



Australian Government  
Department of Health

Department of Health

# Corporate Plan 2021–22



# Acknowledgement of Country

We, the Department of Health, acknowledge the Traditional Owners and Custodians of Country throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and acknowledge and respect their continuing connections and relationships to country, rivers, land and sea.

We acknowledge the ongoing contribution Aboriginal and Torres Strait Islander people make across the Health system and wider community. We also pay our respects to Elders past, present and future and extend that respect to all Traditional Custodians of this land.

We acknowledge and respect the Traditional Custodians whose ancestral lands are where our Health offices are located.



## Artwork

*Stand together for a healthy future*

**Jordana Angus** for the Australian Government Department of Health. December, 2020

## Artist Statement

This painting represents standing together to support each other in healthy living practices both physically and mentally. By being connected to community and staying informed on the latest reputable health advice we become stronger as a whole community.

The impacts of coronavirus show how important it is to unite and take the steps required to keep ourselves, loved ones and our community safe; something we can apply to all areas of health and wellbeing.

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## Message from the Secretary

Welcome to the Department of Health's 2021–22 Corporate Plan. As our primary planning document, the Corporate Plan outlines how we will, with our partners, support the Government to lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.

The COVID-19 pandemic has presented the greatest test of our health system since the Department was established over 100 years ago in 1921. It has turned the world in which we live, work, socialise and play, upside down. Australia's health system has been fundamental in supporting our community to manage the health impacts of these challenging circumstances. We have worked to ensure all areas of the health sector are prepared, informed and engaged in the ongoing national response, supporting the outstanding collaboration between governments, public and private health systems, and industry.

Managing the Australian Government's health response to the COVID-19 pandemic continues to see 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 receiving quality, ongoing care from health professionals who know their medical history and individual needs.

The vaccine rollout is now at the forefront of the health response and suppression strategy. Ensuring safe and effective COVID-19 vaccines are available to all people living in Australia who choose to be vaccinated is vital in protecting the health and wellbeing of the community and opening our economy. Through Operation COVID Shield, we are working to ensure public confidence in the Australian COVID-19 vaccine rollout and that all eligible Australians have the opportunity to be vaccinated as soon as possible.

We will implement the Government's aged care reform package, which responds to the Royal Commission into Aged Care Quality and Safety and includes a \$17.7 billion, 5 year implementation plan, underpinned by 5 pillars. This will transform aged care and ensure senior Australians are treated with respect, care and dignity.

We will prioritise the mental health of Australia's adults, youth and children, and improve Australia's mental health system to ensure all Australians have access to mental health and suicide prevention services when and where they need them. This will involve collaboration with the states and territories to enable a nationally consistent and integrated approach and achieve better mental health outcomes for all Australians.

We will also prioritise health outcomes for women and girls under the National Women's Health Strategy 2020–2030. Their health is critical to their overall wellbeing and ability to participate in society. While women and girls have experienced significant health gains in recent years, underpinned by Australia's world class health system, our emphasis will be on building new and expanding existing initiatives that support their maternal health, sexual and reproductive health, preventive health and their mental health, as well as supporting them through ageing and chronic conditions.

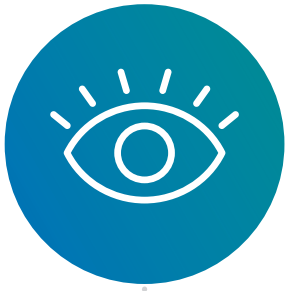
The new National Agreement on Closing the Gap will fundamentally change the way we work with Aboriginal and Torres Strait Islander people, emphasising working together in genuine partnership and continuing to grow and support the Aboriginal Community Controlled Health Services sector. We look forward to continuing to strengthen these partnerships to bring about the changes needed to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

The COVID-19 pandemic propelled us into our New Ways of Working program, which aims to develop a modern workplace for our staff, with a flexible culture supported by strong leadership and better technology. This represents an opportunity for our Department to be a leader across Government, supporting best practice and empowering our staff and teams to do their best work in a location that best supports that work. 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.

Recent circumstances have been extremely challenging, and we have a large and diverse agenda of work over the next 4 years. I would like to thank each and every member of our staff, not only for their hard work and dedication, but for supporting me, the executive team, and each other, and for making this an organisation where people want to come and work.

As the accountable authority of the Department of Health, I am proud to present the *2021–22 Department of Health Corporate Plan*, which covers the period 2021–25 as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*.

**Dr Brendan Murphy**  
**Secretary**



## Our Vision

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



## Our Purpose

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



## Our Values and Behaviours

The Australian Public Service (APS) Values (also known as the ICARE principles) set out the standard of behaviour expected of APS employees, and are the foundation for everything we do.<sup>1</sup> They are brought to life for our staff through the Department's Behaviours in Action, which provide practical guidance to staff about what expected behaviours look like in the workplace. The ICARE principles are embedded into staff members' performance agreements, which are regularly revisited during the year to ensure staff are familiar with the expected behaviours.



## Our Outcomes

Our purpose is achieved through our outcomes and programs.

<sup>1</sup> Including the APS Employment Principles and the APS Code of Conduct contained in the *Public Service Act 1999*.



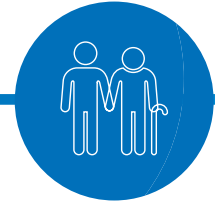
## Outcome 1 Health Policy, Access and Support

- 1.1 Health Research, Coordination and Access
- 1.2 Mental Health
- 1.3 Aboriginal and Torres Strait Islander Health
- 1.4 Health Workforce
- 1.5 Preventive Health and Chronic Disease Support
- 1.6 Primary Health Care Quality and Coordination
- 1.7 Primary Care Practice Incentives and Medical Indemnity
- 1.8 Health Protection, Emergency Response and Regulation
- 1.9 Immunisation



## Outcome 2 Individual Health Benefits

- 2.1 Medical Benefits
- 2.2 Hearing Services
- 2.3 Pharmaceutical Benefits
- 2.4 Private Health Insurance
- 2.5 Dental Services
- 2.6 Health Benefit Compliance
- 2.7 Assistance through Aids and Appliances



## Outcome 3 Ageing and Aged Care

- 3.1 Access and Information
- 3.2 Aged Care Services
- 3.3 Aged Care Quality



## Outcome 4 Sport and Recreation

- 4.1 Sport and Recreation

# Our Operating Context

Our operating environment is universally influenced by the COVID-19 pandemic as we manage the Australian Government's health response, within a public health system jointly administered by the Commonwealth and states and territories. Effective delivery of the COVID-19 vaccine rollout will be paramount in managing the public health impacts of COVID-19 and our ability to achieve our outcomes across the next 4 years. Delivery of the rollout is also key to opening Australia and supporting its economic recovery.

While responding to the pandemic remains our number one priority, it is far from our only priority. This Corporate Plan describes our strategy to achieve all our outcomes for all Australians.

We are well resourced to achieve our outcomes and support our staff to meet the challenges of today's changeable and fast paced environment. We also benefit from a high level of public trust in health experts and strong public engagement with our communication platforms.

We will continue adapting to meet the needs of the Australian community through the activities outlined within this plan.





# Our Structure

**The Hon Greg Hunt MP**

Minister for Health and Aged Care

**Senator the Hon Richard Colbeck**

Minister for Senior Australians and Aged Care Services and the Minister for Sport

**The Hon Dr David Gillespie MP**

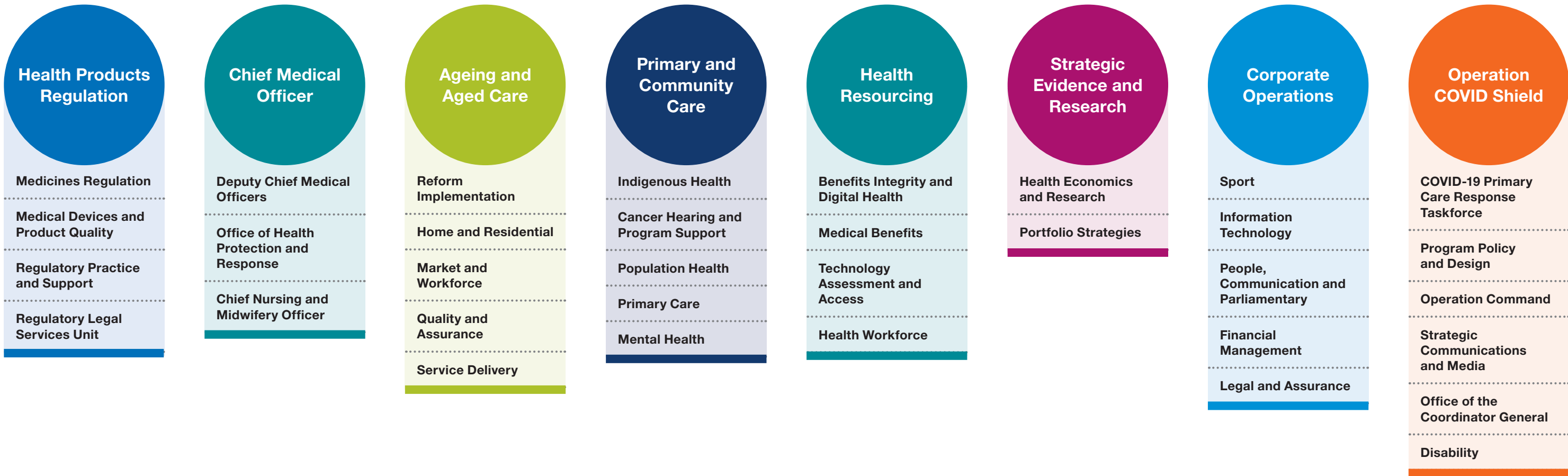
Minister for Regional Health and Minister Assisting the Minister for Trade and Investment

**The Hon David Coleman MP**

Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention

**Secretary**  
**Dr Brendan Murphy**

**Lieutenant General John Frewen**



**Statutory office holders**

**Acting Aged Care Pricing Commissioner**  
David Weiss

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

**Executive Director, Office of Chemical Safety**  
Graeme Barden

**Gene Technology Regulator**  
Dr Raj Bhula

**National Health Funding Pool Administrator**  
Michael Lambert

**National Rural Health Commissioner**  
Professor Ruth Stewart

**Chief Executive Officer, National Sports Tribunal**  
John Boulton, AM

# Our Partners

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

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

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

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

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

Through our commitment to the National Agreement on Closing the Gap, we are partnering with Aboriginal and Torres Strait Islander people, communities, organisations and mainstream services to improve access to effective health care services and health outcomes for Aboriginal and Torres Strait Islander people.

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



# National Agreement on Closing the Gap

Aboriginal and Torres Strait Islander people experience poorer health outcomes than the rest of the Australian population.

Closing this gap is everyone's business – it requires partnerships across departments, at all levels of government, and in the mainstream and community controlled health sectors to ensure Aboriginal and Torres Strait Islander people have access to culturally safe and responsive care, when and where they need it. Most importantly it requires a genuine partnership with Aboriginal and Torres Strait Islander people in the development of policies and programs affecting them.

To make this happen, all Australian governments have signed up to the new National Agreement on Closing the Gap (National Agreement). Through this agreement, we have made a clear commitment to change the way we work with, and for, Aboriginal and Torres Strait Islander people. This includes 4 new Priority Reforms:

- **Priority Reform One:** Formal Partnerships and Shared Decision Making.
- **Priority Reform Two:** Building the Community Controlled Sector.
- **Priority Reform Three:** Transforming Government Organisations.
- **Priority Reform Four:** Shared Access to Data and Information at a Regional Level.

Mainstream services often don't align with Aboriginal and Torres Strait Islander cultures, identities and histories. In recognition of this, we administer funding for Aboriginal Community Controlled Health Services to provide culturally safe and responsive access to health care for Aboriginal and Torres Strait Islander people. However, we acknowledge more needs to be done across all policies, programs and services throughout the whole health system in order to achieve real change.

We recognise the knowledge, strengths and skills of people with lived experience must be at the heart of our work. There is no single Aboriginal and/or Torres Strait Islander identity. For health, social and emotional wellbeing services to be responsive, these services must be tailored. This means Aboriginal and Torres Strait Islander people must be able to determine and lead priorities and actions.

To put our commitments under the National Agreement into action, our Executive Committee will establish and oversee structured mechanisms to:

- Strengthen departmental policies, procedures and committees to better reflect Aboriginal and Torres Strait Islander views and participation in our workforce, our policies and our programs.
- Improve Australia's health systems to drive better outcomes for Aboriginal and Torres Strait Islander people.
- Build the Department of Health as a leading Australian Public Service employer for Aboriginal and Torres Strait Islander people.
- Strengthen our partnerships with Aboriginal and Torres Strait Islander health stakeholders.

Importantly, this will ensure Aboriginal and Torres Strait Islander voices guide reforms across health, mental health, aged care and health workforce programs, services and policies. Advice on health issues related to the COVID-19 pandemic response and the vaccine rollout as it relates to Aboriginal and Torres Strait Islander people is guided by the expertise of the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19. This genuine partnership approach has been taken during the development of the refreshed 10 year National Aboriginal and Torres Strait Islander Health Plan, which will form the overarching policy framework for Aboriginal and Torres Strait Islander health.



# Our Corporate Governance

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

There are 5 senior governance committees that provide advice and make recommendations to our executives on organisational performance, delivery of administered programs, implementation of our highest risk change projects, and strategic portfolio policy issues, to improve the performance of health, aged care and sport systems.

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

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

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

The **Investment and Implementation Board** provides oversight, advice and assurance to the Executive Committee on effective management and ongoing viability of our high risk change projects, assessment of performance impacts and delivery related to our COVID-19 pandemic response, strengthening and maturing project capability and independent project assurance. The board also approves and tracks proposals relating to the use of departmental capital.

The **Security and Workforce Integrity Assurance Committee** supports the Secretary and Executive Committee to manage security and workforce integrity risks. This committee also sets priorities to deliver the Government's Protective Security and Policy Framework reforms, and monitors the effectiveness of policy and process controls associated with our Professional Integrity and Security Framework.

## Our Risk Management Framework

Our risk management framework is designed to assist us in making better business decisions and increase our risk maturity to make us as agile as possible as we respond to the COVID-19 pandemic environment.

The risk management framework includes a Risk Management Policy, Enterprise Risk Appetite statement and Enterprise Level Risk themes. The framework aligns with the international standard AS/NZ ISO 31000:2018 - Risk Management, the *Public Governance, Performance and Accountability Act 2013* and the Commonwealth Risk Management Policy.

Our framework equips our staff at all levels to identify, communicate, assess and manage risks. It provides practical and relevant guidance to staff and ensures we can confidently identify, manage and implement new practices to deliver on our purpose and key initiatives.

We encourage an open and proactive approach to managing risk that considers both threats and opportunities. It is vital that we all take responsibility for our risk management, as there is risk and opportunity in everything we do. Our focus for the next 4 years will be to further develop our risk management framework, including strengthening our Risk Management Policy, training our people, embedding risk management into our policies, design, planning and project delivery, and building on our positive risk culture across the organisation.

## Our Risk Appetite Statement

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



## Enterprise Level Risk Themes

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

### Enterprise Level Risk Themes

	Enterprise Level Risks	Mitigation Strategies
 <b>People</b>	<p>Inadequate assessment and management of the health and wellbeing of our people and in particular departmental inspectors, investigators and laboratory staff, resulting in diminished productivity, disengagement or injury.</p>	<ul style="list-style-type: none"> <li>• Uphold our duty of care for our staff.</li> <li>• Conduct activities that ensure we provide and support a safe environment for both the physical and mental health of our staff and the community.</li> <li>• Ensure engagement and performance of staff.</li> <li>• Attract, recruit and retain the right workforce to deliver business outcomes.</li> <li>• Build capability through targeted learning and development programs.</li> </ul>
 <b>Fraud</b>	<p>Failure to recognise and respond to inappropriate influence or corruption, either in government or program providers, leading to loss of confidence in the Department and diversion of resources from intended purposes.</p>	<ul style="list-style-type: none"> <li>• Uphold ethical standards for our staff and contracted service providers and other funded providers in the execution of their roles. Identify, report and manage potentially fraudulent and/or corrupt behaviour.</li> <li>• Expect transparency, accountability and integrity from our stakeholders as we deliver the services required of us by the Australian Government.</li> </ul>
 <b>Policy</b>	<p>The Department's health system strategy and implementation, over the short, medium and long term, is insufficient to mitigate the growth in outlays.</p> <p>Inadequate capability and tools to collect and utilise data sets and health system information to optimise health, ageing and sport policy outcomes.</p>	<ul style="list-style-type: none"> <li>• Develop and implement new and innovative policies with strategies and programs that are sustainable over the short, medium and long term to achieve the best possible health, ageing and sport policy outcomes.</li> </ul>
 <b>Delivery</b>	<p>Coordination and integration of policy and programs across the Department and external partners are insufficient, leading to poor outcomes for the community and/or an adverse budgetary effect.</p> <p>Failure to learn through measuring and evaluating policies, programs and service outcomes.</p> <p>Failure to promptly recognise the impact of poor data management, IT capacity and lack of skilled staff on the delivery of health, ageing and sport services.</p> <p>Failure to recognise or respond promptly, proactively and effectively to an interruption of delivery of services to the community.</p>	<ul style="list-style-type: none"> <li>• Enter into successful contracts and agreements, ensuring the delivery of both the asset and cash value of the agreement. To do this, we will work with our external partners and have appropriate processes, systems and people to deliver health, aged care, and sporting services to the community.</li> <li>• Establish strong project delivery management and oversight practices with nimble escalation of risks and opportunities.</li> </ul>



## Governance

Governance arrangements don't support the provision of timely, accurate and robust advice.

Failure to ensure resources are allocated to highest priorities of the Department and Government in a responsive and adaptive way.

- Implement processes for making and applying decisions which encourage timely, accurate, evidence-based and robust advice, and ensure the allocation of the right resources to the right activities.



## Regulatory

The Department's regulatory policies and practices are not able to adequately protect the health and safety of the community and/or, reduce excessive regulatory burden on businesses, healthcare professionals and consumers.

- Implement best practice policies and procedures to protect the health and safety of the community, while focusing on reducing regulatory burden on businesses, healthcare professionals and consumers.



