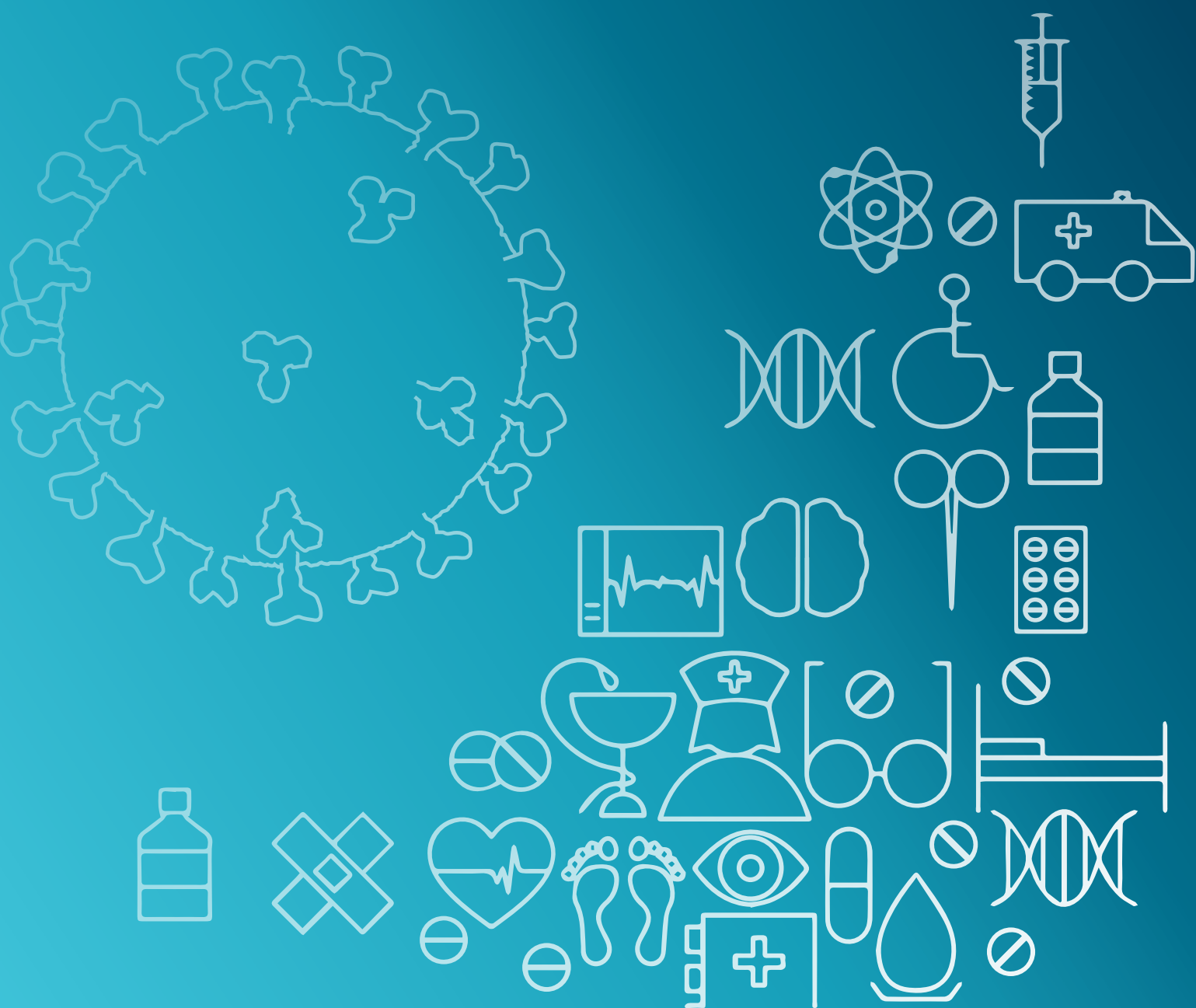




DEPARTMENT OF HEALTH CORPORATE PLAN 2020–21



Amended timing of the publication of the 2020–21 Corporate Plan

Publication of the 2020–21 Corporate Plan was delayed as the Department responded to the COVID-19 pandemic.

The Department needed to redirect resources, redeploy staff, and re-prioritise a number of corporate functions to effectively respond to the COVID-19 pandemic, while also ensuring continued delivery of our health, aged care and sport outcomes.

Significant changes to the Department's corporate operations were implemented as a priority, including:

- **IT infrastructure and equipment** – to enable staff across Australia to work remotely.
- **Property** – to enable staff to work safely, while adhering to physical distancing requirements.
- **Communication** – to keep staff, stakeholders and the public informed and up to date.
- **Human Resources** – to redeploy staff to key areas and keep staff safe by implementing work health and safety initiatives.

The COVID-19 pandemic also had a major impact on the 2020–21 Budget. The Budget was delayed until October 2020, and the Department developed a significant number of new Budget measures to respond to the pandemic. Consequently, this delay of the Budget delayed the finalisation of the 2020–21 Corporate Plan.

Changes to the 2020–21 Corporate Plan

The 2020–21 Corporate Plan is different from previous years. Changes have been made to ensure alignment along the Department's key planning and reporting documents under the Commonwealth performance framework (Portfolio Budget Statements, Corporate Plan and Annual Report) are consistent.

Changes to the 2020–21 Corporate Plan include:

- Re-aligning our performance to the Department's Outcome structure.
- Highlighting our strategic risks and mitigation strategies for each of the Department's Outcomes.
- Identifying our partners and how they help us achieve our Outcomes.

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Message from the Secretary

Welcome to the Department of Health's 2020–21 Corporate Plan.

The Commonwealth Department of Health will celebrate its centenary in March 2021. Over the past 100 years the Department, in its various forms, has demonstrated an unwavering commitment to improving the health outcomes of all Australians. The Department is currently at the forefront of Australia's response to the COVID-19 pandemic – the greatest test of our health system in that proud 100 year history – and is working tirelessly to protect and enhance the immediate and longer term wellbeing and safety of the Australian community.

The COVID-19 response continues to shape our work in 2020–21, with an emphasis on collaborating with other entities and across government to support and protect Australians through these extraordinarily difficult times. We are providing more support for health sectors and citizens, and delivering new policies to protect those most vulnerable in our society. I am particularly proud of the intensive and well-coordinated Departmental effort since July 2020 on the Aged Care COVID-19 response, particularly in Victoria. This work has undoubtedly prevented an even greater and more tragic loss of life in that state.

Looking forward, the Government's COVID-19 Vaccine Strategy has secured access to the most promising vaccine candidates and puts Australians in an excellent position to access safe and effective vaccines, once they have been approved by the Therapeutic Goods Administration. Providing access to vaccines for the entire population, prioritising those most vulnerable and at risk in our community, will be among the greatest logistical challenges we have ever faced. I am confident our staff will approach this task with the same skill, energy and commitment that has characterised our COVID-19 response so far.

The COVID-19 pandemic has brought forward a number of elements of the Government's 10 year plan for primary care, including fast-tracking access to universal telehealth services in Australia. Capitalising on this generational reform opportunity to make sure the benefits of telehealth will be a key focus for the Department in 2020–21 and beyond.

Another focus for the Department is mental health and suicide prevention. The Department will continue to support this Government priority, and will deliver the largest expansion of the headspace network to date: from a current network of 124 services to 153 services by 2022. The Department will also work closely with stakeholders including states and territories, the mental health sector, and the community, to design and deliver responses to both the Productivity Commission report and the Prime Minister's Suicide Prevention Advisor's final report. This will encompass all aspects of the mental health system.

The Department is looking forward to the final report of the Royal Commission into Aged Care Quality and Safety, anticipated in February 2021. The Royal Commission provides an opportunity to deliver an aged care system that better serves older Australians. While decisions about future policy changes will be a matter for Government, the Department is already implementing significant reform in aged care to better align the system with the needs of older Australians and their families.

The Department will also continue working to deliver Australia's Long Term National Health Plan, setting the agenda and direction for reforming Australia's health system to achieve our goal of building the world's best health system. Establishing the landmark forward funding Pharmaceutical Benefits Scheme (PBS) New Medicines Funding Guarantee further supports this goal and will safeguard the PBS listings of innovative, life-saving and life-changing medicines.

The Department does not work in isolation in achieving all this. In 2020–21, we will continue to work and engage with our Australian Government colleagues, states and territories and through partnership with external bodies and other stakeholders.

I am proud of the very significant role the Department has played, and continues to play, in positioning Australia for a future beyond the initial pandemic crisis response. I would like to acknowledge the professionalism and commitment displayed at all levels across the Department and the friendly and open culture we have built, one that is committed to improving our health system and harnessing the intellectual power and diverse skills of all our staff.

Dr Brendan Murphy
Secretary

Statement of Preparation

I, Dr Brendan Murphy, as the accountable authority of the Department of Health, present the 2020–21 Department of Health Corporate Plan, which covers the period 2020–21 to 2023–24, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

Our Purpose

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

Our Vision

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

About Us

The Department of Health is a Department of State. We operate under the *Public Service Act 1997* and the *Public Governance, Performance and Accountability Act 2013*.

The Commonwealth Department of Health was established in 1921, in part as a response to the devastating effects of the Spanish Influenza pandemic of 1919. Almost 100 years later, the Department is once again at the forefront of Australia's response to a pandemic.

More than 4,300 people work in the Department from locations around Australia. Our people, and our partnerships with health, aged care and sport stakeholders are central to the delivery of our Outcomes and Programs, and enable us to achieve our Purpose.

Our Operating Context

There has been a systemic change to the way the health system operates in a very short period.

In managing the COVID-19 pandemic, there has been unprecedented integration across health protection, primary care, aged care, mental health, disability care, hospitals and research. Advancements in telehealth have been transformational, enabling patients to continue to receive quality, ongoing care from a General Practitioner (GP) who knows their medical history and needs.

During 2020–21, and over the next four years, the Department will implement the Government's response to the COVID-19 pandemic, while investing in youth and sport and supporting the Government's reform agenda by further strengthening the four pillars of Australia's Long Term National Health Plan. This will involve collaboration with the states and territories to take a nationally consistent approach and achieve better health outcomes for all Australians.

The Department will continue to support the Government to progress aged care reform, including responding to the issues raised by the Royal Commission into Aged Care Quality and Safety Interim Report and the *Aged care and COVID-19: a special report*. The Royal Commission's final report is due to be released on 26 February 2021, while the Department is currently responding to the special report's recommendations.

The Department has a long history of supporting flexible working arrangements. During the early stages of the COVID-19 pandemic, we quickly organised the majority of staff to work remotely, enabled by a rapid rollout of laptops, and changed our operating context to ensure a COVIDSafe workplace. The use of teleconferencing and videoconferencing tools has dramatically increased, allowing staff to continue to be productive and engage with each other — and key stakeholders — in a safe and reliable manner. These tools enabled us to continue reaching our stakeholders in regional and remote Australia, especially Aboriginal and Torres Strait Islander health partners. We will continue to use these tools as a new and important form of communication. The workplace solutions put into practice across the Department are an example of our ability to adapt and respond to an uncertain and ever-changing environment.

Our Outcomes

Our Purpose is achieved through our Outcomes and Programs, as described in the *2020–21 Health Portfolio Budget Statements*. Outcomes are the Government's expected results, benefits or consequences for the Australian community. Outcomes are used as a basis for budgeting, measuring performance and reporting. Annual Administered funding is appropriated on an outcome basis.

Outcome	Outcome 1 Health System Policy, Design and Innovation	Outcome 2 Health Access and Support Services	Outcome 3 Sport and Recreation	Outcome 4 Individual Health Benefits	Outcome 5 Regulation, Safety and Protection	Outcome 6 Ageing and Aged Care
Program	1.1 Health Policy Research and Analysis	2.1 Mental Health	3.1 Sport and Recreation	4.1 Medical Benefits	5.1 Protect the Health and Safety of the Community Through Regulation	6.1 Access and Information
	1.2 Health Innovation and Technology	2.2 Aboriginal and Torres Strait Islander Health		4.2 Hearing Services	5.2 Health Protection and Emergency Response	6.2 Aged Care Services
	1.3 Health Infrastructure	2.3 Health Workforce		4.3 Pharmaceutical Benefits	5.3 Immunisation	6.3 Aged Care Quality
	1.4 Health Peak and Advisory Bodies	2.4 Preventive Health and Chronic Disease Support		4.4 Private Health Insurance		
	1.5 International Policy	2.5 Primary Health Care Quality and Coordination		4.5 Medical Indemnity		
		2.6 Primary Care Practice Incentives		4.6 Dental Services		
		2.7 Hospital Services		4.7 Health Benefit Compliance		
				4.8 Targeted Assistance – Aids and Appliances		

Our Commitment

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

We continue to learn from and share our experience and expertise with partners in Australia and around the world, improving health in the region and globally.

