



Australian Government

Department of Health  
and Aged Care

# Corporate Plan 2024–25





## 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 continue to care for the lands and waters on which we live and, work, and from which we benefit each day. We recognise the strengths and knowledge Aboriginal and Torres Strait Islander peoples provide to the health and aged care system and thank them for their ongoing contributions to those systems and 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.

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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 share the Department of Health and Aged Care's 2024–25 Corporate Plan. This is our primary planning document and outlines our objectives for the current financial year. It defines our strategies for delivering quality health, aged care and sports systems on behalf of the Australian Government and provides a framework for measuring our performance.**

This plan has been prepared to meet the obligations of paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). It covers the 4 year period from 2024–2025 to 2027–2028.

## Our key priorities for the financial year ahead include:

- strengthening Medicare, including by boosting the number and capacity of Medicare Urgent Care Clinics and leading reform of our health system to better support prevention and management of chronic conditions by multidisciplinary primary care teams.
- continuing to work with the states and territories on a new National Health Reform Agreement to support investment in public hospitals, ease pressure on emergency departments and help clear elective surgery backlogs.
- ensuring patients continue to receive cheaper medicines through measures under the Pharmaceutical Benefits Scheme, and related strategic agreements with the pharmacy sector, including approved pharmacies, the pharmacist profession, wholesalers, consumer groups, the community controlled sector and other interested stakeholders.
- improving mental health care and launching new free mental health services so that Australians get the right level of care for their level of need.
- making health care more responsive and accessible for women and addressing healthcare inequity.
- Closing the Gap in First Nations health and wellbeing outcomes by focusing on early intervention strategies, education programs, better access to culturally safe health services and expanding the First Nations health workforce.
- continuing to develop and implement national workforce strategies, complete supply and demand modelling for priority professions and address health workforce shortages through reforms to Commonwealth programs and collaborative work with state and territory governments, other health employers, professional bodies and stakeholders.
- reducing smoking and vaping rates (particularly among young Australians) through stronger legislation, enforcement, education and support. To support this, the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024* took effect on 1 July 2024.
- strengthening the quality of aged care services by improving wait times for in-home aged care, bolstering the workforce, and delivering an enhanced quality and safety regulator, as well as better technology.
- rebalancing the health system towards prevention to deliver better health for Australians and benefit our economy – now and for the future.

- supporting participation in sport and physical activity, and Commonwealth involvement in major sporting events to be hosted in Australia.

On 1 January 2024, the department established an interim Centre for Disease Control (CDC). The key priorities of the interim Australian CDC will be to prepare for future pandemics, advise on national responses to future infectious disease outbreaks and work to prevent communicable diseases.

The department relies on a capable and experienced workforce to effectively deliver the government's health, aged care and sports priorities.

The Australian Public Service Commission undertook a Capability Review of the department in 2023. We will continue to implement our responses, focusing on lifting our strategic policy capability, engaging better with our stakeholders and empowering our executive leaders.

The Office of the Chief Health Economist was established in 2023–24. We will expand the Office to further uplift our internal capability.

We will maintain a strong emphasis on developing our workforce capabilities, fostering a safe and respectful work environment, and implementing strategies to support a diverse and inclusive workforce. A key focus of this work will be establishing a new Stretch Reconciliation Action Plan.

Our corporate teams will collaborate to provide guidance and advise on compliance with legislative requirements, financial management, adherence to grants and procurement rules and project and program assurance. Additionally, they will ensure the department has the essential IT infrastructure and services to effectively do its job.

Strong collaboration with our internal and external stakeholders is vital to develop and deliver successful policy and program solutions. These stakeholders include state and territory governments, the private and not-for-profit sector, key peak bodies, international partners and other Australian Government entities. We will invest in these relationships to ensure we understand our partners perspectives and goals and can work together towards shared objectives.

**Blair Comley PSM**  
**Secretary**

# Role of the Corporate Plan

The Department of Health and Aged Care Corporate Plan (the Plan) is the primary planning document for the department and presents our operating environment, purposes and key activities. It also demonstrates how our performance will be measured and assessed. In accordance with the requirements outlined in the Public Governance, Performance and Accountability Rule 2014 and under section 35 of the *Public Governance, Performance and Accountability Act 2013*, the Plan covers a horizon of 4 years.

Together with the 2024–25 Health and Aged Care Portfolio Budget Statements, the Plan will guide and support measurement of the department's activities. To support a clear read across the department's financial and non-financial planning and reporting, the Plan aligns to the outcomes and programs contained within the 2024–25 Health and Aged Care Portfolio Budget Statements. Where changes have been made, relevant footnotes have been included in the performance information sections of the Plan, outlining the reason for the change.

The Plan reinforces a clear line of sight between the strategic direction of the department and the contributions of individual staff in their performance and development agreements.

The structure of the Plan has been amended from last year's Corporate Plan to ensure adherence to legislative and governance requirements.





## Our Vision

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



## Our Purpose and Outcomes

With our partners, we 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 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 Corporate structure

## **The Hon Mark Butler MP**

Minister for Health and Aged Care  
Deputy Leader of the House

## **The Hon Anika Wells MP**

Minister for Aged Care  
Minister for Sport

## **The Hon Ged Kearney MP**

Assistant Minister for Health and Aged Care  
Assistant Minister for Indigenous Health

## **The Hon Emma McBride MP**

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

## **The Hon Kate Thwaites MP<sup>1</sup>**

Assistant Minister for Ageing  
Assistant Minister for Social Security  
Assistant Minister for Women



<sup>1</sup> On 28 July 2024 the Prime Minister announced changes to the Ministry. The Hon Ged Kearney MP has since taken on the responsibility of Assistant Minister for Indigenous Health, while continuing her duties as Assistant Minister for Health and Aged Care. We welcomed The Hon Kate Thwaites MP as Assistant Minister for Ageing and farewelled Senator the Hon Malarndirri McCarthy, who was promoted to Cabinet as Minister for Indigenous Australians.



## Secretary, Blair Comley PSM

### Interim Australian Centre for Disease Control

- Health Protection Policy and Surveillance
- Health Security and Emergency Management
- Australian Centre for Disease Control (ACDC) Establishment Taskforce

### 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

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

### Primary and Community Care

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

### Health Resourcing

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

### Strategy, Evidence and Research

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

### Corporate Operations

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

### Statutory office holders

**Aged Care Quality and Safety Commissioner**  
Janet Anderson PSM

**Executive Director, Australian Industrial Chemicals Introduction Scheme**  
Graeme Barden

**Gene Technology Regulator**  
Dr Raj Bhula

**National Health Funding Pool Administrator**  
Toni Cunningham

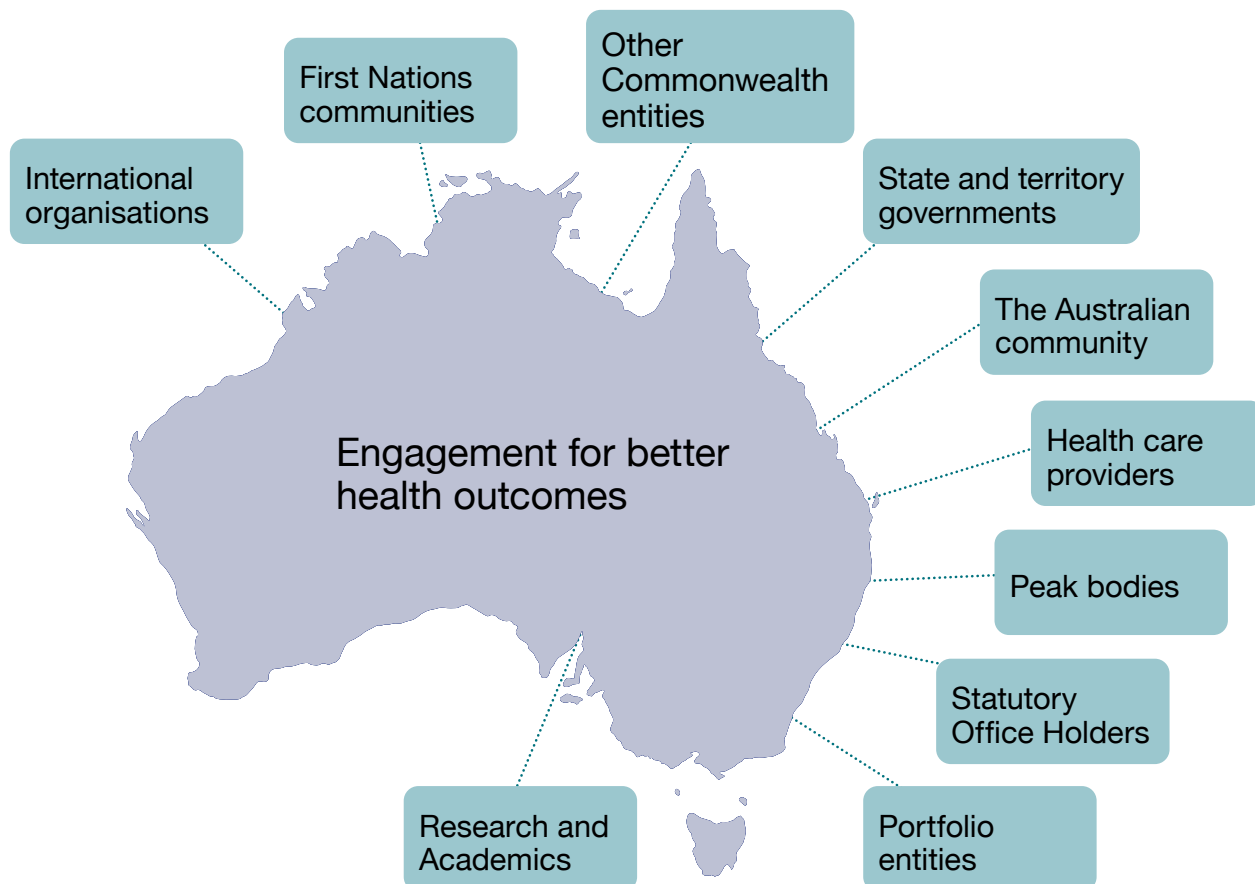
**National Health and Medical Research Council  
Commissioner of Complaints**  
Chris Reid

**National Rural Health Commissioner**  
Professor Jenny May AM

**CEO, National Sports Tribunal**  
Dr Michelle Gallen

**Acting Inspector-General, Office of the  
Inspector-General of Aged Care**  
Ian Yates AM

# Our Partners



To assist the Australian Government in leading and shaping Australia's health and aged care and sporting outcomes, we collaborate closely with a range of local and international partners.

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 aged care systems and co-investment and joint planning including for major sporting events.

Working with researchers, academics, consumers, health care providers, key peak bodies and the broader healthcare sector also allows us to develop consumer centric and evidence-based policies and programs.

Strategic international engagement with organisations such as the World Health Organization, the G20<sup>2</sup> and the Organisation for Economic Co-operation and Development further supports the government's priorities to enhance our health system and contribute to regional and global health security.

<sup>2</sup> The G20 or Group of 20 is an intergovernmental forum comprising 19 sovereign countries, the European Union (EU), and the African Union (AU).

# Our Operating Context

Australia's health, sport and aged care systems are complex and evolving, with all levels of government involved in funding and administration. Achieving the best outcomes for Australians through these important areas of their lives is a shared responsibility.

Numerous stakeholders act on and are affected by the health, sport and aged care systems. Their priorities, which are often competing, must be considered.

The needs of Australians are also changing. Our population is growing and ageing. More people are suffering chronic health and mental health conditions. There is an ever-present threat of major public health emergencies.

Factors in our environment that are outside our control include global health challenges, climate change, natural disasters, evolving technology, international cooperation and conflict, workforce shortages and economic factors, but all play a role in our work.

We acknowledge that our work plays a fundamental role in Australian society and has significant effects on the health and wellbeing of all Australians. We accept the responsibility that goes with that role.

We must manage our resources in line with community and stakeholder expectations, as well as the government's policy priorities.

Every dollar allocated in health, aged care and sport must be spent efficiently, transparently and in a way that delivers the best possible outcomes for all Australians. This expectation is greater than ever as many in the community face challenging economic circumstances.

All our decisions must be lawful and we must remain accountable to the Australian Parliament and the community.

We will continue to work closely with and leverage the expertise of others to research, learn and seek improvements to our policy design and program implementation. This includes our portfolio agencies, all levels of government, the broader health sector, consumers and their representative peak bodies, as well as international partners.





# Our Regulatory Approach

The regulatory environment in the health and aged care sector is complex and broad. The Australian Government, through the department and its portfolio entities, has a 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
- health research and data
- health security and international health
- human cloning and embryo research
- industrial chemicals
- medical, pharmaceutical, dental and hearing benefits
- health professional practice, through joint Ministerial responsibilities for the National Registrations and Accreditation Scheme
- 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, cells and tissues, blood products and medical devices
- tobacco products.

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. It sets out the 3 principles of the best practice that regulators are required to report on:

## Principle 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.

## Principle 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.

## Principle 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 <sup>3</sup>	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. The SOE also demonstrates how the department carries out its regulator functions and exercises its powers. The SOE responds to the 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.

<sup>3</sup> Where those obligations do not fall within the prudential regulatory role of the Australian Prudential Regulation Authority.

# Corporate Governance and Risk Oversight

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

Seven senior governance committees provide advice and make recommendations to our executive on strategic portfolio policy issues. These committees focus on improving 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.

<b>Executive Committee</b>	<ul style="list-style-type: none"> <li>• Provides strategic direction and leadership to ensure outcomes documented in Portfolio Budget Statements (PB Statements) and the Corporate Plan are achieved.</li> <li>• Operates in an advisory capacity to the Secretary as the Accountable Authority.</li> </ul>
<b>Audit and Risk Committee</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Strategic Policy Forum</b>	<ul style="list-style-type: none"> <li>• Provides the Executive Committee with a whole-of-portfolio view of new policy development and current policy challenges.</li> <li>• Brings together senior leaders to inform early policy design, policy implementation and ongoing monitoring and evaluation of critical initiatives.</li> <li>• Fosters a culture of innovation, collaboration and contestability.</li> </ul>
<b>Program Assurance Committee</b>	<ul style="list-style-type: none"> <li>• Provides oversight, advice and assurance to the Executive Committee on effective management of programs administered by the department.</li> <li>• Reviews sub-programs to assure the effectiveness of program management through a risk-based assessment approach, with a focus on the highest risk sub-programs.</li> </ul>
<b>Digital, Data and Implementation Board</b>	<ul style="list-style-type: none"> <li>• Provides oversight, advice and assurance to the Executive Committee on effective management and ongoing viability of highest risk change projects and portfolio of work.</li> <li>• Provides strategic advice and leadership on our digital, data and ICT work programs.</li> <li>• Ensures we leverage existing technologies, patterns and capabilities to effectively deliver on new and emerging priorities of government, while ensuring alignment with the digital transformation agenda.</li> </ul>
<b>Security and Workforce Integrity Assurance Committee</b>	<ul style="list-style-type: none"> <li>• Supports the Secretary and Executive in providing a cohesive and coordinated security and workforce integrity risk approach.</li> <li>• Considers our long-term protective security goals, objectives and responses as we deliver government outcomes.</li> </ul>
<b>Closing the Gap Steering Committee</b>	<ul style="list-style-type: none"> <li>• Champions and drives action across the 4 Priority Reforms set out in the National Agreement on Closing the Gap in our structures, processes and work.</li> </ul>



## 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 supports 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 were developed in accordance with the *Public Governance, Performance and Accountability Act 2013* and Commonwealth Risk Management Policy and are aligned to the Risk Management – Guidelines.<sup>4</sup>

The department has a positive risk culture, in which 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.