## Information

Inadequate IT systems that inhibit our ability to innovate, lead and shape new health systems for community and healthcare professionals, and to protect unauthorised access to personal data.

- Ensure the security of our information and personal data that we maintain.
- Have stable IT systems to properly maintain and manage information of stakeholders and staff.
- Enable new and innovative ways to deliver and support programs and projects.



## Financial

Inadequate financial leadership resulting in poor management of the financial sustainability of the Department, and failure to manage administered payments in line with appropriations, leading to not achieving Government priorities.

- Have accountability for public money.
- Manage finances in line with budgets at all levels.
- Enable staff to effectively manage financial resources.

# Our Capability

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

## Workforce Capability

We continue our strong commitment to building a professional and skilled workforce, with a focus on capabilities required to deliver on both our business as usual and our major priorities, including:

- leading the Government's health response to the COVID-19 pandemic
- the vaccine rollout
- implementing reforms from the Royal Commission into Aged Care Quality and Safety
- strengthening mental health services across Australia.

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

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

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

## Workforce Strategy

We have seen first-hand how the COVID-19 pandemic changed how many people work. To lock in the benefits of these changes for the long term, we are developing a workforce strategy to better articulate how we will attract and develop the skills, capabilities, culture and locations the organisation requires. The new strategy is expected to be completed by the end of 2021.

## Diversity and Inclusion

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

Program initiatives have been developed and continue to be implemented to broaden diversity and inclusion in our workplace, supporting a wider range of diversity dimensions including gender, age, disability, LGBTI+, Aboriginal and Torres Strait Islander and cultural diversity.

In addition to our commitments under the new National Agreement on Closing the Gap, development of the new Innovate Reconciliation Action Plan (RAP) 2021–2023 is underway, with the first review by Reconciliation Australia (RA) completed. We continue to work with the RAP Working Group and key stakeholders to incorporate staff consultation and RA's feedback to progress the RAP through the next stages of review and endorsement, before it is released late 2021.

Reconciliation is a lifelong journey and a significant part of Australia's story. Our first RAP launched in May 2007. Since that time, there has been significant change in the Department and across government. Our Innovate RAP 2017–2019 helped us contribute to a reconciled Australia, in which all Australians understand and value the rights, rich cultures and experiences of Aboriginal and Torres Strait Islander people.

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

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





## New Ways of Working and Learning

We recognise the need for a modern workplace, a flexible culture, strong leadership and better technology to support our people to do their best work in a location that best supports that work, whether that's remotely or in the office, together or independently. This supports business continuity seamlessly in the event where working from the office is not possible. The New Ways of Working (NWOW) program aims to create a more flexible, healthier work environment that promotes adaptability, collaboration and performance through better designed physical spaces, better mobile technology and a focus on our people. This includes a continued focus on training and change management to ensure we maximise the productivity improvements that a more collaborative and integrated way of working offers the Department and reflects the new ways our staff work and learn.

Implementation of our NWOW program is underway, with our first Canberra pilot site located on Level 9 of the Sirius Building, Central Office, housing approximately 470 staff from 3 Divisions. Concurrently, we are finalising the design, construction and fitout of new, purpose built offices and laboratories for our Health Products Regulation Group in Fairbairn, adjacent to the Canberra airport. Occupation of this site will be complete by June 2022. Evaluation of the pilot site will occur over a 6 month period and lessons learnt will shape the rollout of the NWOW program across the Department.

*As the needs and locations of our workforce change, we are changing the learning and development opportunities we offer and how we deliver them.*

*Our approach to learning goes beyond the classroom, from professional minute taking workshops to managing and working in hybrid teams, we are providing tools and resources to build the capability of our staff, wherever they are in their career, or wherever they are located.*





## Our Environmental Management System

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

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

## Information Communications and Technology Capability

Implementation of our Information Communications and Technology (ICT) Strategy continues, with work underway to address the 4 priority themes:

- enhancing our customer service
- transforming our platforms and processes
- enhancing capabilities
- developing financial sustainability.

The ICT Strategy outlines how we work towards innovative, sustainable and secure ICT to support the delivery of our outcomes and achieve our purpose.

As a precursor to NWOW, the Digital Workspace rollout refreshed IT equipment used by staff and contractors and introduced modern mobile computing capabilities and high quality video conferencing.

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

Aged care reforms provide opportunities to modernise and rationalise the aged care application landscape to increase flexibility and ability, improve the client experience, increase interoperability and data transparency with the sector, and reduce costs.

Uplifting our protective and cyber security maturity will continue to be a priority. Significant progress has been made in ensuring our buildings, assets and personnel remain safe along with a strong focus on continuing the rollout of our essential 8 cyber security controls to protect our systems and data.

The newly established Chief Technology Officer role will bring increased focus to transforming our technology delivery platforms to ensure our solutions are fit for purpose, financially sustainable, secure and reliable.

## Data Capability

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

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

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

## Evaluation

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

## Financial Management Capability

We are responsible for a significant portion of the Commonwealth Budget (more than \$115 billion or 19.5% of the Government's estimated general government sector expenses<sup>1</sup>). One of our core responsibilities is ensuring resources made available by Government on behalf of the Australian community are managed in an efficient, effective, economical and ethical manner.

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

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

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

1 Health portfolio: Budget Paper No.1 2021–22.

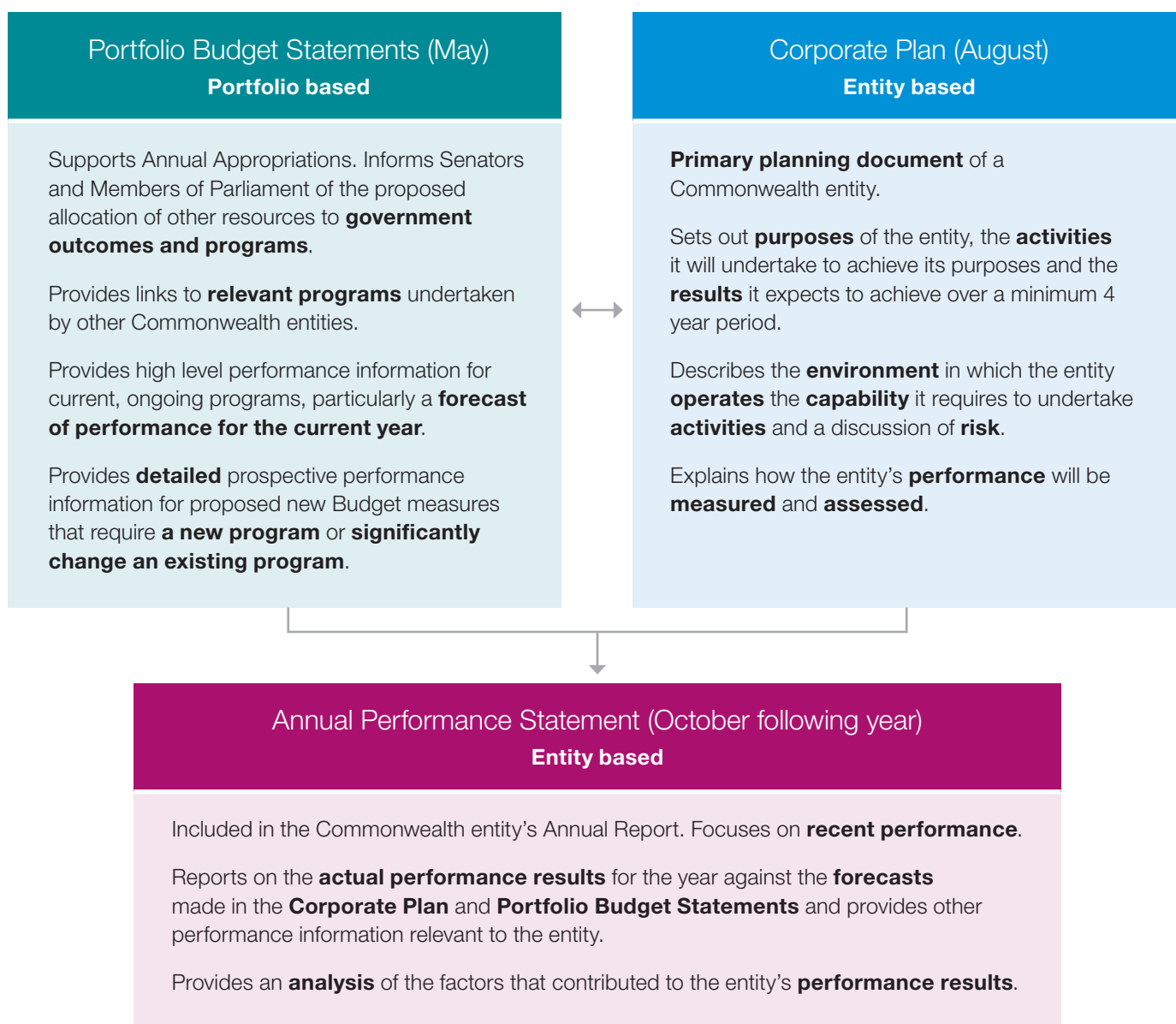
# Our Performance

We assess our performance by measuring how we meet the objectives of our 20 programs, and through them how we achieve our 4 outcomes. These high level, evidence-based measures are designed to both plan and indicate performance, reliably and consistently, across multiple performance cycles. Assessments and results of our performance will be reported in the 2021–22 Annual Performance Statements (included in our Annual Report).

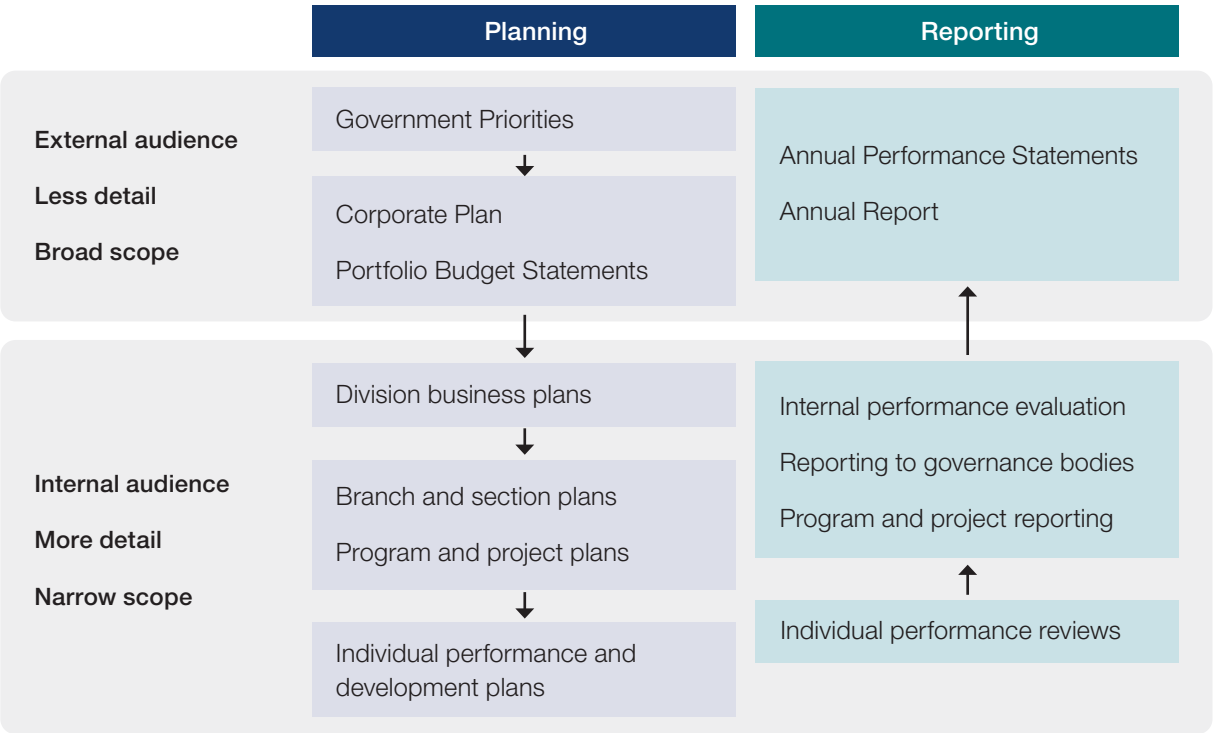
The Commonwealth Performance Framework is established by the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and requires entities to demonstrate how public resources have been applied to achieve their purposes. It outlines obligations on accountable authorities to prepare corporate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

## Commonwealth Performance Framework

Key components of relevant publications



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



### Our Performance Assurance

In March 2020, legislative requirements governing performance reporting under section 16EA of the PGPA Rule, and associated Resource Management Guides were updated. In response to these refreshed requirements we reviewed our performance reporting arrangements to determine compliance with the relevant legislation and guidance.

The review identified a need for further improvement to our performance framework, and in response a Performance Reporting Continuous Improvement Project (the Project) commenced.

As part of the Project, the Performance Measurement and Reporting Framework has been updated, performance measures have been redesigned to better meet legislative requirements, a Performance Planning and Reporting Assurance process has been enhanced, and a centralised register of performance information has been implemented.

We continue to make ongoing improvements to the reliability, objectivity and clarity of our performance measures through the following:

- Improving the identification and documentation of data sources and methodologies used to measure results against performance measures.

- Continued analysis of performance measures to balance the mix of quantitative and qualitative measures of outputs, efficiency and effectiveness.
- Further assurance on the clearance process, facilitated through sign off by Senior Responsible Officers and regular assurance checks conducted by the Performance Reporting Section.
- Ongoing review to streamline and align performance information across the Portfolio Budget Statements, Corporate Plan and Annual Performance Statements.

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

The Corporate Plan is intended to be the Department’s primary planning document. It is therefore pivotal for our planning and accountability and ensures reliable, relevant reporting over a 4 year period. This Corporate Plan includes all performance measures published in the *2021–22 Health Portfolio Budget Statements*. Results from all performance measures published in this Corporate Plan will be reported in the 2021–22 Annual Report, completing our performance reporting story for 2021–22.



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## OUTCOME 1

# Health Policy, Access and Support

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





**Outcome 1** is delivered through the following programs:

- 1.1 Health Research, Coordination and Access
- 1.2 Mental Health
- 1.3 Aboriginal and Torres Strait Islander Health
- 1.4 Health Workforce
- 1.5 Preventive Health and Chronic Disease Support
- 1.6 Primary Health Care Quality and Coordination
- 1.7 Primary Care Practice Incentives and Medical Indemnity
- 1.8 Health Protection, Emergency Response and Regulation
- 1.9 Immunisation

## Outcome Snapshot

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

- Partnering with states and territories to deliver sustainable **public hospital funding**.
- Working with the Australian Digital Health Agency to deliver the **national digital health agenda**.
- Cementing Australia's place as a world leader in **health and medical research**.
- Engaging with key **international partners**.
- Delivering the **National Mental Health and Suicide Prevention Plan**.
- Working in partnership with Aboriginal and Torres Strait Islander people and communities to improve health outcomes through the **National Agreement on Closing the Gap**.
- Implementing the **Stronger Rural Health Strategy**.
- Reducing preventable mortality and morbidity through **cancer screening** programs.
- Developing the **Primary Health Care 10 Year Plan**.
- Implementing the **Practice Incentives Program**.
- Establishing a **COVID-19 Vaccine Claims Scheme**.
- Leading the Government and national health sector response to the **COVID-19 pandemic**.
- Improving access to **therapeutic goods** for consumers and streamlining regulatory processes for industry.
- Administering the **National Gene Technology Scheme**.
- Administering the **Australian Industrial Chemicals Introduction Scheme**.
- Delivering the Government's **COVID-19 Vaccine and Treatment Strategy**.



## 1.1 Health Research, Coordination and Access

### Program Objective

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

### Our Operating Focus

The COVID-19 pandemic has demonstrated the importance of a coordinated, whole of system focus on achieving better health outcomes for all Australians.

We will continue to support the Australian Government to engage effectively with states and territories within the new National Cabinet, and support Commonwealth-state forums such as the Health National Cabinet Reform Committee, Health Ministers' Meeting Forum, and the Health Chief Executive Forum. We will also continue to collaborate with the broader healthcare sector and engage internationally to drive more integrated and strategic activities across the portfolio.

In order to minimise the spread and impact of any future pandemics, we will continue to provide strong leadership on international health issues, particularly in relation to the COVID-19 pandemic through the World Health Organization and strategic engagement with key partner countries bilaterally, in our region, and through the G20 and the Organisation for Economic Co-operation and Development.

The pandemic has significantly affected our capacity to engage with key health stakeholders, including within international fora. We will continue to remain flexible and adjust how we engage and collaborate, particularly with our international partners, in order for Australia to remain an influential partner in the global health arena.

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

and streamlined digital health services. The COVID-19 pandemic exposed the critical need for health system preparedness. While the pandemic has represented a global challenge for all countries, it has also created a surge in technological advancement in Australia. We will continue to engage with consumers, healthcare providers and industry to ensure that innovation not only meets the needs of Australians now, but also adapts to meet the needs of future generations.

The Medical Research Future Fund (MRFF) continues to benefit the Australian community and global efforts to respond to worldwide health emergencies, such as the COVID-19 pandemic, through targeted research projects. This work is complemented by the continuation of the successful Encouraging More Clinical Trials in Australia initiative, supporting ongoing collaboration with states and territories to cut red tape and increase the number of clinical trials in Australia.

The pandemic response and major reform initiatives in aged care and mental health have seen an increased demand for data to inform policy development, evaluation and service delivery. The Australian, state and territory governments, and the research sector are all actively seeking access to more data. Meeting the demand requires management of data sharing risks while meeting public expectations that policies and programs are delivering outcomes as intended. Increased data and analytics activity within priority areas has heightened the value of consistent approaches to departmental data governance matters and appropriate risk management for facilitating timely data sharing.



