Our Health
Better health and wellbeing for all Australians
Corporate Plan 2018–2019
Our commitment

We are committed to delivering the Government’s major health reforms under the 10 year health plan based on key pillars and supported by major initiatives including:

- guaranteeing Medicare and improving access to medicines;
- supporting our hospitals;
- prioritising mental health and preventive health;
- reshaping Australian sport;
- life-saving and job creating medical research;
- ageing and aged care; and
- a stronger rural health strategy.

We are committed to working in partnership with stakeholders to develop, implement and oversee policies and programs that are coherent, connected and evidence-based.

We are committed to learning from, and sharing our experience and expertise, with partners in Australia and around the world, and improving health in the region and globally.

We are committed to being a high performance organisation focussed on improving workforce capability across the department to provide high quality advice and deliver key reforms and priorities.

We are committed to an inclusive, collaborative workplace.

Our plan

I present the department’s Corporate Plan 2018–19 as required under paragraph 35(1)(b) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act). The Plan is prepared in accordance with the Public Governance, Performance and Accountability Rule 2014.

This Plan is our primary strategic planning document and is to be read alongside our Portfolio Budget Statements and Annual Report – these documents are core elements of our performance and accountability framework.

The four-year horizon for the Plan sets out our priorities and key actions, our capability improvement agenda, our approach to managing risk, and sets out how we will measure our performance in delivering the health system for Australians, now and through to 2021–2022. It also outlines who we are, what we are here to do, where we are heading and how we will get there.

Glenys Beauchamp
Secretary
Our plan at a glance

**Our purpose**
To support government and stakeholders 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.

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<th>Our challenges</th>
<th>Our capability</th>
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<td>A sustainable, affordable health system</td>
<td>Stakeholder engagement and collaboration</td>
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</table>

- **Guaranteeing Medicare and improving access to medicines**
  We are improving health outcomes, safety and quality for all Australians

- **Supporting our hospitals**
  We are driven to ensure Australians receive the best care when they need it

- **Prioritising mental health and preventive health**
  We are advocating for healthy lifestyles and providing services to support better mental health

- **Reshaping Australian sport**
  We are building a healthier, more active nation

- **Life-saving and job creating medical research**
  We are improving lives through medical research and new medicines

- **Ageing and aged care**
  We are looking after our older Australians and improving quality and safety of care

- **Stronger rural health strategy**
  We are improving access to health care for Australians living in rural and regional areas

- **Leadership and management**
- **Implementation and delivery**
- **Governance**

- **Strategic policy advice**
- **Stakeholder engagement and collaboration**

- **Workforce diversity and inclusiveness**
- **Enabling functions**
Our purpose

To support government and stakeholders 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.

We have a diverse set of responsibilities, including policy advising, program implementation, supporting scientific research, evaluation, regulation and compliance.

Our operating environment

Health statistics reflect both the success of the Australian health system and the pressures on it. Australians today live approximately 30 years longer than they did a century ago. According to the Organisation for Economic Co-operation and Development (OECD), Australia has the 6th highest life expectancy rates in the world — 84.5 years for women and 80.4 years for men.

While we may be living longer than ever before, half of us are living with at least one chronic condition.

A particular challenge is improving the health of Aboriginal and Torres Strait Islander people whose burden of disease is 2.3 times the rate of non-Indigenous Australians.

Foresight and action are required to meet the challenges and, at the same time, realise the opportunities to build a more sustainable health system that is more tailored to individual needs. We need to respond to, anticipate, and be open to change. This includes taking advantage of technology; embracing the power of genomics and personalised medicine; and better using data analytics, including a national digital health record system – My Health Record – to support better care for patients and decision making by doctors. We start with a solid foundation – a mix of public and private health, supported by our universal health insurance scheme Medicare, which ensures all Australians have access to a wide range of health and hospital services, including medicines, at little or no cost.

The graphic below illustrates the complexity and interaction of the health system and the determinants of health.

Figure 1: Australia’s health landscape
The Australian health system is a complex matrix of services, providers and structures involving all levels of government and the private sector.

A mixed model of balanced private and public health services is integral to providing accessible, high quality, and affordable health care services for all Australians.

As a successful and integral part of Australia’s health system, Medicare is designed to be complemented by a private health care system, as well as funding through a private health insurance system. This insurance system is partially subsidised by the Australian Government.

In this way, all Australians have both universal access to health care services, as well as a choice of health care alternatives.

A key feature of the health system is our skilled and motivated health workforce. Under a new rural health workforce strategy, our medical and health workers will be better distributed across the nation to bridge the city-country divide that has historically denied people living outside major cities and towns access to the health services they need, when they need them.

Our health system continues to have very strong regulatory oversight for medicines and medical products, vaccines, the health workforce, health services, and the quality and safety of health care. There are also effective health information systems in place to ensure that government policy is well informed and that there is an established health technology assessment system to inform decisions about public and private health care funding for health interventions and technologies.

Sport has helped shape Australian culture and our way of life. It provides a key source of identity, a focus for national pride and community engagement. Participation in sport plays a significant role in health and wellbeing, including preventing chronic conditions, improving mental health and supporting personal development.

To maximise the various health, economic, social and cultural benefits sport provides, it is critical sport is conducted on a level playing field, and embodies the values of fair play, commitment, and sportsmanship. To this end, the department is committed to safeguarding the integrity of sport in Australia and globally from threats such as doping, match-fixing and illicit drug use.

Figure 2: 2018–19 Health portfolio budget

![Figure 2: 2018–19 Health portfolio budget](image)
The challenges

Australia’s health system currently faces many challenges.

**Ageing population** – Many health conditions and associated disabilities become more common with age, and older Australians are higher users of health services than younger Australians. For example, while people are living longer and healthier lives, the prevalence of health conditions associated with ageing, such as dementia, is projected to increase.

**Impact of technology** – Advances in medical science, and genomics in particular, have seen a growth in genomic testing services, including in Australia. Genomic testing has the potential for early diagnosis, or avoidance, of a range of health conditions and diseases. Genomic testing services pose many ethical and legal issues for consideration, including the high cost to consumers, the extent to which tests actually inform treatment options, and the impact on a healthy person of discovering a predisposition to a certain disease.

Technology is also having an impact on health and medical services – from digital health technologies through to medical artificial intelligence for diagnostic testing. These technologies may provide efficiencies and improvements for the health system, but could also create tension between consumer demand for early access to new products and ensuring products meet requirements for quality, safety and effectiveness.

