensuring older people in Australia are valued as a people when receiving care. It also works to ensure older people in Australia are able have real choice of providers and high-quality services.

Performance Measure:

Older Australians receive residential care services that contributes to their quality of life as measured through: ⁶¹

- Provider metrics
- Care minutes
- 24/7 registered nursing.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	Establish measurement baseline for 'Quality of Life' indicator	Maintain or increase percentage of care recipients who report 'good' or 'excellent' quality of life in residential care (QIs)	Maintain or increase percentage of care recipients who report 'good' or 'excellent' quality of life in residential care (QIs)	Maintain or increase percentage of care recipients who report 'good' or 'excellent' quality of life in residential care (QIs)
b.	Maintain average of 200 care minutes per resident per day, including a minimum of 40 minutes of registered nurse (RN) time per day	Maintain average of 215 minutes per resident per day, including a minimum of 44 minutes of RN time per day	Maintain average of 215 minutes per resident per day, including a minimum of 44 minutes of RN time per day	Maintain average of 215 minutes per resident per day, including a minimum of 44 minutes of RN time per day
c.	All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.	All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.	All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.	All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.

Data Source and Methodology

Data is sourced from the Quality Indicator (QI) Program. The QI Program requires all Government funded residential aged care facilities to submit quarterly quality indicator data, including for quality of life. The Quality of Life - Aged Care Consumers (QOL-ACC) tool is the quality of life assessment tool used for the purposes of the QI Program.

Quality of Life QI results are calculated based on:

- The number of care recipients who report quality of life through each completion mode of the QOL-ACC (self-completed, interview facilitated, proxy-completion) against categories including excellent, good, moderate, poor, very poor.
- The number of care recipients who were offered an assessment for completion.
- The number of care recipients excluded because they were absent from the service for the entire service or who did not choose to complete the assessment for the entire quarter.

Measure Type

- Qualitative/Effectiveness
- Quantitative/Output
- Quantitative/Output

⁶¹ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.102.

Discussion

The Performance Measure (the Measure) relates directly to one of the outcomes that the Department's key activities seek to achieve, that is, that older people in Australia receive residential aged care services that contribute to their quality of life.

The maintenance or increase of the percentage of care recipients who report 'good' or 'excellent' quality of life is determined by the performance of residential aged care providers. The Department is supporting aged care providers with quality improvement with respect to quality indicator outcomes through the publication of dedicated resources. Australian Institute of Health and Welfare provides regular advice regarding data quality. The Aged Care Quality and Safety Commission undertake education and compliance activities to support data assurance and support sector education.

This performance measure (c.) has been amended since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24* to include specific reference to 'registered' nursing.



Key Activity:

Respect, care and dignity for older Australians.

Performance Measure:

Older Australians with diverse backgrounds and life experiences or who live in rural and remote areas can receive culturally safe and equitable aged care services where they live measured through access by:⁶²

a. First Nations people

b. People in rural and remote areas.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5%	Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5%	Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5%	Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5%
b.	Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%

Data Source and Methodology

This administrative data is sourced through the My Aged Care personal client record or related processes (such as aged care assessments) of older Australians receiving Australian Government funded aged care.

- This information is assessed using the number of aged care recipients that are identified as First Nations as determined through the My Aged Care client record or related administrative data collected for aged care programs, assessed against the number of older First Nations people (aged 50 years and over) based on Australian Bureau of Statistics' population data.
- This information is assessed using the number of aged care recipients that are living in rural and remote areas in respect of remoteness categories determined from client address information or the address of the aged care service as available and relevant, assessed against the number of older people (aged 65 and over) that live in rural and remote areas.

Measure Type

Qualitative/Output

⁶² Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.100.

Discussion

The Planned Performance Result enables the Department to report its performance against the measure by assessing the output of its activities in providing culturally safe and equitable care to older people with culturally diverse backgrounds and life experiences. The performance results measure how many older First Nations Australians are receiving aged care, and how many older Australians who are living in rural and remote areas are receiving care.

- a. The Department will maintain momentum in delivering equality across programs and embed culturally safe, trauma-aware and healing-informed care into all of aged care. Together with increasing the number of First Nations community-controlled organisations capable of delivering aged care, increasing access for older First Nations Australians will improve.
- b. The Department will provide older people in regional, rural and remote communities with equitable access to the care they need, regardless of where they live, so they can stay close to their loved ones and communities for as long as possible. It will do this through better funding outcomes for rural and remote facilities, flexible and integrated approaches to care delivery and funding to improve capital infrastructure of aged care services.