## Risk Reporting

The department undertakes a range of risk reporting to the executive.

The Executive Dashboard report is provided to the Executive Committee on a quarterly basis and provides oversight of a range of key metrics and Key Performance Indicators (KPIs) across the department. This in turn provides insights into key risks and helps demonstrate what acceptable and unacceptable performance looks like.

The Chief Risk Officer provides a quarterly update to the Audit and Risk Committee and the Executive Committee. This forms part of the Chief Risk Officer's responsibility to provide written advice to the Secretary regarding the appropriateness of the departments' systems of risk oversight and management.

Quarterly Group Risk Reports support increased oversight of strategic and enterprise risks across the department. These reports are incorporated into the Chief Risk Officer report and outline the top risks impacting each group, including emerging risks.

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<sup>4</sup> Available at: [www.iso.org/obp/ui#iso:std:iso:31000:ed-2:v1:en](http://www.iso.org/obp/ui#iso:std:iso:31000:ed-2:v1:en)

## Enterprise Risks

The department has identified 8 Enterprise Risks that have the most significant impact on our strategic priorities and operations.

Enterprise Risk Category (alphabetical order)	Enterprise Risk Statement
Delivery	Failure to design and deliver key programs, projects and services in accordance with the department's strategic objectives.
Financial	Ineffective management of financial resources to ensure compliance, prevention of potential fraud and the delivery of Government priorities.
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.
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.
Policy	Failure to provide strategic and evidence-based policy advice in a timely manner to Government.
Reform	Failure to sufficiently anticipate and respond to emergencies and other challenges in order to deliver effective and efficient outcomes.
Regulatory	Failure to design and implement effective regulatory policies and practices to support good health outcomes.
Stakeholders	Ineffective partnering and engagement with external and internal stakeholders to achieve good health outcomes.

# Our Capabilities

## Corporate Operations Group (Corporate) Strategy 2024–2027

In Corporate, we focus on and put our customers at the centre of everything we do to enable the Department of Health and Aged Care to thrive.

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 and prioritise our customers
- consistently deliver high quality corporate services to meet customer needs
- strengthen all aspects of project delivery
- enable improved policy development and program management
- set our strategic direction and clarify accountability and obligations across Corporate
- enhance our engagement model
- plan for the future and build for sustainability.

We listen to our customers to understand their priorities. Our customers' priorities are our priorities. They help set our strategic direction. The major projects we invest in, detailed in our Corporate Transformation Plan 2024–2025 to 2026–2027, are themed around those priorities. Our investment will:

- build workforce and leadership capability
- sharpen enterprise performance
- strengthen our integrity culture
- leverage digital opportunities.

The Corporate Strategy 2024–2027 supports the delivery of the department's Corporate Plan and enables 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

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) released in July 2023, and implementing Australian Public Service (APS) Reform agenda<sup>5</sup> initiatives.

The department published its response to the Capability Review in October 2023. The response outlines three key themes:

- **Lifting our strategic policy capability**
- **Deepening our engagement with the community and stakeholders, and**
- **Unlocking our executive leader potential.**

We have developed a Learning and Development Roadmap for 2024–25, the first of its kind for the department. The roadmap articulates the key learning and development actions for the financial year ahead, aligning to the capability needs identified in the department's Workforce Strategy and Capability Review Response.

We provide targeted and contemporary learning and development opportunities to all staff in all locations. We align to the APS Continuous Learning Model, ensuring staff are aware of and can access, relevant high-quality learning suitable to their needs, from bite-sized options through to intensive offerings. We maximise use of our enhanced IT capability and have improved staff access to learning platforms. We are improving our learning governance and in 2024–25 will develop a learning governance framework to articulate the standards of learning across the department, as well as the shared responsibilities and expectations for learning services across the department and portfolio agencies.

We are reviewing our entry level programs, developing tools and support to identify and measure capability, building workforce planning capability, updating and growing our learning and development offerings and refining our approach to mobility. During 2024–25 we will further embed the departmental Employee Value Proposition we developed last year to assist in attracting and retaining people with the right skills and attributes. Through our Locations of Work Framework, we are expanding our footprint across Australia in a strategic way to ensure we can better represent the community we serve, attract and retain the skills and people we need.

The department is committed to ensuring APS employment is the default and we maximise the benefit of external arrangements through implementing the principles of the APS Strategic Commissioning Framework.<sup>6</sup>

In 2024–25, the Department of Health and Aged Care will continue to reduce outsourcing of core work in line with the APS Strategic Commissioning Framework. Our targets for 2024–25 are focussed on reducing outsourcing in the job families of Accounting and Finance; Administration; Communications and Marketing; Compliance and Regulation; Policy, Portfolio, Program and Project Management and Service Delivery. We anticipate a reduction of \$8,948,250 in outsourcing expenditure.

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<sup>5</sup> Available at: [www.apsreform.gov.au/about-aps-reform](http://www.apsreform.gov.au/about-aps-reform)

<sup>6</sup> Available at: [www.apsc.gov.au/publication/aps-strategic-commissioning-framework](http://www.apsc.gov.au/publication/aps-strategic-commissioning-framework)



## 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 (APS) 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 over 7,000 APS employees people working at the department in locations around Australia. We undertake critical roles across 17 job families, including policy, portfolio, program and project management, science and health data and research, and compliance and regulation.

Our Workforce 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 has over 4 strategic focus areas:

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

The priorities and focus outlined in the Strategy and its annual implementation plans align with our Corporate Operations Group Strategy, the APS Workforce Strategy 2025,<sup>7</sup> APS Reform initiatives, the APS Values, our Capability Review Response, and the cultural mindset outlined in our Behaviours in Action.

## Workplace Culture

The Capability Review identified the department has a strong sense of self, with clear values and professional and supportive culture and behaviours. Our positive culture encourages people to be innovative and provides an inclusive environment for different ways of thinking. Staff are highly engaged, and our workplace is supportive and promotes high integrity among its people. The culture of the department is supportive and positive, demonstrated by our employee surveys including our recent Culture Survey (2024), where 86% of respondents indicated they would recommend the department as a good place to work. The department is committed to maintaining these strengths.



<sup>7</sup> Available at: [www.apsc.gov.au/initiatives-and-programs/aps-workforce-strategy-2025](https://www.apsc.gov.au/initiatives-and-programs/aps-workforce-strategy-2025)

## 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 wide range of diversity dimensions including gender, age, disability, LGBTQIA+, neurodivergence, First Nations peoples and cultural diversity.

In addition to our commitments under the National Agreement on Closing the Gap, development of our Stretch Reconciliation Action Plan (RAP) 2025–2028 is underway. This RAP will focus on Indigenous recruitment and retention along with Senior Executive Services (SES) cultural competency, cultural capability uplift for all staff, self-determination, and the harnessing of the valuable perspectives and knowledge of our First Nations peoples. This includes staff and stakeholders, under the 3 core pillars of ‘respect’, ‘relationships’ and ‘opportunities’.

We know self-determination is key 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.

The department established a Closing the Gap Steering Committee in 2022 to drive action across the department on the [Closing the Gap Priority Reforms](#).<sup>8</sup> The Steering Committee is guided by a Framework for Action centred around these Priority Reforms. Action progressed by the Steering Committee in 2023–24 included convening an inaugural roundtable meeting with First Nations peak organisations, establishing and embedding the First Nations Funding Transition Project and developing New Policy Proposals in partnership with First Nations stakeholders.

In 2024–25, the Steering Committee will:

- implement the First Nations Partnerships and Engagement Framework
- continue to progress the [First Nations Funding Transition Project](#)<sup>9</sup>
- contribute to First Nations-specific reforms for the National Health Reform Agreement
- establish the First Nations-led Governance of Indigenous Data Working Group.

In addition, the Steering Committee will support implementation of the department’s Stretch Reconciliation Action Plan (RAP) key priorities: Recruitment and Retention, Cultural Capability and SES Leadership, Procurement, Partnership and Engagement and Cultural Safety.

<sup>8</sup> Available at: [www.closingthegap.gov.au/national-agreement/priority-reforms](http://www.closingthegap.gov.au/national-agreement/priority-reforms)

<sup>9</sup> Available at: [www.health.gov.au/our-work/first-nations-health-funding-transition-program-fnhftp](http://www.health.gov.au/our-work/first-nations-health-funding-transition-program-fnhftp)



## New Ways of Working

Our people have told us they do their best work when they're supported by a modern, flexible work environment and workplace culture that enables different working styles to thrive.

The New Ways of Working (NWOW) program continues to transform our workplace by delivering better designed, inclusive and accessible workspaces with improved technology. NWOW provides a flexible work environment that supports improved collaboration, performance and hybrid working and is focused on enabling our people to do their best work regardless of their location.

The recent Culture Survey results reinforce the benefits being delivered by the program, with over ninety per cent of those who responded feeling confident to work as part of a hybrid or geographically dispersed team.

By supporting hybrid working and geographically dispersed teams, the program ensures the department can focus on retaining the best people and attracting talent from across Australia. Complementing the delivery of a modernised physical work environment, NWOW is also embedding a cultural change across the department that has seen a significant shift in work practices, ensuring the full benefits of the program are realised and sustained well into the future.



## Climate Action in Government Operations

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,<sup>10</sup> our activities focus on recycling, reducing energy use, waste minimisation and reducing consumption of office goods.

In 2018 the Sirius Building<sup>11</sup> 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 2000 m<sup>2</sup>. The milestone was achieved without the use of green power or externally sourced recycled water.

By 2025, we aim to have 75% of the Commonwealth's fleet passenger vehicles as low-emissions vehicles, with a preference of zero-emissions vehicles. This aligns with the Australian Governments vehicle fleet targets. We have aligned our transport leasing policies to this objective and are well placed to meet this target. With support from the department's Chief Sustainability Officer and established governance arrangements, the department is working to assess organisation-wide climate risks and opportunities in line with the Climate Risk Management Organisation Application Guide.<sup>12</sup>

In line with the Australian Government's approach to climate risk and opportunity management in the public sector,<sup>13</sup> we will be working to identify, assess, manage and disclose climate-related risks and opportunities across our operations. This includes the policies, programs, assets and services we provide. The National Health and Climate Strategy,<sup>14</sup> released in December 2023 provides a guiding framework for our action to address the impacts of climate change on health and health systems and to reduce emissions from Australia's health system.



<sup>10</sup> Available at: [www.apsc.gov.au/initiatives-and-programs/workforce-information/research-analysis-and-publications/state-service/state-service-report-2023/operating-context/aps-net-zero-commitment](http://www.apsc.gov.au/initiatives-and-programs/workforce-information/research-analysis-and-publications/state-service/state-service-report-2023/operating-context/aps-net-zero-commitment)

<sup>11</sup> From 1 September 2024, the Central Office's new name will take effect – the Yaradhang Building. Yaradhang (pronounced Yeh-rah-done) is the Ngunnawal term for 'eucalyptus' a plant known for its medical and health purposes.

<sup>12</sup> Available at: <https://www.dcceew.gov.au/sites/default/files/documents/climate-risk-management-organisation-application-guide.pdf>

<sup>13</sup> Available at: [www.dcceew.gov.au/sites/default/files/documents/climate-risk-management.pdf](http://www.dcceew.gov.au/sites/default/files/documents/climate-risk-management.pdf)

<sup>14</sup> Available at: [www.health.gov.au/resources/publications/national-health-and-climate-strategy](http://www.health.gov.au/resources/publications/national-health-and-climate-strategy)

## 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) commenced implementation in 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.

Implementation of the ICT Strategy in 2023–24 laid the foundations for:

- a more efficient, collaborative and secure digital environment
- modern, agile and user-centric platforms to support health and aged care services
- transitioning from legacy technologies to more contemporary systems that support better performance and increased security
- key technology enablers that support the department’s data-driven focus in delivering better health, aged care and sporting outcomes
- increased investment sustainability to deliver operational efficiency aligned to the department’s strategic objectives.

Implementation of the ICT Strategy will continue in 2024–25, with a focus on building on the foundations progressed in 2023–24. The 2024–25 focus includes:

- operationalising fit-for-purpose communication and collaboration tools that enable better internal and cross-government engagement
- unifying the desktop experience for all staff working across unclassified and protected information
- advancing further consolidation and standardisation across new and existing externally facing health and aged care services
- enhancing the department’s data storage, sharing, interoperability and security capabilities
- empowering informed decision making through an insights-driven approach to data access and use
- strengthening the department’s cyber security incident detection, response and resilience capabilities, supported by the Department of Health and Aged Care Security Strategy 2023–26
- development of a strategic approach to digital transformation, supporting broader whole-of-government initiatives and the delivery of health and aged care services in a digital-first world.





The ICT Strategy focuses on 4 business-aligned strategic themes:



**1. Modern workplace:**

Focusing on improving the desktop and internal, external and international collaboration experiences for our workforce.



**2. Enterprise platforms:**

The necessary digital foundations to enable strategic transformation across our business and to improve external customer digital experiences.



**3. Data and analytics:**

Technology changes necessary to support the department's Data Strategy, to promote interoperability, seamless sharing and the exchange of data.



**4. ICT delivery and sustainment:**

Critical foundations for our ICT operations and security, to foster industrialised, reliable, sustainable and unified ICT across our department.

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.