We are committed to:

- providing high quality advice to the Government and delivering key reforms and priorities.
- being a high performing organisation focused on improving workforce capability.
- being an inclusive and collaborative workplace.

Our Capability

We have the right capability to continue as a high performing organisation.

While responding to the COVID-19 pandemic, we continue to demonstrate, through a positive and inclusive workplace culture, that our people have the right capability to collaborate, innovate and engage in working toward better health and wellbeing for all Australians, now and for future generations.

Workforce Capability

We continue to focus on improving our workforce capability through:

Leadership and management – We foster leadership capability at all levels and build the skills of our managers to ensure we have a capable, agile and productive workforce. With the change in our context, we are increasing the emphasis on how to lead and manage dispersed teams.

Learning and development – We are adapting our approach to learning and development to reflect how our staff work and learn. With many staff now working remotely, online training offers greater flexibility. Staff are able to access the Department's Learning Management System using any device, and have access to over 5,000 courses and video tutorials, curated virtual classrooms and eLearning content. This includes specialist and technical programs.

Project management and governance –

The Department is focused on strengthening the implementation and delivery of the Government's priorities by enhancing project management capability and effective governance.

We partner with state and territory governments to govern the broader health system, including by supporting the new Health National Reform Committee. We will continue to work closely with National Cabinet in its role in responding to the COVID-19 pandemic.

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.

Data, analytics and informatics – The Department effectively harnesses data and analytics to inform evidence-based decision-making.

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

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

Stakeholder engagement and collaboration –

The Department continues to strengthen its stakeholder collaboration and engagement. We understand the importance of shared responsibility and ongoing collaboration with our stakeholders, and the need to work together to continually improve our health system. We invest in methods to improve and support effective stakeholder engagement, and equip our staff with the right skills and tools. The Department continues its commitment to work with stakeholders to contribute to the outcomes of the 2020 National Agreement on Closing the Gap.

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 our 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 (COG) 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.

The Corporate Operations Group Strategy continues to guide the work of the COG in supporting the portfolio to deliver better health and wellbeing for all Australians, now and for future generations.

Information Communications and Technology Capability

The Department's *Information Communications and Technology (ICT) 2019–2021 Strategy* outlines how we work towards innovative, sustainable and secure ICT to support the delivery of our Outcomes and achieve our Purpose. Four priority themes are identified in the strategy, which is where ICT focuses planning, investment and delivery.

The four priority themes are:

- Enhancing our customer service.
- Transforming our platforms and processes.
- Enhancing capabilities.
- Developing financial sustainability.

The Department's ICT strategy provides the drivers for change, customer landscape and the initiatives that will achieve these strategic priorities. This document outlines the three year program of work.

The success of the strategy is measured through a range of performance indicators, including customer experience. The key performance indicators measure progress towards our targets for take up of digital services, delivery of fit-for-purpose ICT services, customer privacy and security measures, and leadership effectiveness.

In response to the COVID-19 pandemic, the Department's ICT capability and capacity was crucial to ensure the work of the Department could continue to deliver on behalf of the Australian community. With the majority of staff required to work remotely, a number of the strategy's objectives were brought forward. This necessitated the rapid implementation of ICT solutions to enable staff to securely access the Health network remotely, issuing laptops and ensuring the network was capable of supporting such a significant increase in remote access. Digital solutions were also implemented to allow staff to communicate and collaborate not only with each other, but with our partners and key stakeholders.

The Department is also continuing to deliver institutional change in our IT security capability. The Department's *Information Technology (IT) Security Strategy 2020–22* sets out our approach to enabling and enhancing health services to meet the Department's external and internal customer requirements and Government-directed outcomes in the Protected Security Policy Framework.

Our Management of Risk

Our risk culture and awareness around the management of risks continue to mature.

Work continues to ensure the Department's risk management framework is dynamic and targeted, 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. The Department's Risk Management Policy aligns with the Risk Management International Standard and takes into consideration the recommendations of the independent review into the operation of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the Commonwealth Risk Management Policy.

Our risk management framework is designed to mature as the environment and requirements of the Department change, allowing us to be responsive and contemporary. The framework 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 including planning and project delivery, by using risk management as a business improvement tool. We will also continue to confidently identify, manage and implement new practices to deliver on our Purpose and key initiatives.

Our Corporate Governance

The Department's corporate governance arrangements play a crucial role in ensuring the Government's priorities and program objectives are delivered efficiently and effectively.

The Department has four senior governance committees that provide advice and make recommendations to the Executive on organisational performance, delivery of Administered Programs, implementation of the Department's highest risk change projects, and strategic portfolio policy issues to improve the performance of health and aged care systems.

- The **Executive Committee** provides strategic direction and leadership to ensure the outcomes documented in the Department's Corporate Plan and Portfolio Budget Statements are achieved. The Executive Committee operates in an advisory capacity to the Secretary as the Chief Executive and has no legal status.
- The **Audit and Risk Committee** provides independent advice and assurance to the Secretary on the appropriateness of the Department's financial reporting, performance reporting, system of risk oversight and management, and system of internal control.
- The **Performance Assurance Committee** is an advisory body, reporting to the Executive Committee. This Committee drives excellence in program delivery across all departmental programs, which are mapped in the approved Outcome and Program structure reflected in the Portfolio Budget Statements. It considers both the ongoing delivery of programs and the implementation of new programs and measures.
- The **Investment and Implementation Board** provides oversight, advice and assurance to the Executive Committee on effective management and ongoing viability of the Department's high risk change projects, assessment of performance impacts and delivery related to the Department's COVID-19 pandemic response, strengthening and maturing project capability and independent project assurance, and investments relating to the use of departmental capital and non-capital budgets.

Our Performance Assurance

The Commonwealth Performance Framework is established by the PGPA Act and requires entities to demonstrate how public resources have been applied to achieve their purposes.

In September 2020, the Department undertook a review on the compliance of its performance reporting arrangements with relevant legislation and guidance, including a high-level assessment of:

- The effectiveness of the Department's processes for preparing the Annual Performance Statements.
- The appropriateness of the Department's existing performance measures, through reference to a targeted sample of performance measures.

Overall, the review made a number of recommendations as to how the Department's performance framework could be improved and work is underway accordingly.

The Department continues to make ongoing improvements to the reliability, objectivity and clarity of our performance measures. This includes improving the identification and documentation of data sources and methodologies used to measure results against performance measures. These improvements will further help us to ensure consistency can be achieved between the three key reporting documents – Corporate Plan, Portfolio Budget Statements, and Annual Report – making our reporting clearer and more informative to readers.

The Department will also continue to improve the mix of performance measures to achieve greater balance between qualitative and quantitative measures, and between measures of outputs, efficiency and effectiveness.

The review also found performance measures outlined in the Portfolio Budget Statements, Annual Performance Statements and Corporate Plan should be aligned. The 2020–21 Corporate Plan includes all performance criteria published in the 2020–21 Portfolio Budget Statements.

Our Performance

This section of the Corporate Plan provides information on the Department's six Outcomes, set by the Government and detailed in the *2020–21 Health Portfolio Budget Statements*.

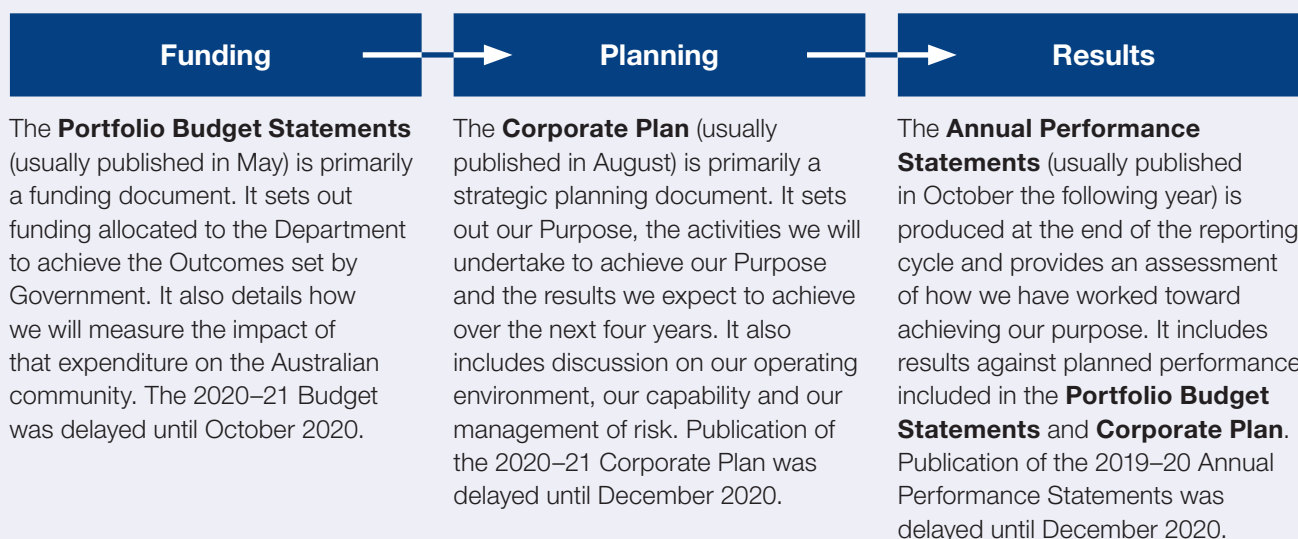
Presented as fact sheets, we discuss our operating environment, key objectives and key activities we are undertaking to achieve the Department's Purpose over the next four years. We also outline how we will measure our performance, the key strategic risks we face and how we will manage these risks.

These performance measures were originally published in the *2020–21 Health Portfolio Budget Statements*.

The results and assessments of our performance in working to achieve our Purpose and Outcomes will be reported in the 2020–21 Annual Performance Statements (included in our Annual Report).

Commonwealth Performance Framework

The **Corporate Plan**, the **Portfolio Budget Statements** and the **Annual Performance Statements** (included in the Annual Report) are the core elements of the Commonwealth Performance Framework.





Outcome 1: Health System Policy, Design and Innovation

Australia's health system is better equipped to meet current and future health needs by applying research, evaluation, innovation, and use of data to develop and implement integrated, evidence-based health policies, and through support for sustainable funding for health infrastructure

Our Key Objectives

- Facilitating a nationally consistent focus on achieving better health outcomes for all Australians through collaboration with the states and territories.
- Providing a sustainable source of funding for health and medical research.
- Working with the Australian Digital Health Agency to realise the benefits of My Health Record (MHR), through the provision of policy and legislative advice.
- Delivering health infrastructure projects and monitoring compliance to ensure increased access to high quality health services.
- Cooperating with the health sector to share information relating to the Australian Government's health agenda.
- Contributing to Australia's foreign development, trade and economic policy goals.

Our Operating Environment

A nationally consistent focus on achieving better health outcomes for all Australians through collaboration with the states and territories has never been more important. This collaboration is particularly critical to deliver a cohesive national health response to the COVID-19 pandemic.

The Department will continue to support the Government under the new National Cabinet and related processes, enabling improved collaboration, communication and effectiveness.

The Department is leading the development and implementation of the COVID-19 Vaccines and Treatments Strategy to enable access to safe and effective vaccines and treatments for all Australians.

The Department is also leading the strategic policy and program work associated with the Medical Research Future Fund and Biomedical Translation Fund, which are designed to improve Australia's health policy research and data capacity.