Key Activities:

Prioritise independence through care at home.

- **Delivering Home Care Packages.**
- **Delivering CHSP services to 840,000 CHSP clients.**

Performance Measure:

Older Australians receive care and support at home that contributes to quality of life as measured through access to services.⁶³

- a. **Number of allocated Home Care Packages.**
- b. **Number of clients that accessed Commonwealth Home Support Programme services.**

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	>285,100	N/A ⁶⁴	N/A	N/A
b.	840,000	N/A ⁶⁵	N/A	N/A

Data Source and Methodology

- a. 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. 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. Defined as the number of older people who are assigned or committed to a HCP, having commenced a HCP service with a HCP program provider, and the number of people assigned an HCP but are yet to commence services with a HCP program provider within the 56 (84 with extension) day take-up period.
- b. 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. Older people who access the CHSP services are defined as the number of clients that had one or more sessions for a CHSP service in the given financial year.

Measure Type

Quantitative/Output

⁶³ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.104.

⁶⁴ The planned performance results for the forward estimates are to be determined, and are subject to future Government decision.

⁶⁵ Ibid.

Discussion

The number of clients accessing the program nationally aligns with the high-level objective of the program which is to provide access to in-home aged care services to eligible clients, to enable them to remain independent at home, and to continue to participate in their communities.

This performance measure has been amended since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24* to include the 'Number of allocated Home Care Packages'.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of planned activities undertaken across the Department within our appropriations. This includes a range of initiatives which support improved access to aged care services for people in regional, rural and remote locations and for First Nations communities, including:

- Aged Care Capital Assistance Program infrastructure grants to support increased access to quality aged care services targeting people in regional, rural and remote areas, for First Nations communities, those who are homeless (or at risk of being homeless) and others with complex and diverse needs (such as dementia).
- Increased funding outcomes for residential aged care facilities in rural, remote and very remote areas through the new Australian National-Aged Care Classification (AN-ACC) funding model. The AN-ACC funding model reflects the variation in the costs of providing care based on the characteristics of a facility, and provides additional funding for rural, remote and very remote facilities (MM 5-7).
- Targeted funding for delivery of culturally safe aged care through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program which ensures elders continue to receive care on Country. Funding of the program takes into account the higher costs of delivering remote residential aged care.
- Funding of Multi-Purpose Services (MPS) which provide integrated health and aged care residential services in regional, rural and remote locations.
- Viability support measures which help providers improve their viability and reduce the risk of unplanned closures. These measures include business and workforce advisory services which seek to improve business capability to avoid deteriorating performance, particularly in regional, rural and remote Australia.
- A range of targeted workforce support measures are in place to support and grow the workforce in regional, rural and remote areas, these include funding the 15% wage increase for aged care workers, the Home Care Workforce Support program, the Rural Locum Assistance Program and the Aged Care Registered Nurses' Payment.
- Integrated Care and Commissioning trials are taking place in a number of locations which aim to improve access to care and support services in regional, rural and remote locations and for First Nations communities by strengthening care and support markets and integrating services and workforce, and exploring the use of joint commissioning across primary health, disability, aged care, and veterans' care sectors.
- Care Together Program aims to support the establishment of cooperatives and mutuals for regional rural and remote and First Nations communities and entities seeking to enter or expand their care and support services and thereby fill access and workforce gaps.
- Learnings from the integrated care and commissioning trials, the care together program and other place based work with regional steward network will be taken into account in developing appropriate programs, policies and funding to support access to care and support services in thin markets. These learnings will also be taken into account as part of the Government's broader Care and Support Economy Strategy.
- We will continue to deliver initiatives to assist First Nations peoples access culturally safe aged care services. There will be more First Nations community-controlled organisations delivering care as new entrants are fostered through capability building and opportunities for integrated care in thin markets are delivered. A new source of accountability and assurance, in the form of the interim First Nations Aged Care Commissioner, will promote aged care to First Nations people.

Aged Care Quality

Program Objective

Safety and quality care for older Australians in their choice of care through regulatory activities, collaboration with the aged care sector and consumers, 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, investing \$11.3 billion to fund a pay rise for aged care workers, and establishing a registration scheme to govern the employment of aged care workers.