**Chronic conditions** – Most illness and deaths in Australia are caused by chronic conditions. Chronic conditions place a high burden on individuals, their families and carers, and the health system.

**Expectations** – Consumers are more informed and aware of developments in health and aged care, particularly in relation to choice and access to care, service design, and the safety and quality of health services. There is a trend towards people more actively participating in their own and their families’ health care – a trend strongly encouraged by the department. Clinicians, too, have increasing expectations around patient care, including ensuring the Medicare Benefits Schedule aligns with best practice, and the need for new ways of delivering and funding primary care.

**A sustainable, affordable health system** – As people live longer and the incidence of chronic disease increases, so does the cost for governments and the community. Without new models of care and earlier intervention strategies, health care costs will continue to rise.

**Improvements to the health system**

We are committed to supporting a culture across the health system that includes collaboration, discovery, testing/trialling, and embracing new technologies that will help us to respond quickly and effectively to policy, program and service delivery challenges. This will enable us to be better positioned to drive change and deliver benefits to citizens, business and government. The Government continues to commit to strengthening links, both at home and abroad, with industry, to collaborate on medical breakthroughs and research and development in healthcare.

We will build upon our previous work in the areas of behavioural insight, health data analytics and use of statistical techniques to further increase our ability to deliver benefits to citizens.

The Therapeutic Goods Administration is driving reforms aimed at delivering efficient, best practice regulatory outcomes. It supports small to medium enterprises, researchers and those unfamiliar with therapeutic goods regulation to better understand regulatory requirements.

The $20 billion endowment Medical Research Future Fund, the $500 million public-private Biomedical Translation Fund, and ongoing support through the National Health and Medical Research Council, are set to improve health outcomes, and will continue to fuel new ideas and discoveries with potential to transform health care.

Figure 3: Health challenges for Australia

1. 1 in 4 adults have two or more chronic conditions
2. 1 in 3 adults have high blood pressure
3. 63% of adults are overweight or obese
4. 20% of children are overweight or obese
5. ~10 year life expectancy gap between Indigenous and non-Indigenous
6. Cancer accounted for about 3 of every 10 deaths (31%) registered in Australia

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1. AIHW Australia’s Health 2018, page 94 — ABS 2015
2. AIHW Australia’s Health 2018, page 245
4. AIHW Australia’s Health 2016, page 314
5. AIHW Australia’s Health 2018, page 245 — ABS 2015
6. AIHW Cancer in Australia 2017, page ix
Our performance

The Government’s long term national health plan sets the health agenda and charts the direction for reforming the system over the coming years.

This section of the Corporate Plan outlines the ongoing development of key initiatives and activities from the long term national health plan and aligns them to the department’s outcomes as outlined in the Portfolio Budget Statements. It also details the department’s capability to deliver against these initiatives.

The Portfolio Budget Statements set out our initiatives and activities under the department’s six outcomes. They describe how we propose to assess our performance in delivering these key initiatives.

The Annual Report reports on our performance for the past year against the statements in the Portfolio Budget Statements. We use a range of methods – surveys, reviews, evaluations and data analysis – to assess and report our performance, and to shape future health policies.
Guaranteeing Medicare and improving access to medicines

To support the long term national health plan the Medicare Guarantee Fund was established along with restoration of indexation for Medicare and an increased investment in new medicines. Further initiatives will be implemented to make private health insurance simpler and more affordable.

This initiative aligns to Outcomes 1, 2, 4 & 6

Our aim

- Improve the life of every Australian through a universal Medicare system.
- Support bulk billing by health providers.
- List new and effective medicines.
- Provide a clinically effective and cost-effective Medicare that is protected against fraud and inappropriate practices.
- Support continued access to cheaper, safer therapeutic goods and information to better manage healthcare issues.
- Improve access to life-saving and life-improving medicines and health products.
- Provide simpler and more affordable Private Health Insurance for Australians.
- Improve Indigenous health through access to high quality health services.
- Improve patient care, and help the primary health care sector, including general practices and Aboriginal Community Controlled Health Services, to keep pace with the increasing demand for services.

Our challenges

- Ensure the right medicines at the right price are available to patients when required.
- Keep pace with rapidly developing technologies.
- Ensure integrity and value for money of our health system and programs.

Our work to achieve this initiative

- Continue to review the Medicare Benefits Schedule (MBS).
- Listing of new medical services on the MBS, as recommended by the Medical Services Advisory Committee.
- Improving Medicare compliance and debt recovery.
- Providing earlier access to life-saving therapeutic goods by implementing new pathways such as provisional approval, priority review, and new orphan medicine criteria.
- Implement the Private Health Insurance reforms to take effect from April 2019.
- Improve the Pharmaceutical Benefits Scheme payment system.
- Focus on delivery of services for Aboriginal and Torres Strait Islander people through the Indigenous Australians’ Health Programme.
- Working with comparable overseas regulators to increase efficiencies in regulatory systems and processes.
- Listing of new and innovative medicines on the Pharmaceutical Benefits Scheme, as recommended by the Pharmaceutical Benefits Advisory Committee.
- Implementing a new primary health care funding model for the Indigenous Australians’ Health Programme.
- Continuing the health protection and emergency response efforts to protect the health of the Australian community.
- Continuing the implementation of the reforms arising from the Review of Medicines and Medical Devices Regulation – in particular advertising reforms and public education.
- Targeting specific health matters affecting Aboriginal and Torres Strait Islander people and increasing cultural capability of the broader health workforce.
- Ongoing monitoring of medicines and devices to ensure they remain safe and effective for all Australians.