In conjunction with the Australian Digital Health Agency, the Department is supporting increased use of the MHR system. The MHR system provides Australians

with greater control of their health information, anywhere and at any time. Usage of MHR for pathology and shared health summaries increased during the COVID-19 pandemic, demonstrating the ongoing value provided by MHR and digital health more broadly.

The Department continues to support and monitor a number of health infrastructure projects designed to improve access to a range of services. These projects are improving patient care and tackling the impact of a range of health and social issues, while reducing pressure on community and hospital services.

The Department continues to fund 23 health-related national peak and advisory organisations to consult their members and share information, provide well-informed and impartial advice to government, and provide education and training to health and medical practitioners.

The Department's ongoing international engagement, including with the World Health Organization (WHO) and other multilateral and bilateral international fora, continues to benefit the Australian community and global efforts to respond to worldwide health emergencies, such as the COVID-19 pandemic.

Our Programs and Key Activities

Outcome 1: Health System Policy, Design and Innovation					
	Program 1.1 Health Policy Research and Analysis	Program 1.2 Health Innovation and Technology	Program 1.3 Health Infrastructure	Program 1.4 Health Peak and Advisory Bodies	Program 1.5 International Policy
Key Activities	<ul style="list-style-type: none"> Collaborate with states and territories Health and medical research 	<ul style="list-style-type: none"> Digital health system 	<ul style="list-style-type: none"> Health infrastructure 	<ul style="list-style-type: none"> National peak bodies 	<ul style="list-style-type: none"> International engagement
Performance Criteria					

Our Performance

Program 1.1: Health Policy Research and Analysis

Objective: Support health and medical research through increased investment and work to strengthen safety and quality across the health system to reduce risks to patients and generate efficiencies. Continue to provide Australians with access to an adequate, safe, secure, and affordable blood supply and blood products and access to organ, tissue and Haemopoietic Progenitor Cell (HPC)¹ transplants.

Key Activities: Collaborate with states and territories to achieve better health outcomes for all Australians

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Effectively support Australian Government Ministers and officials to collaborate with states and territories on health issues to achieve better health outcomes for all Australians.	Continue to work with states and territories to: <ul style="list-style-type: none"> respond to the COVID-19 pandemic, emerging diseases and natural disasters; implement the 2020–21 to 2024–25 Addendum to the National Health Reform Agreement; improve health outcomes for Aboriginal and Torres Strait Islander people; and strengthen the national mental health system and reduce the rate of suicide. 	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.53

Key activity: Continue to cement Australia's place as a world leader in health and medical research

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide a sustainable source of funding for transformative health and medical research that improves lives, contributes to health system sustainability and drives innovation.	Develop and release the Australian Medical Research and Innovation Priorities 2020–22 and the Australian Medical Research and Innovation Strategy 2021–25. ²	●	●	●	●
	Announce investments, offer grant opportunities and execute grant agreements under various Medical Research Future Fund (MRFF) initiatives consistent with the MRFF Act and the MRFF 10 year Investment Plan.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.53

¹ HPC are blood stem cells capable of self-renewal, as well as differentiation and maturation into all blood cell types. They can be found in bone marrow, mobilised peripheral blood and umbilical cord blood. Further information, including the agreed therapeutic purposes, is available at: www1.health.gov.au/internet/main/publishing.nsf/Content/health-organ-bmtransplant.htm

² There was a typographical error in the 2020–21 Health Portfolio Budget Statements, The Department will develop the Australian Medical Research and Innovation Strategy 2021–26'.

Program 1.2: Health Innovation and Technology

Objective: Implement a digital health system that facilitates accurate, safe and secure information sharing between healthcare providers.

Key Activities: Support the implementation of a digital health system that facilitates accurate, safe, and secure information sharing between healthcare providers

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
The Minister and the Australian Digital Health Agency are supported to improve health outcomes for Australians through digital health systems.	Provide high quality, relevant and well-informed research, policy and legal advice to support digital health systems, including the MHR system.	●	●	●	●
	Use evidence and user research to inform improvements to the digital health system, including increased uptake and use of MHR.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.54

Program 1.3: Health Infrastructure

Objective: In collaboration with states, territories and the healthcare sector, ensure health infrastructure projects meet the needs of communities through ongoing monitoring and compliance.

Key activity: Ensure health infrastructure is safe and meets the needs of communities

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Deliver health infrastructure projects and monitor compliance to ensure increased access to high quality health services.	Commence new health infrastructure projects under the Community Health and Hospitals Program (CHHP) and other relevant infrastructure projects, in partnership with key stakeholders including states and territories.	●	●	●	●
	Monitor infrastructure projects for compliance to ensure construction projects meet required standards and milestones.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.55

Program 1.4: Health Peak and Advisory Bodies

Objective: Enable national health peak and advisory bodies to contribute to Australia's health system and the development of health policies and programs by supporting consultation activities and providing expert, evidence-based advice.

Key activity: Support national peak body organisations to contribute to Australia's health agenda

Performance Criteria	Target	2020-21	2021-22	2022-23	2023-24
Successfully harness the healthcare sector to share information relating to the Australian Government's health agenda.	Continue to engage with funded national health peak and advisory bodies to inform the Australian Government's health agenda.	●	●	●	●
	Monitor progress of organisations towards meeting performance conditions and milestones in their grant agreements.	●	●	●	●

Source: 2020-21 Health Portfolio Budget Statements, p.56

Program 1.5: International Policy

Objective: Pursue Australia's health interests to achieve better health outcomes by negotiating international health standards in multilateral fora, building country-to-country partnerships, technical cooperation, and analysis and sharing of international best practice and innovation. Through these engagements, the Australian Government will also contribute to Australia's foreign development, trade and economic policy goals.

Key Activities: Support the Australian Government's engagement in multilateral, regional and bilateral international fora to influence global and domestic health outcomes

Performance Criteria	Target	2020-21	2021-22	2022-23	2023-24
Protect the health of Australians by strengthening our health system through influencing the development of evidence-based international standards, and adopting international best practice and maintaining our ability to respond to health security threats.	Effectively engage in relevant international fora to influence the development and acceptance of international evidence, standards and best practice that will support and inform our domestic policy agenda.	●	●	●	●
	Continue to play a leading role in WHO reform and actively engage in the independent review of the international COVID-19 pandemic response.	●	●	●	●
	Continue to support Australia's regional leadership in responding to the COVID 19 pandemic.	●	●	●	●

Source: 2020-21 Health Portfolio Budget Statements, p.58

Our Key Risks

Below are the key risks relevant to Outcome 1. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
<p>Arrangements do not support the states and territories to deliver improved safety and quality, health innovation and sustainable hospital funding, including medical research funding.</p> <p>Investments in health and medical research from the MRFF are not made in accordance with legislative requirements, the MRFF 10 year Investment Plan, the Australian Medical Research and Innovation Priorities 2020–22 and the Australian Medical Research and Innovation Strategy 2021–26.</p>	<p>Funding provisions under the new National Health Reform Agreement for the period 2020–21 to 2024–25 will increase over the coming years. This funding will continue to focus on reducing unnecessary hospitalisations and improving patient safety and service quality.</p> <p>Effective financial management and program assurance activities are implemented and reviewed regularly.</p> <p>Independent expert advice will support MRFF investment policy development.</p>

Our partners in delivering Outcome 1

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 1, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
Australian Commission on Safety and Quality in Health Care (ACSQHC)	ACSQHC works to strengthen safety and quality across Australia's healthcare system, with a focus on developing standards, improving appropriateness of care, and minimising risk of harm.
Australian Digital Health Agency (Digital Health)	Digital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record.
Australian Institute of Health and Welfare (AIHW)	AIHW provides high quality national health-related data and analysis.
Independent Hospital Pricing Authority (IHPA)	IHPA determines the National Efficient Price for public hospital services, as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements.
National Blood Authority (NBA)	NBA works to save and improve Australian lives through a world-class blood supply that is safe, secure, affordable and well-managed.
National Health Funding Body (NHFB)	The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury.
National Health and Medical Research Council (NHMRC)	NHMRC develops evidence-based health advice for the Australian community, health professionals and governments, provides advice on ethical practice in health care and in the conduct of health and medical research, and administers research grant programs on behalf of the Department of Health.
Organ and Tissue Authority (OTA)	OTA works to maximise organ and tissue donation for transplantation by increasing the capacity within the health system, and raising community awareness and stakeholder engagement in support of donation.

Other Commonwealth Entities	Contribution
Department of Foreign Affairs and Trade (DFAT)	DFAT works with the Department of Health to promote regional and global strategic interests as they relate to health.
Department of Industry, Science, Energy and Resources (DISER)	DISER works with the Department of Health to implement the Biomedical Translation Fund, the Medical Research Future Fund and strategies to make Australia a preferred destination for clinical trials.
Department of Infrastructure, Transport, Regional Development and Communications (Infrastructure)	Infrastructure co-funds the Australian Trauma Registry with the Department of Health to record cases of severe injury, including from road trauma, and improve the treatment and health outcomes of people with injuries.
Department of the Treasury (Treasury)	<p>Treasury provides financial assistance through National Partnership Payments to state and territory governments as part of the Federal Financial Relations Framework. Activities funded through National Partnership Agreements include:</p> <ul style="list-style-type: none"> • Hepatitis C Settlement Fund; • Encouraging more clinical trials in Australia; • Health Innovation Fund; • National Health Reform Agreement; • National Partnership Agreement on COVID-19 Response; • Community Health and Hospitals Program, including the Tasmania Health Package and the Additional Health Services for north-western Tasmania; and • Achieving Better Health Outcomes.
Services Australia	Services Australia contributes to ensuring that Australia's health system is better equipped to meet current and future health needs by administering the Australian Organ Donor Register.



Outcome 2: Health Access and Support Services

Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce

Our Key Objectives

- Supporting Australians with, or at risk of, mental illness by improving service integration for a more effective and efficient mental health system.
- Supporting delivery of culturally safe and essential health services to Aboriginal and Torres Strait Islander people.
- Leading the health sector partnerships required to achieve the three health-specific targets in the National Agreement on Closing the Gap.
- Continuing to improve the capacity, quality, distribution and mix of Australia's health workforce.
- Improving the health and wellbeing of all Australians by reducing the rates of preventable mortality and morbidity.
- Strengthening primary health care through improved quality and coordination.
- Supporting quality care, enhanced capacity and improved access through general practice incentives.
- Supporting states and territories to deliver efficient public hospital services.

Our Operating Environment

The mental health and wellbeing of individuals, families, and communities has been significantly affected by the 2019–20 bushfires and the COVID-19 pandemic. The Australian Government has continued to make mental health and suicide prevention a national priority. A range of mental health initiatives have been expanded to address impacts of COVID-19, including the number of Medicare-funded psychological therapy sessions a person can access and the headspace network. The Department has also implemented new initiatives which recognise the current environment, including the creation of a new Coronavirus Mental Health Wellbeing Support Line. Work is also continuing on major reforms to ensure Australia has a unified national mental health system. This work is laying the foundation for long-term structural transformation to the mental health system to ensure it is able to deliver the best possible care for all Australians.

The Department continues to work in partnership with Aboriginal and Torres Strait Islander people to improve health outcomes. A major focus of the Department's COVID-19 response has been to keep Aboriginal and Torres Strait Islander people and communities safe. This includes extending the 86 Point of Care testing sites in rural and remote areas, supporting the Aboriginal Community Controlled Health Organisation and enabling access to culturally safe assessment and testing across urban and regional areas.

The Department is leading the work required to meet the three health targets and four priority reform areas in the National Agreement on Closing the Gap, and is refreshing the National Aboriginal and Torres Strait Islander Health Plan.

Australia needs a sustainable and highly trained medical workforce. The Department is continuing to develop and implement a National Medical Workforce Strategy to guide long-term collaborative medical workforce planning across Australia. Work is also continuing on the implementation of the Stronger Rural Health Strategy, which will give doctors more opportunities to train and practice in rural and remote Australia. It will also give nurses and allied health professionals a greater role in the delivery of multidisciplinary, team-based primary care.

The Department is also progressing the development of a *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*. This plan will support National Cabinet's job-making agenda and build a culturally safe system to improve health outcomes for Aboriginal and Torres Strait Islander people and communities.