Key Activities	2020-21	2021-22	2022-23	2023-24
Providing a sustainable source of funding for transformative health and medical research through sources including the MRFF and the Biomedical Translation Fund.	●	●	●	●
Supporting research into potential COVID-19 treatments and vaccines.	●	●		
Working with states and territories to redesign clinical trial operating systems and to make it easier to conduct and participate in safe, high quality clinical trials.	●	●	●	●
Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders.	●	●	●	●
Driving the Australian Immunisation Register and the Multi-Agency Data Integration Project data linkage to support prioritised rollout of COVID-19 vaccination for priority groups.	●			
Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment.	●	●	●	●
Implementing a whole of department evaluation strategy, streamlined data release strategy and data governance and data release strategy.	●	●	●	●
Providing our ministers and the ADHA with timely and well-informed research, policy and legal advice that supports the Government's digital health agenda, including the My Health Record System.	●	●		
Working with the National Blood Authority, Organ and Tissue Authority, and states and territories to ensure access to a safe, secure supply of essential blood and blood products, as well as life-saving organ, tissue and haemopoietic progenitor cell transplants.	●	●	●	●
Leading strategic policy work and negotiations with states and territories for quarantine facilities for returning Australians and managing the administration of charging arrangements for the Centre for National Resilience in the Northern Territory.	●			
Continuing to work with jurisdictions and relevant federal departments to repatriate Australians and provide safe, reliable and compliant quarantine options.	●			
Providing support to states and territories for costs incurred as a result of the COVID-19 pandemic under the National Partnership on COVID-19 Response.	●	●		
Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs.	●	●	●	●
Supporting effective engagement with the Health Ministers' Meeting Forum and Health Chief Executive Forum, managing the transition to the new arrangements, and providing secretariat support for the Health National Cabinet Reform Committee.	●	●	●	●
Leading collaboration with states and territories on long term, system wide health reform and administration of the Addendum to the National Health Reform Agreement 2020-25.	●	●	●	●
Monitoring implementation and compliance with state and territory public hospitals through the National Health Reform Agreement.	●	●	●	●
Developing policies that embed emerging technologies into the Australian health system to effectively balance public benefit, cost and risk. This includes the staged introduction of mitochondrial donation in Australia.	●	●	●	●
Providing strong leadership on international health issues and reforms to international health architecture as a result of the COVID-19 pandemic.	●	●	●	●



## Our Performance

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

#### Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation.<sup>1</sup>

2021–22 Target	2022–23 Target (and beyond)
Deliver the 2021–22 components of the MRFF 10 Year Investment Plan by announcing investments, offering grant opportunities and executing grant agreements, consistent with the MRFF Act.	As per 2021–22. 2023–24 (and beyond) targets to be confirmed pending the statutory review of the MRFF Act.

#### Data source and methodology

Information on investments is updated monthly using data supplied by the National Health and Medical Research Council and the Department of Industry, Innovation and Science, who administer MRFF grants on the Department's behalf. Data is maintained internally by the Department. Information on the value of investments is published in the Department's annual financial statements, which are audited by the Australian National Audit Office and available on the Department's website<sup>2</sup>.

#### Measure type

Qualitative/Output

#### The rate of avoidable readmissions to public hospitals reduces over time.<sup>3</sup>

2021–22 Target	2022–23 Target (and beyond)
Implement more consistent definitions of avoidable readmissions, as per clauses A169 to A171 of the 2020–25 National Health Reform Agreement (NHRA).	Reduced rate of avoidable readmissions compared to 2021–22 baseline.

#### Data source and methodology

The Report on Government Services: Public Hospitals, which is published annually by the Productivity Commission and available on their website<sup>4</sup>. This is the first time this data is being used to measure this target. The methodology will be updated after the first reporting period.

#### Measure type

Quantitative Effectiveness

## Discussion

While this program reflects a broad range of objectives and activities, these 2 targets have been selected to assess performance as the MRFF and hospitals are the most financially material sections of Program 1.1 and are high priority areas of focus for the Government and the Department.

With the maturation of the MRFF at \$20 billion in 2020–21, this measure assesses the annual achievement in the long term administration of the fund and demonstrates early performance against the program's objectives relating to health and medical research. Measuring distribution of funding is appropriate for this stage of the MRFF's lifecycle. In the future, we intend to develop measures to assess research translation and eventually health outcomes.

The 2021–22 avoidable readmissions target reflects the early focus of the 2020–25 NHRA on ensuring a consistent approach across jurisdictions and will establish a baseline figure. Future targets support a long term focus on continued improvement.

<sup>1</sup> Source: 2021–22 Health Portfolio Budget Statements p.68.

<sup>2</sup> Available at: [www.health.gov.au/about-us/corporate-reporting/annual-reports](http://www.health.gov.au/about-us/corporate-reporting/annual-reports)

<sup>3</sup> Source: 2021–22 Health Portfolio Budget Statements p.68.

<sup>4</sup> Available at: [www.pc.gov.au/research/ongoing/report-on-government-services/2020/health/public-hospitals](http://www.pc.gov.au/research/ongoing/report-on-government-services/2020/health/public-hospitals)





## 1.2 Mental Health

### Program Objective

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

### Our Operating Focus

The Australian Government has demonstrated its commitment to mental health and suicide prevention as a national priority by delivering the single largest mental health and suicide prevention investment in Australia's history. Through the National Mental Health and Suicide Prevention Plan (the Plan), the Government has invested \$2.3 billion over 4 years to help people stay well, get early access to effective coordinated care, and ensure they have the support they need.

This investment will lead landmark reforms, provide critical services and supports to improve mental health services and create a new and expanded national network of adult, youth and children's mental health treatment centres. It is the Government's first phase response to the findings of both the Productivity Commission's Inquiry into Mental Health and the National Suicide Prevention Adviser's Final Report.

The Government has accepted all recommendations of both reports in principle, in part or in full. More than half of these recommendations require collaboration with state and territory governments, and will be pursued jointly through a new National Mental Health and Suicide Prevention Agreement (National Agreement) and bilateral mental health suicide prevention agreements with jurisdictions.

As a department we are proud and excited to be at the forefront of such an important set of reforms. One of our first priorities is to reach agreement with jurisdictions to achieve timely delivery of a single, unified mental health system. This will be achieved by working in partnership with states and territories on the foundations of the mental health system, clarifying roles, joint planning and

co-investment in services, and opportunities to better integrate across the system. We will work in partnership with the Department of the Prime Minister and Cabinet on whole of government engagement. We will continue to invest in and support key areas of need, and closely monitor the services provided to the community through mental health initiatives and programs.

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

The Plan is based on the principles of prevention, compassion and care, and comprises 5 key priority areas:

- Prevention and early intervention, to provide all Australians greater access and choice to engage with high quality, free and low cost digital mental health services early to prevent mental illness.
- Suicide prevention, to maintain commitment to working towards zero suicides through activities to prevent suicide and self-harm, and provide support to those impacted by suicide.
- Treatment, to ensure the delivery of easy to access, high quality, person-centred treatment for all Australians who need it, at the right stage of life.
- Support for the vulnerable, through effective and culturally appropriate mental health services for specific groups at increased risk of mental ill health.
- Workforce and governance, to support Australia's mental health system and workforce.



Key Activities	2021-22	2022-23	2023-24	2024-25
Working with states and territories to finalise the National Agreement. Implementing initiatives from the National Agreement and associated bilateral agreements.	●	●	●	●
Implementing actions from the Digital Mental Health Strategy and Digital Mental Health Standards and commencing development of a comprehensive national digital mental health platform.	●			
Providing tailored early intervention and suicide prevention services for fly-in fly-out and drive-in drive-out workers.	●			
Building on the National Perinatal Mental Health Check initiative to support the mental health and wellbeing of new and expectant parents.	●	●		
Establishing a National Suicide Prevention Office to build capability to deliver a national approach to reducing suicide rates.	●			
Establishing a national distress intervention trial program.	●			
Providing aftercare services to support Australians discharged from hospital following a suicide attempt, and suicide postvention services to support those bereaved by suicide.	●			
Enhancing the capacity of headspace services and investing further in the headspace network.	●	●	●	●
Improving access to community based mental health services for adults.	●	●	●	●
Providing additional support for Australians with eating disorders and their families, and establishing a national eating disorders research centre.	●	●	●	
Strengthening the Better Access initiative to provide patients' families and carers access to Medicare subsidised sessions, and increase access to group therapy sessions.	●	●		
Expanding and implementing the standardised assessment and referral tool for a consistent evidence-based approach to clinical assessment and referral.	●	●		
Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.	●	●		
Providing support for national Indigenous leadership to renew and implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and provide crucial services such as aftercare and crisis support specifically for Aboriginal and Torres Strait Islander people, thereby making progress towards National Agreement on Closing the Gap targets.	●	●	●	●
Providing support for multicultural communities through the Program of Assistance for Survivors of Torture and Trauma, and Mental Health Australia's Embrace Framework.	●			
Finalising the National Mental Health Workforce Strategy.	●			



## Our Performance

### Performance Measures for Mental Health – Program 1.2

Improve mental health outcomes for all Australians and combat suicide. <sup>5</sup>	
2021–22 Target	2022–23 Target (and beyond)
<p>National Mental Health and Suicide Prevention Agreement agreed by November 2021.</p> <p>Establish a National Suicide Prevention Office.</p> <p>Expand the national headspace network with 10 new services and upgrade 5 satellite services to centres.</p> <p>Establish 8 new Head to Health adult mental health centres and continue the establishment of the existing 8 centres announced in the 2019–20 Budget.</p> <p>Establish 24 adult mental health satellite services.</p> <p>Establish a national eating disorder research centre.</p> <p>National Mental Health Workforce Strategy endorsed.</p>	<p>Implement agreed initiatives from the National Mental Health and Suicide Prevention Agreement and associated bilateral agreements.</p> <p>Continue to expand the national headspace network.</p> <p>Continue to establish Head to Health adult mental health services.</p>
<b>Data source and methodology</b>	
<p>The National Agreement is managed by the Department. Once finalised it will be published on the Federal Financial Relations website<sup>6</sup>, managed by the Department of Treasury.</p> <p>Establishment of the National Suicide Prevention Office (NSPO) will be managed closely by the Department who will maintain an internal record of NSPO establishment activity, ensuring it fulfils its purpose and functions.</p> <p>Establishment of new headspace services and new adult mental health services are monitored closely by the Department in consultation with PHNs and headspace National Youth Mental Health Foundation. The Department maintains an internal spreadsheet of all services operational and being established, including location, funding levels and service commencement dates.</p> <p>The National Mental Health Workforce Strategy will be endorsed by all governments by 30 June 2022 and subsequently published on the Department's website<sup>7</sup>.</p>	
<b>Measure type</b>	
Qualitative/Output	

<sup>5</sup> Source: 2021–22 Health Portfolio Budget Statements p.71.

<sup>6</sup> Will be available at: [www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx)

<sup>7</sup> Will be available at: [www.health.gov.au/resources/collections/national-mental-health-workforce-strategy](http://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy)



## 1.3 Aboriginal and Torres Strait Islander Health

### Program Objective

Drive improved health outcomes for Aboriginal and Torres Strait Islander people.

### Our Operating Focus

Improving Indigenous health is a national priority. We will work in partnership with Aboriginal and Torres Strait Islander people, communities, organisations and mainstream services to improve access to effective health care services and health outcomes for Aboriginal and Torres Strait Islander people, consistent with the outcomes and objectives of the National Aboriginal and Torres Strait Islander Health Plan (the Health Plan) and the National Agreement on Closing the Gap (the National Agreement).

Health outcomes for Aboriginal and Torres Strait Islander people are interlinked with wider social and cultural determinants outside of the Health portfolio. We will work closely with our Australian Government colleagues, in particular with the National Indigenous Australians Agency, the Department of Education Skills and Employment, and the Department of Social Services to ensure we achieve our objectives by maintaining a focus on reform areas that deliver tangible and significant benefits.

We continue to fund the delivery of culturally appropriate, high quality comprehensive primary health care and support access to essential health services for Aboriginal and Torres Strait Islander people.

We will also continue to provide leadership to ensure mainstream programs and services are structured to deliver effective health services for Aboriginal and Torres Strait Islander people, including focusing on mental health, aged care, and workforce.

We will work in partnership with Aboriginal and Torres Strait Islander Community Controlled Health Services, general practices, state and territory governments, Primary Health Networks, and Commonwealth vaccination clinics to protect communities against COVID-19 and to ensure that all Australians have access to COVID-19 vaccination if they choose. Advice on health issues related to the pandemic response and the vaccine rollout as it relates to Aboriginal and Torres Strait Islander people is guided by the expertise of the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19.

We are leading the work required to meet the 3 health targets and 4 priority reform areas in the National Agreement and delivering the refreshed Health Plan.





Key Activities	2021-22	2022-23	2023-24	2024-25
Supporting the delivery of Government's commitments under the National Agreement.	●	●	●	●
Working in partnership with Aboriginal Community Controlled Health Services and other Aboriginal and Torres Strait Islander health experts to reduce the impact of COVID-19 and ensure uptake of COVID-19 vaccines.	●	●		
Finalising the refreshed Health Plan in partnership with Aboriginal and Torres Strait Islander people, communities and organisations.	●			
Implementing the Health Plan.	●	●	●	●
Finalising the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31 (Workforce Plan).	●	●		
Implementing the Workforce Plan.	●	●	●	●
Supporting action to end rheumatic heart disease, avoidable deafness and blindness, and for the prevention and early intervention of renal disease.	●	●	●	●
Prioritising investment in child and family health to support Aboriginal and Torres Strait Islander children having the best start in life.	●	●	●	●
Investing in activities that reduce smoking rates for Aboriginal and Torres Strait Islander people, and embed improvements made to date.	●	●	●	●
Delivering approaches to reduce the burden of chronic disease among Aboriginal and Torres Strait Islander people.	●	●	●	●
Allocating workplace packages to Aboriginal Community Controlled Health Organisations through the Allied Health Rural Generalist Pathway.	●	●	●	●



## Our Performance

### Performance Measures for Health Research, Coordination and Access – Program 1.3

#### Finalise and commence implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021–31 (Health Plan) and National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31 (Workforce Plan).<sup>8</sup>

2021–22 Target	2022–23 Target (and beyond)
Commence implementation of the refreshed Health Plan and Workforce Plan in partnership with Aboriginal and Torres Strait Islander people, communities and organisations.	Continue to implement the Health Plan and Workforce Plan, in concert with the respective implementation frameworks.

#### Data source and methodology

The Health Plan is published on the Department's website<sup>9</sup>.

The Workforce Plan will be published on the Department's website once finalised.

#### Measure type

Qualitative/Output

#### Discussion

Measuring the implementation of these plans through relevant partnerships assesses the Department's leadership in the objective of driving improved health outcomes for Aboriginal and Torres Strait Islander people. This measure is strongly linked to the outcome of improving access to comprehensive and coordinated health care, better equipping Australia to meet current and future health needs of all Australians.

#### By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.<sup>10</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
89.3%	89.4%	89.5%	89.6%

#### Data source and methodology

The Australian Institute of Health and Welfare (AIHW) National Perinatal Data Collection. This is an established national population-based cross-sectional collection of data on pregnancy and childbirth. The data is updated on a yearly basis. There is currently a 17 month data lag between collection of the data and when it is publically reported. Information regarding this data, including scope and methodology, is available on the AIHW website<sup>11</sup>.

#### Measure type

Quantitative/Effectiveness

#### Discussion

This measure replaces a measure from previous years related to health checks during pregnancy. The healthy birthweight measure aligns with Closing the Gap target 2 'children are born healthy and strong', which the Government is committed to achieving under the new National Agreement on Closing the Gap.

<sup>8</sup> Source: 2021–22 Health Portfolio Budget Statements p.72.

<sup>9</sup> Available at: [www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023](http://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023)

<sup>10</sup> Source: 2021–22 Health Portfolio Budget Statements p.73.

<sup>11</sup> Available at: [www.aihw.gov.au/about-our-data/our-data-collections/national-perinatal-data-collection](http://www.aihw.gov.au/about-our-data/our-data-collections/national-perinatal-data-collection)



## 1.4 Health Workforce

### Program Objective

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

### Our Operating Focus

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

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

We will continue to implement the Stronger Rural Health Strategy (the 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.

We will work to implement the Australian Government's additional \$123 million investment in specific rural health workforce initiatives under the Strategy. Announced in the 2021–22 Budget, these initiatives will improve access to health services in areas outside our big cities and increase the opportunities for a rewarding career in the health workforce for locals, supporting rural communities, who will benefit from increased delivery of health services and a more stable, locally trained workforce.

We will continue to support the Government in improving access to health services in regional, rural, and remote Australia, building on the Strategy through a range of reforms and improved investment.

A primary focus is to move away from siloed training and retention programs designed with a 'one size fits all' approach, to more flexible approaches that utilise local knowledge and community developed solutions to provide meaningful, visible support for the rural health workforce and build the health, mental health, aged care and disability care workforce, which has been essential to supporting Australians through the COVID-19 pandemic.

Building on previous investments in junior doctor training, opportunities will be increased for junior doctors to remain in rural communities where they want to live and work whilst completing their medical training and establishing their medical careers. More rural communities will benefit directly from an increase of rotations in rural primary care settings. Patients in these communities will also benefit from increased delivery of health services and a more stable locally trained workforce.

Our work in delivering this package of reforms maintains the momentum of the Strategy and will streamline and better connect programs and support for health practitioners, and invests in retention, teaching, training, incentivising and supporting health professionals. There is a key focus on building the regional, rural and remote health workforce.