Our role and that of our partners

- We will continue to strengthen relationships with our stakeholders and work with health providers and hospitals to improve services.
- We will invest in new technology to automate activities, providing more consistent and streamlined processes, reduced effort and improved decision making.
- We will build our internal capability to contribute to building an effective and equitable health system.
- We continue to work closely with the National Aboriginal Community Controlled Health Organisation and Primary Health Networks on Aboriginal health and wellbeing issues.
# Management of identified risks

<table>
<thead>
<tr>
<th>Key risks</th>
<th>Management strategies</th>
</tr>
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<tbody>
<tr>
<td>Pressure on our ability to continue to provide a modern and sustainable Medicare program that supports all Australians to access high quality and cost-effective professional services and medicines that are in line with current clinical evidence.</td>
<td>To ensure we meet the Government’s obligation to deliver a clinically and cost effective Medicare program and provide access to essential services, medicines and health products, we regularly engage with our key stakeholders, such as clinicians, consumers, private health insurers, pharmaceutical companies, pharmacists, and state and territory governments. The consultation and engagement techniques employed enable us to have visibility of stakeholder expectations and requirements. We are reviewing the more than 5,700 items on the MBS to align services with contemporary clinical practice and best available evidence to improve patient outcomes. The review also allows us to ensure a clinically effective and cost effective Medicare program so that the right services are available when required.</td>
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<tr>
<td>Failure to complete the MBS review in a timely, efficient and effective manner.</td>
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# Measuring our performance against key measures

<table>
<thead>
<tr>
<th>Performance measures</th>
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<tbody>
<tr>
<td><strong>Continued review of MBS items to maintain a Medicare system that provides high value care to the Australian public based on contemporary evidence and practice.</strong></td>
</tr>
<tr>
<td><strong>Target 2018–19</strong></td>
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<tr>
<td>Clinical Committees will have considered 95 per cent or more of the MBS items.</td>
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<tr>
<td><strong>Target 2019–22</strong></td>
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<tr>
<td>Clinical Committees will have considered 100 per cent of the MBS items.</td>
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<tr>
<td><strong>Ensuring access to innovative, clinically effective and cost effective medicines through the Pharmaceutical Benefits Scheme.</strong></td>
</tr>
<tr>
<td><strong>Target 2018–19</strong></td>
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<tr>
<td>Eighty per cent of submissions for new medicines that are recommended for listing by the Pharmaceutical Benefits Advisory Committee are listed on the Pharmaceutical Benefits Scheme within six months of agreement of price.</td>
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<tr>
<td><strong>Target 2019–22</strong></td>
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<tr>
<td>As per 2018–19.</td>
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<tr>
<td><strong>Earlier access to new medical devices for Australian consumers and health professionals.</strong></td>
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<tr>
<td><strong>Target 2018–19</strong></td>
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<tr>
<td>Increased flexibility in pre-market assessment processes, including a process for expedited approval in certain circumstances.</td>
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<tr>
<td><strong>Target 2019–22</strong></td>
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<tr>
<td>As per 2018–19.</td>
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<tr>
<td><strong>Audits and reviews are targeted effectively to those providers whose claiming is non-compliant, so that the following proportions of audits and reviews find non-compliance.</strong></td>
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<tr>
<td><strong>Target 2018–19</strong></td>
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<tr>
<td>Greater than 90 per cent.</td>
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<tr>
<td><strong>Target 2019–22</strong></td>
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<tr>
<td>As per 2018–19.</td>
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Supporting our hospitals

We are contributing to the cost of states and territories to deliver public hospital services. This ensures that patients receive the best care when they need it, delivered efficiently, safely and cost-effectively, now and into the future.

Under a five-year National Health Reform Agreement, additional public hospital funding will provide record funding for every state and territory every year from 2020–21.

Our aim

- Maintain activity based funding and focus on improved safety and quality, coordinated care and health innovation.
- Improve health outcomes, through a focus on value.
- Build a more sustainable health system.
- Support record numbers of surgeries and services, and an increased number of doctors and nurses in Australia’s public hospitals.

Our challenges

- To negotiate a new National Health Reform Agreement based on the Government’s offer to the states and territories.

Our work to achieve this initiative

- Increasing funding for public hospitals and providing policy advice on public hospital funding matters.
- Establishing a National Health Reform Agreement for 2020–2025, with state and territory governments, for public hospital funding and health reform.
- Extending reforms commenced under the current National Health Reform Agreement.

Our role and that of our partners

- We will continue to strengthen relationships with our stakeholders and work with local health providers and hospitals to improve services.
- The Commonwealth, states and territories have also agreed to explore options to drive down avoidable hospital admissions, including through better coordinated primary care.

Management of identified risks

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<tr>
<td>Arrangements do not support the states and territories to deliver quality and efficient public hospital services. Drafting of the new National Health Reform Agreement is delayed.</td>
<td>Under the new National Health Reform Agreement, funding provisions will increase over the coming years. This funding will support an increase in the numbers of surgeries and services, and will employ more doctors and nurses in our public hospitals. We will work closely with state and territory governments to negotiate the new agreement.</td>
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</table>
Measuring our performance against key measures

### Performance measures

Advice is provided to the Minister and external stakeholders in relation to public hospital funding policy.

<table>
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<tr>
<th>Target 2018–19</th>
<th>Target 2019–22</th>
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<tbody>
<tr>
<td>Provide advice and support the development of a new National Health Reform Agreement on public hospital funding arrangements.</td>
<td>Provide advice and analysis in relation to public hospital funding.</td>
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</table>

Strengthening the efficiency and effectiveness of health services and improving coordination of care at the local level.

<table>
<thead>
<tr>
<th>Target 2018–19</th>
<th>Target 2019–22</th>
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<tr>
<td>Efficiency and effectiveness of health services and coordination of care is improved at a local level through Primary Health Networks by monitoring and evaluating services to inform future services and continuous improvement.</td>
<td>Primary Health Networks are supporting general practices and other healthcare providers to deliver quality, coordinated care to people in their Primary Health Network region.</td>
</tr>
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</table>
Prioritising mental health and preventive health

We aim to reduce the rates of preventable mortality and morbidity caused by chronic disease, substance misuse and other risk factors, such as tobacco use and dietary risks. This will be achieved through evidence-based promotion of healthy lifestyles, early detection of cancer and other conditions, targeted education, increased immunisation, and reduced injuries from accidents. Further initiatives will be implemented to improve health outcomes for Aboriginal and Torres Strait Islander people and to improve the delivery and design of mental health support services and policies.

This initiative aligns to Outcomes 1, 2, 3 & 5

Our aim

➢ Offer cost-effective pathways for people seeking help for mental health issues.
➢ Prevent the spread of disease and promote higher vaccination uptake in at-risk populations.
➢ Improve earlier diagnosis and treatment of Spinal Muscular Atrophy.
➢ Better manage the impacts of endometriosis through earlier referral and best practice clinical care.
➢ Help more Australians to receive lifesaving organ transplants.
➢ Provide high quality information, expertise and support for people living with epilepsy.
➢ Support earlier intervention and faster recovery for people affected by drug and alcohol abuse.
➢ Improve prevention, early detection, treatment, and survival outcomes for people with cancer.

