Audit report of the 2022–23 annual performance statements

Department of Health and Aged Care

Auditor-General for Australia

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT on the 2022-23 Annual Performance Statements of the Department of Health and Aged Care

To the Minister for Finance

Qualified Conclusion

In my opinion, except for the effects of the matters described in the Bases for Qualified Conclusion section of my report, the 2022-23 Annual Performance Statements of the Department of Health and Aged Care (the Department):

- present fairly the Department's performance in achieving its purpose for the year ended 30 June 2023; and
- are prepared, in all material respects, in accordance with the requirements of Division 3 of Part 2-3 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

Audit criteria

In order to assess whether the Department's annual performance statements complied with Division 3 of Part 2-3 of the Act, I applied the following criteria:

- whether the entity's key activities, performance measures and specified targets are appropriate to measure and assess the entity's performance in achieving its purposes;
- whether the performance statements are prepared based upon appropriate records that properly record and explain the entity's performance; and
- whether the annual performance statements present fairly the entity's performance in achieving the entity's purposes in the reporting period.

Bases for Qualified Conclusion

Outcome 3 'Ageing and Aged Care'

The purpose of Outcome 3, 'Ageing and Aged Care' is 'improved wellbeing for senior Australians through targeted support, access to appropriate, high-quality care, and related information services.' Outcome 3 comprises three programs as follows:

- Program 3.1 – Access and Information;
- Program 3.2 – Aged Care Services; and
- Program 3.3 – Aged Care Quality.

The performance measures and analysis for Program 3.2, 'Aged Care Services', provides information on the use of Commonwealth Home Support Programme services and Home Care Packages as well as information on the number of residential aged care places available at 30 June 2023. Reporting on the use and availability of services does not provide sufficient information on the ability of older Australians to access appropriate services to assess the Department's performance in achieving the objective of Program 3.2 to "provide choice through a range of flexible options to support older Australians who need assistance".

The performance measure for Program 3.3, 'Aged Care Quality', relates to the quality of support from the Dementia Behaviour Management Advisory Service (DBMAS) and the Severe Behaviour Response Teams (SBRT). The supporting analysis for Program 3.3 also largely relates to the DBMAS and SBRT. The Department has not explained how performance information on DBMAS and the SBRT is sufficient to assess the Department's performance in achieving the Program 3.3 objective, which is to "support the provision of safe and quality care for older Australians and their choice of care through regulatory activities and collaboration with the aged care sector and older Australians, as well as capacity building and awareness raising activities". The Department has not reported on the quality of other aged care services, including whether older Australians are receiving safe care.

As a result of the deficiencies described above for Program 3.2 and Program 3.3, the performance information reported against Outcome 3 'Ageing and Aged Care' is not complete and does not enable a user to assess the Department's performance in achieving its purpose in relation to this outcome.

In addition, Program 3.2 includes a performance measure 'Residential aged care places available as at 30 June'. As noted in the annual performance statements, the data supporting this measure is entered externally by funded providers. I have not been able to obtain sufficient appropriate audit evidence to determine whether the result is accurately reported.

Emphasis of Matter – Quality assurance

I draw attention to the Department's disclosure in the annual performance statements under the 'Structure of the Annual Performance Statements' section that states that the Department sought to undertake quality assurance for all performance measures. Where this was not able to be undertaken, the Department has included a 'quality assurance' caveat for the corresponding performance measure. For the following performance measures that include a 'quality assurance' caveat, I draw attention to the specific limitations outlined by the Department for not being able to validate the results presented, as I agree with the department's disclosure and assessment:

- Program 1.2's performance measure 'PHN- Commissioned mental health services used per 100,000 population';
- Program 1.2's performance measure 'Number of headspace services delivered per 100,000 population of 12 - 25 year olds';
- Program 1.4's performance measure 'Effective investment in workforce programs will improve health workforce distribution in Australia';
- Program 1.7's performance measure 'Maintain Australia's access to quality general practitioner care through the percentage of accredited general practices submitting Practice Incentives Program Quality Improvement Incentive data to their Primary Health Network';
- Program 1.9's performance measure 'Immunisation coverage rates';
- Program 3.1's performance measure 'The percentage of surveyed users who are satisfied with services provided'; and
- Program 3.2's performance measure 'Number of clients that accessed Commonwealth Home Support Programme services'.