## Economic Capability

The department recognises the value of uplifting capability such as producing an economics evidence base to inform policy. The department has established an Office of the Chief Health Economist (the Office) to provide leadership on economic issues and engage in the public discourse on health, including preventative health and sport 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 face 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 necessary 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 provide an economic lens to the department's strategic activities, enabling 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 of data. We also value the 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 build trust and transparency through advancements and improvements in our data governance arrangements, data asset discoverability, data sharing and release, data quality and integration and technology and innovation. 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. Our evaluations are also scalable. These could range from speedy desktop reviews for low risk evaluations to urgent, detailed and comprehensive evaluations that may involve commissioning external expertise.



## Program Logic Modelling Pilot

The department received 9 findings following the Australian National Audit Office's (ANAO) audit of the department's 2022–23 Annual Performance Statements.<sup>15</sup> To support continued remediation efforts, two of the department's programs: Program 1.6 Primary Health Quality and Coordination and Program 4.1 Sport and Physical Activity; were selected to participate in a pilot of program logic modelling. Programs were selected following an analysis of the complexity of performance information, including quality assurance processes and the number of divisional inputs.

The pilot was intended to continue remediation efforts for the audit findings allocated to pilot program key activities and measures. The pilot aimed to identify best practice models for all divisions to continue remediation efforts, including providing an evidence base for 2024–25 Corporate Plan performance information and the 2024–25 Portfolio Budget Statements.

The department intends to utilise the lessons learned from this pilot and roll out across each program area throughout 2024–25 to ensure our performance continues to be underpinned by evidence-based, reliable, verifiable and information that is free from bias. In the pursuit of continuous improvement, we will continue to review the department's performance framework to ensure our key activities and corresponding performance measures are relevant, up-to-date and aligned with government priorities. A prioritisation list is currently under development to determine which of the remaining 18 programs will be included in the next round of program logic modelling, which will occur over the next 12 to 18 months.

## 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:

1. a strong financial controls and assurance framework
2. providing credible, accurate and consistent financial information and advice
3. 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. Enhancements to the framework will be implemented targeting increased understanding of, and compliance with finance law.

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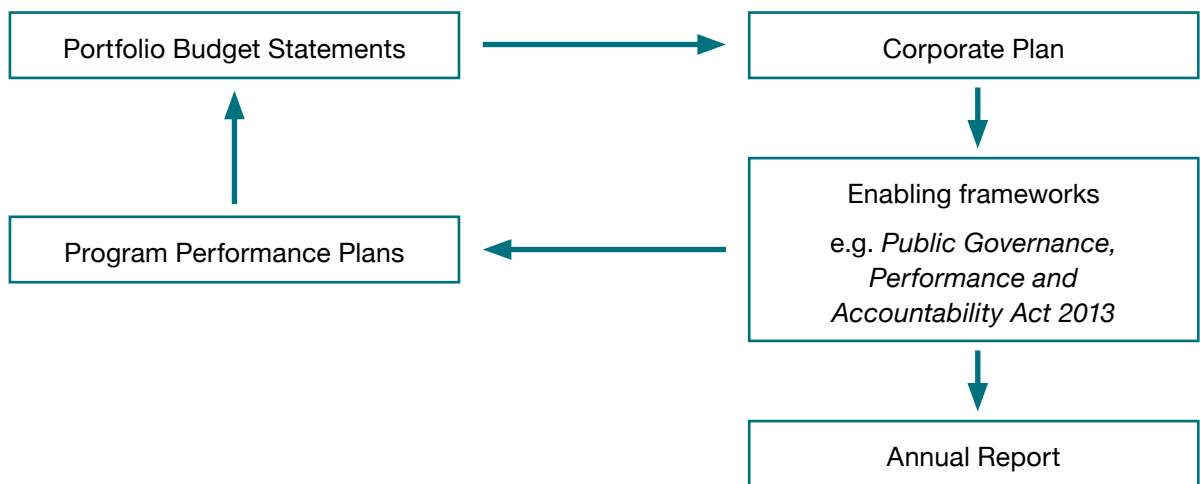
<sup>15</sup> Available at: <https://www.anao.gov.au/work/performance-statements-audit/audits-of-the-annual-performance-statements-of-australian-government-entities-2022-23>

# Our Performance Framework

## 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.

## Department of Health and Aged Care Performance Planning Framework



## 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.

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

## 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 and planned performance results 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 identified in the 2024–25 Corporate Plan will be reported in the 2024–25 Annual Performance Statements (included in our Annual Report).

We seek to improve the clarity, reliability, and objectivity of our performance reporting through our Strategic Plan. 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 help us ensure consistency and ‘clear read’ is achieved between key reporting documents, thereby making our reporting more aligned with our legislative requirements to the Australian Government, Parliament and the public.





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# Outcome 1

## Health Policy, Access and Support

# 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 Preventable 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



## Program 1.1 Health Research, Coordination and Access

### Program Objective

Collaborate with state and territory governments, the broader health care 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 improve the health and wellbeing of Australians through health and medical research.

#### Key Activity 1.1A:

*Fund health and medical research through the Medical Research Future Fund (MRFF) that addresses the health priorities of all Australians.*

**Key activity rationale:** This activity aims to address the health priorities of Australians by supporting research that contributes to improving their health and wellbeing.

#### Measure 1.1A: MRFF funds are disbursed towards grants of financial assistance to support research that addresses the Australian Medical Research and Innovation Priorities.

<b>Rationale</b>	The purpose of the MRFF is to provide grants of financial assistance to support research that contributes to improving the health and wellbeing of all Australians. To do this, the <i>Medical Research Future Fund Act 2015</i> (MRFF Act) requires that funding decisions consider the Australian Medical Research and Innovation Priorities. Success against the performance measure is determined by the extent to which the department has met this legislated requirement.
<b>Measure Type</b>	Quantitative / Output
<b>Method (Data Source and Methodology)</b>	<p>For both targets, the source data are held by the grant hubs for the MRFF (National Health and Medical Research Council (NHMRC) and Business Grants Hub (BGH)) within their online grants management systems and provided directly to the department.</p> <p><b>For target a</b>, the data used for reporting are the sum of expenses for the MRFF under Priority 4 (MRFF Health Special Account) in the relevant financial year and the available budget for the MRFF under Priority 4 in the relevant financial year.</p> <p><b>For target b</b>, the data used for reporting are the applications for funding submitted to NHMRC and BGH by researchers. These applications describe the health priorities that will be addressed by the research should they be successful in obtaining funding.</p>
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.1 - Health Research, Coordination and Access – page 55

**Measure 1.1A: MRFF funds are disbursed towards grants of financial assistance to support research that addresses the Australian Medical Research and Innovation Priorities.**

<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	<p>a. Disburse at least 99% of MRFF funds available in 2024–25 towards grants of financial assistance</p> <p>b. 100% of grants awarded in 2024–25 address one or more of the Australian Medical Research and Innovation Priorities in force at the time</p>	<p>a. Disburse at least 99% of MRFF funds available in 2025–26 towards grants of financial assistance</p> <p>b. 100% of grants awarded in 2025–26 address one or more of the Australian Medical Research and Innovation Priorities in force at the time</p>	<p>a. Disburse at least 99% of MRFF funds available in 2026–27 towards grants of financial assistance</p> <p>b. 100% of grants awarded in 2026–27 address one or more of the Australian Medical Research and Innovation Priorities in force at the time</p>	<p>a. Disburse at least 99% of MRFF funds available in 2027–28 towards grants of financial assistance</p> <p>b. 100% of grants awarded in 2027–28 address one or more of the Australian Medical Research and Innovation Priorities in force at the time</p>



## Program 1.2 Mental Health

### Program Objective

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

#### Key Activity 1.2A:

*Increasing access to Primary Health Network (PHN)-commissioned mental health services.*

**Key activity rationale:** The key activity is directly aligned to the program objective for Program 1.2 Mental Health. The planned performance directly relates to funding PHNs to commission mental health services.

#### Measure 1.2A: PHN-commissioned mental health services used per 100,000 population.

<b>Rationale</b>	The use of PHN-commissioned mental health services provides a proxy measure of service access. The number of PHN-commissioned mental health services used per 100,000 population is one of the lenses that is used by the department to assess its service accessibility.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p><b>Data sources:</b></p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Administrative data. The Primary Mental Health Care Minimum Data Set (PMHC MDS) provides the basis for PHNs and the department 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.</li> <li>• <b>Denominator:</b> The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistic (ABS). ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.</li> </ul> <p><b>Methodology:</b></p> <p><math>100,000 \times (\text{Numerator} \div \text{Denominator})</math></p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Total number of service contacts within the year for all PHN-commissioned mental health services from 1 April to 31 March.</li> <li>• <b>Denominator:</b> National total ABS Estimated Resident Population as at 30 June.</li> </ul>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.2 - Mental Health – page 57			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	Annual increase from 2023–24	Annual increase from 2024–25	Annual increase from 2025–26	Annual increase from 2026–27

## Key Activity 1.2B:

*Increasing the number of people accessing Medicare-subsidised mental health services.*

**Key activity rationale:** Under the objective of improving the mental health and wellbeing of all Australians, the department seeks to improve access to services in line with achieving that objective.

### Measure 1.2B: Medicare-subsidised mental health services used per 100,000 population.

<b>Rationale</b>	Assessing the rate of services used per 100,000 people gives an indication by proxy of whether service access to Medicare-subsidised mental health services has increased. The number of Medicare-subsidised mental health services used per 100,000 population is one lens by which the department assesses people's accessibility to mental health services.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p><b>Data sources:</b></p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> 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.</li> <li>• <b>Denominator:</b> The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS).</li> </ul> <p>ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.</p> <p><b>Methodology:</b></p> <p>100,000 x (Numerator ÷ Denominator)</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Number of MBS-subsidised mental health services claims processed each financial year.</li> <li>• <b>Denominator:</b> National total ABS Estimated Resident Population as at 30 June.</li> </ul>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.2 - Mental Health – page 58			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	Annual increase from 2023–24	Annual increase from 2024–25	Annual increase from 2025–26	Annual increase from 2026–27

## Key Activity 1.2C:

*Enhancing the national network of headspace youth services.*

**Key activity rationale:** Enhancing the capacity of mental health services for young people aged 12–25 years (inclusive) provides an appropriate measure of the Australian Government’s efforts to ensure prevention and early intervention services are available for young people at risk of or experiencing mental ill-health.

### Measure 1.2C: Number of headspace services delivered per 100,000 population of 12 to 25 year olds.

<b>Rationale</b>	Delivery of headspace services provides a measure of enhancement of the national network of headspace services. The number of headspace services delivered per 100,000 population is one element the department uses to assess its services and performance.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p><b>Data sources:</b></p> <p><b>Numerator:</b> 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.</p> <p><b>Denominator:</b> The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS).</p> <p>ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.</p> <p><b>Methodology:</b></p> <p><math>100,000 \times (\text{Numerator} \div \text{Denominator})</math>.</p> <p><b>Numerator:</b> Number of headspace service contacts for 12 to 25 year olds (inclusive) from 1 April to 31 March.</p> <p><b>Denominator:</b> National 12 to 25 year old (inclusive) ABS Estimated Resident Population as at 30 June.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.2 - Mental Health – page 59			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	Annual increase from 2023–24	Annual increase from 2024–25	Annual increase from 2025–26	Annual increase from 2026–27

## Program 1.3 First Nations Health

### Program Objective

Drive improved health outcomes for First Nations peoples through shared decision-making and genuine partnerships with First Nations health organisations and communities, in alignment with the priorities of the National Agreement on Closing the Gap (National Agreement) and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

#### Key Activity 1.3A:

*In line with the Priority Reforms of the National Agreement, supporting the Aboriginal and Torres Strait Islander community-controlled health sector to deliver health programs and activities to contribute to achieving Target 1 (life expectancy) and Target 2 (healthy birthweight) of the National Agreement.*

**Key activity rationale:** Health services delivered by community-controlled organisations leads to better health outcomes for First Nations people.

#### Measure 1.3A: Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations.

<b>Rationale</b>	This measure is aligned to the current frameworks such as the National Agreement on Closing the Gap <sup>16</sup> and the National Aboriginal and Torres Strait Islander Plan 2021–2031. <sup>17</sup> It recognises the need for First Nations people to lead on the decisions that impact their health and wellbeing. Increased funding will also strengthen the capacity and capability of community-controlled organisations, leading to improved service delivery and health outcomes.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	Financial data is drawn from the department's Administered Reporting Information by Program (ARIP) financial reporting system. Actual expenditure is reported – calculated after the end of the financial year once actual expenditure is finalised within the department's financial systems. Raw data is not publicly available.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.3 - First Nations Health – page 60			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	72%	74%	76%	78%

<sup>16</sup> Available at: [www.closingthegap.gov.au/national-agreement](http://www.closingthegap.gov.au/national-agreement)

<sup>17</sup> Available at: [www.health.gov.au/sites/default/files/documents/2022/06/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031.pdf](http://www.health.gov.au/sites/default/files/documents/2022/06/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031.pdf)

## Program 1.4 Health Workforce

### Program Objective

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

#### Key Activity 1.4A:

- *Implementing workforce programs to improve the health and wellbeing of all Australians.*
- *Supporting 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.*





**Key activity rationale:** This key activity aims to improve the health workforce of Australia by ensuring effective investment in workforce programs.