Key Activities	2021-22	2022-23	2023-24	2024-25
Implementing the Strategy by: <ul style="list-style-type: none"><li>Improving the quality of the Australian health workforce through targeted support and incentives for medical practitioners working in general practice to achieve specialist recognition.</li><li>Supporting distribution of the health workforce across Australia, including in regional, rural and remote areas, through teaching programs, and establishing the Murray Darling Medical Schools Network.</li><li>Improving distribution of the health workforce through improved incentives for doctors, nurses and allied health professionals under the Workforce Incentive Program, with better support and targeting of doctors through the Bonded Medical Program.</li><li>Ensuring health workforce resources are targeted to specific needs, with ongoing enhancements of the health workforce planning tool.</li><li>Building on the Strategy through a range of reforms and improved investment by increasing junior doctor rotations in rural primary care settings. Patients in these communities will also benefit from increased delivery of health services and a more stable locally trained workforce.</li><li>Transitioning the Australian General Practice Training Program to a college-led training model in 2023.</li></ul>	●	●	●	●





## Our Performance

### Performance Measures for Health Workforce – Program 1.4

Effective investment in workforce programs will improve health workforce distribution in Australia.<sup>12</sup>

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

	2021–22 Target		2022–23 Target		2023–24 Target		2024–25 Target	
	MM1 <sup>13</sup>	MM2–7	MM1	MM2–7	MM1	MM2–7	MM1	MM2–7
a.	115.6	98.6	117.9	102.0	120.2	105.4	122.6	109.0
b.	5.9	13.2	5.0	12.1	4.2	11.1	3.6	10.2
c.	188.0	90.5	190.1	93.2	192.3	96.0	194.4	98.9
d.	155.1	209.8	157.8	212.4	160.4	215.0	163.1	217.6
e.	404.1	298.2	412.2	305.1	420.5	312.3	429.0	319.6
f.	N/A	>50%	N/A	>50%	N/A	>50%	N/A	>50%

#### Data source and methodology

Data for:

- a., b. Medical Benefits Scheme claims data<sup>14</sup>. This is administered and owned by the Department, in partnership with Services Australia.
- c., d., e. National Health Workforce Datasets (NHWD), and derived from an annual survey of all registered health practitioners<sup>15</sup>. The NHWD is provided to the Department by the Australian Health Practitioner Regulation Agency. The Department then becomes the data custodians of this dataset.
- f. Australian General Practice Training Program (AGPT) data and Rural Vocational Training Scheme (RVTS). AGPT program data is captured daily from regional training providers into the Department's Registrar Information Data Exchange. RVTS program data is provided 6 monthly to the Department through progress reports by RVTS Ltd.

#### Measure type

Quantitative/Effectiveness

<sup>12</sup> Source: 2021–22 Health Portfolio Budget Statements p.75.

<sup>13</sup> Geography: Cities (MM1) and rural (MM2–7) based on Modified Monash Model 2019.

<sup>14</sup> Available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1](http://www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1)

<sup>15</sup> Available at: [hwd.health.gov.au/resources/information/nhwd.html](http://hwd.health.gov.au/resources/information/nhwd.html)



## 1.5 Preventive Health and Chronic Disease Support

### Program Objective

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

### Our Operating Focus

We will continue to work to improve the health and wellbeing of Australians by reducing preventable mortality and morbidity caused by chronic conditions, communicable disease and substance misuse. This will be achieved through the development and implementation of evidence-based policies and measures to address a wide range of chronic conditions, immunisation programs, tobacco control measures, prevention and treatment of blood borne viruses (BBV) and sexually transmissible infections (STI), policies to support appropriate and effective regulation of gene technology; and the policies and implementation of programs seeking to prevent and reduce the harms caused by illicit drug use and harmful alcohol consumption.

We are undertaking a midpoint review of the National Drug Strategy 2017–2026 to assess progress, measure success and identify any new priorities, emerging issues or challenges in respect to alcohol, tobacco and other drugs. We are also developing the draft National Tobacco Strategy 2021–2030, which aims to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social and economic costs, and the inequalities it causes.

Almost half of the Australian population has one or more chronic conditions like diabetes, heart disease and cancer. The most recent Australian Bureau of Statistics National Health Survey found that 13.8% of Australians aged 18 years and older were daily smokers, one in 4 children and 2 in 3 adults are overweight or obese, more than half of adults and 2 in 3 children don't meet the physical activity guidelines, and most people don't eat enough fruit and vegetables and eat too much discretionary food. Risk factors like these increase the risk of developing ill health.

We can prevent many chronic health conditions from developing, or reduce their impact, by creating systems and environments that support people to live a healthy lifestyle.

The National Preventive Health Strategy 2021–2030 (the Strategy) is an integral part of Australia's Long Term National Health Plan and will provide the overarching approach to prevention for the next 10 years. The Strategy will take a systems-based approach to helping Australians improve their health at all stages of life, through early intervention, better information, and targeting risk factors and the broader causes of health and wellbeing. Early detection is a key aspect of prevention and we are continuing to play a critical role in Australia's world leading efforts in national screening and immunisation programs.

In delivering cancer programs, we work to improve the health and wellbeing of Australians by reducing preventable mortality and morbidity caused by cancer. Cancer screening programs increase the likelihood of detecting abnormalities or cancer in its earlier stages, leading to better outcomes. Our population-based national cancer screening programs are proven to save lives. The screening programs contribute to broader health outcomes such as improved mental health, prevention or delayed onset of degenerative diseases and improved wellbeing of Australians.

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



Key Activities	2021-22	2022-23	2023-24	2024-25
Developing, implementing and monitoring: <ul style="list-style-type: none"> <li>national strategies for preventive health, obesity and injury prevention</li> <li>national strategies for men's women's and children's health</li> <li>existing national strategic action plans for chronic diseases.</li> </ul>	●	●	●	●
Supporting a collaborative approach to prevention and reduction of harm to individuals and communities from alcohol, tobacco and other drugs through: <ul style="list-style-type: none"> <li>Implementing activities that align with the objectives of the National Drug Strategy 2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy and finalising the next National Tobacco Strategy 2021–2030.</li> <li>Delivering health promotion and education activities to support smoking cessation and prevention, focusing on high prevalence smoking populations.</li> <li>Delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol and raise awareness of the risks of drinking alcohol while pregnant and breastfeeding.</li> <li>Delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028.</li> </ul>	●	●	●	●
Investing in quality alcohol and drug treatment services consistent with the National Quality Framework.	●	●	●	●
Strengthening the alcohol and drugs evidence base through high quality research, data analysis and consultation with industry experts.	●	●	●	●
Working 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.	●	●	●	●
Developing a new national best practice support service for nicotine cessation with Cancer Council Victoria.	●	●		
Encouraging and enabling healthy lifestyles, physical activity and good nutrition through initiatives such as the Healthy Food Partnership, Health Star Rating system, Australian Guide to Healthy Eating and the Healthy Heart Initiative.	●	●	●	●
Enhancing national policy development to reduce lifestyle related chronic disease by strengthening the evidence base through high quality research, data analysis and consultation with expert networks.	●	●	●	
Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program.	●	●	●	●
Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advance care planning.	●	●	●	●
Improving early detection, treatment and survival outcomes for people with cancer by continuing to: <ul style="list-style-type: none"> <li>Actively inviting Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program.</li> <li>Supporting states and territories to deliver the BreastScreen Australia program.</li> <li>Operating the National Cancer Screening Register.</li> <li>Improving participation across the 3 cancer screening programs over the next 5 years under the Strategy.</li> <li>Establishing the feasibility of implementing a national lung cancer screening program with Cancer Australia.</li> </ul>	●	●	●	●



## Our Performance

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

**Improve overall health and wellbeing of Australians by achieving preventive health targets.<sup>16</sup>**

- a. National daily smoking prevalence.**
- b. Level of harmful alcohol consumption.**
- c. Prevalence of recent illicit drug use.**
- d. Increase the level of cancer screening participation over 5 years (i.e. 2025–26) in line with the Minister for Health's commitment.**
  - i. National Bowel Cancer Screening Program (towards 53%).**
  - ii. National Cervical Screening Program (towards 64%).**
  - iii. BreastScreen Australia Program (towards 65%).**

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
<b>a.</b>	≤13.8%	Progressive decrease	Progressive decrease	Progressive decrease
<b>b.</b>	≤32.0%	Progressive decrease	Progressive decrease	Progressive decrease
<b>c.</b>	≤16.4%	Progressive decrease	Progressive decrease	Progressive decrease
<b>d. i.</b>	43.8%	Progressive increase	Progressive increase	Progressive increase towards 53%
<b>ii.</b>	46.5%	Progressive increase	Progressive increase	Progressive increase towards 64%
<b>iii.</b>	54.3%	Progressive increase	Progressive increase	Progressive increase towards 65%

#### Data source and methodology

- a.** Baseline figure from the most recent data in the Australian Bureau of Statistics National Health Survey 2017–18<sup>17</sup>.
- b.** Baseline figure from the most recent data in the 2019 National Drug Strategy Household Survey<sup>18</sup> and analysis conducted by the Australian Institute of Health and Welfare (AIHW) in mapping data to the updated National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Drinking Alcohol<sup>19</sup>.
- c.** Baseline figure from the most recent national data in the 2019 National Drug Strategy Household Survey<sup>20</sup>.
- d.** All 3 programs provide data to the AIHW to produce annual program monitoring reports, available on their website<sup>21</sup>.
  - i.** National Cancer Screening Register, results reported on a rolling 2 calendar year basis.
  - ii.** National Cancer Screening Register.
  - iii.** BreastScreen registries within each state and territory.

#### Measure type

Quantitative/Effectiveness

#### Discussion

These are new measures which provide insight into performance against the objective via key preventive health targets. Including this set of targets in one measure helps to provide an overall picture of performance as some elements don't report annually. 2021–22 targets are set based on the most recent available data. Ongoing targets will be set once baselines have been established.

<sup>16</sup> Source: 2021–22 Health Portfolio Budget Statements p.77.

<sup>17</sup> Available at: [www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release](http://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release)

<sup>18</sup> Available at: [www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs](http://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs)

<sup>19</sup> Available at: [www.aihw.gov.au/reports/alcohol/measuring-risky-drinking-aus-alcohol-guidelines/contents/measuring-risky-drinking](http://www.aihw.gov.au/reports/alcohol/measuring-risky-drinking-aus-alcohol-guidelines/contents/measuring-risky-drinking)

<sup>20</sup> Available at: [www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs](http://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs)

<sup>21</sup> Available at: [www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/reports](http://www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/reports)





## 1.6 Primary Health Care Quality and Coordination

### Program Objective

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

### Our Operating Focus

We are developing a 10 year plan to drive reform of the primary health care system in Australia. This 10 year plan is part of the first pillar of Australia's Long Term National Health Plan (Guaranteeing Medicare, stronger primary care and improving access to medicines through the Pharmaceutical Benefits Scheme).

We will continue to work in partnership with Primary Health Networks (PHNs) to set the strategic direction of the PHN Program, undertake and provide fit for purpose and best practice grant and program management, support continuous improvement and innovation in service delivery, and grow a shared understanding of the PHN Program. This will support PHNs in meeting their objectives to support an integrated, coordinated primary health care system that delivers high quality, patient centred care.

Quality improvement activities will continue to be undertaken across the PHN Program, with a particular focus on enhancing the performance of PHNs in delivering Australian Government policies.

There will be several external factors that will impact the work of PHNs across 2021–25, including roles in:

- supporting GPs and other health providers to respond to the COVID-19 pandemic
- managing the impact the pandemic has on the delivery of PHN commissioned services
- implementing responses to recommendations from several Royal Commissions
- the Primary Health Care 10 Year Plan
- the National Health Reform Agreement 2020–25.

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

A major focus will be working with healthdirect to continue to offer a range of services which include consumer helplines, symptom checker and the National Health Services Directory. They also offer a range of services associated with the COVID-19 pandemic such as the National Coronavirus Helpline, COVID-19 restriction checker, COVID-19 vaccine eligibility checker, COVID-19 vaccine clinic finder and the COVID-19 symptom checker.

We are working to improve the health and care of people with intellectual disability. Key to this work is finalising the National Roadmap (the Roadmap) for Improving the Health of People with Intellectual Disability. The Roadmap sets out a targeted program of reforms across the health system to better meet the needs of people with intellectual disability. It will form part of the Primary Health Care 10 Year Plan and is an associated plan to the 2021–2031 National Disability Strategy, Australia's overarching framework for disability policy. Work is already underway to implement 4 priority initiatives under the Roadmap:

- Scoping and co-design of a model for a national centre of excellence in intellectual disability health.
- Improving the uptake of annual health assessments for people with intellectual disability.
- Curriculum development in intellectual disability health.
- Implementing the Primary Care Enhancement Program for people with intellectual disability.

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



Key Activities	2021–22	2022–23	2023–24	2024–25
Improving quality and coordination of primary health care.	●	●	●	●
Supporting PHNs to increase the efficiency, effectiveness, accessibility and quality of primary health care services, particularly for people at risk of poorer health outcomes, and improve care coordination and integration.	●	●	●	
Supporting measures that improve the coordination and integration of health services to manage health in the community, with a focus on complex and chronic conditions, and reduce potentially preventable hospital attendances and admissions.	●	●	●	
Supporting the delivery of health information, advice and services through interactive communication technology to help people care for themselves and their families.	●			

## Our Performance

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

**The number of Primary Health Network (PHN) regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare (AIHW) longitudinal data.<sup>22</sup>**

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
25	26	27	28

#### Data source and methodology

This data is obtained from the AIHW, who develop an indicator based on a 5 year trend line of best fit. Information is available on the AIHW website<sup>23</sup>. There is up to a 2 year lag collecting data from states and territories.

#### Measure type

Quantitative/Effectiveness

#### Discussion

A decline in the rate of potentially preventable hospitalisations correlates to an effective delivery of quality primary health care. These targets are ambitious but achievable, noting that PHNs do not have control over all factors driving potentially preventable hospitalisations.

<sup>22</sup> Source: 2021–22 Health Portfolio Budget Statements p.78.

<sup>23</sup> Available at: [www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-exploring-the-data/contents/exploring-the-potentially-preventable-hospitalisations-data](https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-exploring-the-data/contents/exploring-the-potentially-preventable-hospitalisations-data)



## 1.7 Primary Care Practice Incentives and Medical Indemnity

### Program Objective

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

### Our Operating Focus

We will continue to implement the PIP, with assistance from Services Australia which administers payments to practices and general practitioners. While the COVID-19 pandemic has impacted the way people access primary care services, the PIP encourages general practices to continue providing quality face to face care, enhancing capacity, and improving access and health outcomes for patients. As a result of the pandemic, there has been an increase in telehealth consultations for primary care services. In response to this, changes to PIP payment calculations are being explored to identify possible impacts on the level of funding paid to practices participating in the PIP.

Increased demand from practices to participate in the PIP has seen additional pressure applied on program finances. In response to these pressures, the program has implemented additional financial management processes and forecasting practices to better track the program budget and respond early and quickly to pressures.

The COVID-19 Vaccine Claims Scheme (the scheme) will provide patients with access to compensation should a person suffer moderate to significant harm because of their COVID-19 vaccination. The injury would need to have been caused by a COVID-19 vaccine approved by the Therapeutic Goods Administration (TGA) or its administration. Patients will be able to access the scheme irrespective of where their vaccination was administered in Australia - in a state or territory clinic, a general practitioner clinic, a pharmacy or elsewhere - as long as the vaccine was one authorised by the TGA. This scheme will provide

a similar level of compensation to what people would receive through a personal injuries claim through a court process, without the need to pursue costly and time-consuming litigation. However, people will still be able to seek compensation through the courts as an alternative to compensation under the scheme, if they so choose.

Health professionals involved in administering vaccines will be able to continue with their crucial role in the vaccine roll out assured that they can both administer the vaccine and provide the necessary advice to patients on vaccine choice knowing that the claims scheme will offer them protection.

The costs of compensation payments under this scheme would be fully funded by the Commonwealth and is designed to help the small number of people who unfortunately experience a moderate to significant adverse reaction to a COVID-19 vaccine.

Through our response to the pandemic, a new measure was implemented to ensure eligible doctors and midwives maintain their eligibility to the Run-Off Cover Indemnity Scheme, should they return to practise to assist during the COVID-19 pandemic. This work supports the pandemic response sub register established by the Australian Health Practitioner Regulation Agency to enable health professionals to temporarily return to the workforce to assist with the COVID-19 pandemic response. This measure will continue to operate during the duration of the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020.



Key Activities	2021-22	2022-23	2023-24	2024-25
Providing incentive payments to eligible general practices and general practitioners. Incentives include the: <ul style="list-style-type: none"> <li>• After Hours Incentive</li> <li>• Aged Care Access Incentive</li> <li>• eHealth Incentive</li> <li>• Rural Loading Incentive</li> <li>• Teaching Payment</li> <li>• Indigenous Health Incentive</li> <li>• Procedural General Practitioner Incentive</li> <li>• Quality Improvement Incentive.</li> </ul>	●	●	●	●
Administering the medical and midwife indemnity schemes to promote ongoing stability, affordability and availability of medical indemnity insurance. Through these schemes, subsidise claims costs and ensure the cost of insurance premiums remains affordable.	●	●	●	●
Administering a contract with an eligible insurer for the provision of professional indemnity insurance to deliver the Midwife Professional Indemnity Scheme on behalf of the Government.	●	●	●	●
Establishing a COVID-19 Vaccine Claims Scheme.	●			

## Our Performance

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

Maintain Australia's access to quality general practitioner care through the percentage of accredited general practices submitting Practice Incentive Program (PIP) Quality Improvement Incentive data to their Primary Health Network (PHN). <sup>24</sup>			
2021-22 Target	2022-23 Target	2023-24 Target	2024-25 Target
≥89.0%	≥92.0%	≥94.0%	≥95.0%
<b>Data source and methodology</b> Data is obtained from Services Australia for the number of practices participating in PIP, and PHNs reporting practice participation results. This data is maintained internally by the Department. Data relating to accredited practices is obtained from the Australian Commission on Safety and Quality in Healthcare, and is maintained by them.			
<b>Measure type</b> Quantitative/Output			
<b>Discussion</b> This measure assesses whether PIP practices are gradually adopting continuous quality improvements that will enhance the effectiveness of the other PIP incentives and multiply the benefits to health outcomes.			

<sup>24</sup> Source: 2021-22 Health Portfolio Budget Statements p.79.





### Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of cover.<sup>25</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
95.0%	95.0%	95.0%	95.0%

#### Data source and methodology

Medical indemnity insurers provide data to the Department annually. Results are available on the Department's website<sup>26</sup>, where the number of refusals of cover and the application of risk surcharges for medical practitioners is also available.

#### Measure type

Quantitative/Effectiveness

#### Discussion

This measure assesses the effectiveness of legislative changes made under the Medical Indemnity Reform. A reduction in the number of refusals and risk surcharge applications applied to premiums demonstrates the changes are successful in ensuring accessible and affordable medical indemnity cover.