Our challenges

➢ Information on mental health can be constrained by the availability of comparable national data on mental health.
➢ Increasing demand on health services continues to put pressure on existing health workforce and services.
➢ Public debate on immunisation has led to misinformation about vaccination.

Our work to achieve this initiative

➢ Progressing key initiatives in mental health, suicide prevention, harmful alcohol consumption and drug use, and injury prevention.
➢ Investing in maternal and infant health.
➢ Delivering targeted education and strategies to improve understanding and awareness of specific areas of health.
➢ Delivering targeted vaccination programs, including information about and extension of the Childhood Immunisation Education Campaign.
➢ Improving early detection, treatment and survival outcomes for people with cancer.

Our role and that of our partners

➢ We will continue to strengthen relationships with our stakeholders and work with local health providers and hospitals to improve services.
➢ We will continue working with states and territories to ensure a nationally consistent approach to achieving better health outcomes for all Australians.
➢ We are supported by other departments who provide insight, advice, compliance and enforcement, administration of payments and/or services on our behalf to achieve our objectives including:
  o improving access to services and supports for people with psychosocial disability; and
  o improving mental health and suicide prevention systems, and increasing immunisation coverage rates.

Immunisation rates

at June 2018

<table>
<thead>
<tr>
<th>Percent</th>
<th>1 year olds</th>
<th>2 year olds</th>
<th>5 year olds</th>
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<tr>
<td>94.04%</td>
<td>90.58%</td>
<td>94.42%</td>
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Corporate Plan 2018–2019
Management of identified risks

### Key risks

- Failure to sufficiently coordinate and integrate existing services to support people with, or at risk of, mental illness resulting in fragmented service offerings which patients and medical practitioners are unable to navigate.
- Inability to reduce the incidence of vaccine preventable diseases through the National Immunisation Program and associated immunisation initiatives.

### Management strategies

- We will continue to invest and support key areas of need, such as mental health, infant health, and preventive health to make sure the community has the necessary services needed, when needed.
- We will closely monitor arrangements and services provided through the Program and associated initiatives.

Measuring our performance against key measures

### Performance measures

#### Mental health services are more coordinated and supported through the implementation of the Strengthening mental health care in Australia measure.

<table>
<thead>
<tr>
<th>Target 2018–19</th>
<th>Target 2019–22</th>
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<tbody>
<tr>
<td>Support Primary Health Networks, service providers, and mental health stakeholders delivering mental health reforms by:</td>
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<tr>
<td>➢ monitoring progress of Primary Health Network commissioning and delivery of mental health services, for example, the Way Back Support Service;</td>
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<tr>
<td>➢ delivery of enhancements to ‘Head to Health’, including ensuring greater usability by health professionals;</td>
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<tr>
<td>➢ transitioning of Partners in Recovery and Day to Day Living Programs into the National Disability Insurance Scheme;</td>
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<tr>
<td>➢ supporting development of regional mental health and suicide prevention plans by Primary Health Networks and Local Hospital Networks, under the auspices of the Fifth National Mental Health and Suicide Prevention Plan;</td>
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<tr>
<td>➢ continued establishment of new headspace services in rural and regional areas; and</td>
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<tr>
<td>➢ commencement of Mental Health in Education initiative in schools and early learning services.</td>
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<tr>
<td>Support Primary Health Networks, service providers, and mental health stakeholders delivering mental health reforms by ongoing monitoring of progress of Primary Health Network commissioning and delivery of mental health services.</td>
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#### National direction supports a collaborative approach to preventing and reducing the harms from alcohol, tobacco and other drugs.

<table>
<thead>
<tr>
<th>Target 2018–19</th>
<th>Target 2019–22</th>
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<tbody>
<tr>
<td>Continue investment in quality alcohol and drug treatment services.</td>
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<tr>
<td>Continue to build the evidence base in relation to alcohol and drugs through high quality research.</td>
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<tr>
<td>Work with states and territories, and other relevant agencies to:</td>
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<tr>
<td>➢ Finalise the next iteration of the National Alcohol Strategy and the National Tobacco Strategy; and continue to focus on the priority areas identified; and</td>
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<tr>
<td>➢ Continue reporting on the National Drug Strategy and associated sub-strategies.</td>
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<tr>
<td>As per 2018–19.</td>
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10 Australian Government Department of Health
### Improving prevention, early detection, treatment and survival outcomes for people with cancer.

**Target 2018–19**
- Increase in the percentage of people participating in the National Bowel Cancer Screening Program to 53.1 per cent by December 2019.\(^1\)
- The percentage of women 50–74 years of age participating in BreastScreen Australia is maintained at 54 per cent.\(^2\)
- The percentage of women in the target age group (20–69 years) participating in the National Cervical Screening Program is maintained at 57 per cent.\(^3, 4\)

**Target 2019–22**
- Increase participation to 56.6 per cent and maintain participation at this rate through to 2022.
- Maintain participation at 54 per cent.
- Maintain participation at 57 per cent.

### Increasing national immunisation coverage rates and improving the effectiveness of the National Immunisation Program.

**Target 2018–19**
- Immunisation coverage rates in children at 5 years of age are increased to ≥ 94.25 per cent.
- Immunisation coverage rates among 12–15 month old Aboriginal and Torres Strait Islander children are increased to ≥ 92.50 per cent.

**Target 2019–22**
- Increase immunisation coverage rates to ≥ 94.50 per cent and by 0.25 per cent per year until 2022.
- Increase immunisation coverage rates to ≥ 93.00 per cent and by 0.50 per cent per year until 2022.

### Health outcomes of Aboriginal and Torres Strait Islander people are improved through implementing actions under the Implementation Plan for the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

**Target 2018–19**
- Release revised iteration of the Implementation Plan.
- Continue work towards achieving the identified deliverables and goals for 2023 as specified in the Implementation Plan.
- Engage with the Implementation Plan Advisory Group, other Commonwealth agencies, Council of Australian Governments Health Council and its subcommittees, Health Partnership Forums and the Indigenous health sector to progress Implementation Plan activities, including those on the social determinants of health.