The National Preventive Health Strategy is an integral part of Australia's Long Term National Health Plan. The strategy aims to help Australians improve their health at all stages of life, through early intervention, better information, targeting risk factors and the broader causes of health and wellbeing. Early detection is a key aspect of prevention, and the Department is continuing to play a critical role in Australia's world leading efforts in national screening and immunisation programs. The Intergenerational Health and Mental Health Study will collect important data to provide a better understanding of the physical and mental health of people in Australia.

The Department is delivering a long-term vision for primary health care through the 10 Year Primary Health Care Plan. Coordination of care at the local level, and improvements in the efficiency and effectiveness of health services through Primary Health Networks (PHNs) remains a focus of the Department. PHNs work closely with health care providers, stakeholders and community groups within their region to identify and prioritise health needs, and design and deliver services to address those needs. For example, specific support was, and continues to be, provided to GPs during the Australian bushfires and the COVID-19 pandemic. The Department also provides national leadership on palliative care.

In response to the COVID-19 pandemic, the Department developed the National Partnership on COVID-19 Response, which was agreed by states and territories in March 2020. The partnership provides financial assistance to states and territories to cover additional costs incurred as a result of the pandemic. This includes a financial viability guarantee to the private hospital sector so its capacity can be integrated with the public hospital system to support the COVID-19 response.

Our Programs and Key Activities

Outcome 2: Health Access and Support Services				
Key Activities	Program 2.1 Mental Health	Program 2.2 Aboriginal and Torres Strait Islander Health	Program 2.3 Health Workforce	Program 2.4 Preventive Health and Chronic Disease Support
	<ul style="list-style-type: none"> • Improve mental health services and suicide prevention 	<ul style="list-style-type: none"> • Improve Aboriginal and Torres Strait Islander health • Reduce the burden of chronic disease 	<ul style="list-style-type: none"> • Improve the quality and distribution of the health workforce 	<ul style="list-style-type: none"> • Preventive health • Cancer screening • Reduce harm from alcohol, tobacco and other drugs • Palliative care
Performance Criteria				

Outcome 2: Health Access and Support Services			
Key Activities	Program 2.5 Primary Health Care Quality and Coordination	Program 2.6 Primary Care Practice Incentives	Program 2.7 Hospital Services
	<ul style="list-style-type: none"> • Improve primary health care 	<ul style="list-style-type: none"> • Incentive payments 	<ul style="list-style-type: none"> • Improve hospital services
Performance Criteria			

Our Performance

Program 2.1: Mental Health

Objective: Improve the mental health and wellbeing of all Australians, with a focus on suicide prevention, by increasing access to mental health services and improving mental health outcomes towards zero suicides.

Key Activities: Improve mental health services to ensure they are coordinated and supported

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Improve mental health outcomes for all Australians and combat suicide.	Continue to roll out the Way Back Support Service in partnership with relevant jurisdictions.	●	●		
	Establish an adult mental health centre in each state and territory.	●	●		
	Commence service delivery in the first community-based residential eating disorder treatment centre.	●	●		
	Work closely with PHNs and headspace to establish new headspace services and plan for future services.	●	●		
	Develop a National Mental Health Workforce Strategy in partnership with jurisdictions.	●	●		
	Establish 15 Mental Health Clinics across Victoria to provide accessible mental health care and support GPs, hospitals and emergency departments.	●	●		
	Implement and monitor mental health packages that support Australians in response to the effects of the 2019–20 bushfires and the COVID-19 pandemic.	●	●		

Source: 2020–21 Health Portfolio Budget Statements, p.67

Program 2.1: Mental Health (continued)

Objective: Improve the mental health and wellbeing of all Australians, with a focus on suicide prevention, by increasing access to mental health services and improving mental health outcomes towards zero suicides.

Key Activities: Improve mental health services to ensure they are coordinated and supported

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Improve mental health outcomes for all Australians and combat suicide.	Commence provision of services in all eight adult mental health centres and commence an evaluation of the trial.		●	●	●
	Continue to establish and implement community-based residential eating disorder centres.		●	●	●
	Further expand headspace services, bringing the total to 153 services by 2022.		●	●	●
	Monitor mental health packages to support Australians in response to the effects of the 2019–20 bushfires and the COVID-19 pandemic.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.67

Program 2.2: Aboriginal and Torres Strait Islander Health

Objective: Support the delivery of culturally safe, high quality essential health services and continue to target health conditions, including chronic disease, disproportionately impacting Aboriginal and Torres Strait Islander people. Improve access to affordable Pharmaceutical Benefits Scheme (PBS) medicines for Aboriginal and Torres Strait Islander people.

Key Activities: Improve Aboriginal and Torres Strait Islander health through access to culturally appropriate high-quality health services

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Improve health outcomes of Aboriginal and Torres Strait Islander peoples through implementing actions under the <i>National Aboriginal and Torres Strait Islander Health Plan 2013–2023</i> and its associated implementation plan.	Complete, release and commence implementation of the refreshed Health Plan in partnership with Aboriginal and Torres Strait Islander peoples, communities and organisations.	●			
	In continued partnership with Aboriginal and Torres Strait Islander peoples, communities and organisations, implement the refreshed Health Plan.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.69

Key activity: Deliver approaches to reduce the burden of chronic disease among Aboriginal and Torres Strait Islander people

Performance Criteria	2019 Target	2020 Target	2021 Target	2022 Target
Aboriginal and Torres Strait Islander chronic disease-related mortality rate per 100,000 is reduced. ³	548–582	528–561	508–540	488–519
Increase the percentage of Aboriginal and Torres Strait Islander women who have at least one health check in the first trimester of pregnancy.	N/A ⁴	57.3%	58.2%	59.1%

Source: 2020–21 Health Portfolio Budget Statements, p.69

³ This performance criterion is reported on a calendar-year basis.

⁴ This is a new performance criterion for 2020–21, therefore there is no target for 2019.

Program 2.3: Health Workforce

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 Activities: Improve the quality, distribution and planning of the Australian health workforce to better meet the needs of the community

Performance Criteria	2020–21 Target		2021–22 Target		2022–23 Target		2023–24 Target	
Effective investment in workforce programs will improve the distribution of Australia's health workforce. ⁵	Cities	Rural	Cities	Rural	Cities	Rural	Cities	Rural
a. Full time equivalent (FTE) vocationally registered Primary Care GPs per 100,000 population in Australia.	120.3	101.8	124.3	106.7	128.4	111.8	132.6	117.2
b. FTE non-vocationally registered primary care GPs per 100,000 population in Australia.	7.1	13.6	6.3	12.3	5.7	11.1	5.1	10.1
c. FTE non-general practice medical specialists per 100,000 population in Australia. ⁶	187.5	91.1	190.1	94.6	192.8	98.2	195.5	102.0
d. FTE primary and community nurses per 100,000 population in Australia. ⁷	152.0	207.1	154.2	209.4	156.4	211.8	158.7	214.1
e. FTE primary and community allied health practitioners per 100,000 population in Australia. ⁸	386.4	282.4	394.5	288.7	402.8	295.0	411.3	301.5
f. Proportion of GP training undertaken in areas outside major cities. ⁹	N/A	>50%	N/A	>50%	N/A	>50%	N/A	>50%

Source: 2020–21 Health Portfolio Budget Statements, p.71

⁵ Additional health workforce information is available at: www.hwd.health.gov.au.

⁶ National Health Workforce Datasets (NHWDS), Medical Practitioners.

⁷ NHWDS, Nurses and Midwives.

⁸ NHWDS, Allied Health.

⁹ Australian General Practice Training Program data.

Program 2.4: Preventive Health and Chronic Disease Support

Objective: Improve the health and wellbeing of all Australians by reducing the rates of preventable mortality and morbidity caused by cancer, chronic disease and substance misuse, including tobacco, alcohol, illicit and other drug use, poor diet and physical inactivity.

Key Activities: Support enhancement of public and preventive health policy through the development of national strategies for preventive health, obesity and injury prevention; and the implementation of existing national strategic action plans for chronic diseases and national strategies for men's, women's and children's health

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide national guidance to states, territories and health professionals on strategies to reduce the prevalence of chronic conditions and associated complications. Support Australians to make healthy lifestyle choices.	Continue to implement Commonwealth responsibilities under relevant action plans, implementation plans and strategies.	●			
	Finalise and launch the National Injury Prevention Strategy and develop the Monitoring and Reporting Framework.	●			
	Finalise and launch the 10 year National Preventive Health Strategy.	●			
	Commence implementation of a thalidomide financial support package.	●			
	Implement Commonwealth responsibilities under relevant action plans, implementation plans and strategies.		●	●	●
	Finalise the Monitoring and Reporting Framework for the National Injury Prevention Strategy.		●	●	●
	Continue to implement the thalidomide financial support package.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.73

Program 2.4: Preventive Health and Chronic Disease Support (continued)

Objective: Improve the health and wellbeing of all Australians by reducing the rates of preventable mortality and morbidity caused by cancer, chronic disease and substance misuse, including tobacco, alcohol, illicit and other drug use, poor diet and physical inactivity.

Key activity: Improve early detection, treatment and survival outcomes for people with cancer

Performance Criteria	Jan 2020 – Dec 2021 Target	Jan 2021 – Dec 2022 Target	Jan 2022 – Dec 2023 Target	Jan 2023 – Dec 2024 Target
The percentage of people participating in national cancer screening programs is maintained.				
a. National Bowel Cancer Screening Program.	56.6%	56.6%	56.6%	56.6%
b. Breast Screen Australia (women 50–74 years of age).	54%	54%	54%	54%

Source: 2020–21 Health Portfolio Budget Statements, p.74

Performance Criteria	Jan 2020 – Dec 2024 Target	Jan 2021 – Dec 2025 Target	Jan 2022 – Dec 2026 Target	Jan 2023 – Dec 2027 Target
The percentage of women aged 25–74 years old participating in the National Cervical Screening Program is maintained. ¹⁰	57%	57%	57%	57%

Source: 2020–21 Health Portfolio Budget Statements, p.74

¹⁰ From 1 December 2017, the biennial Pap test for people 18 to 69 years of age changed to a five-yearly Cervical Screening Test for people 25 to 74 years of age. Prior to 1 December 2017, the results for this criterion were reported on a rolling two-calendar-year basis, however biennial targets are no longer applicable due to this change in the screening interval from two to five years. Participation rates for the renewed National Cervical Screening Program will only be accurately measured after a full phase of screening (five years) has been completed and the data assessed. Prior to this, interim indicators will be used to estimate participation using available data.

Program 2.4: Preventive Health and Chronic Disease Support (continued)

Objective: Improve the health and wellbeing of all Australians by reducing the rates of preventable mortality and morbidity caused by cancer, chronic disease and substance misuse, including tobacco, alcohol, illicit and other drug use, poor diet and physical inactivity.

Key Activities: Support prevention and reduction of harm to individuals and communities from alcohol, tobacco and other drugs

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Support a collaborative approach to preventing and reducing the harms from alcohol, tobacco and other drugs.	Continue investing in quality alcohol and drug treatment services consistent with the National Quality Framework.	●	●	●	●
	Strengthen the alcohol and drugs evidence base through high quality research, data analysis and consultation with industry experts.	●	●	●	●
	Continue to work with Commonwealth entities, states, territories and other relevant agencies to support the development, implementation and monitoring of Australia's national alcohol, tobacco and other drug policy frameworks, including reporting on the National Drug Strategy and associated sub strategies.	●	●	●	●
	Continue to deliver the National Tobacco Campaign, focusing on high prevalence smoking populations.	●	●	●	

Source: 2020–21 Health Portfolio Budget Statements, p.75

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Reduce the percentage of the population 18 years of age and over who are daily smokers. ¹¹	12%	11.5%	11%	10.5%

Source: 2020–21 Health Portfolio Budget Statements, p.76

¹¹ To date, this measure has been monitored using the Australian Bureau of Statistics (ABS) National Health Survey (NHS) and refers to age-standardised rates of daily smokers. Results from the most recent NHS were released on 12 December 2018 and are available at: www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001.

Initial results from the 2020–21 NHS are expected to be published in late 2021.