<b>Measure 1.4A: Effective investment in workforce programs will improve health workforce distribution in Australia.</b> <ul style="list-style-type: none"> <li>a. Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.<sup>18</sup></li> <li>b. FTE non-general practice medical specialists per 100,000 population.<sup>19</sup></li> <li>c. FTE primary and community nurses per 100,000 population.<sup>20</sup></li> <li>d. FTE primary and community allied health practitioners per 100,000 population.<sup>21</sup></li> <li>e. Proportion of GP training undertaken in areas outside major cities.<sup>22</sup></li> </ul>	
<b>Rationale</b>	These measures quantitatively assess 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 changes in the workforce expected over time as a result of the impact of Commonwealth programs, including the Stronger Rural Health Strategy, as well as underlying trends.
<b>Measure Type</b>	Quantitative / Effectiveness
<b>Method (Data Source and Methodology)</b>	<p><b>Data sources:</b></p> <p><b>Measure a.</b> The Medical Benefits Scheme data (MBS) claims are administrative data, which is owned by the department, in partnership with Services Australia.</p> <p><b>Measures b, c, d.</b> The data for these measures comes from an annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS).</p> <p><b>Measure e.</b> The data for this measure comes from the Australian General Practice Training (AGPT) training program and the Non-VR Fellowship Support Program (FSP). Data from the 2 General Practice Colleges, RACGP and ACRRM, based on the latest College Minimum Data Set and program reporting data on the Remote Vocational Training Scheme (RVTS) from the RVTS Ltd.</p> <p><b>Methodology:</b></p> <p>The daily feed of the MBS claims data from Services Australia into the department's Enterprise Data Warehouse (EDW) is managed by the IT Division.</p> <p>Automated data preparation processes have been developed to extract and transform the subset of MBS claims data related to Primary Care GPs. This process includes the estimation of GP Full Time Equivalent (FTE).</p>
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.4 - Health Workforce – page 61

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

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

20 NHWDS, Nurses and Midwives.

21 NHWDS, Allied Health.

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

**Measure 1.4A: Effective investment in workforce programs will improve health workforce distribution in Australia.**

- a. Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.<sup>18</sup>
- b. FTE non-general practice medical specialists per 100,000 population.<sup>19</sup>
- c. FTE primary and community nurses per 100,000 population.<sup>20</sup>
- d. FTE primary and community allied health practitioners per 100,000 population.<sup>21</sup>
- e. Proportion of GP training undertaken in areas outside major cities.<sup>22</sup>

Planned Performance Results	2024–25		2025–26 <sup>23</sup>		2026–27		2027–28
	MM1	MM2-7	MM1	MM2-7	MM1	MM2-7	MM1 – MM2-7
	a. 115.6	a. 110.6	a. 116.0	a. 112.0	a. 116.5	a. 113.5	New targets to be determined.
	b. 196.6	b. 100.6	b. 201.1	b. 104.7	b. 205.9	b. 109.1	
	c. 191.5	c. 232.8	c. 195.7	c. 236.7	c. 200.1	c. 240.7	
	d. 445.9	d. 421.5	d. 455.1	d. 431.2	d. 464.7	d. 441.2	
	e. N/A	e. >50%	e. N/A	e. >50%	e. N/A	e. >50%	

<sup>23</sup> Since publishing the 2024–25 Portfolio Budget Statements, further work has been undertaken to determine specific quantifiable targets to measure against.

# Program 1.5 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 and e-cigarettes use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation.

### Key Activity 1.5A:

*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, e-cigarettes and other drugs through:*

- implementing activities that align with the objectives of the National Drug Strategy 2017–2026 and its sub-strategies, including the National Alcohol Strategy 2019–2028 and the National Tobacco Strategy 2023–2030. This includes delivering health promotion and education activities to support smoking and nicotine cessation and prevention, to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and the risks of drinking alcohol while pregnant and breastfeeding.*
- 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.*

**Key activity rationale:** This activity aims to prevent and reduce alcohol, tobacco and drug-related harms.

### Measure 1.5A: Improve overall health and wellbeing of Australians by achieving preventive health targets.

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

Rationale	These measures aim to provide insight into performance against the program’s objective through key preventative health targets.
Measure Type	Quantitative / Effectiveness
Method (Data Source and Methodology)	<p>The <b>data source</b> for <b>measure a</b> is the Australian Bureau of Statistic (ABS) National Health Survey (NHS). This dataset refers to smoking prevalence among the adult population aged 18 years and over and is conducted every 3 to 4 years. In some years in between NHS releases, the ABS has released interim smoking datasets, which pool prevalence data from a range of household surveys. Whilst these interim sets should not be compared against the full NHS dataset, they provide good point-in-time insight into smoking prevalence.</p> <p>The <b>data source</b> for <b>measure b</b> and <b>measure c</b> is the National Drug Strategy Household Survey. This survey collects information on alcohol and illicit drug use among the general population in Australia and is conducted every 2 to 3 years. The NDSHS collects data on people aged 14 years and over who are at risk of alcohol-related disease or injury, and alcohol consumption, and recent illicit use of drugs by people aged 14 years and over.</p>

**Measure 1.5A: Improve overall health and wellbeing of Australians by achieving preventive health targets.**

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

**Linked to  
2024–25  
Portfolio  
Budget  
Statements**

Program 1.5 - Preventive Health and Chronic Disease Support – page 63

**Planned  
Performance  
Results**

**2024–25**

**2025–26**

**2026–27**

**2027–28**

- a. Progressive decrease of daily smoking prevalence towards <10%
- b. Progressive decrease of harmful alcohol consumption towards <28.8%
- c. Progressive decrease of recent illicit drug use towards <13.94%

- a. Progressive decrease of daily smoking prevalence towards <5%
- b. Progressive decrease of harmful alcohol consumption towards <27.2%
- c. Progressive decrease of recent illicit drug use towards <13.94%

- a. Progressive decrease of daily smoking prevalence towards <5%
- b. Progressive decrease of harmful alcohol consumption towards <27.2%
- c. Progressive decrease of recent illicit drug use towards <13.94%

- a. Progressive decrease of daily smoking prevalence towards <5%
- b. Progressive decrease of harmful alcohol consumption towards <27.2%
- c. Progressive decrease of recent illicit drug use towards <13.94%



### Key Activity 1.5B:

*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 and the National Strategy for the Elimination of Cervical Cancer in Australia.<sup>24</sup>*

**Key activity rationale:** This activity reduces the burden of the disease on the community and individuals by detecting disease earlier, on average, than is usually the case in the absence of screening.

#### Measure 1.5B: Increase the level of cancer screening participation:

- a. National Bowel Cancer Screening Program.
- b. National Cervical Screening Program.
- c. BreastScreen Australia Program.

#### Rationale

**Measure a.** aims to ensure all eligible Australians participate in the Program, with success being determined by an increase in participation (and no decline in participation) over time.

**Measure b.** aims to ensure all eligible women and people with a cervix participate in the Program, with success being determined by increasing participation (and no decline in participation) over time. The 5-yearly participation target of 70% is in accordance with the National Strategy for the Elimination of Cervical Cancer in Australia.<sup>25</sup>

**Measure c.** aims to ensure all eligible women participate in the Program, with success being determined by increasing participation (and no decline in participation) over time. The BreastScreen Australia Program is jointly led by the Commonwealth and State and Territory governments. The Commonwealth provides funding to the States and Territories under National Health Reform Agreement to deliver the Program. While increasing (and not reducing) program participation is a quantitative performance measure of Program success, the department's role is to provide funding through cost-shared arrangements and national leadership, consistency, and coordination.

#### Measure Type

a, b and c: Quantitative / Output



<sup>24</sup> A new program, the National Lung Cancer Screening Program, will be available from July 2025.

<sup>25</sup> Available at: [www.health.gov.au/sites/default/files/2023-11/national-strategy-for-the-elimination-of-cervical-cancer-in-australia.pdf](https://www.health.gov.au/sites/default/files/2023-11/national-strategy-for-the-elimination-of-cervical-cancer-in-australia.pdf)



**Measure 1.5B: Increase the level of cancer screening participation:**

- a. National Bowel Cancer Screening Program.
- b. National Cervical Screening Program.
- c. BreastScreen Australia Program.

**Method (Data Source and Methodology)**

The Australian Institute of Health and Welfare (AIHW) reports on performance of the Programs on behalf of the department under a Memorandum of Understanding. Data and performance measures relating to the Programs can be found on the AIHW website.

Administrative data is used to report against performance measure. The performance measure is calculated based on the activity in the programs which is usually the number of invitations to participate sent and the number of screenings undertaken.

For the National Bowel Cancer Screening Program (NBCSP) and the National Cervical Screening Program (NCSP), eligible participant data is sourced from Medicare, Services Australia (SA), and screening test results are provided by the Department of Health and Aged Care contracted pathology lab and pathology providers, respectively. The National Cancer Screening Register (NCSR) is outsourced to Telstra Health (TH) under a Services Agreement with the Department of Health and Aged Care. The NCSR maintains the database and provides data to the AIHW to produce annual program monitoring reports, available on the AIHW website. The NCSR provides this data to AIHW through an automated monthly Raw Data Extract (RDE), which is used by the AIHW to report on the performance of these Programs.

For the BreastScreen Australia (BSA) Program data is recorded by each BreastScreen Service and State Coordination Unit and reported to the AIHW. The AIHW publishes in its annual BSA monitoring report both the number of screening participants, and the participation rate.

**Linked to 2024–25 Portfolio Budget Statements**

Program 1.5 - Preventive Health and Chronic Disease Support – page 65

**Planned Performance Results<sup>26</sup>****2024–25**

- a. Progressive increase towards 53.0% <sup>27</sup>
- b. Progressive increase towards 70.0%
- c. Progressive increase towards 65.0%

**2025–26**

- a. Progressive increase towards 53.0% <sup>28</sup>
- b. Progressive increase towards 70.0%
- c. Progressive increase towards 65.0%

**2026–27**

- a. Progressive increase towards 53.0% <sup>29</sup>
- b. Progressive increase towards 70.0%
- c. Progressive increase towards 65.0%

**2027–28**

- a. Progressive increase towards 53.0% <sup>30</sup>
- b. Progressive increase towards 70.0%
- c. Progressive increase towards 65.0%

<sup>26</sup> The department is currently working with stakeholders to develop more timely measures of program performance. The BreastScreen Australia Program as data is managed by jurisdictions and reported directly to the AIHW.

<sup>27</sup> The National Bowel Cancer Screening Program allowed people aged 45 to 49 years to participate in the program on request from 1 July 2024. However, this age cohort is excluded from the participation rate calculation as they are not automatically invited to participate as is the case for people aged 50 to 74 years. Participation of this cohort will be measured by the number of kits returned as a proportion of kits requested.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

### Key Activity 1.5C:

*Encouraging and enabling healthy lifestyles, physical activity, and good nutrition through implementation of initiatives aligned with the National Preventive Health Strategy 2021–2030<sup>31</sup> (NPHS) and National Obesity Strategy 2022–2032<sup>32</sup>, (NOS) including (but not limited to) through:*

- Improving the food supply and making healthier food choices easier while monitoring Australian's eating habits. This includes through ongoing support for the Health Star Rating System, Healthy Food Partnership, Australian Dietary Guidelines, several breastfeeding initiatives, and actions to restrict inappropriate marketing of infant formulas and explore regulations to limit unhealthy food marketing to children.*
- Developing a National Nutrition Policy Framework, to guide nutrition policy in future years and ensure sustained Government commitment to secure a nutritious and accessible food supply.*
- Updating nutrition and food data collections to inform policy actions.*
- Encouraging and enabling physical activity through updates to the Physical Activity Guidelines for adults (18 to 64 years) and older Australians (65+ years).*

**Key activity rationale:** The inclusion of this new key activity aims to further expand on the Program Objective.

#### **Measure 1.5C Improve overall health and wellbeing of Australians by achieving healthy eating and physical activity targets.**

- Prevalence of insufficient physical activity amongst children, adolescents, and adults.
- Prevalence of obesity in adults (18+).
- Prevalence of overweight and obesity in children and adolescents aged 2 to 17 years.

#### **Rationale**

**Measure a.** aims to reduce the prevalence of insufficient physical activity amongst children, adolescents and adults, to improve physical and mental health. It aligns with the NPHS. Success will be determined by a progressive decrease in the prevalence towards 15% by 2030.

**Measure b.** aims to halt and reduce the prevalence of obesity in adults by 2030. It aligns with targets in the NPHS and NOS. Success will be determined by a progressive decrease in prevalence by 2030.

**Measure c.** aims to reduce the prevalence of obesity in children and adolescents aged 2 to 17. It aligns with the NPHS and NOS. Success will be determined by a decrease in prevalence by at least 5% by 2030.

#### **Measure Type**

Quantitative / Effectiveness

<sup>31</sup> Available at: [www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030\\_1.pdf](http://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf)

<sup>32</sup> Available at: [www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032\\_0.pdf](http://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf)

**Measure 1.5C Improve overall health and wellbeing of Australians by achieving healthy eating and physical activity targets.**

- a. Prevalence of insufficient physical activity amongst children, adolescents, and adults.
- b. Prevalence of obesity in adults (18+).
- c. Prevalence of overweight and obesity in children and adolescents aged 2 to 17 years.

**Method (Data Source and Methodology)**

- a. Measured using the Australian Bureau of Statistics (ABS) National Health Survey (NHS), approximately every 3 years. The prevalence of insufficient physical activity data for 2020–21 is based on self-reported data, due to the COVID-19 pandemic. Previous versions of the NHS have primarily been administered by trained ABS interviewers and were conducted face-to-face.
- b. Measured using the ABS NHS, approximately every 3 years. Estimates of Body Mass Index (BMI) are based on nationally representative measured height and weight data from the ABS 2017–18 NHS. For adults overweight and obesity was classified as a BMI of 25.00 kg/m<sup>2</sup> or more and obesity was classified as a BMI of 30.00 kg/m<sup>2</sup> or more. Due to the COVID-19 pandemic, physical measurements (including height, weight and waist circumference) were not taken at the time of the most recent NHS 2020–21.
- c. Measured using the ABS NHS, approximately every 3 years. Estimates of BMI are based on nationally representative measured height and weight data from the ABS 2017–18 NHS. For children and adolescents, age and sex-specific half-year BMI cut-off points were used to classify overweight and obesity. Due to the COVID-19 pandemic, physical measurements (including height, weight and waist circumference) were not taken at the time of the most recent NHS 2020–21.

**Linked to 2024–25 Portfolio Budget Statements**

Program 1.5 - Preventive Health and Chronic Disease Support – new performance measure

**Planned Performance Results**

**2024–25**

- a. Progressive decrease of prevalence towards 15%
- b. Progressive decrease of prevalence
- c. Progressive decrease towards a reduction of prevalence by at least 5%

**2025–26**

- a. Progressive decrease of prevalence towards 15%
- b. Progressive decrease of prevalence
- c. Progressive decrease towards a reduction of prevalence by at least 5%

**2026–27**

- a. Progressive decrease of prevalence towards 15%
- b. Progressive decrease of prevalence
- c. Progressive decrease towards a reduction of prevalence by at least 5%

**2027–28**

- a. Progressive decrease of prevalence towards 15%
- b. Progressive decrease of prevalence
- c. Progressive decrease towards a reduction of prevalence by at least 5%



## Program 1.6 Primary Health Care Quality and Coordination

### Program Objective

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

#### Key Activity 1.6A:

*Supporting Primary Health Networks (PHNs) to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve multidisciplinary care, care coordination and integration.*

**Key activity rationale:** The facilitation of Primary Health Networks aims to achieve an integrated, coordinated primary health care system that delivers high quality, patient centred care at a local level.