**Target 2019–22**
- Progress against the Implementation Plan continues to be monitored and reviewed through the Implementation Plan Advisory Group and the Aboriginal and Torres Strait Islander Health Performance Framework.

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1. Participation is defined as the percentage of people invited to screen through the National Bowel Cancer Screening Program over a two year period (1 January to 31 December) who return a completed screening test within that period or by 30 June of the following year.
2. Participation in the BreastScreen Australia Program has remained stable over the past five years. The ongoing participation trend is expected to remain stable over the forward years.
3. From 1 December 2017, the two yearly Pap test for women 18 to 69 years of age changed to a five yearly Human Papillomavirus test for women 25 to 74 years of age.
4. Data is not available to forecast forward year targets. Targets will be updated following implementation of the renewal of the National Cervical Screening Program and the National Cancer Screening Register.
Reshaping Australian sport

We are aiming for Australia to be the world’s most active sporting nation, known for its integrity, sporting success and world leading sports industry.

Our aim

➢ To get more Australians more active, more often.
➢ To drive sporting excellence and success – national pride, inspiration and motivation through international sporting success.
➢ Safeguard the integrity of sport, including through leading effective national and international collaboration to combat integrity threats.
➢ Strengthen the sports industry, including coordinating Australia’s hosting of major sporting events.
➢ Reduce the incidence of water and snow-related injury and deaths in Australia.
➢ Increase physical activity and participation, and improve attitudes towards gender equality in sport.

➢ Continue to support the hosting of major sporting events in consultation with state and territory governments and sports and physical activity organisations.
➢ Provide funding to key water and snow safety organisations to conduct activities in accordance with an approved activity plan.
➢ Review and renew the Australian Sports Diplomacy Strategy.
➢ Develop a comprehensive Government response to the Review of Australia’s Sports Integrity Arrangements, and implement agreed recommendations.
➢ Support national sport organisations and state and territory partners through a range of sports integrity initiatives.
➢ Support effective and targeted engagement with international stakeholders across all sports integrity threats.

Our challenges

➢ As a nation, Australians are moving less than ever.
➢ Sustaining and improving Australia’s performance on the international stage.
➢ Sports venues are under-utilised due to poor lighting, disrepair or inadequate facilities such as female change rooms and toilets.

Our work to achieve this initiative

➢ Support the delivery of Sport 2030, Australia’s first national sport plan.
➢ Increasing participation in physical activity through promotion and better access to quality facilities.

➢ We are supported across government to grow participation in sport and active recreation.
➢ The Australian Sports Anti-Doping Authority contributes to the protection of the health of athletes and the integrity of sport.
➢ Sport Australia – previously known as the Australian Sports Commission – works with the department to increase participation in sport.

Our role and that of our partners

Management of identified risks

<table>
<thead>
<tr>
<th>Key risks</th>
<th>Management strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without increased opportunities for, and promotion of, sport and physical activity across the community, particularly for children, chronic disease risk will continue to increase.</td>
<td>We will drive sport and physical activity participation for all Australians and promote all Australian children having the skills, confidence and motivation to be active for life and safe in the water. We will reduce barriers to sport and physical activity participation, including swimming, and actively promote incentives for participation.</td>
</tr>
</tbody>
</table>
Measuring our performance against key measures

**Performance measures**

Whole-of-government leadership and coordination of major international sporting events in Australia is provided, including the development and implementation of related policies and strategies to support each event.

<table>
<thead>
<tr>
<th><strong>Target 2018–19</strong></th>
<th><strong>Target 2019–22</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and operational arrangements are implemented to meet agreed Australian Government commitments to support and cultivate legacies for the:</td>
<td>Policies and operational arrangements are implemented to meet agreed Australian Government commitments to support major international sporting events.</td>
</tr>
<tr>
<td>➢ 2018 Invictus Games;</td>
<td></td>
</tr>
<tr>
<td>➢ 2020 International Cricket Council World Twenty20;</td>
<td></td>
</tr>
<tr>
<td>➢ 2023 FIFA Women’s World Cup – potential Australian bid.</td>
<td></td>
</tr>
</tbody>
</table>

The integrity of Australian sport is protected from threats of match-fixing, doping, criminal infiltration and other forms of corruption.

<table>
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<tr>
<th><strong>Target 2018–19</strong></th>
<th><strong>Target 2019–22</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian anti-doping arrangements are compliant with the World Anti-Doping Code.</td>
<td>Sports integrity efforts of national sporting organisations, states and territories, and other stakeholders are supported through ongoing policy development, collection, assessment and dissemination of sports integrity threat information and related briefings, education platforms and initiatives.</td>
</tr>
<tr>
<td>Sports integrity efforts of national sporting organisations, states and territories, and other stakeholders are supported through ongoing policy development, collection, assessment and dissemination of sports integrity threat information and related briefings, education platforms and initiatives.</td>
<td>In partnership with the Australian Sports Anti-Doping Authority, help finalise the review of the World Anti-Doping Code and implement changes to Australia’s anti-doping arrangements to align with the revised code.</td>
</tr>
<tr>
<td>Implement agreed responses to the review of Australia’s Sport Integrity Arrangements.</td>
<td></td>
</tr>
</tbody>
</table>
Life-saving and job creating medical research

Medical research has the power to save and improve lives through driving better health care and improved health outcomes from new medicines, devices and treatments. Australia is a world leader in health and medical research and will maintain this position through continued investment in research.

Our aim

- Cement Australia’s place as a world leader in health and medical research.
- Increase clinical trials, exports, new markets and global market leadership in biotechnology, medical devices and pharmaceuticals.
- Transform the lives of Australians through a dedicated mission to harness the power of genomics and realise the potential of precision medicine.
- Support early stage health and medical research discoveries to reach proof-of-concept and progress to clinical trials.
- Strengthen Australia’s position as a global destination for clinical trials.
- Improve health services and systems evidence-based research.

Our challenges

- Australia’s small patient population can constrain clinical research activity, making international collaboration essential.
- Many medical research discoveries and ideas fail to progress due to limited resources at critical phases of development.
- To be truly transformative, researchers need support to push through to proof-of-concept and trial phases where their work can attract private investment.
- Government has a role in investing in research that maximises research translation and commercialisation.