Program 2.5: Primary Health Care Quality and Coordination

Objective: Strengthen primary health care by focusing funding to frontline health services and improving the access, delivery, quality and coordination of primary healthcare services. This will help improve health outcomes for patients, focusing on those most in need, including those with chronic conditions and/or mental illness. It will also assist in reducing unnecessary visits or admissions to hospitals.

Key Activities: Improve efficiency, effectiveness and coordination of primary health care services at the local level

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
PHN performance is maintained or improved from the previous assessment.	PHN performance is maintained or improved from the previous assessment.	●	●	●	●
GP-led respiratory clinics continue to support the COVID-19 pandemic response.	GP-led respiratory clinics continue to support the COVID-19 pandemic response.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.77

Program 2.6: Primary Care Practice Incentives

Objective: Provide incentive payments to eligible general practices and GPs through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients.

Key Activities: Support eligible general practices and GPs to increase quality of care, enhance capacity, improve access and health outcomes for patients through incentive payments

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Maintain Australia's access to quality GP care through percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network.	≥86.0%	≥89.0%	≥92.0%	≥95.0%

Source: 2020–21 Health Portfolio Budget Statements, p.78

Program 2.7: Hospital Services

Objective: Improve access to, and the efficiency of, public hospitals through the provision of funding to states and territories.

Key Activities: Improve hospital services in each state and territory

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide public hospital funding policy advice to Government and external stakeholders to support better health outcomes for all Australians.	Support the implementation of the New Addendum to the NHRA	●	●	●	●
	2020–21 to 2024–25, by providing relevant advice and analysis and through engagement with inter-jurisdictional fora.	●	●	●	●
	Support the implementation of the COVID-19 National Partnership.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.80

Our Key Risks

Below are the key risks relevant to Outcome 2. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
Failure to work with stakeholders to deliver efficient and effective mental health services.	We will continue to invest and support key areas of need and closely monitor the services provided to the community through mental health initiatives.
Participation rates decline across cancer screening programs.	We will consult with our program partners and continue to develop collaborative approaches to maintain and increase participation in the following programs: National Bowel Cancer Screening Program, Breast Screen Australia and National Cervical Screening Program.
Inability to improve the efficiency and effectiveness of coordinated care and integration of medical services for people living with chronic health conditions.	Support PHNs to deliver health information, advice and coordinated primary health care services. The implementation of Australia's Long Term National Health Plan is designed to provide a more integrated system which is more efficient, more focused on patients and more equitable.
Inability to provide access to culturally appropriate, essential health services and improve the access to more affordable PBS medicines for Aboriginal and Torres Strait Islander people.	Continue to support and work with the Aboriginal Community Controlled Health Sector on policy and program design and evaluation.
Arrangements do not support the states and territories and Aboriginal Controlled Community Organisations to implement the National Aboriginal and Torres Strait Islander Health Plan and Closing the Gap targets.	We will continue to engage key Aboriginal and Torres Strait Island health partners on the refresh of the National Aboriginal and Torres Strait Islander Health Plan, including to ensure it is aligned with the health targets in the National Agreement on Closing the Gap.
Inability to improve the capacity, quality, distribution and mix of health workforce.	Continue to invest in training programs and the provision of improved incentives for doctors, nurses and allied health professionals to work in regional, rural and remote areas.

Our partners in delivering Outcome 2

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 2, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
Australian Institute of Health and Welfare (AIHW)	AIHW provides high quality national health-related data, analysis, monitoring and reporting to inform preventive health policy and planning.
Cancer Australia	Cancer Australia provides national leadership in cancer control and works with the Department of Health to improve the detection, treatment and survival outcomes for people with cancer.
Food Standards Australia New Zealand (FSANZ)	FSANZ contributes to the protection of public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national activities including food incident response, food surveillance and recall activities to minimise the risk of adverse health events from food.
Independent Hospital Pricing Authority (IHPA)	IHPA determines the National Efficient Price for public hospital services, as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements.
National Health Funding Body (NHFB)	The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury.
National Mental Health Commission (NMHC)	NMHC provides independent policy advice and evidence on ways to improve Australia's mental health and suicide prevention system, and acts as a catalyst for change to achieve those improvements.

Other Commonwealth Entities	Contribution
Australian Bureau of Statistics (ABS)	ABS provides high quality, nationally representative, health-related data and analysis through a national household survey program to inform preventative health policy and planning.
Department of Home Affairs (Home Affairs)	<p>Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma.</p> <p>Home Affairs, through the effective management and delivery of the skilled and family migration programs and sustainable growth in temporary visa programs, supports a prosperous and inclusive society and advances Australia's economic interests, ensuring visa programs include controls to minimise health risks or costs to the Australian community.</p> <p>These programs include:</p> <ul style="list-style-type: none"> • Skilled migration visa programs, supplementing Australia's skilled workforce including the health workforce. • Regional skilled visa programs, directing skilled migrants to regional Australia. • Visas for GPs (including Better Distribution of Medical Practitioners initiative) – a policy initiative implemented by the Department of Health and Home Affairs to regulate the supply of overseas trained doctors and direct them towards areas of health workforce shortages (regional, rural and remote areas) in Australia. • Health requirements, ensuring visa holders do not pose risks to public health. • Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia. • Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia.
Department of Industry, Innovation and Science (Industry)	Through the National Measurement Institute, Industry contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities.
Department of Social Services (DSS)	DSS contributes to improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS) and the provision of mental health services.

Other Commonwealth Entities	Contribution
Department of the Treasury (Treasury)	<p>Treasury provides financial assistance through National Partnership Payments to the state and territory governments as part of the Federal Financial Relations Framework. Activities funded through National Partnership Agreements include:</p> <ul style="list-style-type: none"> • Suicide prevention. • Adult Mental Health Centres Trial. • National Perinatal Mental Health Check. • Grace's Place. • Improving trachoma control services for Indigenous Australians. • Addressing blood borne viruses and sexually transmissible infections in the Torres Strait. • Rheumatic fever strategy. • Northern Territory remote Aboriginal investment – Health component. • Expansion of BreastScreen Australia. • National Bowel Cancer Screening Program – participant follow-up function. • Lymphoedema garments and allied health therapy programs. • Victorian Cytology Service. • Hummingbird House. • National Coronial Information System. • Comprehensive palliative care in aged care. • National Health Reform Agreement. • National Partnership Agreement on COVID-19 Response.
Department of Veterans' Affairs (DVA)	<p>DVA contributes to the Australian Government's objectives for the Practice Nurse Incentive Program. Practices eligible for this program that provide GP services to DVA gold card holders are eligible for an annual payment for each veteran. These practices are identified by Services Australia.</p>
National Indigenous Australians Agency (NIAA)	<p>The NIAA works closely with the Department of Health to ensure the effectiveness of Indigenous health funding, and that mainstream policy, programs and services deliver benefits to Aboriginal and Torres Strait Islander people, including as outlined in the new targets in the National Agreement on Closing the Gap. NIAA also provides grants for health, wellbeing and resilience projects, reduced substance misuse and harm minimisation projects, and projects aimed at combating petrol sniffing and the use of other volatile substances.</p>
Services Australia	<p>Services Australia administers payments and services to eligible recipients under the following initiatives administered by the Department of Health:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander access to the Pharmaceutical Benefits Scheme. • Workforce Incentive Program. • Rural Procedural Grants Program. • Scaling of Rural Workforce Program. • Health Care Homes Program. • Practice incentive payments to general practices, GPs and the Indigenous health sector. • Australian Thalidomide Survivors Support Program.



Outcome 3: Sport and Recreation

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

Our Key Objectives

- Increasing participation in sport and recreation.
- Partnering with sporting organisations, Sport Australia (Australian Sports Commission), Sport Integrity Australia, and the states and territories to develop, implement and promote policies, strategies and programs.
- Coordinating whole-of-government support for major sporting events.
- Continuing to improve water and snow safety.
- Through the National Sports Tribunal pilot, provide a cost-effective, efficient, independent and transparent forum for resolving nationally focused sporting disputes.

Our Operating Environment

The COVID-19 pandemic has significantly affected sport and recreation in Australia, both at the elite and community level. Reporting to the Australian Health Protection Principal Committee, the COVID-19 Sports and Health Advisory Committee – composed of experts from across the sector – has been established to provide support and guidance to sport and recreation organisations in meeting challenges posed by the COVID-19 pandemic environment and transitioning to a COVIDSafe Australia.

Australians need to be more active. Combined with obesity, inactivity is rated almost as high as smoking

in terms of health risks that contribute to diabetes, cardiovascular disease and various cancers. In accordance with the *Sport 2030 – National Sport Plan*, the Department is working with Sport Australia to implement sport policies and initiatives and promote the benefits of an active lifestyle.

Pending the impact of COVID-19 on international travel, the Department is excited to be supporting the FIFA Women's World Cup 2023, jointly hosted by Australia and New Zealand. The Department is providing financial, policy and operational support coordination to help ensure Australian Government commitments are met.

Our Programs and Key Activities

Outcome 3: Sport and Recreation	
Program 3.1 Sport and Recreation	
Key Activities	<ul style="list-style-type: none">• Sport participation• International sporting events
	Performance Criteria

Our Performance

Program 3.1: Sport and Recreation

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

Key Activities: Increase participation in sport and recreation activities by all Australians and foster excellence in Australia's high-performance athletes

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Support Australians to participate in sport through developing, implementing and promoting national policies, strategies and programs.	Maintain the level of Australian children aged 0–14 years participating in organised sport or physical activity outside of school hours.	●			
	Maintain the level of the Australian population aged 15 years and over participating in organised sport or physical activity.	●			
	Progress key targets and outcomes of Sport 2030, including 15% more Australians participating in at least 150 minutes of moderate to vigorous activity each week by 2030.	●			
	Increase the level of Australian children aged 0–14 years participating in organised sport or physical activity outside of school hours.		●	●	●
	Increase the level of the Australian population aged 15 years and over participating in organised sport or physical activity.		●	●	●
	Progress key targets and outcomes of Sport 2030, including 15% more Australians participating in at least 150 minutes of moderate to vigorous activity each week by 2030.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.84

Key activity: Showcase Australia as a premier host of major international sporting events

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide whole-of-government leadership and coordinate major international sporting events in Australia, including developing and implementing policies and strategies to support each event.	Policies and operational arrangements are developed and implemented to meet Australian Government commitments to support bids for and delivery of future major sporting events in Australia, including the: <ul style="list-style-type: none"> • International Cricket Council T20 Men's World Cup 2022 • FIFA Women's World Cup 2023 • 2032 Olympic and Paralympic Games candidature. 	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.84

Our Key Risks

Below are the key risks relevant to Outcome 3. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
Inability to increase participation rates in organised sport or physical activity for all Australians.	We will continue to invest in physical activity promotion, access to quality sports facilities and inclusive sports programs.

Our partners in delivering Outcome 3

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 3, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
Australian Sports Commission (ASC)	The ASC collaborates with the Department of Health to grow participation in sport, build the capacity of Australia's sporting sector and, through the Australian Institute of Sport, provide leadership of Australia's high performance sport system.
Australian Sports Foundation (ASF)	The ASF assists not-for-profit sporting and other organisations by generating private funds for the development of Australian sport. The ASF works with the sporting community to raise funds for Australian sport and provide small grants to community and grassroots sporting organisations to grow participation.
Sport Integrity Australia	Sport Integrity Australia contributes to protecting the integrity of Australian sport and the health and welfare of those who participate in sport through the coordination of a national approach to all sports integrity matters, as well as international engagement and capacity building on related matters.
Other Commonwealth Entities	Contribution
Department of Foreign Affairs and Trade (DFAT)	The Department of Health developed and implemented the Australian Sports Diplomacy 2030 strategy with DFAT to enhance and leverage Australia's strong international sporting reputation and advance our national interests.
Commonwealth Departments	The Department of Health leads Commonwealth coordination of hosting major sporting events in Australia, in close collaboration with a range of Commonwealth Departments and agencies, and the states and territories.