Key areas of focus:

- developing a new rights-based legislative framework focused on the needs of older people 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).
- progressing, 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
- piloting from April to October 2023, in conjunction with the Aged Care Quality and Safety Commission, draft strengthened Quality Standards, with the outcomes informing any amendments needed before the strengthened Quality Standards are implemented with the new Aged Care Act, proposed to start on 1 July 2024
- delivering 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 Home Affairs on migration solutions
- improving our workforce data collection and projections

- 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 by providing assistance to the sector through the Workforce Advisory Service
- improving the quality of life for people living with dementia and their carers through a new National Dementia Action Plan that will be the centrepiece of these efforts by providing a shared vision to guide action by all levels of government
- delivering, in parallel to development of the National Dementia Action Plan programs which improve timeliness of dementia diagnosis and coordination of dementia care, increase availability of support for people living with dementia in the community and build the capacity to care for people living with dementia, including those with complex behaviours
- embedding diversity as core business in aged care by considering diversity in the design and delivery of all aged care programs by:
 - increasing the provision of information in a person's preferred language
 - building capacity of the aged care sector to deliver care that is respectful, culturally safe, inclusive and welcoming of all forms of diversity
 - working with Primary Health Networks, state and territory governments, the Carers Gateway and dementia service providers to increase the coordination and accessibility of these services in recognition of the significant enabler, particularly for people living with dementia and their carers that coordinated health, social, and aged care services are.

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activities:

Safe and high-quality care and appropriately skilled care.

- Implementing recommendations of the Royal Commission into Aged Care Quality and Safety to build, train and support the aged care workforce, including increases in award wages for the aged care workforce.
- Implementing or continuing a range of aged care service provider support programs, including support for the rollout of additional mandatory care requirements.

Performance Measure:

Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older Australians, as measured through:⁶⁶

- Workforce attraction and retention
- Workforce skills/qualifications
- Workforce satisfaction.

Planned Performance Results

	2023–24	2024–25	2025–26	2026–27
a.	Establish baseline for staff turnover through the biennial Provider Workforce Survey	Establish baseline for staff turnover through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2023–24) for staff turnover through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2024–25) for staff turnover through the biennial Provider Workforce Survey
b.	Establish baseline for worker qualification through the biennial Provider Workforce Survey	Establish baseline for worker qualification through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2023–24) for worker qualification through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2024–25) for worker qualification through the biennial Provider Workforce Survey
c.	N/A	Establish baseline for worker satisfaction through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2023–24) for worker satisfaction through the biennial Provider Workforce Survey	Target to be set (dependent on baseline developed in 2024–25) for worker satisfaction through the biennial Provider Workforce Survey

Data Source and Methodology

- Survey Results of targeted Aged Care Providers responding to the Aged Care Provider Workforce Survey.
- Providers are all the active registered residential aged care facilities and home care providers (Commonwealth Home Support Programme and Home Care Packages Program) who provide direct care to at least one aged care resident.
- The survey will go out to 50% of providers with an 80% target response rate.
- For information on the design of the survey please see the 'Aged Care Provider Workforce Survey 2022–23 external consultation paper – Jan 2023'.

Note:

- As this is the first year that the Department will be reporting on this planned performance result, the target is to establish a baseline for future years to report against. The methodology is still in development and will be updated once more information is available.

⁶⁶ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.106.