#### **Measure 1.6A: 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.**

<b>Rationale</b>	This measure evaluates the effectiveness of PHNs in improving health outcomes by measuring the decline of potentially preventable hospitalisations. It demonstrates the department's role in facilitating the operation of PHNs and their primary care activities, including supporting quality improvement, integrating digital health systems in the GP sector, improving management of chronic conditions, improving continuous care, and integrating digital health solutions.			
<b>Measure Type</b>	Quantitative / proxy for effectiveness			
<b>Method (Data Source and Methodology)</b>	Data for this measure is sourced from the Potentially Preventable Hospitalisations (PPH) data within the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare (AIHW).  When calculating the PPH measure, the AIHW adopts the Australian Commission on Safety and Quality in Health Care's (ACSQHC's), 'A guide to the potentially preventable hospitalisations indicator in Australia'. This guide is published on the ACSQHC's and AIHW's website. The Meteor standard is the Admitted Patient Care National Minimum Data Set. <sup>33</sup>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.6 - Primary Health Care Quality and Coordination – page 66			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	28	29	30	31

33 Available at: <https://meteor.aihw.gov.au/content/740851>

## Key Activity 1.6B and C:<sup>34</sup>

*Support access to health care information and advice through Healthdirect Australia.*

**Key activity rationale:** Supporting access of health care information and advice through Healthdirect Australia assists with connecting Australians virtually to a variety of Primary Care Services.

<b>Measure 1.6B: The number of calls handled on the Health Information and Advice phone line.</b>				
<b>Rationale</b>	<p>The performance measure demonstrates the department's performance against the program objective by quantifying the volume of calls handled by Healthdirect's primary service, the Health Information and Advice phone line.</p> <p>This phone line acts as the 'front-door' for all services provided by Healthdirect and represents the majority (74.4%) of handled calls. It serves as the initial point of contact for consumers with subsequent services accessed only after contact through this line.</p>			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p>Data for this performance measure is sourced from de-identified unit record data from Healthdirect's Client Relationship Management (CRM) software.</p> <p>Performance Measure Result = <b>A</b> – <b>B</b>, where:</p> <p><b>A</b> = The total number of calls handled by the Health Information and Advice phone line.</p> <p><b>B</b> = Ineligible calls by the Health Information and Advice phone line (e.g. wrong number).</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.6 - Primary Health Care Quality and Coordination – new performance measure.			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	1,393,795	1,465,954	1,443,005	1,511,115

<sup>34</sup> The inclusion of this new key activity and subsequent performance measures aims to further expand on the Program Objective.



**Measure 1.6C: The proportion of calls received on the Health Information and Advice phone line that are handled.**

<b>Rationale</b>	This measure complements performance measure 1.6B by assessing the proportion of services demanded that were handled by Healthdirect. It evaluates the department's performance against the program objective by focusing on how effectively Healthdirect responds to the demand for its services. This serves to provide an indicator of the accessibility of information through the Health Information and Advice phone line.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p>Data for this performance measure is sourced from de-identified unit record data from Healthdirect's Client Relationship Management (CRM) software.</p> <p>Performance Measure Result = <math>(A - B) / (C - B)</math>, where:</p> <p><b>A</b> = Total calls handled by the Health Information and Advice phone line.</p> <p><b>B</b> = Ineligible calls by the Health Information and Advice phone line (e.g. wrong number).</p> <p><b>C</b> = Total calls received<sup>35</sup> by the Health Information and Advice phone line.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.6 - Primary Health Care Quality and Coordination – new performance measure developed.			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	Benchmarking	TBC	TBC	TBC



<sup>35</sup> Total calls received refers to the number of calls that complete the welcome message and are successfully queued to talk to a triage nurse.

## Program 1.7 Primary Care Practice Incentives and Medical Indemnity

### Program Objective

Provide incentive payments to eligible general practices and general practitioners through the Practice Incentives Program 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.

#### Key Activity 1.7A:

*Providing Practice Incentive Program (PIP) payments to eligible general practices for participation in the Quality Improvement Incentive.*

**Key activity rationale:** The PIP is designed to encourage general practices and practitioners to continue providing quality care, enhance capacity and improve access and health outcomes to patients.

#### Measure 1.7A: 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.

<b>Rationale</b>	The PIP Quality Improvement Incentive (PIP QI) aims to improve outcomes for patients and deliver best practice care. By basing this performance measure on PIP QI uptake across practices participating in PIP, the department can demonstrate that quality improvements are being adopted, which leads to better health outcomes.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p>Data is received from the Primary Health Networks and from Services Australia to inform the department regarding the percentage of PIP practices participating in PIP QI.</p> <p><b>Numerator:</b> Data on general practices participating in PIP QI is acquired from the Primary Health Networks.</p> <p><b>Denominator:</b> Data on general practices registered for PIP is received from Services Australia.</p> <p>The number of general practices that receive a PIP QI payment (<b>Numerator</b>) divided by the number of general practices registered for PIP (<b>Denominator</b>).</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.7 - Primary Care Practice Incentives and Medical Indemnity – page 67			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	≥ 95% <sup>36</sup>	≥ 95%	≥ 95%	≥ 95%

<sup>36</sup> Pending final recommendations of the Review of General Practice Incentives. The outcomes of this review will inform the future of PIP QI.

### Key Activity 1.7B:

*Requiring medical indemnity 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.*

**Key activity rationale:** By imposing universal cover obligations on medical indemnity insurers, this activity ensures the basis of a refusal to provide medical indemnity cover is aligned to the legislation, regulating health practitioners on what constitutes ‘fit-for-practice’ under the Australian Health Practitioner Regulation Agency.

#### **Measure 1.7B: 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.**

<b>Rationale</b>	This measure aims to evaluate the effectiveness of legislative changes which aim to ensure accessible and affordable medical indemnity insurance for medical professionals. Success is determined by a high percentage of medical professionals accessing insurance without risk surcharges or refusals, indicating the reforms are working as intended.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	<p>The data is sourced from annual reports submitted by medical indemnity insurers, as mandated by the <i>Medical Indemnity Act 2002</i>, and from the Run-Off Cover Scheme (ROCS) Contribution Report provided by Services Australia.</p> <p>The percentage is calculated by dividing the number of medical professionals refused cover or subject to risk surcharges by the total number of medical professionals eligible for insurance. The data is collected annually, collated, de-identified, and published on the Department of Health and Aged Care website.<sup>37</sup></p> <p>The 95% target acknowledges that a small percentage of practitioners might not meet insurer requirements due to specific risk factors, aligning with legislative provisions for refusal of cover or the application of a risk surcharge under limited circumstances. This target can be adjusted in future years as more data becomes available and trends are established.</p> <p>The key risk is that insurers may exceed their discretion in refusing insurance cover or apply a risk surcharge. This is mitigated by the limited grounds for such actions under the <i>Medical Indemnity Act 2002</i> and the availability of the Australian Financial Complaints Authority to determine practitioner complaints.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.7 - Primary Care Practice Incentives and Medical Indemnity – page 68			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	95.0%	95.0%	95.0%	95.0%

<sup>37</sup> Available at: [www.health.gov.au/resources/collections/medical-indemnity-universal-cover-annual-reports?language=en](https://www.health.gov.au/resources/collections/medical-indemnity-universal-cover-annual-reports?language=en)

# Program 1.8 Health Protection, Emergency Response and Regulation<sup>38</sup>

## 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.

### Key Activity 1.8A:

*Regulating therapeutic goods to ensure safety, efficacy, performance and quality.*

**Key activity rationale:** The Therapeutic Goods Administration (TGA) demonstrates success 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.

### Measure 1.8A: Percentage of therapeutic goods evaluations that meet statutory timeframes.

<b>Rationale</b>	This measure demonstrates the TGA's performance against the requirements of the <i>Therapeutic Goods Act 1989</i> .			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	Records of medicines, medical devices, and biologicals applications. Data is analysed and maintained internally by the department. Evaluation activities are measured against statutory timeframes, which are contained within the Therapeutic Goods Regulations 1990.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.8 - Health Protection, Emergency Response and Regulation – page 69			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	98% <sup>39</sup>	98%	98%	98%

<sup>38</sup> The department is currently reviewing key activities under Program 1.8 to better capture the work of the Interim Australian Centre for Disease Control, which was established on 1 January 2024.

<sup>39</sup> The planned performance results have been amended since the release of the 2024–25 Portfolio Budget Statements (previously 100%) to capture the actuals of the data reported under this program and to reflect this reportable data accurately.

### Key Activity 1.8B:

*Regulating through compliance and monitoring 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.*

**Key activity rationale:** Ensuring effective regulation of controlled drugs helps to prevent illicit supply and use, while maintaining access to essential medications.

#### Measure 1.8B: Number of completed inspections of licence holders under the *Narcotic Drugs Act 1967*.

<b>Rationale</b>	This measure demonstrates the Office of Drug Control's (ODC) performance against the program's objective by measuring compliance functions of regulated entities in relation to the <i>Narcotics Drugs Act 1967</i> , while increasing awareness and maintaining safety for all Australians.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	The ODC Monitoring and Compliance Section maintains a spreadsheet database of the compliance and enforcement inspections it undertakes. This dataset is expected to be migrated into a Case Management System for the ODC. Source documents include inspection reports, the inspection spreadsheet, Quarterly Inspection Schedules and Operational Management Committee Minutes.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.8 - Health Protection, Emergency Response and Regulation – page 70			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	30	32	35	36



### Key Activity 1.8C:

*Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting monitoring and compliance activities for genetically modified organism (GMO) approvals.*<sup>40</sup>

**Key activity rationale:** This activity ensures the department meets its obligations under the *Gene Technology Act 2000*.

#### Measure 1.8C:

- a. Percentage of statutory timeframes met for decisions on applications.
- b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.

<b>Rationale</b>	This measure focuses on efficiency and effectiveness of the OGTR's activities in regulating dealings with GMOs to protect people and the environment. It reflects the annual reporting requirements prescribed in the <i>Gene Technology Act 2000</i> ; regulatory functions of most interest to the Commonwealth, state and territory governments and the majority of key outputs that deliver the object of the legislation. The measure will indicate the Regulator's performance in identifying and managing risks to human health and safety or to the environment posed by or as a result of gene technology.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	Records of applications and incidents are stored in departmental databases and records management systems. Data is analysed and maintained internally by the department. Application decisions are measured against statutory timeframes within the Gene Technology Regulations 2001. All reports or allegations (incidents) received are assessed in accordance with the Monitoring and Compliance Managing Incidents Reports Standard Operating Procedures.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.8 - Health Protection, Emergency Response and Regulation – page 71			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	a. ≥98% b. ≥98%	a. ≥98% b. ≥98%	a. ≥98% b. ≥98%	a. ≥98% b. ≥98%

<sup>40</sup> The Key Activity has been amended since the release of the 2024–25 Portfolio Budget Statements to better capture the breadth of the work being undertaken against this measure.

### Key Activity 1.8D:

*Completing industrial chemical risk assessments within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide timely information and recommendations about the safe use of industrial chemicals.*

**Key activity rationale:** The timely provision of information and recommendations about the safe use of industrial chemicals aids in the protection of human health and the environment from the introduction and use of these chemicals, while affording confidence around which businesses can plan.

#### Measure 1.8D: Proportion of<sup>41</sup> Industrial chemical risk assessments completed within statutory timeframes.

<b>Rationale</b>	Assessment of industrial chemicals identifies human health and environmental risks that require control measures. Timely risk management recommendations resulting from assessments assist in protecting human health and the environment from the use of industrial chemicals and provides a degree of certainty to the regulated industry.			
<b>Measure Type</b>	Quantitative / Output (Proxy for Efficiency)			
<b>Method (Data Source and Methodology)</b>	<p><b>Data source:</b> Data are sourced from risk assessment records stored within the AICIS Information Technology (IT) System (Microsoft Dynamics 365 Online Customers Relationship Management (CRM)) application containing administrative data, and the International Uniform Chemical Information Database (IUCLID) application containing scientific information.</p> <p><b>Methodology:</b> Chemical risk assessments go through a workflow in CRM, with start and end dates tracked automatically. 'Stop clocks' are included in the CRM workflow to generate total working days. The data are extracted from the AICIS CRM and a simple tally performed. The number of AICIS risks assessments completed on time is compared to the total number completed, to arrive at the percentage completed on time. The data are simple to extract and do not require extensive transformation or manipulation.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.8 - Health Protection, Emergency Response and Regulation – page 72			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	≥95%	≥95%	≥95%	≥95%

<sup>41</sup> The addition of 'Proportion of ...' provides further clarity that the performance results are reported as a percentage of risk assessments, meeting statutory timeframes.

## Program 1.9 Immunisation

### Program Objective

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

#### Key Activity 1.9A:

*Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP), including through ensuring sufficient supply and efficient use of vaccines on the NIP.*

**Key activity rationale:** This key activity aims to support increased immunisation coverage and the sustainability of the National Immunisation Program, which will help reduce the incidence of vaccine preventable diseases.

#### Measure 1.9A: Immunisation coverage rates:

- 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 between First Nations children and non-First Nations children and then be maintained.<sup>42</sup>
- For 15-year-olds, HPV vaccinations are increased with a target of 90% coverage by 2030.

<b>Rationale</b>	A core objective of the National Immunisation Program is to reduce the incidence of vaccine preventable diseases to protect individuals through increasing national immunisation coverage rates. The proposed Key Activities support increased immunisation coverage, effectiveness and the sustainability of the National Immunisation Program.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	<p>The Australian Immunisation Register (AIR) is the data source for these measures and is administered by Services Australia on behalf of the department.</p> <p><b>Measure a and b.</b> The target has been set at 95% for children aged 5 years as this level provides sufficient herd immunity to prevent transmission of vaccine preventable diseases in the community.</p> <p><b>Measure c.</b> The target has been set at 90% as a measure to align with the national strategy for elimination of cervical cancer.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 1.9 - Immunisation – page 73			
<b>Planned Performance Results</b>	<b>2024–25</b> a. ≥ 95% b. ≥ 95% c. ≥ 90%	<b>2025–26</b> a. ≥ 95% b. ≥ 95% c. ≥ 90%	<b>2026–27</b> a. ≥ 95% b. ≥ 95% c. ≥ 90%	<b>2027–28</b> a. ≥ 95% b. ≥ 95% c. ≥ 90%

<sup>42</sup> The wording of this performance measure has slightly changed since the release of the 2024–25 Portfolio Budget Statements to more precisely reflect that the gap to be closed is the gap between immunisation coverage rates of First Nations children and non-First Nations children.

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# Outcome 2 Individual Health Benefits

# 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 and Benefit Compliance

2.7 Assistance through Aids and Appliances





## Program 2.1 Medical Benefits

### Program Objective

Deliver a modern, sustainable Medicare Benefits Schedule that supports all eligible 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. Provide and improve access to health services for all Australians through a contemporary Medicare Benefits Schedule (MBS) that is based on clinical evidence and which supports the provision of high quality services.