Outcome 4: Individual Health Benefits

Access to cost-effective medicines, medical, dental and hearing services, and improved choice in health services, including through the Pharmaceutical Benefits Scheme, Medicare, targeted assistance strategies and private health insurance

Our Key Objectives

- Ensuring Australians have continued access to a sustainable Medicare system.
- Supporting eligible Australians to access high-quality hearing services.
- Providing access to high-quality medicines and pharmaceutical services to eligible Australians.
- Promoting affordable, quality private health insurance (PHI), providing greater choice to consumers.
- Administering schemes under the Indemnity Insurance Fund.
- Improving access to dental services for eligible adults and children.
- Delivering a quality health provider compliance program.
- Providing targeted assistance for aids and appliances.

Our Operating Environment

Providing Australians with affordable access to universal health care is a key pillar of Australia's Long Term National Health Plan. Medicare, along with a mix of public and private health services, ensures Australians have access to a wide range of health and hospital services, including medicines at little or no cost. Funding for the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) continues to be guaranteed through the Medicare Guarantee Fund.

The current environment has required the Department to increase support to the Government by quickly responding and adapting to the COVID-19 pandemic. This has included the addition of a number of temporary Medicare items to help health care practitioners deliver telehealth services via phone or video conferencing, and to support access to COVID-19 pathology testing. New initiatives have been fast tracked, such as electronic prescribing (ePrescribing) which allows doctors to prepare and electronically share a prescription with a patient's preferred pharmacy, which can then deliver medicines to their home.

The national Roadmap for Hearing Health will focus on preventing, treating and destigmatising avoidable hearing loss and damage, and improve support for vulnerable groups including Aboriginal and Torres Strait Islander children and people in aged care.

The Department remains committed to continuous improvement of Health Technology Assessment (HTA) processes. Recent enhancements include greater collaboration across HTA committees and the department to align regulatory and reimbursement processes, and delivery of the second stage of PBS process reforms from 1 January 2021. The Department has also further expanded online HTA application functionality to reduce duplication and administrative burden. Work will continue on improving medical devices access for patients.

The Department is continuing to support the Government with ongoing reforms to PHI, including allowing private health insurers to increase the age of dependents – from 24 to 31 – and for people with a disability to remain on their family policy. The reforms will widen patient choice, support access to essential care, and improve its affordability, value and sustainability.

Our Programs and Key Activities

Outcome 4: Individual Health Benefits				
	Program 4.1 Medical Benefits	Program 4.2 Hearing Services	Program 4.3 Pharmaceutical Benefits	Program 4.4 Private Health Insurance
Key Activities	<ul style="list-style-type: none"> Medicare 	<ul style="list-style-type: none"> Hearing services & devices 	<ul style="list-style-type: none"> High quality medicines and pharmaceutical services Life Saving Drugs Program 	<ul style="list-style-type: none"> Private health insurance Access to prostheses
Performance Criteria				

Outcome 4: Individual Health Benefits				
	Program 4.5 Medical Indemnity	Program 4.6 Dental Services	Program 4.7 Health Benefit Compliance	Program 4.8 Targeted Assistance – Aids and Appliances
Key Activities	<ul style="list-style-type: none"> Medical indemnity insurance 	<ul style="list-style-type: none"> Public dental services 	<ul style="list-style-type: none"> Integrity of health benefit claims 	<ul style="list-style-type: none"> Aids and appliances
Performance Criteria				

Our Performance

Program 4.1: Medical Benefits

Objective: Deliver a modern, sustainable Medicare program that supports all Australians to access high quality and cost-effective professional services. The Australian Government will work with consumers, health professionals, private health insurers, and states and territories to continue strengthening Medicare and progressing the long term health plan to improve health outcomes for patients.

Key Activities: Improve the life of every Australian through a universal Medicare system

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Maintain a Medicare system that provides the Australian public with high-value care based on contemporary evidence and best clinical practice as informed by leading clinical experts.	Implementation of 40% of all Government responses to the MBS Review recommendations are either underway or complete.	●			
	Implement internal governance mechanisms to monitor outcomes of the MBS Review and maintain clinical quality and cost effectiveness of MBS services.	●			
	Conduct maintenance and refinement activities to ensure that the MBS items created in response to the COVID-19 pandemic deliver effective services for the duration of the pandemic.	●			
	Consideration of all recommendations made by the MBS Review Taskforce, with 100% considered by 2023–24.		●	●	●
	Continue implementation of internal governance mechanisms to monitor outcomes of the MBS Review and maintain clinical quality and cost-effectiveness of MBS services.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.92

Program 4.2: Hearing Services

Objective: Provide hearing services and a range of fully and partially subsidised hearing devices to eligible Australians to help manage their hearing loss and improve engagement with the community. Continue support for hearing research, with a focus on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss.

Key Activities: Support access to high-quality hearing services and hearing devices

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Number of eligible Australian clients provided with a range of hearing devices and services to manage their hearing loss and improve their engagement with the community.	871,000 clients	881,000 clients	907,000 clients	911,000 clients

Source: 2020–21 Health Portfolio Budget Statements, p.93

Program 4.3: Pharmaceutical Benefits

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

Key Activities: Provide all eligible Australians with reliable, timely and affordable access to high quality medicines and pharmaceutical services

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Ensure Australians have access to recommended PBS medicines by maintaining the percentage of submissions for new medicines listed on the PBS within six months of in principle agreement to listing arrangements.	≥80%	≥80%	≥80%	≥80%
Source: 2020–21 Health Portfolio Budget Statements, p.94				
Ensure Australians have reasonable access to PBS medicines by maintaining a percentage of Urban Centres ¹² in Australia with a population of 1,000 persons or more with an approved supplier ¹³ of PBS medicines.	>90%	>90%	>90%	>90%
Source: 2020–21 Health Portfolio Budget Statements, p.95				
Percentage of subsidised PBS units delivered to community pharmacies within agreed timeliness requirements ¹⁴ of the Community Service Obligation.	>95%	>95%	>95%	>95%
Source: 2020–21 Health Portfolio Budget Statements, p.95				
Percentage of Government-accepted recommendations from post-market reviews into ongoing clinically appropriate use of medicines implemented by Government.	≥80%	≥80%	≥80%	≥80%
Source: 2020–21 Health Portfolio Budget Statements, p.95				

¹² Further information available in the Urban Centres and Localities and Significant Urban Areas Fact Sheet, available at: www.abs.gov.au/websitedbs/D3310114.nsf/home/ASGS+Fact+Sheets.

¹³ For this criterion, an approved supplier includes a pharmacy, a medical practitioner (in rural/remote locations where there is no access to a pharmacy) or an Aboriginal Health Service, approved to supply PBS medicines to the community. It does not include an approved hospital authority approved to supply PBS medicines to its patients.

¹⁴ Timeliness requirements are generally within 24–72 hours of request.

Program 4.3: Pharmaceutical Benefits (continued)

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

Key Activities: Ensure eligible patients have continuing access to the LSDP

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Ensure new and existing eligible patients have timely and continuing access ¹⁵ to the LSDP.	90% of patient applications for accessing life saving drugs are processed within 8 calendar days of receipt of the complete application, never exceeding 30 days.	●	●	●	●
	95% of urgent applications are processed within 48 hours.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.95

Program 4.4: Private Health Insurance

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

Key Activities: Support the provision of more affordable and simpler PHI

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Support the provision of simpler and more affordable PHI for all Australians.	Work with private health insurers, hospitals and health care providers to develop and implement further reforms to support lower annual premium changes and greater take up of PHI policies.	●	●	●	●
	Undertake regular stakeholder communications with insurers and other regulatory agencies to provide two-way dissemination of information.	●	●	●	●
	Enhance the Medical Costs Finder website ¹⁶ to provide greater functionality and cost information for a wider range of medical specialists, and support these activities with appropriate education material.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.96

¹⁵ Timely and continuing access is in line with the Life Saving Drugs Program procedure guidance.

¹⁶ Available at: www.health.gov.au/resources/apps-and-tools/medical-costs-finder.

Program 4.4: Private Health Insurance (continued)**Objective:** Promote affordable, quality private health insurance (PHI) and greater choice for consumers.**Key Activities:** Enable improved access to prostheses for privately insured patients

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Privately insured patients have access to clinically appropriate, cost-effective prostheses under the <i>Private Health Insurance Act 2007</i> .	Work with the Prostheses List Advisory Committee and relevant stakeholders to implement revised Prostheses List arrangements, enabling improved access to prostheses for privately insured patients.	●	●	●	●
	Continue publishing the updated Prostheses List three times per year, enabling access to new devices for privately insured patients.	●	●	●	●
	Continue to support the Prostheses List Advisory Committee and undertake regular communication with private health insurers, consumers and other stakeholders to enable effective implementation of Prostheses List reforms. ¹⁷		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.97

Program 4.5: Medical Indemnity**Objective:** Promote the ongoing stability, affordability and availability of medical indemnity insurance to enable stable fees for patients and allow the medical workforce to focus on delivering high quality services.**Key Activities:** Ensure stability of the medical insurance industry, and that medical indemnity insurance products are available and affordable

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Ensure eligible midwives ¹⁸ and medical practitioners ¹⁹ have continued access to medical and professional indemnity insurance.	Monitor the access of medical indemnity insurance for medical practitioners through annual reporting requirements on refusal of cover ²⁰ .	●			
	Table the report on the stability and affordability of the indemnity insurance market in Parliament no later than 28 February 2021.	●			
	Continue to monitor the access of medical indemnity insurance for medical practitioners through annual reporting requirements on refusal of cover.		●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.98

¹⁷ From 1 April 2020, all Prostheses List reforms and reviews were paused for up to 12 months due to impacts of the COVID-19 pandemic on the medical technology industry. Completion of this target will occur once the pause is lifted.

¹⁸ An eligible midwife is defined by the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010*.

¹⁹ A medical practitioner is defined under section 4 of the *Medical Indemnity Act 2002*.

²⁰ Refusal of cover reporting is on an annual basis. Further information is available at: www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicalindemnity-pubs.htm.

Program 4.6: Dental Services

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

Key Activities: Improve access to adult public dental services and support eligible children to access essential dental health services

Performance Criteria ²¹	2021 Target	2022 Target	2023 Target	2024 Target
Increase the percentage of eligible children accessing essential dental health services through the CDBS.	40.4%	41.2%	42.1%	43.5%

Source: 2020–21 Health Portfolio Budget Statements, p.99

Program 4.7: Health Benefit Compliance

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

Key Activities: Deliver a quality health provider compliance program that prevents non-compliance where possible and ensures audits and reviews are targeted effectively to providers whose claiming is non-compliant

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Percentage of audits and reviews undertaken by the Department of Health which find non-compliance.	>90%	>90%	>90%	>90%

Source: 2020–21 Health Portfolio Budget Statements, p.100

²¹ This performance criterion is reported on a calendar year basis.

Program 4.8: Targeted Assistance – Aids and Appliances

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

Key Activities: Support the provision of targeted assistance for aids and appliances to eligible Australians

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
The National Diabetes Services Scheme (NDSS) meets the needs of registrants ²² .	Annual NDSS registrant survey demonstrates that the needs of at least 90% of registrants surveyed are being met.	●	●	●	●
	Support services delivered under the NDSS are based on expert clinical advice and are designed to ensure the needs of NDSS registrants are being met.	●	●	●	●
	Proposals for new services are developed in response to an identified need, to ensure that the NDSS continues to remain relevant within a changing diabetes sector.	●	●	●	●
Source: 2020–21 Health Portfolio Budget Statements, p.101					
Support Australians with type 1 diabetes or similar conditions through the NDSS.	Continue to provide eligible Australians with subsidised Continuous Glucose Monitoring products through the NDSS to assist in the management of their conditions.	●	●	●	●
Source: 2020–21 Health Portfolio Budget Statements, p.102					

²² Registrants are people with type 1 diabetes, type 2 diabetes, gestational diabetes or 'other diabetes' who are registered on the NDSS.

Our Key Risks

Below are the key risks relevant to Outcome 4. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
Inability to provide access to cost-effective and affordable medicines, medical, dental and hearing services.	Continue subsidisation of the cost of medicines through the Pharmaceutical Benefits Scheme. Work with stakeholders to continue to deliver a modern, sustainable Medicare program that provides access to high value care and cost-effective professional services. Work with state and territory governments to implement a long-term and sustainable approach to dental funding.
Failure to provide improved choice in health services.	Work with the PHI sector to ensure health insurance is cost-effective and provides a high-quality choice for consumers.