Measure Type

Qualitative/Effectiveness

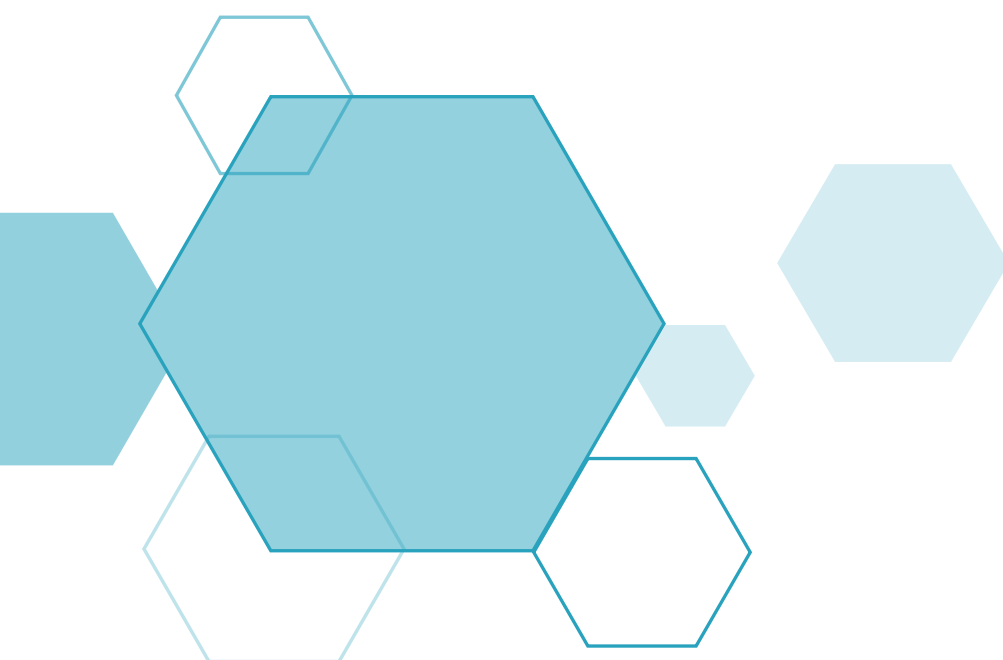
Discussion

The Performance Measure relates directly to one of the outcomes that the Department of Health and Aged Care's key activities is trying to achieve, that is, that older people have their individual care and support needs met by an appropriately skilled workforce.

Ensuring the Aged Care workforce is available and appropriately skilled allows the sector to deliver safe and high-quality care to older Australians.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Enabling access to culturally safe aged care services for First Nations older people and supporting more First Nations providers and people to work in aged care.
- Ensuring provision of quality aged care services, including equitable care for people from diverse backgrounds and support for people with dementia.
- Support for people with dementia, their family and carers.
- Implementing mandatory reporting and enhanced transparency on residential aged care minutes, food and nutrition expenditure through the Quarterly Financial Reporting arrangements.
- 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.
- Strengthening regulation through harmonisation across the care and support sector, including aged care, the National Disability Insurance Scheme (NDIS) and disability services, and veterans' care.





Outcome 4

Sport and Physical Activity

Improved opportunities for community participation in sport and physical activity, 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 program:

4.1 Sport and Physical Activity

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:

- Developing and implementing sport policies, programs and initiatives in consultation with stakeholders to promote the benefits of an active lifestyle.
- Coordinating Commonwealth support for major international sporting events hosted in Australia.
- Supporting legacy measures associated with major sporting events to drive participation and broader outcomes.
- Improving water and snow safety.
- Ensuring sport dispute resolution is fair, efficient, and transparent through the National Sports Tribunal.
- Contributing to international sport policy and sports diplomacy in consultation with the Department of Foreign Affairs and Trade.



Sport and Physical Activity

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 developing sport policy and programs.

Our Operating Focus

We will implement key government priorities by developing sport policy and initiatives, promoting the benefits of an active lifestyle and coordinating the bidding, planning, delivery, evaluation and legacy impacts of major international sporting events hosted in Australia.

Over the coming year we will develop a new National Sport Plan, which will articulate a long-term strategic view of the sport sector within Australia and will support and clarify the Government's sport priorities for the future. A new plan acknowledges changes to the sector after the COVID-19 pandemic and new opportunities to ensure a strategic approach to the investment and delivery of major sporting events to leverage the benefits of sport. To complement the plan, a review of the *Australian Sports Commission Act 1989* will be undertaken to ensure the legislation is contemporary and positions the Australian Sports Commission to deliver its responsibilities in the lead-up to the Brisbane 2032 Olympic and Paralympic Games.

The 'green and gold decade' of hosting major international sporting events in Australia commenced in 2022–23 with the successful delivery of the UCI⁶⁷ Road World Championships 2022, the FIBA⁶⁸ Women's World Cup 2022, the ICC⁶⁹ Men's T20 World Cup 2022, Virtus Oceania Asia Games 2022, and the World Transplant Games 2023.

In July and August 2023, Australia and New Zealand co-hosted the FIFA Women's World Cup (FWWC), the largest female sporting event in the world. In addition to financial support for the event, the Department coordinated operational and policy support in a range of areas including national security arrangements, taxation support, intellectual property rights protection and anti-doping arrangements. We also managed funding for a range of FWWC legacy initiatives to drive participation and support women's leadership, human rights, inclusion, and diplomacy objectives.

We will shape a new event delivery model guided by the Major Sporting Events Legacy Framework to ensure whole-of-government support for major sporting events can successfully deliver the 'green and gold decade' of events and beyond — including support for the World Masters Games 2029, subject to confirmation of a successful bid.