As this measure is new, the 95% target is considered a reasonable estimate to allow for non-compliant practitioners where an insurer may refuse cover if the risk is deemed to be too high.

<sup>25</sup> Source: 2021–22 Health Portfolio Budget Statements p.80.

<sup>26</sup> Available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/medical-indemnity.htm](http://www1.health.gov.au/internet/main/publishing.nsf/Content/medical-indemnity.htm)



## 1.8 Health Protection, Emergency Response and Regulation

### Program Objective

Protect the health of the Australian community through national leadership and capacity building to detect, prevent, prepare for, 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 morbidity and mortality and significant burden on the health system. Protect human health and the environment through regulatory oversight of: therapeutic goods; controlled drugs; genetically modified organisms (GMOs); and industrial chemicals.

### Our Operating Focus

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 capacity and capabilities.

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

The NIC also ensures that all obligations are met as Australia's National Focal Point under the International Health Regulations (2005). The NIC is pivotal in developing robust technical and medical advice through the Australian Health Protection Principal Committee to inform decision making by the Cabinet and various sub-committees of Cabinet, National Coordination Mechanism and the National Cabinet.

We continue to collaborate with international counterparts to respond to the COVID-19 pandemic. Our ongoing engagement assists our awareness of emerging treatments, diagnostics and vaccines, as well as supply issues for existing products. A priority of our response is to expedite medicines and medical devices that are associated with COVID-19 without compromising safety, and work together with our international regulatory counterparts. We will ensure the COVIDSafe app is strategically managed to support Australian health protection objectives.

Preparedness and response activities not related to the pandemic have continued, however these have been impacted by our mobilisation response activities during the pandemic. We will continue to assess and monitor therapeutic goods available in Australia to ensure they are of an acceptable standard and that the Australian community has access to new and emerging therapeutic goods.

Scientific advancements in therapeutic goods offer better outcomes for Australians, therefore our regulatory framework needs to safeguard consumers whilst being contemporary, adaptable and supportive of innovation. Our education activities, including in response to emerging issues, will assist businesses to apply and comply with the regulatory requirements.

Our response, through the Therapeutic Goods Administration (TGA), to the COVID-19 pandemic has been a leading example in risk based, data driven regulation. We engage with international regulators, other Commonwealth agencies, jurisdictions and key stakeholders with a determined focus on continuous improvement. Through this, we have secured the trust of the Australian community. The TGA's adaptive regulation of hand sanitisers is but one example of best practice performance.

We will also continue working in partnership with government, industry and community stakeholders to aid in the protection of Australians and the environment from the harmful effects of industrial chemicals through the *Industrial Chemicals Act 2019*. It establishes the Australian Industrial Chemicals Introduction Scheme for regulating the introduction (import and manufacture) of industrial chemicals in Australia.

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



Key Activities	2021-22	2022-23	2023-24	2024-25
Strengthening preparedness to respond to public health threats and health emergencies.	●	●	●	●
Through the National Incident Centre, engaging with states and territories and international partners to refine coordination arrangements, to ensure Australia maintains its capacity and capability to prepare for, and respond to, health emergencies.	●	●	●	●
Leading the Australian Government and National health sector response to the COVID-19 pandemic.	●	●		
Regulating therapeutic goods, including vaccines, to ensure safety, efficacy, performance and quality. Promote best practice, monitor compliance, and take appropriate action to address non compliance.	●	●	●	●
Improving access to therapeutic goods for consumers and streamline regulatory processes for industry.	●	●	●	●
Delivering efficient, best practice therapeutic goods regulatory outcomes through regulatory science excellence, international collaboration and reform in accordance with the <i>Regulatory Science Strategy 2020–2025</i> <sup>27</sup> .	●	●	●	●
Undertaking a range of education activities to inform the public and health professionals on reforms to the regulation of prescription opioid medicines.	●			
Regulating and providing advice on the import, export, cultivation, production and manufacture of controlled drugs to support Australia's obligations under the International Narcotic Drugs Conventions.	●	●	●	●
Regulating the medicinal cannabis industry by issuing licences and permits support domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities.	●	●	●	●
Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture.	●	●	●	●
Completing industrial chemical risk assessments and evaluations, within statutory timeframes, under the Australian Industrial Chemicals Introduction Scheme to provide the Australian community with access to information about the safe use of industrial chemicals, and to support innovation by Australian businesses.	●	●	●	●
Raising awareness of regulatory obligations and monitor compliance among industrial chemical introducers.	●	●	●	●
Limiting the use of animal test data while maintaining human health and environment protections in accordance with the <i>Industrial Chemicals Act 2019</i> .	●	●	●	●
Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with GMOs.	●	●	●	●
Supporting a modern, flexible and innovative National Gene Technology Scheme.	●	●	●	●
Working with Australian and state and territory governments to implement the recommendations outlined in the Third Review of the National Gene Technology Scheme <sup>28</sup> .	●	●		
Operationalising legislative changes resulting from the Third Review of the National Gene Technology Scheme		●	●	●
Implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022, and support a coordinated response to reducing the spread of BBV and STI.	●	●		
Continued compliance with the World Health Organization's (WHO) International Health Regulations (2005) core capacities.	●	●	●	●
Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile.	●	●	●	●
Ensuring Australia has a readily available supply of antivenoms, Q fever and pandemic influenza vaccines.	●	●	●	●

<sup>27</sup> Available at: [www.tga.gov.au/publication/health-products-regulation-group-regulatory-science-strategy-2020-2025](http://www.tga.gov.au/publication/health-products-regulation-group-regulatory-science-strategy-2020-2025)

<sup>28</sup> Available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/gene-technology-review](http://www1.health.gov.au/internet/main/publishing.nsf/Content/gene-technology-review)



Key Activities	2021-22	2022-23	2023-24	2024-25
Providing a One Health response <sup>29</sup> to detect, address and respond to the threat of antimicrobial resistance (AMR).	●	●	●	●
Providing national direction to minimise the spread of antimicrobial resistance and implement <i>Australia's National AMR Strategy – 2020</i> and beyond, including the development of supporting action plans.	●	●	●	●

## Our Performance

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

#### Percentage of therapeutic goods evaluations that meet statutory timeframes.<sup>30</sup>

2021-22 Target	2022-23 Target	2023-24 Target	2024-25 Target
100%	100%	100%	100%

#### Data source and methodology:

Records of medicines, medical devices and biologicals applications. Data is analysed and maintained internally by the Department. Evaluation activities are measured against statutory timeframes, contained within the Therapeutic Goods Regulations 1990<sup>31</sup>.

#### Measure type

Quantitative/Efficiency

#### Discussion

Previous measure was to “improve timeliness, transparency and compliance”. This new measure is more specific and objective. A target of 100% ensures efficient regulatory processes are in place.

#### Number of completed medicinal cannabis inspections.<sup>32</sup>

2021-22 Target	2022-23 Target	2023-24 Target	2024-25 Target
15	25	25	25

#### Data source and methodology

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

#### Measure type

Quantitative/Output

#### Discussion

Previous measure was to ‘improve timeliness, transparency and compliance’. This new measure is more specific and objective.

<sup>29</sup> A One Health response recognises that human, animal, and ecosystem health are inextricably linked; and combatting resistance to antimicrobials requires action in all sectors where antimicrobials are used.

<sup>30</sup> Source: 2021-22 Health Portfolio Budget Statements p.82.

<sup>31</sup> Version in force as at August 2021 is available at: [www.legislation.gov.au/Details/F2021C00400](http://www.legislation.gov.au/Details/F2021C00400)

<sup>32</sup> Source: 2021-22 Health Portfolio Budget Statements p.82.

**a. Percentage of GMO licence decisions made within statutory timeframes.****b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.<sup>33</sup>**

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
a.	100%	100%	100%	100%
b.	100%	100%	100%	100%

**Data source and methodology**

Records of licence applications and inspections. Data is analysed and maintained internally by the Department. Statutory requirements are prescribed in Section 136(1A) of the *Gene Technology Act 2000*<sup>34</sup>. Practice reviews, audits and inspections are reported in the Office of the Gene Technology Regulator's (OGTR's) quarterly activity statements<sup>35</sup> and annual reports<sup>36</sup>.

**Measure type**

Quantitative/Efficiency

**Discussion**

The previous measure 'to protect people and the environment through regulation of GMOs' focused on effectiveness of regulation. This measure focuses instead on efficiency of the OGTR's activities.

**Industrial chemical risk assessments and evaluations completed within statutory timeframes.<sup>37</sup>**

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
≥95%	≥95%	≥95%	≥95%

**Data source and methodology**

Records of applications and completed assessment and evaluation reports. Data is analysed and maintained internally by the Department. Industrial chemical assessment and evaluation statements are published on the Australian Industrial Chemicals Introduction Scheme (AICIS) website<sup>38</sup>.

**Measure type**

Quantitative/Efficiency

33 Source: 2021–22 Health Portfolio Budget Statements p.83.

34 Version in force as at August 2021 is available at: [www.comlaw.gov.au/Current/C2004C04256](http://www.comlaw.gov.au/Current/C2004C04256)

35 To be available at: [ogtr.gov.au/collections/quarterly-activities-reports](http://ogtr.gov.au/collections/quarterly-activities-reports)

36 To be available at: [ogtr.gov.au/collections/annual-reports](http://ogtr.gov.au/collections/annual-reports)

37 Source: 2021–22 Health Portfolio Budget Statements p.83.

38 Available at: [www.industrialchemicals.gov.au](http://www.industrialchemicals.gov.au)





### Percentage of recommendations from the World Health Organization's (WHO's) Joint External Evaluation (JEE) of Australia's implementation of International Health Regulations Core Capacities addressed.<sup>39</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
TBC	TBC	TBC	TBC

#### Data source and methodology

Australia's JEE in 2017 resulted in 66 recommendations. The Department reports against the implementation of these biannually. The resulting data is owned by the Department. Australia's JEE mission report is published on the Department's website<sup>40</sup>.

#### Measure type

Quantitative/Output

#### Discussion

The WHO has established a Monitoring and Evaluation Framework to assess country compliance with the International Health Regulations (2005) (IHR). One pillar of the framework is the JEE, a voluntary process in which a team of internal and external experts jointly assess a country's ability to prevent, detect and respond to public health threats across 19 core capacities of the IHR.

The response to the COVID-19 pandemic has accelerated implementation of some recommendations, and overtaken others. Further consultation and validation of the recommendations, including with the WHO, is required before a baseline and targets can be confirmed.

<sup>39</sup> Source: 2021–22 Health Portfolio Budget Statements p.83.

<sup>40</sup> Available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-biosecc-JEE.htm](http://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-biosecc-JEE.htm)



## 1.9 Immunisation

### Program Objective

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

### Our Operating Focus

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

We also support the Australian Government's COVID-19 Vaccine and Treatment Strategy, which is separate to the NIP. On 8 June 2021, the Prime Minister appointed Lieutenant General John Frewen Coordinator General of the National COVID Vaccine Taskforce, known as Operation COVID Shield. Operation COVID Shield's goal is to ensure public confidence in the Australian vaccine rollout and to ensure as many Australians are vaccinated as early as possible. To deliver the most efficient and effective distribution and delivery of the vaccine, Operation COVID Shield's key areas of focus are:

- Improving coordination and optimising the vaccine rollout plan.
- Building public confidence through clear and consistent messaging.
- Delivering a safe and efficient rollout.

The Office of the Coordinator General is based within the Department of Health and consists of Australian Public Servants and Australian Defence Force members.

To ensure targeted vaccine programs are delivered, we will continue to monitor arrangements and services provided through the NIP and associated immunisation initiatives. We will also continue to invest in program promotion and awareness, refining program populations and measurement of screening outside of the programs.

We work in partnership with our Government colleagues, the Department of Education Skills and Employment and the Department of Social Services to increase immunisation coverage rates, and with Services Australia who administer the Australian Immunisation Register (AIR) on our behalf.

We will continue to implement the *National Immunisation Strategy 2019–24* and the NIP and maintain high rates of immunisation across the Australian community.

Mandatory reporting to the AIR commenced for COVID-19 vaccines administered on or after 20 February 2021, Influenza vaccines administered on or after 1 March 2021, and all NIP vaccines administered on or after 1 July 2021. Mandatory reporting to the AIR ensures that the AIR contains a complete and reliable dataset of vaccines administered in Australia.

Key Activities	2021–22	2022–23	2023–24	2024–25
Delivering the Government's COVID-19 Vaccine and Treatment Strategy.	●			
Developing, implementing and evaluating strategies to improve immunisation coverage.	●	●	●	●
Partnering with states, territories and other important stakeholders to deliver vaccine initiatives.	●	●	●	●
Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine-preventable disease.	●	●	●	●
Implementing immunisation campaigns to ensure patients and carers of children have access to evidence-based information to inform their decision making.	●	●	●	●
Ensuring secure vaccine supply and efficient use of vaccines for the NIP.	●	●	●	●
Developing the next National Partnership on Essential Vaccines.	●	●	●	●
Implementing mandatory reporting of vaccinations to the AIR.	●	●	●	●
Implementing governance and access requirements for Australian Immunisation Register Data (AIR) data – including enabling COVID-19 vaccinations to be recorded on the AIR.	●	●	●	●



## Our Performance

### Performance measures for Immunisation – Program 1.9

#### Immunisation coverage rates:<sup>41</sup>

- a. For children at 5 years of age are increased and maintained at the protective rate of 95%.
- b. For Aboriginal and Torres Strait Islander children 12–15 months of age are increased to close the gap.
- c. For adults at increased risk of vaccine preventable diseases due to age or underlying medical conditions.

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
a.	≥95.00%	≥95.00%	≥95.00%	≥95.00%
b.	≥94.00%	≥94.25%	≥95.00%	≥95.00%
c.	Identify data source and baseline coverage rates.	To be set in 2022	To be set in 2022	To be set in 2022

#### Data source and methodology

Immunisation data is reported to the AIR<sup>42</sup> and produced by Services Australia. The National Centre for Immunisation Research and Surveillance (NCIRS) also produces independent coverage reports which validate the coverage rates reported by the Department. These are available on the NCIRS website<sup>43</sup>.

#### Measure type

Quantitative/Effectiveness

#### Discussion

**Please note:** This performance measure relates to the National Immunisation Program which is separate to the COVID-19 vaccine rollout. Comprehensive reporting on the performance of the COVID-19 vaccine rollout is published daily<sup>44</sup>.

- a., b. The target has been set at 95% for children aged 5 years as this level provides sufficient herd immunity to prevent transmission of vaccine preventable diseases in the community.
- c. Amendments to the *Australian Immunisation Register Act 2015* make it mandatory to report COVID-19 vaccinations to the AIR from 20 February 2021, and influenza vaccinations from 1 March 2021. Accordingly, 2021–22 will set a baseline from which future targets will be defined.

<sup>41</sup> Source: 2021–22 Health Portfolio Budget Statements p.84.

<sup>42</sup> Available at: [www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage](http://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage)

<sup>43</sup> Available at: [www.ncirs.org.au](http://www.ncirs.org.au)

<sup>44</sup> Available at: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/australias-covid-19-vaccine-rollout](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/australias-covid-19-vaccine-rollout)

## 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. More detail on our partners can be found in the *2021–22 Health Portfolio Budget Statements* linked programs section.



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## OUTCOME 2

# Individual Health Benefits

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



**Outcome 2** is delivered through the following programs:

- 2.1 **Medical Benefits**
- 2.2 **Hearing Services**
- 2.3 **Pharmaceutical Benefits**
- 2.4 **Private Health Insurance**
- 2.5 **Dental Services**
- 2.6 **Health Benefit Compliance**
- 2.7 **Assistance through Aids and Appliances**

## Outcome Snapshot

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

- Supporting patient access to **telehealth** services during the COVID-19 pandemic.
- Implementing initiatives from the **Roadmap for Hearing Health**.
- Supporting ongoing access to the latest innovative **medicines** for patients.
- Ensuring **choice for consumers** across a range of cost effective Private Health Insurance products.
- Supporting access to **dental health** services for eligible children.
- Helping **health providers** meet their compliance obligations.
- Supporting Australians managing specific **health conditions**.





## 2.1 Medical Benefits

### Program Objective

Deliver a modern, sustainable Medicare program that supports all Australians to access high quality and cost-effective professional services. Work with consumers, health professionals, private health insurers, and states and territories to continue strengthening Medicare and progressing the Long Term National Health Plan to improve health outcomes for patients.

### Our Operating Focus

The current environment continues to require our increased support to the Australian Government as we quickly respond and adapt to the COVID-19 pandemic. This has included the extension of temporary Medicare items to help health care practitioners deliver telehealth services via phone or video conferencing, and the establishment of new Medicare items to support the COVID-19 vaccine rollout in general practice settings.

Telehealth has been critical in guaranteeing ongoing access to health care during the COVID-19 pandemic response, particularly for parts of Australia that experience lockdowns. Work will continue with peak bodies to co-design and implement permanent post pandemic telehealth, as part of broader reforms to modernise Medicare and provide flexibility of access to primary, specialist, nursing and allied health care services.

Following the completion of the Medicare Benefits Schedule (MBS) Review in 2020, the rolling process of consideration by Government of the recommendations and implementation of subsequent changes to the MBS will continue. These reforms will support a contemporary and sustainable MBS, however many of these are significant and complex. Balancing their timely implementation with processes which enable adequate time for the sector to incorporate the changes into their care and business models, will require ongoing resourcing and significant stakeholder engagement.

A continuous MBS review mechanism will be established to support the ongoing provision of contemporary, evidence-based, high value health care for all Australians. The continuous review function, which will complement the health technology assessment processes of the Medical Services Advisory Committee, will provide clinician led independent advice that drives value for the patient and taxpayer.