Our work to achieve this initiative

- The Government’s investment in a National Health and Medical Research Industry Growth Plan will deliver better health care and outcomes, new jobs and industry growth.
- Supporting research into new biotechnology, medical devices and pharmaceutical innovations.
- Funding research into rare cancers, rare and chronic diseases, genomics, and mental health.
- Investing in clinical trials to deliver scientific breakthroughs.
- SME Assist initiative to assist researchers and small businesses to navigate the medicines and medical devices regulatory system.

Our role and that of our partners

- Support health and medical research and innovation through the Medical Research Future Fund, the Biomedical Translation Fund, and the National Health and Medical Research Council.
- Collaborate with states and territories to improve clinical trial operating systems to make it easier to conduct and participate in safe, high quality clinical trials.
Medical Research Future Fund investment areas:

<table>
<thead>
<tr>
<th>Australian Genomics Health Future mission</th>
<th>Support the Australian Medical Research Advisory Board</th>
<th>Frontier Health and Medical Research</th>
<th>Million Minds Mental Health Research mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 million(^1)</td>
<td>$20 million(^3)</td>
<td>$240 million(^5)</td>
<td>$125 million(^7)</td>
</tr>
<tr>
<td>Chronic conditions – diabetes and heart disease</td>
<td>Rare cancers, rare diseases and unmet needs clinical trial activity</td>
<td>Biomedical and medical technology</td>
<td>Translation of research into better patient care</td>
</tr>
<tr>
<td>$125 million(^2)</td>
<td>$248 million(^4)</td>
<td>$94.3 million(^6)</td>
<td>$150.4 million(^8)</td>
</tr>
</tbody>
</table>

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Management of identified risks

<table>
<thead>
<tr>
<th>Key risks</th>
<th>Management strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The implementation of the National Health and Medical Industry Growth Plan and other Medical Research Future Fund initiatives is delayed.</td>
<td>Rigorous project management applied, governance arrangements established. Proactive engagement with internal and external stakeholders to ensure collaboration and manage expectations. Provide early indicative cost and benefit realisation information.</td>
</tr>
<tr>
<td>States and territories are delayed in implementing important clinical trial system redesign strategies.</td>
<td></td>
</tr>
<tr>
<td>The development of supporting infrastructure for a National Clinical Trial Front Door is delayed.</td>
<td></td>
</tr>
</tbody>
</table>

Measuring our performance against key measures

<table>
<thead>
<tr>
<th>Performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>A sustainable source of funding is provided for transformative health and medical research that improves lives, contributes to health system sustainability and drives innovation.</td>
</tr>
<tr>
<td><strong>Target 2018–19</strong></td>
</tr>
<tr>
<td>The second set of Medical Research Future Fund Priorities to be released by end 2018 following public consultation.</td>
</tr>
<tr>
<td>Further disbursements to be made consistent with the Medical Research Future Fund Act 2015.</td>
</tr>
<tr>
<td><strong>Target 2019–22</strong></td>
</tr>
<tr>
<td>Further disbursements to be made consistent with the Medical Research Future Fund Act 2015.</td>
</tr>
</tbody>
</table>
Ageing and aged care

Aged care initiatives over the next four years aim to provide additional support and services to promote greater independence, mobility and autonomy, reducing or delaying the need for more complex aged care support services. Initiatives will help older Australians and their families to engage with and understand the aged care system, have a greater say in the care they receive, and have increased confidence in the quality of their care and services.

This initiative aligns to Outcomes 2 & 6

Our aim

- Facilitate the delivery of quality aged care services that meet the varying needs of older Australians through three levels of care, as well as a range of flexible aged care options:
  - Entry-level aged care assistance at home;
  - Assistance for more complex needs at home;
  - Residential aged care for those who can no longer live independently at home.
- Continue to design sound policy and deliver a range of services to support independence and wellness for older Australians, including providing aged care information and assessment of needs through My Aged Care.
- Ensure policy development and service delivery meets the needs of vulnerable and hard-to-reach older Australians, including people living with dementia.
- Maintain policy and funding settings and support necessary reforms to ensure residential aged care can meet current and future needs, from metropolitan to rural and remote Australia.
- Develop a cross-portfolio package of measures designed to support Australians to plan ahead for longer lives.
- Improve aged care regulation to give greater confidence to older Australians about the quality of care being delivered by aged care providers.
- Support reform of Australia’s aged care workforce to ensure it is well placed to meet current and future needs.

Our work to achieve this initiative

- Improving the My Aged Care website, providing greater transparency of quality in aged care, simplifying forms, and implementing a new framework for streamlined and faster assessments for all aged care services.
- Developing options to reform residential care funding models.
- Improving the overall health and wellbeing, including the impact of chronic disease for Australians aged 65 years and over, through initiatives to help people make better health choices, improve mental health services and promote physical activity for older Australians.
- Support older Australians to stay living independently in their own homes for longer, whilst still receiving the support and services they need to remain active and engaged.
- Improving care for people living with dementia, with an emphasis on using new technologies.
- Ensuring access to quality aged care services for people in regional, rural and remote locations and culturally appropriate care for Aboriginal and Torres Strait Islander people.
- Implementing new models of palliative care in aged care facilities and end-of-life coordination.
- Strengthening quality regulation through implementing new consumer-focused quality standards, developing a single Charter of Rights for consumers, and by better profiling risks to consumers to enable regulatory processes to respond quickly to care failures by aged care providers.
- Establishing a new Quality and Safety Commission from 1 January 2019, enhancing coordination and access to information, and improving the ability to identify and respond to failures in delivery of quality aged care.
- Implementing measures to maximise opportunities to enjoy the benefits of increased longevity and encourage earlier planning for longer lives, including online interactive checks for 45 and 65 year olds.
- Providing support to the Aged Care Workforce Strategy Taskforce to deliver an industry-led report to the Minister for Aged Care.

Our challenges

- The demand for home care packages continues to grow.
- The number of people aged over 65 is predicted to increase from 3.8 million to 5.2 million by 2027.
- On average, Australians are living 30 years longer than we did a hundred years ago.
- Without a medical breakthrough, the number of people with dementia is expected to increase to 536,164 by 2025.
Our role and that of our partners

- We will continue to strengthen relationships with our stakeholders and hospitals to improve services.
- We will develop capability to strengthen regulatory practices relating to residential aged care facility monitoring.
- We will continue to work with state and territory governments to improve quality and safety in aged care.
- We continue to work closely with other Government departments, such as the Department of Human Services which undertakes income testing and administers payments, and the Department of Social Services, which provides assistance, support and services for people with a disability and their carers.
- We will continue to work with the Aged Care Complaints Commissioner and the Australian Aged Care Quality Agency to deliver current regulatory obligations as well as planning for a smooth transition to the new Quality and Safety Commission.