We will refine the Strategic Investment Assessment Tool as a critical component to the new model to inform Government consideration of major sporting event investment proposals to ensure greater transparency, return on investment and clarity for organisations seeking Government support.

⁶⁷ Union Cycliste Internationale.

⁶⁸ Fédération Internationale de Basketball Amateur (International Basketball Federation).

⁶⁹ International Cricket Council.

We will continue planning processes for the Brisbane 2032 Olympic and Paralympic Games through financial, policy, and operational support and coordination to ensure Commonwealth government commitments are met as part of supporting event delivery owners and achievement of Commonwealth priorities.

We will continue to work with the Australian Sports Commission to support the high-performance system through funding and programs, enabling athletes and support personnel to prepare for international competitions, including the Paris 2024 Olympic and Paralympic Games.

We will continue to deliver the Government’s 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. Support will also be provided for Surf Life Saving training.

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

Key activities associated with performance measures are listed under Our Performance.

Our Performance

Key Activities: <ul style="list-style-type: none">• 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.• 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.• Developing and implementing a strategic, whole of government legacy and communications approach for major sporting events.• Engaging on international sport policy and partnering with the Department of Foreign Affairs and Trade on sports diplomacy initiatives.				
Performance Measure: Engagement of Australians in weekly organised community sport and physical activity as measured through: ⁷⁰ <ul style="list-style-type: none">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 Results				
	2023	2024	2025	2026
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 <p>Data for a. and b. is derived from the Australian Sports Commission AusPlay survey results.⁷¹ AusPlay collects national, state, and territory data on participation rates across organised sport and physical activity. This performance measure is reported on a calendar year basis to align with the release of AusPlay data.</p>				

⁷⁰ Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.110.

⁷¹ Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

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 (2020 and 2021) during the COVID-19 pandemic. In 2022, the participation rate for Australian children (0 to 14 years) at least once per week was 49.7% and the participation rate for Australians 15 years and over was 79.3%. The planned performance aims for participation rates to gradually increase and return to pre-pandemic levels.



Key Activities:

- Coordinating whole-of-government support for the bidding, planning, delivery, evaluation and legacy impacts of major international sporting events hosted in Australia, including the Brisbane 2032 Olympic and Paralympic Games.
- Developing and implementing a strategic, whole-of-government legacy and communications approach for major sporting events.

Performance Measure:

Strategic coordination of Commonwealth responsibilities in relation to the following future bids and major sporting events in Australia.⁷²

Planned Performance Results

2023–24	2024–25	2025–26	2026–27
Event delivery support: <ul style="list-style-type: none"> • FIFA Women's World Cup 2023 Event Planning: <ul style="list-style-type: none"> • 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. 	Event Planning: <ul style="list-style-type: none"> • 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. 	Event Planning: <ul style="list-style-type: none"> • 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. 	Event Planning: <ul style="list-style-type: none"> • Netball World Cup 2027 • Rugby World Cup 2027 • ICC Men's T20 World Cup 2028 • Women's Rugby World Cup 2029 • World Masters Games 2029 (pending bid outcome) • 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 and Australian Government commitments to events are typically published through media releases and budget fact sheets. Planning for major sporting events commences years in advance of the event. Data becomes available in the lead up to events and may not be available many years in advance. In these cases, data will be available in future Corporate Plans.

Measure Type

Qualitative/Output

Discussion

This performance measure has been amended since publication in the *Health and Aged Care Portfolio Budget Statements 2023–24* (p.111). The Victoria 2026 Commonwealth Games has been removed as a planned performance result. This follows the Victorian State Government's decision to no longer proceed with hosting the 2026 Commonwealth Games. The World Masters Games 2029 has been included as a new planned performance result for 2026–27 (subject to confirmation of a successful bid). For improved clarity, events have been categorised as 'event delivery support' or 'event planning'.

The following additional activities fall below the Department's materiality threshold for publishing and reporting against a program performance measure. However, they are published in the Corporate Plan to provide a more fulsome account of activities undertaken across the Department within our appropriations:

- Providing an efficient and independent forum for resolving sporting disputes through the National Sports Tribunal.

⁷² Source: *Health and Aged Care Portfolio Budget Statements 2023–24*, p.111

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 2023–24 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. 	Secretary's Forward
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 how that cooperation will help achieve those purposes. • How any subsidiary of the entity will contribute to achieving the entity's purposes. 	Secretary's Forward 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





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