Key Activities	2021-22	2022-23	2023-24	2024-25
Implementing recommendations of the MBS Review to ensure over 5,700 items on the MBS are aligned with contemporary clinical evidence and best practice.	●	●	●	
Increasing access to health services in areas of need by providing higher, scaled bulk billing rebates for eligible patients in rural and remote locations.	●	●	●	●
Supporting patient access to radiation oncology services by providing targeted financial contributions to the capital cost of radiation oncology linear accelerators and grants to rural providers for equipment upgrades for diagnostic imaging.	●	●	●	●
Supporting access to COVID-19 pathology testing through MBS items and targeted programs.	●			
Supporting patient access to telehealth services during the COVID-19 pandemic to assist with quarantine, social isolation and infection control.	●			
Assessing applications for, and providing targeted financial assistance to, Australians who require life-saving medical treatment not available in Australia and patients who incur ill health or injury as a result of a specific act of international terrorism.	●	●	●	●
Establishing a continuous MBS Review mechanism to ensure the MBS reflects contemporary and evidence-based care.	●	●	●	●
Streamlining the Health Products Digital Pathways (the Health Products Portal) to reduce red tape for the pharmaceutical industry, medical devices industry and medical services companies.	●	●	●	●



## Our Performance

### Performance Measures for Medical Benefits – Program 2.1

#### Percentage of Australians accessing Medicare Benefits Schedule services.<sup>1</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
90%	90%	>90%	>90%

##### Data source and methodology

Medicare statistics recorded on a rolling 12 month time series. This is published on the Department of Health's website<sup>2</sup>.

##### Measure type

Quantitative/Effectiveness

##### Discussion

The proportion of Australians who access MBS services demonstrates its accessibility to the Australian population.

The target is set taking into account those Australians who do not access the MBS for various reasons, including people in remote locations, those who cannot physically or financially access services, and people who obtain health services through non-MBS mechanisms. Any significant deviation from the target within a 12 month period would generate concern and be investigated.

#### Percentage of Government agreed Medicare Benefits Schedule Taskforce recommendations that have been implemented.<sup>3</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
80%	90%	95%	100%

##### Data source and methodology

The MBS Review Taskforce delivered over 60 reports to the Government, including a Final Report. Almost 1,400 recommendations were made, of which 811 have been accepted by Government. Copies of these reports are available on the Department's website<sup>4</sup>. Implementation of the agreed recommendations is tracked by the Department and data is maintained internally.

##### Measure type

Quantitative/Output

##### Discussion

This measure shifts from a focus on the status of clinical committee reviews of MBS items in 2020–21 to the status of the implementation of Government agreed Taskforce recommendations. The implementation of these independently identified improvements to MBS services will ensure the MBS reflects contemporary medical practices and maintains patient safety.

<sup>1</sup> Source: 2021–22 Health Portfolio Budget Statements p.91.

<sup>2</sup> Available at: [www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1](http://www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1)

<sup>3</sup> Source: 2021–22 Health Portfolio Budget Statements p.91.

<sup>4</sup> Available at: [www.health.gov.au/resources/collections/mbs-review-final-taskforce-reports-findings-and-recommendations](http://www.health.gov.au/resources/collections/mbs-review-final-taskforce-reports-findings-and-recommendations)



## 2.2 Hearing Services

### Program Objective

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

### Our Operating Focus

We are committed to reducing the impact of hearing loss on the lives of Australians and reducing the incidence and consequence of avoidable hearing loss in the Australian community. Through the Hearing Services Program (HSP), we provide access to high quality hearing services and devices. We work with a wide range of stakeholders including consumer and community groups, suppliers and providers, manufacturers, and researchers.

To ensure the HSP is meeting the needs of vulnerable Australians with hearing loss, an expert panel has conducted a review of the program. Public consultation has taken place on the draft report and the final report will be considered by the Australian Government before the end of 2021. The report will form a significant part of our work over the next few years.

Over the next 5 years, we will continue to administer the HSP. We will also be focusing on implementing initiatives from the Roadmap for Hearing Health. The Roadmap was developed to improve hearing health through a more collaborative and cohesive approach involving governments and stakeholders.

Key initiatives include:

- Supporting research to develop the evidence base for effective treatment and prevention of hearing loss.
- Conducting a national hearing health awareness and prevention campaign.
- Supporting improvement in and early identification of hearing and speech difficulties for Aboriginal and Torres Strait Islander children.
- Administering initiatives in the aged care sector to improve the capability of the aged care workforce to support people with hearing loss.
- Development of teleaudiology standards.
- Development of paediatric standards.
- Conducting a rural workforce audit.
- Funding for the Longitudinal Outcomes of Children with Hearing Impairment – (draft recommendation of the HSP Review).

Key Activities	2021-22	2022-23	2023-24	2024-25
Supporting access to high quality hearing services through the delivery of the voucher component of the HSP.	●	●	●	●
Administering the Community Service Obligations component of the HSP, providing specialist services to children and other eligible groups through Hearing Australia.	●	●	●	●
Supporting hearing research and development projects through the National Acoustics Laboratory.	●	●	●	●
Administering the pilot voluntary hearing screenings for school age students.	●	●	●	●
Implementing the Roadmap for Hearing Health.	●	●	●	●



## Our Performance

### Performance Measures for Hearing Services – Program 2.2

**a. Number of active vouchered clients who receive hearing services.**

**b. Number of active Community Service Obligations (CSO) clients who receive hearing services.<sup>5</sup>**

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
<b>a.</b>	821,070	843,133	865,195	899,322
<b>b.</b>	74,819	77,091	79,363	81,788

#### Data source and methodology

- a.** Data is provided through the Department's claims portal and is held by the Department. It is published on the HSP website<sup>6</sup> under About the Program: Program Statistics: Annual Program Statistics.
- b.** Data is provided by Hearing Australia and maintained by the Department. It is reported in Hearing Australia's Annual Report<sup>7</sup>.

#### Measure type

Quantitative/Output

#### Discussion

This measure assesses growth in service access and utilisation, reflecting 2 distinct parts of the HSP. Active clients refers to those who have recently accessed the HSP. Vouchered clients are predominantly older Australians with hearing impairment and the CSO program assists young people with managing their hearing needs and maximising communication ability. A review of potential outcome measures is currently underway in consultation with the sector and may be utilised for future outcome and efficiency measures.

<sup>5</sup> Source: 2021–22 Health Portfolio Budget Statements p.92.

<sup>6</sup> Available at: [www.hearingservices.gov.au](http://www.hearingservices.gov.au)

<sup>7</sup> Available at: [www.hearing.com.au/About-Hearing-Australia/Corporate-Publications-\(1\)/Annual-Reports](http://www.hearing.com.au/About-Hearing-Australia/Corporate-Publications-(1)/Annual-Reports)



## 2.3 Pharmaceutical Benefits

### Program Objective

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

### Our Operating Focus

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

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

We will continue to support ongoing access to the latest innovative medicines for patients, significant savings for Australians and eligible residents, and provide much needed stability for the medicines industry through the Strategic Agreements with Medicines Australia and the Generic and Biosimilar Medicines Association.

We will continue to build on the foundational capability of the Health Products Portal (HPP). The release of the HPP prototype during 2020 enabled the pharmaceutical sector to digitally register and apply for new PBS listings through the Pharmaceutical Benefits Advisory Committee (PBAC).

Further development of the HPP will include digitising the subsequent stages of PBS listing, including evaluation, negotiation, and publication. Ultimately, submissions to the Medical Services Advisory Committee and the Prostheses List Advisory Committee will also be through the HPP. This will result in significant regulatory savings to industry and reduction of red tape by providing a single, secure, and easy to use place where industry can interact with government to apply, track, pay for, and manage listings for regulated and subsidised health related products and services.





Key Activities	2021-22	2022-23	2023-24	2024-25
Facilitating equitable access to essential PBS medicines for all Australians, including people living in remote and Aboriginal and Torres Strait Islander communities.	●	●	●	●
Contributing to a sustainable PBS by supporting the PBAC to assess each medicine's safety, clinical effectiveness and cost effectiveness compared with other comparable treatments.	●	●	●	●
Ensuring patients have access to medicines, and professional pharmacy services that support the safe and quality use of medicines through the Seventh Community Pharmacy Agreement.	●	●	●	●
Supporting and monitoring pharmaceutical wholesalers participating in the Community Service Obligation Funding Pool to ensure all eligible Australians have timely access to PBS medicines, including delivering subsidised PBS units to community pharmacies within agreed timeframes.	●	●	●	●
Monitoring the number and location of PBS suppliers to ensure suppliers are being approved in appropriate locations.	●	●	●	●
Undertaking post market surveillance and ongoing reviews of PBS listed medicines to ensure they are clinically appropriate and cost effective for patients.	●	●	●	●
Providing access to new and existing medicines for patients with life threatening conditions, assessing applications against eligibility criteria for LSDP medicines, and administering medicine orders within agreed timeframes.	●	●	●	●
Extending the Take Home Naloxone Program in the 3 jurisdictions (New South Wales, South Australia and Western Australia) where it is currently operating.	●			
Supporting patient access to essential medicines during the COVID-19 pandemic through funding for medicine home deliveries, continuing dispensing arrangements and changes to PBS restrictions to ensure patients can access medicines through telehealth services and directly through pharmacies where appropriate.	●			
Developing the HPP to reduce red tape for the pharmaceutical industry, medical devices industry and medical services companies.	●	●	●	●



## Our Performance

### Performance Measures for Pharmaceutical Benefits – Program 2.3

Percentage of new medicines that are recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) are listed on the Pharmaceutical Benefits Scheme (PBS) within 6 months of in-principle agreement to listing arrangements, where a listing proposal is provided by the sponsor at the earliest opportunity following a PBAC recommendation.<sup>8</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
≥80%	≥80%	≥80%	≥80%

#### Data source and methodology

Data is analysed for each PBS listing and each meeting of the PBAC that occurs within a financial year. Data is maintained internally by the Department. The date when the in-principle pricing outcome letter is sent to the sponsor is publicly available on the Medicine Status Website<sup>9</sup> as the date 'Government processes' commence. More information on PBAC is available on the Department's website<sup>10</sup>.

#### Measure type

Quantitative/Output

#### Discussion

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

The target of ≥80% is appropriate as this is an achievable target. Setting it to higher percentage may lead to adverse negotiated outcomes, particularly on budget impact and price.

**Please note:** The wording in the performance measure published in the *2021–22 Health Portfolio Budget Statements* has been amended from 'following publication of PBAC minutes' to 'following a PBAC recommendation'. The revised wording is consistent with how the target will be measured, i.e. from the date of the PBAC meeting at which a positive recommendation is made rather than the date the PBAC minutes are provided to the relevant sponsor.

### Processing time of applications for access to the Life Saving Drugs Program following receipt of a complete application.<sup>11</sup>

2021–22 Target	2022–23 Target (and beyond)
90% within 8 calendar days.	As per 2021–22.
100% within 30 calendar days.	
100% of urgent applications within 48 hours.	

#### Data source and methodology

Applications are received from the treating physician. Confirmation of Medicare numbers are received from Services Australia within 72 hours on receipt of a complete application. Data is maintained internally by the Department.

#### Measure type

Quantitative/Efficiency

<sup>8</sup> Source: *2021–22 Health Portfolio Budget Statements* p.94.

<sup>9</sup> Available at: [www.pbs.gov.au/medicinesstatus/home.html](http://www.pbs.gov.au/medicinesstatus/home.html)

<sup>10</sup> Available at: [www.pbs.gov.au/info/industry/listing/elements/pbac-meetings](http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings)

<sup>11</sup> Source: *2021–22 Health Portfolio Budget Statements* p.94.



## 2.4 Private Health Insurance

### Program Objective

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

### Our Operating Focus

The Australian health system is a hybrid of public and private health care, with PHI and private hospitals playing an important role. We are committed to reforming PHI, making it simpler and more affordable for all Australians.

We understand the pressure PHI premium changes put on Australians' medical expenses. We also recognise that unexpected out of pocket costs can cause financial hardship for many Australian's and transparency and choice are important so patients can be better informed and prepared.

We will continue to collaborate with consumers, health care providers, hospitals and private health insurers to ensure the private health sector remains sustainable both now and in the future.

We will continue to ensure privately insured patients have access to clinically appropriate, cost effective prostheses under the *Private Health Insurance Act 2007*.

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

There is broad support among stakeholders including the Australian Medical Association, medical device companies, private health insurers and private hospitals for reform to the Prostheses List to ensure that it remains sustainable and PHI remains affordable.

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

Key Activities	2021-22	2022-23	2023-24	2024-25
Supporting a viable, sustainable and cost effective PHI sector, including through the PHI rebate.	●	●	●	●
Working with private health insurers to ensure choice to consumers across a range of cost effective PHI products.	●	●	●	●
Encouraging Australians to take up PHI by ensuring access to quality and up to date information in relation to PHI.	●	●	●	●
Providing a website and education initiative to improve information availability and transparency of medical specialist out of pocket costs.	●	●	●	●
Supporting implementation of PHI reforms to improve the affordability and value of PHI for consumers and contribute to the long term sustainability of the sector.	●	●	●	●
Modernising and improving the Prostheses List to reduce the cost of medical devices for privately insured consumers and to streamline access to new medical devices.	●	●	●	●



## Our Performance

### Performance Measures for Private Health Insurance – Program 2.4

**Percentage of applications to the Minister from private health insurers to change premiums charged under a complying health insurance product that are assessed within approved timeframes.<sup>12</sup>**

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
100%	100%	100%	100%

#### **Data source and methodology**

Applications from private health insurers are submitted in an approved form, through a secure portal managed by the Australian Prudential Regulation Authority. The application form and timeframes are developed in consultation with private health insurers and the Government, and are published on the Department of Health's website<sup>13</sup>.

#### **Measure type**

Quantitative/Efficiency

#### **Discussion**

This measure assesses the efficiency of a critical regulatory process to assess affordability and value of PHI products. Timely consideration of these applications provides consistent delivery of services to policy holders, supports the sustainability of the private health sector and enables effective administration of the PHI Rebate.

<sup>12</sup> Source: 2021–22 Health Portfolio Budget Statements p.95.

<sup>13</sup> Available at: [www.health.gov.au/phi-6720-2021-private-health-insurance-premium-round-applications](https://www.health.gov.au/phi-6720-2021-private-health-insurance-premium-round-applications)



## 2.5 Dental Services

### Program Objective

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

### Our Operating Focus

The Australian Government provides assistance for 2 to 17 year olds through the CDBS. The CDBS provides individual benefits for a range of services including examinations, x-rays, cleaning, fissure sealing, fillings, root canals and extractions. Benefits are not available for orthodontic or cosmetic dental work and cannot be paid for any services provided in a hospital.

Working with the states and territories, we will continue managing barriers to the access of services, including

the CDBS, to ensure improvements support access for patients and encourage both public and private providers to continue providing services. We are also working to provide access to these public dental services despite challenges to access posed by the COVID-19 pandemic.

We are progressing implementation of the recommendations of the Fourth Review of the *Dental Benefits Act 2008*, including legislative changes to broaden eligibility by removing the lower age limitation for accessing the program.

Key Activities	2021-22	2022-23	2023-24	2024-25
Supporting states and territories through the Federation Funding Agreement on Public Dental Services for Adults.	●			
Working with Services Australia to support access to dental health services for eligible children through the CDBS.	●	●	●	●
Responding to recommendations of the Fourth Review of the <i>Dental Benefits Act 2008</i> .	●	●		

### Our Performance

#### Performance Measures for Dental Services – Program 2.5

The percentage of eligible children accessing essential dental health services through the Child Dental Benefits Schedule (CDBS). <sup>14</sup>			
2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
41.0%	41.8%	42.7%	43.6%

#### Data source and methodology

The target data is calculated by the percentage of children accessing the CDBS against the total number of eligible children.

The Department receives this data from Services Australia. It is then maintained internally by the Department.

#### Measure type

Quantitative/Effectiveness

#### Discussion

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

<sup>14</sup> Source: 2021–22 Health Portfolio Budget Statements p.96.





## 2.6 Health Benefit Compliance

### Program Objective

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

### Our Operating Focus

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

In doing so, we will tailor our approach in acknowledgement of the impacts of the COVID-19 pandemic and natural disasters that impact the delivery of services by health providers.

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

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

Key Activities	2021-22	2022-23	2023-24	2024-25
Strengthening compliance through data analytics, behavioural economics, education for providers, debt recovery and compliance actions, including targeted campaigns, audit, practitioner reviews and criminal investigations.	●	●	●	●
Consulting closely with professional bodies and stakeholder groups on compliance strategies to assist health providers in meeting their compliance obligations.	●	●	●	●
Enforcing the Prohibited Practices provisions of the <i>Health Insurance Act 1973</i> which relate to pathology approved collection centres.	●	●	●	●



## Our Performance

### Performance Measures for Health Benefit Compliance – Program 2.6

Percentage of completed audits, practitioner reviews and investigations that are found non compliant. <sup>15</sup>			
2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
>80%	>80%	>80%	>80%
<b>Data source and methodology</b>			
<p>A case is considered non-compliant where the matter progresses under the Practitioner Review Program beyond the practitioner interview and is referred to the Director Professional Services Review or the Commonwealth Director of Public Prosecutions.</p> <p>The non-compliance measurement is calculated by dividing the number of cases determined as non-compliant by the total number of completed cases (compliant and non-compliant).</p> <p>Data is maintained internally by the Department.</p>			
<b>Measure type</b>			
Quantitative/Efficiency			
<b>Discussion</b>			
<p>This measure determines the effectiveness of compliance and targeting strategies that have been established to efficiently find health care providers who are non-compliant and thereby support the integrity of health benefit claims.</p> <p>The target of &gt;80% is considered achievable while testing the first year of the new operating model. This benchmark has the potential to increase, pending, outcome of first year performance, and evolve over time. Reporting on this target will take effect in the 2021–22 reporting period.</p>			

<sup>15</sup> Source: 2021–22 Health Portfolio Budget Statements p.97.



## 2.7 Assistance through Aids and Appliances

### Program Objective

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

### Our Operating Focus

We acknowledge that supply issues for products, particularly those manufactured overseas, can be impacted by matters beyond our control, such as international supply chain disruptions caused by the COVID-19 pandemic. We have put in place strategies to alleviate this risk, including holding regular meetings with Diabetes Australia, the administrator of the National Diabetes Services Scheme (NDSS), to closely monitor supply and to implement mitigation strategies wherever necessary.

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

We will continue to fund the NDSS to provide access to subsidised products, programs and services to Australians with diabetes to assist them in the self-management of their condition. Products currently subsidised by the NDSS include syringes and needles, blood glucose test strips, urine ketone test strips, insulin pump consumables and continuous glucose monitoring products.