#### Key Activity 2.1A:

*Supporting access to a contemporary and sustainable Medicare Benefits Schedule (MBS).*

**Key activity rationale:** By delivering this activity the department ensures improved access for all Australians to cost-effective health services.

Measure 2.1A: Percentage of Australians accessing Medicare Benefits Schedule services.				
<b>Rationale</b>	The measure is an indicator of access by Australians to government subsidised health services. Any decrease in access may be an indication of barriers which need to be addressed.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	<p>Each Medicare patient has a unique identification number. The count of patients divided by the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) is equal to the proportion of patients who accessed Medicare Benefits Schedule subsidised services.</p> <p>This measure has two components: Patient Count and ERP. Patients who have had at least one MBS claim during the relevant time period is divided by the ERP. Patient counts are extracted from Medicare claims data held in the department's Enterprise Data Warehouse (EDW). ERP figures are sourced from published ABS figures. ERP data as at the 30 June immediately prior to the Financial Year reported is used, consistent with public reporting of the measure and derivation of the threshold amount. For the 2024–25 measure this will be the ERP as at June 2024. The latest release of ERP available when the measure is reported is used.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 2.1 - Medical Benefits – page 80			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	>90%	>90%	>90%	> 90%

## Program 2.2 Hearing Services

### Program Objective

Provide high-quality hearing services, including devices, to eligible people to help manage their hearing loss and improve engagement with the community.

#### Key Activity 2.2A:

*Provide access to high-quality hearing services through the delivery of the Voucher scheme and Community Service Obligations (CSO) component of the Hearing Services Program (HSP).*

**Key Activity rationale:** Hearing is an important part of being able to effectively communicate and maintain social and community engagement. The program assists eligible people that may not otherwise be able to access hearing services.

#### Measure 2.2A:

- a. Number of active vouchered clients<sup>43</sup> who receive hearing services.
- b. Number of active Community Service Obligations clients who receive hearing services.

#### Rationale

This measure demonstrates how many eligible people have accessed program services within the reporting period. Monitoring client numbers helps the department identify market change, and therefore investigate if there are any barriers to service access (in the event of lower client numbers) or plan for increased demand/budgeting requirements (in the event of higher client numbers).

A review to consider a potential new qualitative measure is currently underway, with decisions expected in mid-2025.

#### Measure Type

Quantitative / Output



<sup>43</sup> Active clients refer to the number of current voucher holders that have accessed one or more program services during the year.

**Measure 2.2A:**

- a. Number of active vouchered clients<sup>43</sup> who receive hearing services.
- b. Number of active Community Service Obligations clients who receive hearing services.

**Method (Data Source and Methodology)****Measure 2.2A(a):**

Client, services and claiming data is submitted through the Hearing Services Online Portal by contracted providers. Client eligibility status is validated with Services Australia via the online Centrelink Confirmation eServices (CCES), and by contacting other relevant agencies e.g. Department of Veteran Affairs (DVA). Claiming data is subject to a range of data integrity checks undertaken by the program's compliance team.

The measure is defined by the number of vouchered clients who received at least one claimed program funded service during the (financial year) reporting period as at the reporting date.

Voucher scheme eligibility includes Pension Concession Card holders, DVA Gold Card and DVA White Card holders, Defence personnel and people referred by the Disability Employment Services Program, as defined by the *Australian Hearing Services Administration Act 1997*. A Voucher service is defined by items listed in the program's Schedule of Service Items and Fees.<sup>44</sup>

**Measure 2.2A(b):**

CSO data is sourced from Hearing Australia, the provider of CSO services and a statutory authority as established by the *Australian Hearing Services Act 1991*.

Each client's reason for CSO eligibility is recorded in the client management system following a 'first in list' principle, which ensures they are categorised correctly and only once. Hearing Australia extracts client data from the client management system into a data warehouse.

Relevant data is then extracted from the data warehouse to meet CSO reporting requirements. Each CSO client is only counted once in any financial year and will appear in the quarterly report when they receive their first service that financial year. Hearing Australia's Quarter 4 CSO Report (Annual Report) provides the total number of CSO clients supported in the reporting period.

**Linked to 2024–25 Portfolio Budget Statements**

Program 2.2 - Hearing Services – page 81

**Planned Performance Results**

	2024–25	2025–26	2026–27	2027–28
a.	899,000	914,000	943,359	972,000
b.	81,700	83,800	87,152	90,500

<sup>44</sup> Available at: [www.legislation.gov.au/Details/F2023N00172](http://www.legislation.gov.au/Details/F2023N00172)

## Program 2.3 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).

#### Key Activity 2.3:

*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 new medicines on the Pharmaceutical Benefits Scheme (PBS).*

**Key activity rationale:** This activity aligns with the Government's broader National Medicines Policy, which aims to ensure equitable, timely, safe and affordable access to medicines for all Australians.

#### Measure 2.3A: 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.

<b>Rationale</b>	The measure reports the percentage of PBAC recommendations for new medicines where negotiations with product sponsors and activities for listing on the PBS are completed in a timely manner.  The 6-month timeframe provides sufficient time to negotiate complex pricing and budget impact issues, seek agreement to listing arrangements, seek government approval, finalise and distribute the amended PBS schedule.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	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 2024 (PB 26 of 2024). 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 website <sup>45</sup> as the date government processes commence.  More information on the PBAC is available on the department's website. <sup>46</sup>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 2.3 - Pharmaceuticals Benefits – page 82			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	≥80%	≥80%	≥80%	≥80%

<sup>45</sup> Available at: [www.pbs.gov.au/medicinesstatus/home.html](http://www.pbs.gov.au/medicinesstatus/home.html)

<sup>46</sup> Available at: [www.pbs.gov.au/info/industry/listing/elements/pbac-meetings](http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings)

## Program 2.4 Private Health Insurance

### Program Objective

Promote affordable, cost-effective, quality private health insurance (PHI) and choice for consumers.

#### Key Activity 2.4:

*Assessment of private health insurer premium change applications.*

**Key activity rationale:** This key activity ensures that the department's timely assessment of private health insurer premium change applications enables the Minister to effectively discharge his responsibilities under Section 66-10 of the *Private Health Insurance Act 2007*.

#### Measure 2.4A: 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.

<b>Rationale</b>	The measure aims to ensure that the process to assess private health insurer premium change applications is well managed. A 100% performance result will support affordable, cost-effective, quality private health insurance (PHI) and choice for consumers.			
<b>Measure Type</b>	Quantitative / Efficiency			
<b>Method (Data Source and Methodology)</b>	<p><b>The method to calculate this measure is:</b></p> <p>The number of applications assessed within approved timeframes/ the number of applications received from private health insurers.</p> <p>Data on the number of applications received from private health insurers through a secure online system in the approved form is tracked internally by the department.</p> <p>The department uses the following definitions when calculating the number of applications assessed within approved timeframes:</p> <ul style="list-style-type: none"> <li>- 'assessed' means that advice has been provided to the Minister to decide on an insurer's proposed premium changes.</li> <li>- 'approved timeframe' is 60 days prior to the price change on 1 April, plus 2 weeks for the Minister to consider the submission.</li> </ul>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 2.4 - Private Health Insurance – page 83			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	100%	100%	100%	100%



## Program 2.5 Dental Services

### Program Objective

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

#### Key Activity 2.5A:

*Working with Services Australia to increase awareness of the CDBS program to support eligible children to access essential dental health services.*

**Key activity rationale:** The CDBS is jointly administered by the Department of Health and Aged Care and Services Australia. This activity captures the delivery of the program, with measurable quantitative outputs allowing for sound measuring of performance.

#### Measure 2.5A: The percentage of eligible children accessing essential dental health services through the Child Dental Benefits Schedule.

<b>Rationale</b>	The measure will demonstrate increased utilisation rate of the Child Dental Benefits Schedule by eligible children monitored through periodic program reporting between the Department of Health and Aged Care and Services Australia. Success is determined by tracking the number of eligible children accessing the program compared to the total number of children eligible for the program.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	<p>CDBS Service Data is collected by Services Australia, who jointly administers the program. Utilisation data is updated monthly by Services Australia to the department's Enterprise Data Warehouse. Eligibility data is sent monthly from Services Australia to the department in excel format to the department.</p> <p>The Performance Measure is manually calculated by the program area, with a standard operating procedure available. The formula for calculating the program performance measure is:</p> $\text{CDBS Utilisation Rate (\%)} = \frac{\text{patients (date of service)}^{47}}{\text{eligible notified children}^{48}} \times 100$			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 2.5 - Dental Services – page 84			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	38.5% <sup>49</sup>	39.3%	40.1%	41.0%

<sup>47</sup> Patients means CDBS eligible children who have at least one CDBS claim having a date of service in the relevant financial year. Because this figure relies on claims data as at date of service, claims made after June 2024 will not be captured in reporting even if the services was rendered in 2023–24. Children who make multiple claims in the period are counted once. Data is collected by Services Australia and extracted using the department's Enterprise Data Warehouse.

<sup>48</sup> Eligible notified children mean the number of children who have been assessed as being eligible for the CDBS and have been notified of their eligibility by Services Australia in the relevant time period.

<sup>49</sup> The Planned Performance Results for 2024–25 have been re-baselined to reflect the recovery of the program following the Covid-19 pandemic more accurately. Previous planned performance targets were based on the 2017 utilisation rate, which included a projected growth rate of 2.1%. The revised targets reflect the post-pandemic recovery to uptake of the program and retain a 2.1% growth rate. Adjustments to the projected uptake of the CDBS have been reflected in the 2024–25 Budget Estimates Variation.

## Program 2.6 Health Benefit Compliance

### Program Objective

Support the integrity of health benefit claims through prevention, early identification and treatment of incorrect claiming, inappropriate practice and fraud.<sup>50</sup>

#### Key Activity 2.6:

*Ensuring that audits and reviews are targeted effectively at providers whose claiming is potentially non-compliant.*<sup>51</sup>

**Key activity rationale:** The department has a non-compliance focus: Where health practitioners are compliant, no corrective action is necessary; and where non-compliant claiming and potentially inappropriate practice is found, corrective action is of value.

#### Measure 2.6A: Percentage of completed audits, practitioner reviews and investigations that find non-compliance.<sup>52</sup>

<b>Rationale</b>	This measure aims to demonstrate the effectiveness of the department's targeting of compliance activities.
<b>Measure Type</b>	Quantitative / Effectiveness
<b>Method (Data Source and Methodology)</b>	<p><b>Data Source:</b></p> <p>Administrative data is used to report against this performance measure in the form of completed case records maintained in the department's Compliance Work Management System (CWMS).</p> <p>The specific case types that are used to report against this measure are Audit, Practitioner Review and Investigation cases.</p> <p>The data inputs for analysis of claims and payment information are from Services Australia which administers health claims and payments.</p> <p><b>Methodology:</b></p> <p>Key Performance Indicator reporting is automatically generated from the CWMS based on documented business rules.</p> <p>The number of completed and non-compliant cases reported are validated by reviewing outputs against a separate, unique operational report on completed cases.</p> <p>The rate of non-compliance is determined by the number of non-compliant outcomes divided by the total outcomes (compliant + non-compliant).</p> <p>The framework for assessing the degree of achievement (i.e. Met, Substantially Met, Not Met) is set out in the Results Key in the department's Annual Report.</p> <p>This framework is applied at a performance measure level by calculating the performance result as a percentage of the planned performance and comparing this to the thresholds set out in the Results Key (i.e. Met: ≥98%, Substantially Met: 75%-97.9%, Not Met: ≤75%).</p>

50 The department measures its effectiveness by identifying potentially incorrect claiming and then treating that through audits, practitioner reviews and/or investigations. These treatment activities may result in recovery of incorrectly paid benefits, or the referral of cases to the Professional Services Review or Commonwealth Director of Public Prosecutions.

51 Ibid.

52 Ibid.

<b>Linked to 2024-25 Portfolio Budget Statements</b>	Program 2.6 - Health Benefit Compliance – page 85			
<b>Planned Performance Results</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
	>80%	>80%	>80%	>80%



# Program 2.7 Assistance through Aids and Appliances

## Program Objective

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

### Key Activity 2.7:

*Deliver the National Diabetes Services Scheme, with the assistance of Diabetes Australia.*

**Key activity rationale:** This ensures that people with diabetes are supported to self-manage their condition and delivers improved health outcomes for the Australian community.

### Measure 2.7A: Number of people accessing subsidised products through the National Diabetes Services Scheme.<sup>53</sup>

<b>Rationale</b>	This measure reflects that providing access to subsidised products is the central element of this scheme and the single largest cost component of the scheme.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	The NDSS Central IT System manages NDSS product ordering and supply. This data is used to identify the number of NDSS registrants who have ordered product in the past year.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 2.7 - Assistance through Aids and Appliances – page 86			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	>750,000 <sup>54</sup>	>750,000	>750,000	>750,000

53 This measure has been updated since the 2024–25 Portfolio Budget Statements to reflect that the key focus for the scheme is supporting access to products for people with diabetes.

54 The Planned Performance Results have been updated since the 2024–25 Portfolio Budget Statements to align with the NDSS Grant Agreement, where it outlines the requirement that 'Access to NDSS products is facilitated for more than 750,000 Registrants'.

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# Outcome 3

Ageing and Aged Care

# 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





## Program 3.1 Access and Information

### Program Objective

My Aged Care provides older people and their support networks with reliable and trusted information about aged care services. It provides timely and appropriate assessments aligned to needs and goals, appropriate referrals and equitable access to aged care services. Navigation services support vulnerable people who are not able to access aged care without this help.

#### Key Activity 3.1A and B:

*Facilitate access to aged care services.*

**Key activity rationale:** This is the key activity relates to the program objective of facilitating older people and their support networks to have access to aged care services through My Aged Care.

#### Measure 3.1A: Older people and their support networks have access to reliable and trusted information through My Aged Care.