Management of identified risks

<table>
<thead>
<tr>
<th>Key risks</th>
<th>Management strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The My Aged Care contact centre and website does not provide the necessary support or guidance to customers in a timely manner, leaving people feeling lost and stranded in the aged care system.</td>
<td>We will provide the ageing population with high quality and safe options on how to manage their health and what services to access to support their lifestyle.</td>
</tr>
<tr>
<td>The quality of the aged care facilities are not improved, exposing the vulnerable to sub-standard care.</td>
<td>The Government is improving aged care quality regulation and establishing the independent Aged Care Quality and Safety Commission. This Commission will enable flexible and responsive regulatory powers, providing assurance to residents of aged care facilities.</td>
</tr>
<tr>
<td>The newly designed and offered home care packages do not meet the needs of the ageing population and are not tailored to required services.</td>
<td>The Government is investing in new high level home care packages, which will be complemented by new residential care places and restorative places.</td>
</tr>
</tbody>
</table>

Measuring our performance against key measures

<table>
<thead>
<tr>
<th>Performance measures</th>
<th>Target 2018–19</th>
<th>Target 2019–22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency of My Aged Care assessments is demonstrated and completed.</td>
<td>Greater than 90 per cent of high priority comprehensive assessments with clinical intervention are completed within two days of referral.</td>
<td>As per 2018–19.</td>
</tr>
<tr>
<td></td>
<td>Greater than 90 per cent of high priority home support assessments are completed within ten calendar days of referral.</td>
<td></td>
</tr>
<tr>
<td>Providing older people home support and/or access to a range of services in their own homes.</td>
<td>Commonwealth Home Support Programme services available from July 2018.</td>
<td>Commonwealth Home Support Programme has a greater focus on activities that support independence and wellness.</td>
</tr>
<tr>
<td>Support is provided to older people with complex care needs to keep them living independently in their own homes through the Home Care Packages Program.</td>
<td>111,500 Home Care Packages allocated.</td>
<td>134,500 Home Care Packages allocated in 2019–20.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>144,500 Home Care Packages allocated in 2020–21.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>151,500 Home Care Packages allocated in 2021–22.</td>
</tr>
</tbody>
</table>

5 Target for 2020–21 is 144,500 allocated Home Care Packages. Target for 2021–22 is 51,500 allocated Home Care Packages.
### Stronger rural health strategy

The Stronger Rural Health Strategy aims to build a sustainable, high quality health workforce that is distributed across the country according to community need, particularly in rural and remote areas. The strategy will give doctors more opportunities to train and work in rural and remote Australia and enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of care.

This initiative aligns to Outcomes 1, 2 & 4

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#### Our aim

- Improve access to quality medical, nursing and allied health services, particularly in rural and remote communities.
- Target support for individuals to undertake medical education and training, and then practise, in rural locations.
- Increase the number of medical practitioners achieving specialist general practitioner (GP) qualifications.
- Enable Australian trained junior doctors to undertake private practice in rural and remote locations.
- Better manage patients with complex and chronic conditions.
- Increase the sophistication of data and evidence to support improved workforce analysis and planning.

#### Our work to achieve this initiative

- Establishing a single, integrated, quality source of health workforce and services data.
- Improving training opportunities, and supporting the teaching of students, in rural areas.
- Streamlining GP qualification pathways to support non-vocationally recognised doctors to achieve specialist GP status.
- Introducing a new Medicare Benefits Schedule fee structure to encourage non-vocationally recognised doctors to achieve GP specialist status.
- Incentivising more health professionals to work and stay in rural and remote areas.
- Funding the Royal Flying Doctor Service to deliver dental, mental health and emergency aeromedical services.
- Increasing funding to Aboriginal and Torres Strait Islander Health Professional Organisations.
- Strengthening the role of nursing in primary health care and reviewing the current education preparation of nurses entering the workforce.
- Regulating the number of overseas trained doctors entering Australia and directing them to areas of workforce shortage (a complementary Department of Home Affairs measure).

#### Our challenges

- There is an over-supply of GPs in some urban areas, and shortages in rural, regional and remote areas.
- The need to incentivise non-vocationally recognised doctors to obtain specialist GP qualifications.
- The need for team based and multidisciplinary primary health care responses to Australians’ increasingly complex and chronic health needs.

#### Our role and that of our partners

- We will continue to strengthen relationships with our stakeholders.
- We are supported by the Department of Human Services which administers relevant payments and services to eligible recipients.
- We will work with the Department of Education and Training, and the Department of Home Affairs to support implementation of the Medical Schools and Visas for GP programs respectively.

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**Stronger Rural Health Strategy**

$550 million investment to improve the health of people living in rural, regional and remote Australia.

- around 3,000 extra doctors
- 3,000 additional nurses
Management of identified risks

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Regulatory changes create gaps and/or adverse consequences for particular groups of medical trainees or doctors.</td>
<td>We have established a Health Workforce Regulation Taskforce to review regulatory changes across the strategy as a whole and undertake an analysis of the impact. Any identified gaps or adverse consequences will then be addressed during the implementation stage. We are developing communication products and materials for individual changes as well as the strategy as a whole, which will be updated regularly and pushed out through multiple communication channels.</td>
</tr>
<tr>
<td>Stakeholders are not aware of changes that will affect their practice and income.</td>
<td></td>
</tr>
</tbody>
</table>

Measuring our performance against key measures

Effective investment in workforce programs will improve the distribution of the health workforce.