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

We will continue to provide support to people with a stoma by ensuring they have timely access to fully subsidised stoma related products through 21 Stoma Associations and by continuing to fund the Stoma Appliance Scheme which provides access to fully subsidised stoma related products.

Key Activities	2021-22	2022-23	2023-24	2024-25
Managing the NDSS to ensure the provision of timely, reliable and affordable access to products and services to help people living with diabetes effectively manage their condition.	●	●	●	●
Managing the Insulin Pump Program to support access to fully subsidised insulin pumps for eligible low income families who have children (under 18 years of age) with type 1 diabetes.	●	●	●	●
Continuing to support the Continuous Glucose Monitoring (CGM) Initiative to provide access to fully subsidised CGM products for eligible Australians.	●	●	●	●
Supporting access to clinically appropriate dressings to improve quality of life for people with epidermolysis bullosa.	●	●	●	●
Assisting people with stomas by ensuring access to stoma related products, including a greater choice of new products.	●	●	●	●
Providing access to fully subsidised bowel management medicines for people with paraplegia and quadriplegia who are members of participating paraplegic and quadriplegic associations.	●	●	●	●



## Our Performance

### Performance Measures for Assistance through Aids and Appliances – Program 2.7

**Percentage of respondents to the annual National Diabetes Services Scheme (NDSS) registrant survey who indicate their needs are being met.<sup>16</sup>**

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
≥90%	≥90%	≥90%	≥90%

#### **Data source and methodology**

Data is obtained through an annual computer assisted telephone interview undertaken by ORIMA Research, which is considered to be the leading provider of end to end research and data analytic services. The data is held on secure servers managed by Diabetes Australia, which administers the NDSS on behalf of the Department.

A random sample of 2,500 NDSS registrants are surveyed, stratified by state or territory with a mix of new registrants and registrants with a current/recent diagnosis of gestational diabetes.

#### **Measure type**

Quantitative/Effectiveness

#### **Discussion**

This measure provides an assessment of how the NDSS is perceived by NDSS registrants.

The ≥90% target indicates an expectation that the scheme will meet the needs of registrants while acknowledging that some participants may have objections to the scope or nature of the scheme that don't reflect the Department's performance.

<sup>16</sup> Source: 2021–22 Health Portfolio Budget Statements p.98.

## 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. More detail on our partners can be found in the [2021–22 Health Portfolio Budget Statements](#) linked programs section.

# Respect, Care and Dignity for Senior Australians

## The Australian Government's Aged Care Reform Plan

In response to the Final Report of the Royal Commission into Aged Care Quality and Safety, the Australian Government is delivering a \$17.7 billion aged care reform package. These measures will deliver a once in a generation reform of aged care, providing respect, care and dignity to senior Australians.

We will implement these initiatives through the Government's 5 year plan. The plan is based on 5 pillars:

- **Home care** – supporting senior Australians who choose to remain in their own home.
- **Residential aged care services and sustainability** – improving and simplifying residential aged care services and access.
- **Residential aged care quality and safety** – improving residential aged care quality and safety.
- **Workforce** – supporting a growing and better skilled aged care workforce.
- **Governance** – new legislation and stronger governance.

We will work with senior Australians and their families and carers, the aged care industry, state and territory governments and healthcare providers.

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# 5 pillars over 5 years

## Pillar 1:

### Home care

#### 2021

- 40,000 more home care packages.
- Senior Australians able to access assistance and information about aged care through 325 Services Australia Service Centres, and aged care specialists in 70 Service Australia centres.
- Extra support for informal carers.

#### 2022

- 40,000 more home care packages.
- Respite services for 8,400 additional clients every year.

#### 2023

- 500 local Community Care Finders provide targeted, specialist face-to-face support to vulnerable senior Australians to help them access aged care and connect with other health and social supports.
- Senior Australians can access a new support at home program.
- Single assessment workforce will expand to the new support at home program.

#### 2024

- New support at home program supports senior Australians to stay in their homes and keep connected to their communities.
- Single assessment workforce will continue assessments for the new support at home program.

## Pillar 2:

### Residential aged care services and sustainability

#### 2021

- Supplement of \$10 per resident per day.
- Continuation of the increases to the homeless and viability supplements.
- New prudential monitoring, compliance and intervention to help providers build financial sustainability, capability and resilience.
- Independent Hospital and Aged Care Pricing Authority established, extending role of existing hospitals pricing authority to include aged care advisory function.

#### 2022

- New funding model to improve quality of care for 240,000 people using residential care and 67,000 people using residential respite care each year.
- Average care minutes for each resident increased to 200 minutes per day, including 40 minutes of registered nurse time.
- Registered nurse on site for a minimum of 16 hours per day.
- Structural Adjustment Program delivers increased provider viability and a strengthened aged care market.
- Single assessment workforce introduced to improve the experience of senior Australians in residential care.
- Better reporting, including through Star Ratings, to help senior Australians make easier comparisons and improve choice of care.

#### 2023

- Minimum care time becomes mandatory.
- Annual funding increases and price setting take into account advice from the new Independent Hospital and Aged Care Pricing Authority.

#### 2024

- Increased choice for senior Australians receiving residential care with care packages assigned to consumers, not providers.
- New residential aged care accommodation framework gives senior Australians more choice and improves accessibility and dementia-friendly accommodation.
- Aged Care Approval Round discontinued.

#### 2025

- Improved service suitability that ensures the care needs and preferences of senior Australians in residential aged care are met.

## Pillar 3:

### Residential aged care quality and safety

#### 2021

- Immediate improvements to the quality of care in dementia, diversity, food and nutrition services.
- Stronger clinical care standards developed by the Australian Commission on Safety and Quality in Health Care.
- Up to 120,000 additional GP services through boosted Aged Care Access Incentive.
- Increasing dementia care capability delivers better outcomes for people living with dementia.
- Palliative care services expanded to support end-of-life care at home.

#### 2022

- Residents access improved care through Primary Health Networks facilitating telehealth and out-of-hours triage services.
- Expansion of the Serious Incident Response Scheme gives 1 million senior Australians receiving home and community care greater protection.
- Stronger presence of Aged Care Quality and Safety Commission in facilities with an extra 1,500 site audits.
- Providers to report regularly to residents and families on care and commencement of Star Rating system.

#### 2023

- Improved support and training in dementia care and minimising restraint (restrictive practices).

#### 2024

- National Aged Care Data Strategy improves the information that is available to senior Australians about the quality in aged care.
- New independent regulatory authority established following review of the Aged Care Quality and Safety Commission.

#### 2025

- Senior Australians receive high quality, compassionate care.
- Confidence in aged care is rebuilt.

## Pillar 4:

### Workforce

#### 2021

- Up to 6,000 new personal care workers in workplaces.
- Surge locum workforce capacity in regional and rural locations.
- Improved training in dementia care and minimising restraint (restrictive practices).

#### 2022

- Up to 7,000 new personal care workers in workplaces.
- 33,800 additional training places rolled out over two years for personal care workers to attain a Certificate III in Individual Support (Ageing).
- More registered nurses in workplaces due to nurse incentive and financial support schemes.
- Single assessment workforce in place to conduct assessments across residential and home care.

#### 2023

- Additional training places for personal care workers to attain a Certificate III in Individual Support (Ageing).

#### 2024

- Continued growth of the aged care workforce and a demonstrable increase in registered nurses choosing aged care as their career.

#### 2025

- Tangible improvements seen in staffing levels, skill mix and training of the care workforce.
- Workforce continues to meet the demand for aged care services, particularly in home care.

## Pillar 5:

### Governance

#### 2021

- Initial rollout of expanded regional network to improve local planning and understanding of needs.
- Council of Elders established to provide a direct voice to Government.
- National Aged Care Advisory Council established to provide expert advice to Government.
- Expanded capital infrastructure grants available to improve access to better quality aged care services for First Nations people and those in rural and remote locations, or who are homeless or at risk of homelessness.
- Improved services and health outcomes for people in remote and Indigenous communities as a result of additional aged care funding.

#### 2022

- New workforce of trusted First Nations people to assist Older First Nations people navigate and access aged and disability care.

#### 2023

- Introduction of a new, values based Aged Care Act.

#### 2025

- Strong and effective governance of aged care is in place with senior Australians at the centre and improved care outcomes consistently delivered.



## OUTCOME 3

# Ageing and Aged Care

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



**Outcome 3** is delivered through the following programs:

**3.1** Access and Information

**3.2** Aged Care Services

**3.3** Aged Care Quality

## Outcome Snapshot

Through **Outcome 3** we are providing senior Australians access to appropriate, high quality care, while also focusing on the Australian Government's response to the Aged Care Royal Commission. This includes:

- Releasing an additional 80,000 **Home Care Packages** to support senior Australians who choose to remain in their own homes.
- Developing a **star rating system** for residential aged care.
- Assisting senior Australians in understanding and exercising their **aged care rights**.
- Implementing a new residential **aged care funding** model from 1 October 2022.
- Implementing a \$229 million package to **improve the quality of life and care** for people living with dementia and their carers.
- Expanding the **Serious Incident Response Scheme** to include in home services.
- Supporting aged care providers to deliver appropriate, respectful care to senior Australians with **diverse needs**.



## 3.1 Access and Information

### Program Objective

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

### Our Operating Focus

We aim to provide clear service and information resources with easily identifiable entry points, such as the My Aged Care website and contact centre. From 2021–22, clients will have the option to access general My Aged Care information in person at all Services Australia service centres. In addition, 70 sites will be offering the full My Aged Care service offer as a face-to-face channel to complement the existing My Aged Care telephone and digital channels. The Aged Care System Navigator Trials will also continue to assist clients who would have difficulty accessing support without their help, ahead of the introduction of the care finder program in 2023. In addition, significant work will be progressed in developing a star rating system for residential aged care, which is expected to be available from December 2022. This will support consumers to make informed choices about residential aged care service options.

We will continue to work closely with Aged Care Assessment Teams (ACATs) and Regional Assessment Service (RAS) organisations nationwide to ensure the delivery of appropriate and timely assessments of aged care services for senior Australians. From July 2023, we intend to implement a unified, single pathway to deliver assessments of senior Australians aged care needs. This will improve the quality and consistency of assessments.

Despite considerable COVID-19 pandemic related disruption in 2020–21, we have supported state and territory governments and assessment organisations to implement flexible assessment approaches, including by telehealth.

The use of these approaches for conducting assessments, as well as flexible funding arrangements for the majority of ACAT and RAS organisations at the height of the pandemic, contributed to the timely delivery of assessments, enabling clients to access the appropriate support.

Our policies and programs are aimed at delivering a fairer aged care system, where all senior Australians have equitable access to the quality care they need, regardless of where they live or their personal circumstances. This will be complemented through the establishment of an Indigenous workforce of trusted people, to assist Aboriginal and Torres Strait Islander people who need support to access aged care services.

We are committed to improving culturally appropriate access to aged care for diverse groups, including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse and senior Australians who are homeless or experiencing homelessness, through targeted initiatives.

There is an increased need to monitor provider performance and, where appropriate, support providers through the necessary market transition that will occur over the coming years as reforms arising from the Australian Government's response to the Royal Commission are implemented. We will work to ensure the correct tools and levers are in place to avoid, or where necessary, manage closures of aged care facilities and deliver quality and continuity of care for residents.





Key Activities	2021-22	2022-23	2023-24	2024-25
Providing clear service and information resources with easily identifiable entry points, such as the My Aged Care website and contact centre.	●	●	●	●
Introducing an additional face to face channel for My Aged Care in Services Australia service centres and delivering extended aged care system navigator trials until the care finder program commences in 2023.		●		
The My Aged Care contact centre will continue: <ul style="list-style-type: none"> <li>Supporting consumers to access critical services in their home, including the provision of meals.</li> <li>Connecting consumers to the Older Persons Advocacy Network for tailored advice and support; and trialling a case coordination/linking approach to support vulnerable senior Australians through their aged care journey.</li> <li>Supporting consumers through the COVID-19 pandemic.</li> </ul>	●	●	●	●
Providing consumers with transparent information about important aspects of quality care in aged care to assist decision making, including the provision of monthly reports from providers to consumers.	●	●	●	●
Delivering and expanding upon individual advocacy support through the National Aged Care Advocacy Program.	●	●	●	●
Supporting consumers to make informed choices about residential aged care service options, including through providing detailed information on performance against the Aged Care Quality Standards and other information facilitating region-based comparisons using a star ratings system.	●	●	●	●
Supporting delivery of aged care assessments through the ACAT program and RASs.	●	●		
Establishing a single aged care assessment workforce to commence from July 2023.			●	●
Delivering the Community Visitors Scheme.	●	●	●	●
Collaborating with the Department of Social Services and the National Disability Insurance Agency, through the Younger People in Residential Aged Care Joint Agency Taskforce.	●	●		
Continuing to establish the System Coordinator Program, which will support younger people in residential aged care and their families in accessing age appropriate accommodation and support.	●	●		
Supporting older Australians with disability that were ineligible for the National Disability Insurance Scheme at the time of its rollout through the new Commonwealth Disability Support for Older Australians Program.	●	●		
Providing rural and regional aged care providers with access to a highly skilled surge workforce through expansion of the Rural Locum Assistance Program.	●	●	●	
Supporting residential aged care services and providing a mechanism for them to measure and monitor their performance, and engage in continuous quality improvement through the National Aged Care Mandatory Quality Indicator Program.	●	●	●	●
Assuring value for money for senior Australians through in-house assurance and fraud minimisation activities for relevant aged care programs.	●	●	●	●
Conducting market intelligence research to identify aged care delivery gaps and opportunities for intervention.	●			



## Our Performance

### Performance Measures for Access and Information – Program 3.1

Maintain efficiency of My Aged Care assessments as demonstrated by the percentage of:<sup>1</sup>

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

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
a.	>90.0%	>90.0%	N/A	N/A
b.	>90.0%	>90.0%	N/A	N/A
c.	>90.0%	>90.0%	N/A	N/A

#### Data source and methodology

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

#### Measure type

Quantitative/Efficiency

#### Discussion

The 90% targets are set in funding agreements to June 2022.

**Please note:** Targets for 2023–24 and 2024–25 published in the *2021–22 Health Portfolio Budget Statements* have been removed. Updated targets will be considered in the development of the single assessment workforce that will commence in July 2023.

<sup>1</sup> Source: *2021–22 Health Portfolio Budget Statements* p.104.



The percentage of surveyed users who are satisfied with the service provided by the:<sup>2</sup>

a. My Aged Care contact centre.

b. My Aged Care website.

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
a.	≥95%	N/A	N/A	N/A
b.	≥65%	≥65%	N/A	N/A

#### Data source and methodology

Customer satisfaction survey and callers to the contact centre.

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

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

#### Measure type

Quantitative/Effectiveness

#### Discussion

Targets for a. My Aged Care contact centre beyond 2021–22 are subject to new contractual arrangements.

**Please note:** Targets for b. My Aged Care website for the years 2023–24 and 2024–25 published in the *2021–22 Health Portfolio Budget Statements* have been removed. Targets will be revised subject to new contractual arrangements.

<sup>2</sup> Source: 2021–22 Health Portfolio Budget Statements p.104.



## 3.2 Aged Care Services

### Program 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.

### Our Operating Focus

Through the Australian Government's investment of \$7.8 billion over 5 years, we will be working to improve and simplify residential aged care services and access. This includes increasing and improving front line care delivered to around 240,000 senior Australians accessing residential aged care and 67,000 accessing residential respite each year.

The Government has announced the intention to introduce significant reforms to in home aged care. As a department, we will implement these reforms by establishing a new and improved single care at home program to commence in July 2023. This new program will replace the existing Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP) Program, Short Term Restorative Care Programme (STRCP) and Residential Respite Program (RRP).

The CHSP has been extended for one year to 30 June 2023 while the new program is being designed. We are undertaking consultation with senior Australians and community stakeholders to inform design of the new support at home program.

This will mean better targeted services for over one million older people who currently receive care at home or residential respite services. It will deliver improved outcomes for older people, as support will be based on their assessed needs, and support senior Australians to remain independently in their own homes and in the community for as long as possible.

We will continue to support providers through significant change management for CHSP providers as the process commences for implementing the Government's reform agenda, including transitioning to payment in arrears and to the new single care at home program.

We will be reducing wait times for HCPs by releasing an additional 80,000 HCPs over 2021–2023. This lays the foundation for an ambitious reform agenda in home care as it will ensure all those currently waiting for a HCP will have access by June 2023. This will be complemented by our ongoing in-house review of up to 500 HCP providers per year to assure value for money of this significant investment.

To drive improvements in the care outcomes for aged care residents, we will be implementing the Australian National Aged Care Classification funding model from 1 October 2022. The new funding model will improve transparency over the way funding is allocated among residential aged care providers, providing a fairer, more equitable system for distributing funding.

We will design and implement a more consumer oriented and competitive residential aged care system, which replaces the Aged Care Approvals Round and assigns residential aged care places to senior Australians from 1 July 2024. While the new system is being developed, we will continue to assist providers with the administration of their current allocation of places.

We will deliver a new financial and prudential monitoring, compliance and intervention framework for aged care providers to improve continuity of care and better manage the risk of financial failure through enhanced financial reporting, transparency and accountability. We are also working to enhance our capability to identify providers at financial risk and implement support programs that build the capability and sustainability of aged care providers.