<b>Rationale</b>	The measure enables the department to assess the effectiveness of its activities in contributing to older people having access to easy to understand, reliable and trusted information through the My Aged Care contact centre and website. <sup>55</sup> The performance result, based on surveyed customer satisfaction levels, allows the department (and the public) to determine whether its services meet the needs of these customers and are therefore effective. It also assists in determining the realisation of benefits from the investment in the website and contact centre and inform continuous improvement opportunities. Achieving the performance result demonstrates that the department's activities are providing reliable and trusted information that is easy to understand.
<b>Measure Type</b>	Quantitative / Effectiveness
<b>Method (Data Source and Methodology)</b>	<p><b>My Aged Care website:</b></p> <p>The data source for this measure is responses from users of the My Aged Care website to a voluntary onsite survey. Satisfaction is determined by an aggregate score from multiple questions which measure key indicators of website satisfaction, including helpfulness, usefulness, clarity and ease of use. The data is verified to ensure its reliability.</p> <p><b>My Aged Care contact centre:</b></p> <p>The data source for this measure is customer satisfaction survey responses from a random and representative sample of My Aged Care Contact Centre users. The survey is conducted through an independent market research company. Data is verified to ensure the accuracy of both customer details and their choice to participate in the survey. 'Satisfied' callers to the 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 survey.</p>

<sup>55</sup> Available at: [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

**Measure 3.1A: Older people and their support networks have access to reliable and trusted information through My Aged Care.**

**Linked to  
2024–25  
Portfolio  
Budget  
Statements**

Program 3.1 - Access and Information – page 93

**Planned  
Performance  
Results**

**2024–25**

**2025–26**

**2026–27**

**2027–28**

a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care website  $\geq 65\%$ .

b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre  $>95\%$

a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care website  $\geq 65\%$ .

b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre  $>95\%$

a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care website  $\geq 65\%$ .

b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre  $>95\%$

a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care website  $\geq 65\%$ .

b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre  $>95\%$

Measure 3.1B: Older people are assessed for service need.				
<b>Rationale</b>	This measure relates directly to one of the outcomes that the department key activities is trying to achieve, that is, that older people who are the most vulnerable are assessed in an efficient time scale to then access the Aged Care system.			
<b>Measure Type</b>	Quantitative / Output (proxy for efficiency)			
<b>Method (Data Source and Methodology)</b>	<p>The <b>data source</b> for the 3.1B performance measure is the My Aged Care system. The system collects and manages the data entered by the assessors who conduct home support and comprehensive assessments for older people seeking aged care services.</p> <p>The data is extracted and processed by the department from the Aged Care Data Warehouse and populating reports using SAS Enterprise and Qlik platforms. The data is refreshed and updated on a regular basis and is subject to quality assurance checks.</p> <p>The <b>measure</b> is calculated as the percentage of assessments completed within the allocated priority timeframes, based on the referral acceptance date and the assessment completion date.</p> <p><b>Methodology</b> for the measure is contained in the build scripts for the SAS and Qlik reports and follows the contractual agreements with the assessment organisations.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 3.1 - Access and Information – page 94			
<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	a. Home Support assessments completed within the allocated priority timeframes ( $\geq 90\%$ ): <ul style="list-style-type: none"> <li>I. High priority: 10 calendar days</li> <li>II. Medium priority: 14 calendar days</li> <li>III. Low priority: 21 calendar days</li> </ul> b. Comprehensive Community-based assessments completed within the allocated priority timeframes ( $\geq 90\%$ ): <ul style="list-style-type: none"> <li>I. High priority: 10 calendar days</li> <li>II. Medium priority: 20 calendar days</li> <li>III. Low priority: 40 calendar days</li> </ul> c. Comprehensive Hospital-based assessments completed within the allocated priority timeframes ( $\geq 90\%$ ): <ul style="list-style-type: none"> <li>I. High priority: 5 calendar days</li> <li>II. Medium priority: 10 calendar days</li> <li>III. Low priority: 15 calendar days</li> </ul>	As per 2024–25	As per 2025–26	As per 2026–27

## Program 3.2 Aged Care Services

### Program Objective

Provide a range of flexible aged care programs for older people who require assistance including support at home, residential care and respite care for those who need it. Provide individualised aged care services that are aligned to needs and goals and help older people live meaningful lives and sustain connections with community.

### Key Activity 3.2A, B, C and D:

*Support older people to live active, self-determined and meaningful lives.*

**Key activity rationale:** This key activity aims to improve support services for older people.

### Measure 3.2A: Older Australians are treated with respect and dignity in receiving aged care services.

<b>Rationale</b>	<p>This measure relates directly to the key activity that is, that older people are treated with respect and dignity. The measure will initially enable the monitoring of the effectiveness of residential aged care services only, with home care services to be added in future years as new initiatives are rolled out in Home Care.</p> <p>The performance result measures older peoples' experiences of residential aged care homes and captures their perspectives on whether they are being cared for with respect and dignity. Success will be measured by maintaining and steadily improving the average residents' experience survey score, as the sector matures in line with aged care reforms.</p>
<b>Measure Type</b>	Qualitative / Effectiveness
<b>Method (Data Source and Methodology)</b>	<p><b>Data source</b> for the measure 3.2A is survey results from aged care residents responding to the Residents' Experience Surveys (RES), which is an annual survey conducted by an independent third-party organisation, using a randomisation methodology to select and interview at least 10% of residents in each participating home, with an overall sample of around 20% of older people living in residential aged care homes across Australia.</p> <p>The data quality and reliability are assured by:</p> <ul style="list-style-type: none"><li>• the survey design, the quality and assurance checks by the vendor and the department</li><li>• the external assurance feedback from the department's external assurance provider</li><li>• the planned performance justification and targets.</li></ul> <p>As part of the quality assurance process, the vendor and the department review the raw data, the survey results, and the calculation methodology. The data is also assured by the data assurance record for performance measure 3.2A, which documents the data type, source, items, acquisition, extraction, processing, frequency, storage, risks, and governance.</p> <p><b>Methodology</b> for the measure is calculated by averaging the RES scores (the 12 Likert scale questions in the survey) of all participating residential aged care homes and converting the average to a percentage. The performance measure is justified by the alignment with the program objective of ensuring respect, care and dignity in delivering aged care services, and the planned performance targets are based on the baseline data and the expected improvement over time.</p>

### Measure 3.2A: Older Australians are treated with respect and dignity in receiving aged care services.

**Linked to  
2024–25  
Portfolio  
Budget  
Statements**

Program 3.2 - Aged Care Services – page 95

**Planned  
Performance  
Results**

**2024–25<sup>56</sup>**

Maintain or increase the average Residents' Experience Survey (RES) Score of 84% for residential aged care homes.

**2025–26**

Increase the average Residents' Experience Survey (RES) Score for residential aged care homes by at least one percentage point from 2024–25.

**2026–27**

Increase the average Residents' Experience Survey (RES) Score for residential aged care homes by at least one percentage point from 2025–26.

**2027–28**

Increase the average Residents' Experience Survey (RES) Score for residential aged care homes by at least one percentage point from 2026–27.



<sup>56</sup> The Planned Performance Results for 2024–25 has been adjusted to incorporate a percentage target rather than referencing growth against the previous year. This change has been made so that the target is meaningful when the previous year's results are not visible.

**Measure 3.2B: Older people receive residential care services that contributes to their quality of life.**

- a. Establish measurement baseline for 'Quality of Life' indicator.
- b. Maintain a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct care by a registered nurse (RN) per day.
- c. All non-exempt residential aged care facilities of approved providers have at least one RN on-site and on duty 24 hours a day, 7 days a week.

**Rationale**

This key activity and performance measure relates to residential aged care quality and is a key element of the Aged Care Reform following the Royal Commission into Aged Care Quality and Safety.<sup>57</sup>

The Royal Commission found that there was a strong link between staffing levels, particularly nursing staffing levels, and aged care residents receiving quality care that meets their personal and clinical care needs. High quality care supports a high quality of life. This is why 3.2B(b) and (c) form a key component of this measure.

The Planned Performance Result (PPR) is one of three that when collectively achieved, demonstrate achievement of the measure. The PPR enables the department to report performance against the measure of quality of life in residential aged care facilities.

**Measure Type**

- a. Qualitative / Effectiveness
- b and c. Quantitative / Output

<sup>57</sup> Available at: [www.royalcommission.gov.au/aged-care](http://www.royalcommission.gov.au/aged-care)



### Measure 3.2B: Older people receive residential care services that contributes to their quality of life.

- a. Establish measurement baseline for 'Quality of Life' indicator.
- b. Maintain a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct care by a registered nurse (RN) per day.
- c. All non-exempt residential aged care facilities of approved providers have at least one RN on-site and on duty 24 hours a day, 7 days a week.

#### Method (Data Source and Methodology)

The **data source for measure 3.2B(a)** is the National Aged Care Mandatory Quality Indicator Program (QI Program), which requires approved providers of residential aged care to submit quarterly quality indicator data, including for quality of life. The QOL-ACC tool is the quality-of-life assessment tool used for the purposes of the QI Program.

The quality-of-life quality indicator results are calculated based on the number of care recipients who report 'excellent and good' categories across three completion modes (self-completion, interviewer facilitated completion<sup>58</sup> or proxy-completion).<sup>59</sup> The baseline for the indicator will be established in the 2045–25 reporting period and used to set targets for future years.

The data is reported quarterly by residential aged care providers through the Quality Indicators App within the Government Provider Management System (GPMS). The data is then stored in the Aged Care Data Warehouse and transferred to the Australian Institute of Health and Welfare (AIHW) via Defigo for analysis and publication.

The data quality is assessed through quality assurance checks, in-built data validations in GPMS and through the AIHW for data validation. The data governance is guided by the National Aged Care Data Strategy,<sup>60</sup> the *Aged Care Act 1997*, and the QI Program Manual.

The **data source for measure 3.2B(b)** is the Quarterly Financial Report (QFR), which requires approved providers of residential aged care to submit quarterly financial and care time data in respect of each of their services. Specifically, the direct care hours of registered nurses, enrolled nurses and personal care workers/assistants as well as the occupied bed day data are used in the calculation of this measure. This reporting is completed through the QFR app within GPMS. Data validation checks are performed on this data prior to acceptance. In addition, the department performs detailed assurance checks on a sample of this reporting each year through the care time reporting assessment program.

The **data source for measure 3.2B(c)** is 24/7 registered nurse reporting where all approved providers report all times, when a registered nurse was not onsite and on duty for each of their residential aged care facilities. This reporting is completed monthly through the registered nurse application on GPMS. While providers are required to report in respect of their exempt facilities, exempt facilities are excluded from the calculation of the performance measure. The 24/7 RN reporting is not validated prior to acceptance but like the **data for measure 3.2B(b)** a sample of the reporting is checked through the care time reporting assessment program.

58 'Interview facilitator completion' is when a care recipient requires additional support to complete the survey. The interviewer does not influence the scoring.

59 'Proxy-completion' is when a care recipient is unable to answer on their own behalf. The person acting as the proxy must know the care recipient well and see them regularly and should answer based on their knowledge of the care recipient and their quality of life at the time of survey.

60 Available at: [www.health.gov.au/sites/default/files/2023-07/department-of-health-and-aged-care-data-strategy-2022-25.pdf](https://www.health.gov.au/sites/default/files/2023-07/department-of-health-and-aged-care-data-strategy-2022-25.pdf)

**Measure 3.2B: Older people receive residential care services that contributes to their quality of life.**

- a. Establish measurement baseline for 'Quality of Life' indicator.
- b. Maintain a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct care by a registered nurse (RN) per day.
- c. All non-exempt residential aged care facilities of approved providers have at least one RN on-site and on duty 24 hours a day, 7 days a week.

**Linked to  
2024-25  
Portfolio  
Budget  
Statements**

Program 3.2 - Aged Care Services – page 96

**Planned  
Performance  
Results**

**2024–25**

- a. Establish measurement baseline for 'Quality of Life' indicator<sup>61</sup>
- b. Maintain a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct care by a registered nurse per day
- c. All non-exempt residential aged care facilities of approved providers have at least one registered nurse on-site and on duty 24 hours a day, 7 days a week

**2025–26**

- a. Maintain or increase percentage of care recipients who completed the QOL\_ACC and who report 'good' or 'excellent' quality of life in residential care (QIs)<sup>62</sup>
- b. Maintain a sector-wide average of 215 minutes per resident per day, including 44 minutes of direct care by a registered nurse per day
- c. All non-exempt residential aged care facilities of approved providers have at least one registered nurse on-site and on duty 24 hours a day, 7 days a week

**2026–27**

- a. Maintain or increase percentage of care recipients who completed the QOL\_ACC and who report 'good' or 'excellent' quality of life in residential care (QIs)
- b. Maintain a sector-wide average of 215 minutes per resident per day, including 44 minutes of direct care by a registered nurse per day
- c. All residential aged care facilities of approved providers have at least one registered nurse on-site and on duty 24 hours a day, 7 days a week

**2027–28**

- a. Maintain or increase percentage of care recipients who completed the QOL\_ACC and who report 'good' or 'excellent' quality of life in residential care (QIs)
- b. Maintain a sector-wide average of 215 minutes per resident per day, including 44 minutes of direct care by a registered nurse per day
- c. All residential aged care facilities of approved providers have at least one registered nurse on-site and on duty 24 hours a day, 7 days a week

61 Though a measurement baseline has been established in 2023–24, there will not be sufficient data (or supportive data) to support the advertised Planned Performance Result for 2024–25. As a result, the business area will continue to work on establishing a measure that is more practical and achievable.

62 This has been changed from 'Maintain or increase percentage of care recipients who report 'good' or 'excellent' quality of life in residential care (QIs)' to reflect an accurate description of what we would be monitoring. Care recipients can choose not to complete the survey so we want to measure the number who completed and reported excellent or good.

### Measure 3.2C:

**Older people 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.**

<b>Rationale</b>	<p>This measure aims to ensure older people can access quality and safe Commonwealth funded aged care services when needed regardless of where they live. We also seek to embed culturally safe, trauma-aware, and healing-informed care across all Commonwealth aged care programs, which will improve access for older First Nations peoples to Commonwealth funded aged care services.</p> <p>Success will be measured by demonstrating continuous improvements to the Commonwealth aged care system, increasing the number of First Nations community-controlled organisations capable of delivering aged care, and ensuring improved access to quality and safe aged care services, including in rural and remote areas of Australia where the availability of services can be more limited.</p>
<b>Measure Type</b>	Qualitative / Output
<b>Method (Data Source and Methodology)</b>	<p><b>Data source</b> is the department's internal administrative data, which records the number and proportion of older people who access aged care services and identify as First Nations peoples, or live in rural and remote areas. This data is verifiable by the department's data governance framework, which ensures that the data is reliable, accurate, valid and consistent. It is also verifiable by the external assurance feedback from the department's external assurance provider, who reviews the draft performance reports and provides feedback to the department.</p> <p><b>Methodology</b> for the measure is calculated by dividing the number of older people, who access aged care services and either identify as First Nations peoples or live in rural and remote areas, by the estimated population of older people who access aged care services and multiplying by 100 to get the percentage. The performance measure is justified by the alignment with the program objective of providing culturally safe and equitable aged care services for older people with diverse backgrounds and life experiences. The planned performance targets are based on the population estimates and the expected growth of service provision.</p>
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 3.2 - Aged Care Services – page 97

**Measure 3.2C:**

**Older people 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.**

<b>Planned Performance Results</b>	<b>2024–25</b>	<b>2025–26</b>	<b>2026–27</b>	<b>2027–28</b>
	a. Older people 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%	a. Older people 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%	a. Older people 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%	a. Older people 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 people in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	b. Older people in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	b. Older people in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	b. Older people in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%

**Measure 3.2D:**

Older people receive care and support at home that contributes to quality of life.

a. Number of allocated Home Care Packages.

b. Number of clients that accessed Commonwealth Home Support Program services.