Our partners in delivering Outcome 4

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 4, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
National Health Funding Body (NHFB)	The Department of Health has lead responsibility for the integrity of health benefits claims and associated compliance activities. The Administrator and the NHFB work with the Commonwealth, states and territories on data matching and the identification of potential duplicate payments through other Commonwealth funded programs to ensure the same public hospital service is not funded twice.
Professional Services Review (PSR)	The PSR contributes to the integrity of the Medicare program and the Pharmaceutical Benefits Scheme by investigating health practitioners suspected of inappropriate practice on request from the Chief Executive Medicare and determining any sanctions to be applied.
Other Commonwealth Entities	Contribution
Australian Taxation Office (ATO)	The ATO contributes through the administrative arrangements for the Government's Private Health Insurance Rebate program. The ATO also works with the Department of Health to deliver the Multi-Agency Data Integration Project.
Department of Social Services (DSS)	DSS contributes to providing access to cost-effective medicines, medical, dental and hearing services by determining eligibility for Pensioner Concession Cards, Health Care Cards and Commonwealth Seniors Health Cards, which attract concessions under Outcome 4.
Department of the Treasury (Treasury)	Treasury provides financial assistance through National Partnership payments to state and territory governments as part of the Federal Financial Relations Framework, which includes funding for the National Partnership Agreement on Public Dental Services for Adults.
Department of Veterans' Affairs (DVA)	DVA provides clients a comprehensive array of pharmaceuticals, hearing aids and wound dressings for the treatment of their health care needs.
Services Australia	<p>Services Australia administers payments to eligible recipients, under the following programs administered by the Department of Health:</p> <ul style="list-style-type: none"> • Medicare services and benefit payments, and related Medicare Benefits Schedule items. • External breast prostheses reimbursements. • Ex-gratia payments for the Disaster Health Care Assistance Scheme. • Health Care Homes Program. • Hearing Services Program payments for voucher services and devices. • The Pharmaceutical Benefits Scheme. • Lifetime Health Cover mail out and the PHI rebate. • Medical indemnity activities, including indemnity for eligible midwives. • The Child Dental Benefits Schedule. • Payment of claims from stoma associations for stoma-related appliances.



Outcome 5: Regulation, Safety and Protection

Protection of the health and safety of the Australian community and preparedness to respond to national health emergencies and risks, including through immunisation initiatives, and regulation of therapeutic goods, chemicals, gene technology, and blood and organ products

Our Key Objectives

- Regulating therapeutic goods for safety, efficacy, performance and quality.
- Administering the National Gene Technology Scheme.
- Administering the Australian Industrial Chemicals Introduction Scheme.
- Identifying, analysing and prioritising health threats requiring national intervention.
- Implementing national strategies and effective regulation to prevent health threats.
- Supporting national health readiness through the development of plans, capacities and capabilities.
- Coordinating health responses to emergencies and other threats.
- Delivering vaccine initiatives through the National Immunisation Program.
- Ensure access to safe and effective COVID-19 vaccines and treatments for all Australians.
- Implement major streamlining of medicinal cannabis regulation through amendments to the *Narcotic Drugs Act 1967* and reforms to business processes.

Our Operating Environment

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

Within the Department, the National Incident Room (NIR) is responsible for ensuring Australia's health system has integrated and coordinated arrangements to respond to both national and international health emergencies. The NIR is also responsible for undertaking the duties and responsibilities of Australia's International Health Regulations Focal Point, as designated by the International Health Regulations (2005).

Once a COVID-19 vaccine becomes available and passes regulatory approval by the Therapeutic Goods Administration (TGA), the Department will advise and support the Government's decision on how best to implement a vaccination program. Regulatory review of diagnostic tests, personal protective equipment and therapeutics for COVID-19 will also be afforded the highest priority by the TGA.

The Department would enhance and leverage delivery and administration systems for large scale immunisation program implementation, such as that used by the National Immunisation Program. This will be achieved through effective collaboration and partnerships with vaccine suppliers, state and territories and vaccination providers.

There have been much lower levels of influenza cases and deaths in Australia this year, due in part to measures taken to reduce the impact of COVID-19. In addition, childhood immunisation rates for children at five years of age have increased.

Our Programs and Key Activities

Outcome 5: Regulation, Safety and Protection			
Program 5.1 Protect the Health and Safety of the Community Through Regulation		Program 5.2 Health Protection and Emergency Response	Program 5.3 Immunisation
Key Activities	<ul style="list-style-type: none"> • Therapeutic goods • Industrial chemicals • Gene technology • Narcotic Drugs 	<ul style="list-style-type: none"> • Blood Borne Viruses and Sexually Transmissible Infections • Antimicrobial resistance • Public health threats and emergencies 	<ul style="list-style-type: none"> • Vaccinations
Performance Criteria			

Our Performance

Program 5.1: Protect the Health and Safety of the Community Through Regulation

Objective: To protect the health and safety of the Australian community through regulation, monitoring, assessment and awareness-raising in relation to:

- therapeutic goods, supported by the Therapeutic Goods Administration (TGA);
- the import, export, cultivation, production and manufacture of controlled drugs, supported by the Office of Drug Control (ODC);
- genetically modified organisms (GMOs), supported by the Office of the Gene Technology Regulator (OGTR); and
- the introduction and use of industrial chemicals, supported by the Australian Industrial Chemicals Introduction Scheme (AICIS).

Key Activities: Improve access to therapeutic goods for consumers and streamline regulatory processes for industry

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Improve timeliness, transparency, and compliance functions in relation to the <i>Therapeutic Goods Act 1989</i> for sponsors of therapeutic products, while increasing awareness and maintaining safety for consumers.	Finalise the implementation of the Australian Government's reforms arising from the Review of Medicines and Medical Devices Regulation.	●	●	●	●
	Undertake appropriate administrative and/or legal action in response to non-compliance with the <i>Therapeutic Goods Act 1989</i> , and in response to post-market safety monitoring.	●	●	●	●
	Ongoing engagement, education and consultation with our stakeholders including consumers and industry.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.109

Key Activities: Assess and evaluate the risks associated with the introduction and use of industrial chemicals through the risk-proportionate AICIS

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Complete industrial chemical risk assessments and evaluations, within statutory timeframes, under the AICIS to provide the Australian community with access to information about the safe use of industrial chemicals and to support innovation by Australian businesses.	≥95%	≥95%	≥95%	≥95%
a. Percentage of industrial chemical risk assessments and evaluations completed within statutory timeframes.				

Source: 2020–21 Health Portfolio Budget Statements, p.110

Program 5.1: Protect the Health and Safety of the Community Through Regulation (continued)

Objective: To protect the health and safety of the Australian community through regulation, monitoring, assessment and awareness-raising in relation to:

- therapeutic goods, supported by the Therapeutic Goods Administration (TGA);
- the import, export, cultivation, production and manufacture of controlled drugs, supported by the Office of Drug Control (ODC);
- genetically modified organisms (GMOs), supported by the Office of the Gene Technology Regulator (OGTR); and
- the introduction and use of industrial chemicals, supported by the Australian Industrial Chemicals Introduction Scheme (AICIS).

Key Activities: Support a modern, flexible and innovative National Gene Technology Scheme

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
People and the environment are protected through open, effective and transparent regulation of GMOs.	All decisions are made within the statutory timeframes, supported by scientific risk analysis.	●	●	●	●
	Continue to monitor regulated dealings with GMOs to ensure compliance with gene technology legislation.	●	●	●	●
	No adverse effect on human health or environment from authorised GMOs.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.111

Program 5.2: Health Protection and Emergency Response

Objective: To 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.

Key Activities: Implement the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Support a coordinated response to reducing the spread of BBV and STI.	Publish reports on progress towards the targets defined in the National BBV and STI Strategies 2018–22, in accordance with respective implementation plans and the National BBV and STI Surveillance and Monitoring Plan 2018–22.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.112

Key Activities: Minimise the spread of antimicrobial resistance (AMR)

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide national direction to minimise the spread of AMR.	Implement the next National AMR Strategy, including the development of supporting action plans.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.113

Program 5.2: Health Protection and Emergency Response (continued)

Objective: To 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.

Key Activities: Continue to strengthen preparedness to respond to public health threats and health emergencies through the National Focal Point (NFP)²³

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Manage and respond to national health emergencies and emerging health protection issues through effective preparation and mitigation measures.	The NFP will continue to support national coordination for public health emergencies, support states and territories to respond to public health events of national significance, and meet its obligations on behalf of Australia under the International Health Regulations (2005).	●	●	●	●
	Through the NIR, engage with state, territory, and international partners to refine coordination models and systems, to ensure Australia maintains its world leading ability to prepare for, and respond to, health emergencies.	●	●	●	●
	Implement outcomes of reviews of the following domestic health emergency response plans and guidelines to ensure effective preparedness and response measures are in place: <ul style="list-style-type: none"> • <i>Bacillus anthracis</i> (Anthrax) • the Emergency Response Plan for Communicable Diseases of National Significance. 	●	●	●	●
	Undertake a desktop and discussion exercise to build preparedness to manage emergency responses and strengthen relationships with internal and external stakeholders.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.113

²³ National Focal Point is the area or areas within the Department of Health, designed under the *National Health Security Act 2007*, to liaise with and facilitate actions by national and international bodies to prevent, protect against, control and respond to a Public Health Event of National Significance or a Public Health Emergency of International Concern.

Program 5.3: Immunisation

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

Key Activities: Prevent the spread of disease and promote higher vaccination uptake in at risk populations

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Immunisation coverage rates in children at 5 years of age are increased and maintained at the protective rate of 95%. ²⁴	≥94.75%	≥95.00%	≥95.00%	≥95.00%
Source: 2020–21 Health Portfolio Budget Statements, p.116				
Immunisation coverage rates among Aboriginal and Torres Strait Islander children 12–15 months of age are increased to close the gap.	≥93.50%	≥94.00%	≥94.25%	≥95.00%
Source: 2020–21 Health Portfolio Budget Statements, p.116				

Our Key Risks

Below are the key risks relevant to Outcome 5. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
Inability to meet the expectations of the public in responding effectively to communicable and foodborne disease outbreaks, as well as health emergencies arising from natural disasters, terrorism, or chemical, biological, radiological or nuclear events.	Strengthen focus to continuously monitor and manage Australia's preparedness responding to health emergencies. Actively engage in global initiatives to strengthen health systems with emerging health concerns.
Inability to deliver targeted vaccination programs through associated immunisation initiatives.	Continue to monitor arrangements and services provided through the National Immunisation Program and associated immunisation initiatives. Continue to invest in program promotion and awareness, refining program populations and measurement of screening outside of the programs.
Unable to ensure the protection of human health and the environment through regulation (including monitoring assessment, enforcement and awareness-raising) in relation to therapeutic goods, controlled drugs, genetically modified organisms, or industrial chemicals.	Provide a rigorous compliance environment to promote regulatory objectives.

²⁴ Further information is available at: www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage.

Our partners in delivering Outcome 5

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 5, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	ARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation.
Other Commonwealth Entities	Contribution
Australian Competition and Consumer Commission (ACCC)	The ACCC contributes to the protection of human health from the risks of industrial chemicals related to consumer goods by providing advice, and receiving advice and recommendations, on risk management.
Australian Border Force	Interception at the border of medicines and medical devices (including for COVID-19) that are suspected of having been imported without the required regulatory approvals by TGA and or ODC, and referral of those products to those regulators.
Department of Agriculture, Water and the Environment (DAWE)	<p>DAWE contributes to the protection of the environment from the risks of industrial chemicals, and risks to human health related to exposure to industrial chemicals via the environment, by undertaking environmental risk assessments for the Australian Industrial Chemicals Introduction Scheme, and by providing advice, and receiving advice and recommendations, on risk management.</p> <p>DAWE also contributes to the protection of the health and safety of the Australian community through implementation of activities under the <i>Biosecurity Act 2015</i>, such as the screening of travellers at international airports and seaports.</p> <p>DAWE is a partner in implementing a One Health approach to reducing the development and spread of AMR.</p>
Department of Education, Skills and Employment (DESE)	DESE contributes to increasing immunisation coverage rates by including childhood immunisation requirements as part of the eligibility criteria for the Child Care Subsidy. Eligibility for benefits is linked to satisfying the requirements for immunisation.
Department of Home Affairs (Home Affairs)	Home Affairs contributes to the protection of human health, or the environment, by maintaining records on the importation of products containing industrial chemicals, and regulations for the import and export of controlled substances at the border.
Department of Social Services (DSS)	DSS contributes to increasing immunisation coverage rates, which protect the health and safety of the Australian community, by administering the Family Tax Benefit (FTB) Part A to eligible parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation.