Key Activities	2021-22	2022-23	2023-24	2024-25
Extension to the CHSP and transition to payment in arrears.	●	●		
Delivering the HCP Program and conducting assurance reviews of up to 500 providers and fraud minimisation activities to support the HCP Program and any future program.	●	●	●	●
Providing access to a range of short-term services focused on supporting client independence and wellness to enable senior Australians to keep living in their own homes.	●	●	●	●
Providing senior Australians with aged care services in the home through a new support at home program that: aligns services to independently assessed needs, provides more timely support for informal carers, has a focus on early intervention, and is underpinned by a modern classification and funding system.			●	●
Supporting people in residential aged care, and people with different care needs, via flexible care arrangements.	●	●	●	●
Delivering a range of residential aged care options and accommodation for senior Australians who are unable to continue living independently in their own homes, either on a permanent or short-term basis.	●	●	●	●
Continuing implementation of the Specialist Dementia Care Program to assist people experiencing Severe Behavioural and Psychological Symptoms of Dementia.	●	●	●	●
Supporting development of innovative technologies to pilot stage, to improve care for people living with dementia.	●	●		
Continuing to support access to restorative care interventions by improving wellbeing for senior Australians through the STRCP and Transition Care Program.	●	●	●	●
Delivering the new Disability Support for Older Australians program to deliver improved parity with the National Disability Insurance Scheme and deliver a more client centred program for older Australians with Disability.	●	●	●	●
Providing flexible care options to meet the aged care needs of senior Australians living in regional and remote communities through the Multi-Purpose Services Program.	●	●	●	●
Supporting the Indigenous Australians Health Programme, including delivery of culturally appropriate aged care for Aboriginal and Torres Strait Islander people close to home, through the ongoing expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.	●	●	●	●



## Our Performance

### Performance Measures for Aged Care Services – Program 3.2

#### Number of clients that accessed Commonwealth Home Support Programme (CHSP) services.<sup>3</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
>840,000	N/A	N/A	N/A

##### Data source and methodology

CHSP performance data is entered externally by funded providers into a reporting system, managed by the Department of Social Services. This is reported to the Department and held internally.

##### Measure type

Quantitative/Output

##### Discussion

Targets for each financial year are rounded to the nearest 100 and reflect the target at 30 June.

2022–23 and beyond targets will be set subject to Government decision in response to the Royal Commission into Aged Care Quality and Safety.

#### Number of allocated Home Care Packages (HCPs).<sup>4</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
235,600	275,600	275,600	275,600

##### Data source and methodology

The number of allocated HCPs is the sum of the number of people in a HCP and the number of people in an assigned HCP (those in their 56/84 day take-up period). Data is published quarterly by the Australian Institute of Health and Welfare, these targets are based on the Home Care Packages Program Data Report 3rd Quarter 2020–21<sup>5</sup>.

##### Measure type

Quantitative/Output

##### Discussion

Targets for each financial year are rounded to the nearest 100 and reflect the target at 30 June.

**Please note:** Due to a typographical error, the targets for this performance measure published in the *2021–22 Health Portfolio Budget Statements* were incorrect.

<sup>3</sup> Source: *2021–22 Health Portfolio Budget Statements* p.106.

<sup>4</sup> Source: *2021–22 Health Portfolio Budget Statements* p.106.

<sup>5</sup> Available at: [www.health.gov.au/resources/publications/home-care-packages-program-data-reports](http://www.health.gov.au/resources/publications/home-care-packages-program-data-reports)





### Residential aged care places available as at 30 June.<sup>6</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
230,000	235,000	244,000	251,000

#### Data source and methodology

The Department internally maintains a record of allocated places and conducts an annual stocktake of aged care places.

The target numbers represent an estimate of the total number of places providers will have brought to market (operationalised) each year based on historical trends. Targets are set using a formula comprised of 78 places per 1,000 persons in the population aged over 70.

#### Measure type

Quantitative/Output

#### Discussion

A new system will be implemented from 1 July 2024 to assign residential aged care places to senior Australians. The Department intends to replace this performance measure at that time.

<sup>6</sup> Source: 2021–22 Health Portfolio Budget Statements p.106.



## 3.3 Aged Care Quality

### Program 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.

### Our Operating Focus

We are committed to the Australian Government's vision that dementia and diversity are part of our core business in aged care, as a prerequisite for an aged care system that places the person needing care at its centre. We will work to align funding, regulation, information and education measures to support this outcome.

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

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

We will work collaboratively across agencies and with industry stakeholders to implement workforce measures designed to grow a skilled aged care workforce. This will require operating in an environment where the competition for labour is high across the care sector and where the COVID-19 pandemic continues to impact the aged care workforce.

We will progress implementation of Government decisions for aligning regulation across care and support sectors, namely aged care, the National Disability Insurance Scheme (NDIS), disability services, and veterans' care. This will include aligned and improved regulation of providers

and workers and other arrangements to reduce regulatory burden, while ensuring strong protections for the safety of Australians using those services and supports.

This will be achieved by delivering a new, rights-based legislative framework focused on the needs of senior Australians that:

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

We will review the Aged Care Quality Standards, with focus on areas of concern identified by the Royal Commission including, but not limited to, governance, diversity, dementia, food and nutrition. Responsibility for the formulation of clinical components of the Quality Standards will be transferred to the Australian Commission on Safety and Quality in Health Care.

The Serious Incident Response Scheme (SIRS) will be expanded to home services from 1 July 2022 to ensure aged care consumers receiving these services are offered the same level of protection as residential care consumers.

Nurses will be encouraged to enter and remain in the aged care workforce through financial support, incentives and access to additional training opportunities.

Aged care providers will be supported to implement strategies to better plan and manage their workforce through workforce planning support.

Further insight into the aged care workforce will be developed through more regular collection of aged care workforce data.



Key Activities	2021-22	2022-23	2023-24	2024-25
Implementing more equitable access to aged care for First Nations and special needs groups measure.	●	●	●	●
Ensuring provision of quality aged care services, including equitable care for people from diverse backgrounds and support for people with dementia.	●	●	●	●
Reducing use of restrictive practices in residential aged care services through the 'use of physical restraints' quality indicator and the 'medication management' quality indicator under the National Aged Care Mandatory Quality Indicator Program.	●	●	●	●
Providing funding and support through the Dementia Training Program, Dementia Behaviour Management Advisory Service and Severe Behaviour Response Teams.	●	●	●	
Supporting aged care providers to deliver appropriate, sensitive care to senior Australians with diverse needs, including through the adoption of trauma informed care practices.	●	●	●	●
Supporting the aged care sector to improve its capability to meet the diverse characteristics and life experiences of their consumers through regulation and diversity information and education.	●	●	●	●
Working with the Aged Care Quality and Safety Commission (ACQSC) to refine the risk-based targeting and information sharing capability within the ACQSC, including information about home care.	●	●		
Consulting with stakeholders to refine the reporting requirements associated with the 2021 basic daily fee supplement. Continuing to develop policy options for improving food and nutrition for those in residential aged care.	●	●		
Supporting the operation of the Aged Care Workforce Industry Council to implement the Aged Care Workforce Strategy Taskforce report A Matter of Care: Australia's Aged Care Workforce Strategy.	●	●		
Implementing the aged care nurses' bonus initiative and transition to practice programs.		●	●	
Exploring the feasibility of an aged care worker regulation scheme.	●	●		
Establishing a Centre for Growth and Translational Research.	●			
Continuing to provide free independent business advisory services, including workforce advisory services, to residential aged care and home care providers.	●	●		
Providing grant funding to support residential aged care providers to deliver quality care and achieve a stronger and more viable residential aged care sector through the Structural Adjustment Program.	●	●		
Expand the Financial Monitoring Program to identify and support providers at financial risk and refer them to support.	●	●	●	●
Improve coordination and accessibility of post-diagnostic supports for people living with dementia and their carers, including through an expansion of the National Dementia Support Program.	●	●	●	●
Developing accommodation design standards for residential aged care.	●	●	●	
Aligning regulation across the care and support sector, including aged care, the NDIS and disability services, and veterans' care.	●	●		
Review of the Aged Care Quality Standards, with focus on governance, diversity, dementia, food and nutrition.	●	●	●	
Expanding the SIRS to in-home services.	●	●	●	●



## Our Performance

### Performance Measures for Aged Care Quality – Program 3.3

**Percentage of care givers providing feedback via a survey who report an improvement in confidence when managing Behavioural and Psychological Symptoms of Dementia, following an intervention from the Dementia Behaviour Management Advisory Service (DBMAS) or the Severe Behaviour Response Teams (SBRT).<sup>7</sup>**

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
≥75%	≥75%	≥75%	≥75%

#### **Data source and methodology**

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

DSA provides 6 monthly reports to the Department.

#### **Measure type**

Quantitative/Effectiveness

#### **Discussion**

Previously the performance measure was for DBMAS only. The measure now includes both DBMAS and SBRT, as both are major programs contributing to all elements of the objective for Australians living with dementia.

<sup>7</sup> Source: 2021–22 Health Portfolio Budget Statements p.108.

## 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. More detail on our partners can be found in the [2021–22 Health Portfolio Budget Statements](#) linked programs section.



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## OUTCOME 4

# Sport and Recreation

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



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

4.1

#### Sport and Recreation

### Outcome Snapshot

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

- Coordinating Commonwealth support for major **international** sporting events.
- Supporting Brisbane as the host of the **2032 Olympic and Paralympic Games**.
- Improving **water** and **snow safety**.
- Partnering with the Department of Foreign Affairs and Trade to implement initiatives under the ***Sports Diplomacy 2030 strategy***.
- Partnering with Sport Australia to encourage Australians to lead more **healthy and active lifestyles**.
- Implementing initiatives under **the national sport plan, *Sport 2030***.
- Ensuring **sport dispute resolution** is fair, efficient and transparent.





## 4.1 Sport and Recreation

### Program 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.

### Our Operating Focus

The Australian sporting sector is continuing to adapt to the challenges of the COVID-19 pandemic at community and high performance levels. Restrictions related to the pandemic response led to the cancellation of domestic and international events, the suspension of group community sport, shortened sporting seasons, and significant economic challenges for sporting codes across the sector.

The pandemic created a period of uncertainty for elite and emerging athletes, coaches and officials, with associated negative impacts on their careers, income, mental health and wellbeing. AusPlay data<sup>1</sup> shows a decline in participation in organised sport and physical activity during 2020, particularly for children.

We will continue to work with Sport Australia to review and implement sport policies and initiatives that encourage Australians to re-engage in community sport and lead more healthy and active lifestyles. We will also continue to work with agencies across government to support sport and recreation organisations to deliver their services in a COVID safe environment.

We will continue working with Sport Australia and the Australian Institute of Sport on opportunities to enhance the high performance system including through funding, coordination, programs and facilities.

After a disrupted lead-up, we and the Australian community, were able to support our Australian teams at the rescheduled 2020 Tokyo Olympic and Paralympic Games.

We have responsibility for coordinating Commonwealth support for major sporting events hosted in Australia. Policies and operational arrangements are developed and implemented to meet Australian Government commitments to support bids for, and delivery of, major sporting events in Australia.

We will continue coordinating Commonwealth responsibilities in support of several upcoming major international sporting events, including the FIBA<sup>2</sup> Women's World Cup 2022, ICC<sup>3</sup> Men's T20 World Cup 2022 and the FIFA<sup>4</sup> Women's World Cup 2023 (jointly hosted by Australia and New Zealand). We are also considering leveraging any legacy opportunities presented by hosting major international sporting events to achieve broader Government health and diplomacy objectives and deliver socio economic benefits to Australia.

We will continue supporting the 2032 Summer Olympic and Paralympic Games in Brisbane through financial, policy and operational support coordination to ensure the Government commitments and expectations are realised.

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

<sup>1</sup> Available at: [www.clearinghouseforsport.gov.au/research/ausplay/results](http://www.clearinghouseforsport.gov.au/research/ausplay/results)

<sup>2</sup> Fédération Internationale de Basketball Amateur (International Basketball Federation).

<sup>3</sup> International Cricket Council.

<sup>4</sup> Fédération Internationale de Football Association.



Key Activities	2021-22	2022-23	2023-24	2024-25
Implementing sport policies and initiatives and promoting the benefits of an active lifestyle, in accordance with the national sport plan <i>Sport 2030</i> .	●	●	●	●
Collaborating with Sport Australia, also known as the Australian Sports Commission, on policy development and engagement with states and territories.	●	●	●	●
Implementing the <i>Sports Diplomacy 2030</i> strategy, in conjunction with the Department of Foreign Affairs and Trade.	●	●	●	●
Coordinating whole of government support for the bidding and hosting of major international sporting events hosted in Australia.	●	●	●	●
Developing and implementing a strategic, whole-of-government legacy and communications approach.	●	●	●	●
Supporting Brisbane as the host of the 2032 Olympic and Paralympic Games.	●	●	●	●
At a departmental level, providing corporate support to Sport Integrity Australia for sports integrity legislation and budget requirements.	●	●	●	●
Providing a cost-effective, efficient, transparent and independent forum for resolving nationally focused sporting disputes, through the National Sports Tribunal pilot.	●	●		
Supporting water and snow safety organisations to reduce the incidence of fatal and non-fatal drownings and accidents, and promoting the importance of water and snow safety.	●	●	●	●



## Our Performance

### Performance measures for Sport and Recreation – Program 4.1

Re-engagement of Australians in weekly organised community sport and physical activity as measured through:

- a. Percentage of Australian children aged zero to 14 years participating in organised sport or physical activity outside of school hours once per week.
- b. Percentage of Australians aged 15 years and over participating in organised sport or physical activity once per week.
- c. Percentage of Australians participating in at least 150 minutes of moderate to vigorous activity each week.

	2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
a.	50%	N/A	N/A	N/A
b.	70%	N/A	N/A	N/A
c.	Establish baseline	N/A	N/A	N/A

#### Data source and methodology

This data is derived from Sport Australia's AusPlay survey results<sup>5</sup>. AusPlay collects national, state and territory data on participation rates across organised sport and physical activity.

#### Measure type

Quantitative/Effectiveness

#### Discussion

Supporting the participation of Australians in sport and physical activity is a priority of the national sport plan, *Sport 2030*<sup>6</sup>. Due to the impact of the COVID-19 pandemic, 2022–23 targets will be set following reviews on participation in organised sport and physical activity.

Data for element c. is expected to be available through the 2020–21 National Health Survey, with first results available in December 2021.

<sup>5</sup> Available at: [www.clearinghouseforsport.gov.au/research/ausplay/results](http://www.clearinghouseforsport.gov.au/research/ausplay/results)

<sup>6</sup> Available at: [www.sportaus.gov.au/nationalsportplan/home](http://www.sportaus.gov.au/nationalsportplan/home)



### Strategic coordination of Commonwealth responsibilities in relation to the following future bids and major sporting events in Australia.<sup>7</sup>

2021–22 Target	2022–23 Target	2023–24 Target	2024–25 Target
<ul style="list-style-type: none"><li>• ICC T20 Men's World Cup 2022</li><li>• FIBA Women's World Cup 2022</li><li>• World Transplant Games 2023</li><li>• FIFA Women's World Cup 2023</li><li>• Rugby World Cup 2027 bid</li><li>• 2032 Olympic and Paralympic Games candidature</li></ul>	<ul style="list-style-type: none"><li>• ICC T20 Men's World Cup 2022</li><li>• FIBA Women's World Cup 2022</li><li>• World Transplant Games 2023</li><li>• FIFA Women's World Cup 2023</li><li>• Rugby World Cup 2027 bid</li><li>• 2032 Olympic and Paralympic Games</li></ul>	<ul style="list-style-type: none"><li>• World Transplant Games 2023</li><li>• FIFA Women's World Cup 2023</li><li>• Rugby World Cup 2027</li><li>• 2032 Olympic and Paralympic Games</li></ul>	<ul style="list-style-type: none"><li>• Rugby World Cup 2027</li><li>• 2032 Olympic and Paralympic Games</li></ul>

#### Data source and methodology

Policies and operational arrangements are developed and implemented to meet the Government's commitments to support bids for, and delivery of, future major sporting events in Australia. Data is maintained internally by the Department.

#### Measure type

Qualitative/Output

#### Discussion

The Department is working to develop an appropriate performance measure to use in the future. In the interim, this target provides insight into the expected level of output and enables reporting that can be compared year to year.

<sup>7</sup> Source: 2021–22 Health Portfolio Budget Statements p.113.

## 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. More detail on our partners can be found in the [2021–22 Health Portfolio Budget Statements](#) linked programs section.

# 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 Corporate Plan 2021–22 and the page references for each requirement.

Topic	Requirements	Page(s)
Introduction	<ul style="list-style-type: none"> <li>• A statement that the plan is prepared for paragraph 35(1)(b) of the Act.</li> <li>• The reporting periods for which the plan is prepared.</li> <li>• The reporting periods covered by the plan.</li> </ul>	<a href="#">Message from the Secretary</a>
Purposes	<ul style="list-style-type: none"> <li>• The purposes of the entity</li> </ul>	<a href="#">Our Purpose</a>
Key activities	<ul style="list-style-type: none"> <li>• The key activities that the entity will undertake in order to achieve its purposes.</li> </ul>	<a href="#">Outcome 1</a> <a href="#">Outcome 2</a> <a href="#">Outcome 3</a> <a href="#">Outcome 4</a>
Operating context	<ul style="list-style-type: none"> <li>• The environment in which the entity will operate.</li> <li>• The strategies and plans the entity will implement to have the capability it needs to undertake its key activities and achieve its purposes.</li> <li>• A summary of the risk oversight and management systems of the entity, and the key risks that the entity will manage and how those risks will be managed.</li> <li>• Details of any organisation or body that will make a significant contribution towards achieving the entity's purposes through cooperation with the entity, including</li> <li>• how that cooperation will help achieve those purposes.</li> <li>• How any subsidiary of the entity will contribute to achieving the entity's purposes (Not applicable).</li> </ul>	<a href="#">Message from the Secretary</a> <a href="#">Our Operating Context</a> <a href="#">Contents</a> <a href="#">National Agreement on Closing the Gap</a> <a href="#">Our Corporate Governance</a> <a href="#">Our Capability</a> <a href="#">Our Performance</a> <a href="#">Outcome 1</a> <a href="#">Outcome 2</a> <a href="#">Outcome 3</a> <a href="#">Outcome 4</a>
Performance	<ul style="list-style-type: none"> <li>• Specified performance measures for the entity that meet the requirements of section 16EA; and</li> <li>• Specified targets for each of those performance measures for which it is reasonably practicable to set a target.</li> </ul>	<a href="#">Our Performance</a> <a href="#">Outcome 1</a> <a href="#">Outcome 2</a> <a href="#">Outcome 3</a> <a href="#">Outcome 4</a>

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evidence-based delivery inclusion collabor  
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Better health and  
wellbeing for all  
Australians,  
**now and  
for future  
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