<b>Rationale</b>	This measure aims to ensure care and support that older people receive at home contributes to an improved quality of life. Success will be measured by the number of clients accessing the program nationally.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	<p><b>Data source</b> is the department's internal administrative data, which records the number of allocated Home Care Packages and the number of clients who accessed Commonwealth Home Support Program services.</p> <p><b>Methodology</b> for the measure is calculated by counting the number of allocated home care packages and the number of clients who accessed Commonwealth Home Support Program services in a given financial year. The performance measure is justified by the alignment with the program objective of supporting older people to receive care and support at home that contributes to their quality of life. The planned performance results are to be confirmed based on the demand and supply of home care services.</p>			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 3.2 - Aged Care Services – page 98			
<b>Planned Performance Results</b>	<b>2024–25</b> a. Number of allocated Home Care Packages (Target 299,700) b. Number of clients that accessed Commonwealth Home Support Program services (Target 840,000)	<b>2025–26</b> a. Number of allocated Home Care Packages (Target N/A) <sup>63</sup> b. Number of clients that accessed Commonwealth Home Support Program services (Target 860,000)	<b>2026–27</b> a. Number of allocated Home Care Packages (Target N/A) b. Number of clients that accessed Commonwealth Home Support Program services (Target 860,000)	<b>2027–28</b> a. Number of allocated Home Care Packages (Target N/A) b. Number of clients that accessed Commonwealth Home Support Program services (Target 860,000)

<sup>63</sup> The planned performance results for the forward estimates are to be determined and are subject to future Government decision. The new Support at Home Program is expected to replace the Home Care Packages Program from 1 July 2025.

# Program 3.3 Aged Care Quality

## Program Objective

Older people receive safe and high-quality services which are free from discrimination, mistreatment and neglect through regulatory activities, collaboration with the aged care sector. Provide support to the aged care sector through targeted awareness raising and capacity building activities to ensure standards of care are upheld.

### Key Activity 3.3A:

*Enable safe and high-quality aged care.*

**Key activity rationale:** The key activity aims to ensure the aged care workforce is both available and appropriately skilled to deliver safe and quality care to older Australians.

### Measure 3.3A:

**Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older people.**

<b>Rationale</b>	<p>This measure relates directly to one of the outcomes that the department’s key activities is trying to achieve, that is, that older people have their individual care and support needs met by an available and appropriately skilled workforce.</p> <p>These activities are integral to the Government’s agenda to continue to attract and retain the aged care workforce needed to implement government commitments to increase quality of care for aged care residents through Care Minutes and 24/7 Registered Nurses responsibility in Residential Aged Care.</p> <p>Ensuring the Aged Care workforce is available and appropriately skilled allows the sector to deliver safe and high-quality care to older people.</p>
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<b>Measure Type</b>	Quantitative / Output <sup>64</sup>
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64 This measure type has been updated to better reflect what the measure aims to achieve.



### Measure 3.3A:

**Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older people.**

#### **Method (Data Source and Methodology)**

##### **Measure a. Workforce turnover**

Calculation methodology for staff turnover is derived from:

Numbers of directly employed staff in first fortnightly pay period in March 2023, minus number of new directly employed workers who commenced at the facility since 1 March 2022, plus number of directly employed workers who have left the facility since 1 March 2022.

##### **Measure b. Workforce qualification**

Workforce qualifications is directly sourced from the Aged Care Workforce Provider Survey (input to output) with no calculations undertaken to produce these estimates.

##### **Measure c. Worker satisfaction**

Workforce satisfaction will be directly sourced from the Aged Care Worker Survey (input to output) with no calculations undertaken to produce these data. The survey captures 12 measures of worker satisfaction and includes overall job satisfaction, satisfaction with level of support from employer, and satisfaction with training and promotional opportunities.

**Data source:** Aged Care Workforce Provider Survey 2023 - providers responding to the Aged Care Provider Workforce Survey.

**Data type:** Survey responses weighted to the population.

**Data acquisition:** Contact data for providers is extracted from the Aging and Aged Care Data Warehouse (ACDW) and given to the Social Research Centre (SRC) at Australian National University (ANU).

##### **Data extraction and processing**

The raw data in Excel format is extracted from the Health Data Portal by Aged Care Workforce Branch and stored in the ACDW.

##### **Internal quality assurance**

During the analysis process the data undergoes assurance cross checks by the Australian Institute of Health and Welfare (AIHW) and the department. The process is documented in the Data Quality Statement.

##### **Data extraction and methodology – workforce satisfaction:**

**Data source:** Aged Care Worker Survey 2024 – opt in survey of all direct care aged care workers.

**Data type:** Survey responses only (not weighted to the target population).

##### **Data acquisition:**

Advertised the survey on the department's social media pages and sector newsletters. These advertisements had a survey QR and direct weblink included. Forms Administration Pty Ltd were procured to email aged care providers the survey and to encourage providers to forward the survey onto their staff to complete.

##### **Internal quality assurance**

The department's quality assurance includes checks for missing data or duplicate data, logic check of data in related variables, data outlier checks and recoding of qualitative responses to quantitative responses.

**Measure 3.3A:**

**Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older people.**

**Linked to  
2024–25  
Portfolio  
Budget  
Statements**

Program 3.3 - Aged Care Quality – page 99

**Planned  
Performance  
Results**

**2024–25**

**2025–26**

**2026–27**

**2027–28**

- a. Establish baseline for staff turnover through the biennial Provider Workforce Survey
- b. Establish baseline for worker qualification through the biennial Provider Workforce Survey
- c. Establish baseline for worker satisfaction through the biennial Aged Care Worker Survey

- a. Target to be set (dependent on baseline developed in 2024–25)<sup>65</sup> for staff turnover through the biennial Provider Workforce Survey
- b. Target to be set (dependent on baseline developed in 2024–25) for worker qualification through the biennial Provider Workforce Survey
- c. Target to be set (dependent on baseline developed in 2024–25) for worker satisfaction through the biennial Aged Care Worker Survey

- a. Target to be set (dependent on baseline developed in 2024–25) for staff turnover through the biennial Provider Workforce Survey
- b. Target to be set (dependent on baseline developed in 2024–25) for worker qualification through the biennial Provider Workforce Survey
- c. Target to be set (dependent on baseline developed in 2024–25) for worker satisfaction through the biennial Aged Care Worker Survey

- a. Target to be set (dependent on baseline developed in 2024–25) for staff turnover through the biennial Provider Workforce Survey
- b. Target to be set (dependent on baseline developed in 2024–25) for worker qualification through the biennial Provider Workforce Survey
- c. Target to be set (dependent on baseline developed in 2024–25) for worker satisfaction through the biennial Aged Care Worker Survey

<sup>65</sup> 2024–25 is referenced as this is the year that the data will be available to set the baseline.



# Outcome 4

Sport and Physical Activity

# Outcome 4 Sport and Physical Activity

Improved opportunities for community participation in sport and physical activity, excellence in high-performance athletes, protecting the integrity of sport, delivery of sports related funding including for sport infrastructure, sport policy development, coordination of Commonwealth involvement in major sporting events and international cooperation on sport issues.

## **Outcome 4 is delivered through the following program:**

### **4.1 Sport and Physical Activity**



## Program 4.1 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.

#### Key Activity 4.1A:

*Developing and implementing sport policies, programs, and initiatives which enable participation in sport and physical activity in collaboration with Commonwealth sport entities and the broader sport sector.*<sup>66</sup>

**Key activity rationale:** This activity aims to align priorities, resources and effort across the Australian sport sector, create greater awareness of the benefits from participation in sport and physical activity, improve access and reduce barriers by promoting safe and inclusive sporting environments.

#### Measure 4.1A: Participation in weekly sport and physical activity as measured through:

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

<b>Rationale</b>	This measure indicates the effectiveness of the department's work on policies, programs, and initiatives to support regular participation in sport and physical activity.			
<b>Measure Type</b>	Quantitative / Effectiveness			
<b>Method (Data Source and Methodology)</b>	<b>Data for Measure a. and Measure b.</b> is derived from the Australian Sports Commission's AusPlay survey results. <sup>67</sup> AusPlay provides 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 the AusPlay data.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 4.1 - Sport and Physical Activity – page 105			
<b>Planned Performance Results</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
	a. Establish baseline <sup>68</sup> b. Establish baseline	a. To be determined b. To be determined	a. To be determined b. To be determined	a. To be determined b. To be determined

<sup>66</sup> Minor amendments have been made to Key Activity 4.1A as published in the Budget 2024–25 Portfolio Budget Statements to ensure greater alignment with Program 4.1.

<sup>67</sup> Available at: [www.clearinghouseforsport.gov.au/research/ausplay/results](http://www.clearinghouseforsport.gov.au/research/ausplay/results).

<sup>68</sup> In July 2023, the AusPlay survey moved to online data collection making Release 15 the last to be based on telephone interviewing and the final data in that time series. A new time series will commence when the ASC next releases results in late October 2024 using the first 12 months of data collection through the online method (data collected July 2023 to June 2024). The ASC has confirmed the change in data collection method represents a break in time series, in communications to the department and sector, available at: [www.sportaus.gov.au/media-centre/news/ascs-national-ausplay-survey-goes-online-and-clearinghouseforsport.gov.au/research/ausplay/results#future\\_releases](http://www.sportaus.gov.au/media-centre/news/ascs-national-ausplay-survey-goes-online-and-clearinghouseforsport.gov.au/research/ausplay/results#future_releases). Therefore, the department plans to set a new target in consideration of baseline AusPlay results collected through the online method.

## Key Activity 4.1B:

*Developing and coordinating a strategic approach to whole-of-government support for the planning and delivery of major international sporting events hosted in Australia, including the Brisbane 2032 Olympic and Paralympic Games.*<sup>69</sup>

**Key activity rationale:** This activity aims to support the safe and successful planning and delivery of one-off major international sporting events hosted in Australia, with the goal to support the Australian sport sector, showcase Australia as a premier host of major international sporting events, and leave a long-lasting legacy for the Australian community.

### Measure 4.1B: Strategic coordination of Commonwealth responsibilities in relation to the planning and delivery of the following future international major sporting events in Australia.

<b>Rationale</b>	Listing the major sporting events to be hosted in Australia is the most appropriate way to reflect the department's role in providing strategic coordination of the Commonwealth role in major sporting events, including the planning and delivery, in partnership with event organisers, state and territory governments, and other Commonwealth agencies.			
<b>Measure Type</b>	Quantitative / Output			
<b>Method (Data Source and Methodology)</b>	Records of Australian Government commitments, funding agreements, contracts, program and project management plans and post-event delivery reports demonstrate the department's role in providing strategic coordination of the Commonwealth's support for the planning and delivery of major sporting events.			
<b>Linked to 2024–25 Portfolio Budget Statements</b>	Program 4.1 - Sport and Physical Activity – page 106			
<b>Planned Performance Results</b>	<b>2024–25</b> Event planning: a. Women's Asian Football Cup 2026 (soccer/football) b. Netball World Cup 2027 c. Rugby World Cup 2027 d. Women's Rugby World Cup 2029 e. World Masters Games 2029 f. Brisbane 2032 Olympic and Paralympic Games	<b>2025–26</b> Event planning: a. Women's Asian Cup 2026 (soccer/football) b. Netball World Cup 2027 c. Rugby World Cup 2027 d. Women's Rugby World Cup 2029 e. World Masters Games 2029 f. Brisbane 2032 Olympic and Paralympic Games Event delivery support: g. Women's Asian Football Cup 2026 (soccer/football)	<b>2026–27</b> Event planning: a. Netball World Cup 2027 b. Rugby World Cup 2027 c. Women's Rugby World Cup 2029 d. World Masters Games 2029 e. Brisbane 2032 Olympic and Paralympic Games	<b>2027–28</b> Event planning: a. Women's Rugby World Cup 2029 b. World Masters Games 2029 c. Brisbane 2032 Olympic and Paralympic Games Event delivery support: d. Rugby World Cup 2027 e. Netball World Cup 2027

<sup>69</sup> Minor amendments have been made to Key Activity 4.1B as published in the Budget 2024–25 Portfolio Budget Statements to ensure greater alignment with Program 4.1.




# 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 2024–25 and the section references for each requirement.

Topic	Requirements	Sections
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• A statement that the plan is prepared for paragraph 35(1)(b) of the Act.</li> <li>• The reporting period for which the plan is prepared.</li> <li>• The reporting periods covered by the plan.</li> </ul>	Secretary's Foreword
<b>Purposes</b>	<ul style="list-style-type: none"> <li>• The purposes of the entity.</li> </ul>	Our Purpose
<b>Key activities</b>	<ul style="list-style-type: none"> <li>• For the entire period covered by the plan, the key activities that the entity will undertake to achieve its purposes.</li> </ul>	Outcome 1 Outcome 2 Outcome 3 Outcome 4
<b>Operating context</b>	<ul style="list-style-type: none"> <li>• The environment in which the entity will operate.</li> <li>• The strategies and plans the entity will implement to have the capability it needs to undertake its key activities and achieve its purposes.</li> <li>• 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.</li> <li>• 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.</li> <li>• How any subsidiary of the entity will contribute to achieving the entity's purposes.</li> </ul>	Secretary's Foreword Our Partners Our Operating Context Our Regulatory Approach Our Corporate Governance Our Capability Our Performance Framework Outcome 1 Outcome 2 Outcome 3 Outcome 4  The department has no subsidiaries
<b>Performance</b>	<ul style="list-style-type: none"> <li>• Specified performance measures for the entity that meet the requirements of section 16EA.</li> <li>• Specified targets for each of those performance measures for which it is reasonably practicable to set a target.</li> </ul>	Our Performance Outcome 1 Outcome 2 Outcome 3 Outcome 4



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