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Cities</strong></td>
<td>Cities</td>
<td>Cities</td>
<td>Cities</td>
<td>Cities</td>
</tr>
<tr>
<td>a. The number of GPs(^6) in Australia.</td>
<td>a. 20,315</td>
<td>a. 20,721</td>
<td>a. 21,136</td>
<td>a. 21,558</td>
</tr>
<tr>
<td>b. The number of non–general practice medical specialists(^7) in Australia.</td>
<td>b. 28,091</td>
<td>b. 28,653</td>
<td>b. 29,226</td>
<td>b. 29,811</td>
</tr>
<tr>
<td>c. The number of nurses(^8) working in general practices in Australia.</td>
<td>c. 25,389</td>
<td>c. 26,199</td>
<td>c. 27,085</td>
<td>c. 28,055</td>
</tr>
<tr>
<td>d. The number of allied health practitioners(^9) working in general practices in Australia.</td>
<td>d. 2,841</td>
<td>d. 2,941</td>
<td>d. 3,063</td>
<td>d. 3,209</td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
</tr>
<tr>
<td>a. The number of GPs(^6) in Australia.</td>
<td>a. 8,786</td>
<td>a. 8,962</td>
<td>a. 9,141</td>
<td>a. 9,324</td>
</tr>
<tr>
<td>b. The number of non–general practice medical specialists(^7) in Australia.</td>
<td>b. 5,148</td>
<td>b. 5,200</td>
<td>b. 5,252</td>
<td>b. 5,304</td>
</tr>
<tr>
<td>c. The number of nurses(^8) working in general practices in Australia.</td>
<td>c. 16,100</td>
<td>c. 16,422</td>
<td>c. 16,750</td>
<td>c. 17,085</td>
</tr>
<tr>
<td>d. The number of allied health practitioners(^9) working in general practices in Australia.</td>
<td>d. 668</td>
<td>d. 708</td>
<td>d. 730</td>
<td>d. 752</td>
</tr>
</tbody>
</table>

Ensuring Australians have access to high quality services provided by qualified health practitioners through training delivered in all areas of Australia.

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<tbody>
<tr>
<td>a. Percentage of medical practitioners working in general practice with fellowship of either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.</td>
<td>a. 76.6 per cent</td>
<td>a. 77.2 per cent</td>
<td>a. 77.8 per cent</td>
<td>a. 78.4 per cent</td>
</tr>
<tr>
<td>b. The percentage of general practice training outside major cities(^12).</td>
<td>b. 50.0 per cent</td>
<td>b. 50.0 per cent</td>
<td>b. 50.0 per cent</td>
<td>b. 50.0 per cent</td>
</tr>
<tr>
<td>c. Proportion of Specialist Training Program activity in rural areas(^13).</td>
<td>c. 40.0 per cent</td>
<td>c. 42.0 per cent</td>
<td>c. 45.0 per cent</td>
<td>c. 45.0 per cent</td>
</tr>
</tbody>
</table>

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6 General practitioners are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.
7 Non-general practice medical specialists are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of a medical college recognised by the Medical Board of Australia, working in private practice, except those classified as General Practitioners above.
8 Nurses, as defined under the National Law.
9 Allied Health Practitioners are defined as workers registered under one of the 15 professions under the National Law.
10 Defined as locations identified as major cities under the geographic classification Modified Monash Model (Modified Monash area 1).
11 Defined as Modified Monash areas 2–7.
12 Defined as participants in the Commonwealth-funded Specialist Training Program, reported for the calendar years ending during the relevant financial year, training in areas identified as rural under the Australian Standard Geographical Classification – Remoteness Area system (ASGC–RA 2–5).
13 Defined as participants in the Commonwealth-funded Specialist Training Program, reported for the calendar years ending during the relevant financial year, training in areas identified as rural under the Australian Standard Geographical Classification – Remoteness Area system (ASGC–RA 2–5).
Our capability

*We have the right capability to be a high performance organisation.*

More than 4,000 people work at the Department of Health in locations around Australia. Our people and our partnerships with health, aged care and sport stakeholders are central to the delivery of our objectives and achievement of our purpose.

The department’s People Strategy 2016–20 articulates our strategy to enhance the performance of individuals, teams and the organisation as a whole. We will continue to invest in building a high performance organisation that:

- delivers the Government’s agenda and strategic priorities;
- provides trusted, evidence-based policy advice; and
- aligns and maintains organisational functions, performance and capability to meet current and emerging priorities.

Our capability improvement agenda will focus on the key areas outlined below.

**Leadership and management** – We continue to foster leadership capability at all levels and build the skills of our managers to ensure we have a capable, agile and productive workforce.

**Implementation and delivery** – The department has focussed on strengthening our organisational strategy and future direction. We will continue to focus on investing in our staff and developing capability to better align resources to deliver priorities and meet service expectations.

**Governance** – The department has a contemporary governance framework that is client focused, professional and cost-effective.

We partner with state and territory governments to govern the broader health system including through our role in the Council of Australian Governments Health Council, the Australian Health Ministers’ Advisory Council (AHMAC) and AHMAC’s principal committees.

**Strategic policy advice** – The department provides high level, long-term strategic advice that delivers on the Government’s agenda. We operate in a constantly evolving domestic and global health landscape. We approach the development of policy and advice holistically, work effectively in partnership with our stakeholders, understand our challenges, and identify opportunities for lasting change that improves health outcomes.

**Stakeholder engagement and collaboration** – The department continues to strengthen its stakeholder engagement and collaboration. We understand the vital importance of shared responsibility and ongoing collaboration with our stakeholders in working together to continually improve our health system. We invest in methods to improve and support effective stakeholder engagement, including equipping our staff with the right skills and tools.

**Workforce diversity and inclusiveness** – We continue to invest in attracting, developing and retaining a diverse workforce. We value the range of views and approaches diversity brings to the workplace. We are committed to being inclusive, culturally aware, and responsive to the needs of individuals in our policies and practices.

**Enabling functions** – The Corporate Operations Group is the department’s enabling and support team, providing professional, collaborative corporate services that include financial and people management, legal, assurance, communication, parliamentary and information technology support and services.

Our management of risk

*We continue to build our risk culture and awareness around the management of risks.*

The department maintains its critical role in providing high quality, evidence-based advice to the Government on how we can continue to improve health outcomes for all Australians, now and for future generations.

Work is ongoing on our risk management framework, with regular updates to our Risk Management Policy, Enterprise Risk Appetite Statement and Enterprise Level Risks. Providing practical and relevant guidance to staff on engaging with risk is a key priority for us. Our Risk Management Policy aligns with both the Risk Management International Standard and the Commonwealth Risk Management Policy.

Our risk management framework is designed to mature as our environment and requirements of the department change, allowing the department to be responsive and contemporary to today’s needs. It is currently focused on building risk management capability. This includes developing a risk management training program, and embedding the management of risk into key business processes by using risk management as a business improvement tool. As well, we will continue to confidently identify, manage and implement new practices to deliver on our purpose and key initiatives.