Other Commonwealth Entities	Contribution
Department of the Treasury (Treasury)	<p>Treasury provides financial assistance through National Partnership Payments to state and territory governments as part of the Federal Financial Relations Framework. Activities funded through National Partnership Agreements include:</p> <ul style="list-style-type: none"> • Royal Darwin Hospital – equipped, prepared and ready. • OzFoodNet. • COVID-19 public health response. • Communicable disease prevention and management, including mosquito control, in the Torres Strait. • Torres Strait/Papua New Guinea cross-border health issues and cross-border liaison in the Torres Strait. • Vaccine-preventable diseases surveillance. • Essential vaccines.
Safe Work Australia (SWA)	<p>SWA contributes to the protection of human health from the risks of industrial chemicals related to the health of workers, by providing advice, and receiving advice and recommendations.</p>
Services Australia	<p>Services Australia contributes to increasing immunisation coverage rates, protecting the health and safety of the Australian community by administering the Australian Immunisation Register on behalf of the Department of Health.</p>



Outcome 6: Ageing and Aged Care

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

Our Key Objectives

- Supporting senior Australians, their families, carers and representatives to access reliable and trusted information about aged care services through My Aged Care.
- Providing older people home support and/or access to a range of services in their own homes.
- Supporting people in residential aged care and people with different care needs through flexible care arrangements.
- Undertaking reform activities to protect the safety, wellbeing and interests of Commonwealth-subsidised care recipients.

Our Operating Environment

The Department is committed to supporting senior Australians through the COVID-19 pandemic. The Royal Commission into Aged Care Quality and Safety highlighted in its *Aged care and COVID-19: a special report* that the COVID-19 pandemic has been the greatest challenge Australia's aged care sector has faced.

Through the Updated National COVID-19 Aged Care Plan (7th Edition), the Department is working with the aged care sector, state and territory governments, and health authorities to protect senior Australians and aged care workers, and support aged care providers.

The Department continues to support the Government in progressing aged care reform and responding to urgent issues raised by the Royal Commission into Aged Care Quality and Safety. This includes addressing the misuse of chemical and physical restraints for people living with dementia, ensuring people in residential aged care are

better protected from abuse and serious incidents are better responded to. To assist with this, the Department is implementing the Serious Incident Response Scheme. The scheme will ensure providers actively manage risk and deliver continuous improvements to ensure residents are safe, protected and receiving high quality care. The scheme for residential aged care, including flexible care delivered in a residential care setting, will start in early 2021.

The COVID-19 pandemic has reinforced the preference of many senior Australians to receive aged care services in their own homes. To reduce wait times for home care and connect people to essential care more quickly, the Department is rolling out an additional 23,000 home care packages. These additional packages also help pave the way for future reform and provide a solid foundation to build upon once the recommendations of the Royal Commission into Aged Care Quality and Safety are handed down in early 2021.

Our Programs and Key Activities

Outcome 6: Ageing and Aged Care			
Program 6.1 Access and Information		Program 6.2 Aged Care Services	Program 6.3 Aged Care Quality
Key Activities	<ul style="list-style-type: none"> Aged care services information 	<ul style="list-style-type: none"> Aged care support services 	<ul style="list-style-type: none"> Quality aged care services
	Performance Criteria		

Our Performance

Program 6.1: Access and Information

Objective: Support senior Australians, their families, representatives and carers to access reliable and trusted information about aged care services through My Aged Care. Provide improved and more consistent client outcomes, responsive assessments of client needs and goals, appropriate referrals, and equitable access to aged care services.

Key Activities: Support senior Australians, their families, representatives and carers to access reliable and trusted information about aged care services

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Maintain efficiency of My Aged Care assessments as demonstrated by the percentage of:				
a. High priority comprehensive assessments completed within ten calendar days of referral acceptance for community setting.	>90.0%	>90.0%	>90.0%	>90.0%
b. High priority comprehensive assessments completed within five calendar days of referral acceptance for hospital setting.	>90.0%	>90.0%	>90.0%	>90.0%
c. High priority home support assessments completed within ten calendar days of referral acceptance.	>90.0%	>90.0%	>90.0%	>90.0%

Source: 2020–21 Health Portfolio Budget Statements, p.121

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
The percentage of surveyed users ²⁵ who are satisfied ²⁶ with the service provided by the:				
a. My Aged Care Contact Centre.	≥95.0%	≥95.0%	N/A ²⁷	N/A ²⁸
b. My Aged Care website.	≥65.0%	≥65.0%	≥65.0%	≥65.0%

Source: 2020–21 Health Portfolio Budget Statements, p.121

²⁵ 'Users' refers broadly to different types of callers to the My Aged Care Contact Centre and visitors to the My Aged Care website, including people seeking information and/or services for themselves or others, as well as aged care service providers seeking information or system help.

²⁶ 'Satisfied' callers to the My Aged Care Contact Centre are those who give the contact centre a score of 6–10 on a scale of 0–10 in response to the My Aged Care Customer Satisfaction Survey question: 'How satisfied were you overall with your experience?' 'Satisfied' visitors to the website consist of an aggregate score from multiple questions which measure key indicators of website satisfaction. The methodology for calculating user satisfaction was changed on 1 July 2020 to denote a more holistic measurement of user experience of the website.

²⁷ Subject to Government decision by June 2022.

²⁸ Ibid.

Program 6.2: Aged Care Services

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

Key Activities: Provide support and services that promote greater independence, mobility and autonomy, reducing or delaying the need for more complex aged care support services

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Provide senior Australians with entry-level support to remain independent and live in their homes and communities for longer. ²⁹	894,600 clients to access Commonwealth Home Support Programme services to support independence and wellness at home.	●	N/A ³⁰		
	Undertake a grant round to address geographic areas facing greatest demand pressures.	●	N/A ³¹		

Source: 2020–21 Health Portfolio Budget Statements, p.124

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Support senior Australians with complex care needs to remain living independently in their own homes through the Home Care Packages Program.				
a. Number of allocated Home Care Packages.	185,600	185,600	185,600	185,600

Source: 2020–21 Health Portfolio Budget Statements, p.124

Performance Criteria	2020–21 Target	2021–22 Target	2022–23 Target	2023–24 Target
Increase residential care options and accommodation for senior Australians who are unable to continue living independently in their own homes.				
a. Residential aged care places available as at 30 June.	224,000	230,000	235,000	244,000

Source: 2020–21 Health Portfolio Budget Statements, p.124

²⁹ Measured through program evaluation and accessing data from My Aged Care.

³⁰ The 2021–22 target for the number of clients expected to access the Commonwealth Home Support Programme is yet to be determined.

³¹ Ibid.

Program 6.3: Aged Care Quality

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

Key Activities: Ensure provision of quality aged care services, including equitable care for people from diverse backgrounds and support for people with dementia

Performance Criteria	Target	2020–21	2021–22	2022–23	2023–24
Support aged care providers in managing behavioural and psychological symptoms of dementia (BPSD).	At least 75% of care givers ³² providing feedback via a survey report an improvement in confidence when managing BPSD, following an intervention from the Dementia Behaviour Management Advisory Service.	●	●	●	●

Source: 2020–21 Health Portfolio Budget Statements, p.126

Our Key Risks

Below are the key risks relevant to Outcome 6. The **Our Management of Risk** section of this plan discusses how we manage risk within the Department, build our risk culture and increase our risk awareness.

Key risks	Management strategies
Failure to provide quality and sustainable residential aged care, exposing vulnerable people to sub-standard care.	Work with the Aged Care Quality and Safety Commission to ensure aged care service providers meet quality standards.
Failure of the My Aged Care Contact Centre and website to provide quality information and guidance to older Australians, their families and carers in a timely manner.	Continue to update, monitor and improve the My Aged Care website to enable consumers to access up-to-date information at any time and allow the contact centre to help those with more complex questions or those who cannot access the internet.
Inability to support the provisions of aged care reform for sufficient and suitably skilled aged care workforce.	Continue to work with the Aged Care Workforce Industry Council to implement the Aged Care Workforce Strategy.

³² Sampled care givers include family carers, acute care staff and aged care staff/providers.

Our partners in delivering Outcome 6

In working towards achieving our Purpose, we cooperate with all entities within the Health portfolio and other Commonwealth entities. We also partner with a wide range of external stakeholders including states and territories, peak bodies and international organisations.

In Outcome 6, we cooperate with the following Commonwealth entities:

Portfolio Entities	Contribution
Aged Care Quality and Safety Commission (ACQSC)	As the national regulator of aged care services subsidised by the Australian Government, ACQSC's role is to approve provider entry to the aged care system, to accredit, assess and monitor aged care services against requirements, and to hold services to account for meeting their obligations. ACQSC seeks to resolve complaints about aged care services and provide education and information about its functions. ACQSC also engages with consumers to understand their experiences and provides advice to providers about working with consumers in designing and delivering best practice care.
Other Commonwealth Entities	Contribution
Department of Education Skills and Employment (DESE)	DESE makes a contribution to the aged care workforce by supporting the vocational education and training system for aged care workers, employment services – including various programs to support people to be recruited into aged care services – and the higher education sector responsible for nurses, allied health professionals and medical practitioner education. DESE is supported in this role by the Aged Care Services Industry Reference committee and the Human Services Skills Organisation.
Department of Social Services (DSS)	DSS provides assistance, support and services for people with a disability and their carers.
Department of the Treasury (Treasury)	Treasury provides financial assistance through National Partnership payments to state and territory governments as part of the Federal Financial Relations Framework. Activities funded through the National Partnership Agreements include: <ul style="list-style-type: none"> • redevelopment of Strathalbyn residential aged care facility; • the Specialist Dementia Care Program; and • the Close Circuit Trial.
Department of Veterans' Affairs (DVA)	DVA contributes to the delivery of aged and community care for Australian veterans alongside the ageing and aged care programs administered by the Department of Health for the broader community.
Services Australia	Services Australia works with the Department of Health to: <ul style="list-style-type: none"> • undertake income testing for care recipients; • make payments under the Continence Aids Payment Scheme; • administer payments to aged care and disability service providers; and • undertake means testing of residents.

List of Requirements

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

- subsection 35(1) of the PGPA Act and
- the PGPA Rule 2014.

This table details the requirements met by the *Department of Health's Corporate Plan 2020–21* and the page references for each requirement.

Topic	Requirements	Page(s)
Introduction	<ul style="list-style-type: none"> • A statement that the plan is prepared for paragraph 35(1)(b) of the Act. • The reporting period for which the plan is prepared. • The reporting periods covered by the plan. 	6
Purposes	<ul style="list-style-type: none"> • The purposes of the entity 	6
Key activities	<ul style="list-style-type: none"> • For the entire period covered by the plan, the key activities that the entity will undertake in order to achieve its purposes. 	12-63
Operating context	<ul style="list-style-type: none"> • The environment in which the entity will operate. • The strategies and plans the entity will implement to have the capability it needs to undertake its key activities and achieve its purposes. • A summary of the risk oversight and management systems of the entity, and the key risks that the entity will manage and how those risks will be managed. • Details of any organisation or body that will make a significant contribution towards achieving the entity's purposes through cooperation with the entity, including how that cooperation will help achieve those purposes. 	12-63
	<ul style="list-style-type: none"> • How any subsidiary of the entity will contribute to achieving the entity's purposes. 	N/A
Performance	<ul style="list-style-type: none"> • Specified performance measures for the entity that meet the requirements of section 16EA; and • Specified targets for each of those performance measures for which it is reasonably practicable to set a target. 	12-63



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