My conclusion is not modified in respect of this matter.

Emphasis of Matter – Key Activities

I draw attention to disclosure in the annual performance statements under the 'Structure of the Annual Performance Statements' section that states that 'additional activities that fall below the materiality threshold for having a published performance measure but were published in the Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations'. The Department has disclosed 119 key activities that do not have accompanying performance measures at the end of the performance narrative for each program in the annual performance statements. My conclusion is not modified in respect of this matter.

Other Matters – Aboriginal and Torres Strait Islander Health

The 2022-23 October Portfolio Budget Statements and the Department's 2022-23 Corporate Plan included the 'Closing the Gap' performance measure relating to the healthy birthweight of First Nations babies in Program 1.3 'Aboriginal and Torres Strait Islander Health' as follows:

> By 2031, increase the proportion of First Nations babies with a healthy birthweight to 91%.

This performance measure was not reported on in Program 1.3 'Aboriginal and Torres Strait Islander Health' in the annual performance statements. Instead, the Department developed an alternative measure that enabled it to report on the number of First Nations babies that have a healthy birthweight, being:

> Of First Nations babies who attend First Nations primary health care services, increase in the number of those that have a healthy birthweight.

The Department obtained the data for the reported measure result from the Australian Institute of Health and Welfare (AIHW). The Department did not disclose in the annual performance statements that the AIHW had disclosed potential risks with data collection that may impact the accuracy of the reported results. The extent to which these risks occur is not known or adjusted for by the AIHW.

My conclusion is not modified in respect of these matters.

Accountable Authority's responsibilities

As the Accountable Authority of the Department, the Secretary is responsible under the Act for:

- the preparation and fair presentation of annual performance statements that accurately reflect the Department's performance and comply with the Act and Public Governance, Performance and Accountability Rule 2014 (the Rule);
- keeping records about the Department's performance in accordance with requirements prescribed by the Act; and
- establishing such internal controls that the Accountable Authority determines is necessary to enable the preparation and presentation of the annual performance statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the performance statements

My responsibility is to conduct a reasonable assurance engagement to express an independent opinion on the Department's annual performance statements.

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which include the relevant Standard on Assurance Engagements (ASAE) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Auditing and Assurance Standards Board.

In accordance with this standard, I plan and perform my procedures to obtain reasonable assurance about whether the performance measures and accompanying results presented in the annual performance statements of the entity fairly presents the entity's performance in achieving its purpose and comply, in all material respects, with the Act and Rule.

The nature, timing and extent of audit procedures depend on my judgment, including the assessment of the risks of material misstatement, whether due to fraud or error, in the annual performance statements. In making these risk assessments, I obtain an understanding of internal control relevant to the preparation of the annual performance statements in order to design procedures that are appropriate in the circumstances.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified conclusion.

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and applied Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagement* in undertaking this assurance engagement.

Inherent limitations

Because of inherent limitations of an assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An assurance engagement is not designed to detect all instances of non-compliance of the annual performance statements with the Act and Rule as it is not performed continuously throughout the period and the assurance procedures performed are undertaken on a test basis. The reasonable assurance conclusion expressed in this report has been formed on the above basis.

Australian National Audit Office

Grant Hehir
Auditor-General

Canberra
15 December 2023

Australian Government
Department of Health and Aged Care

Department of Health and Aged Care

Annual Report 2022–23

Part 2:
Annual Performance Statements

Part 2.1: **2022–23 Annual Performance Statements**

I, as the accountable authority of the Department of Health and Aged Care, present the Department of Health and Aged Care's 2022–23 Annual Performance Statements as required under paragraphs 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and section 16F of the Public Governance, Performance and Accountability Rule 2014. In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity for the reporting period, and comply with subsection 39(2) of the PGPA Act, except for the effect of those matters described in the performance statements below.

The Australian National Audit Office (ANAO) is undertaking an audit of the 2022–23 performance statements that is yet to be finalised. I am aware the ANAO may form a view that the performance statements for certain measures do not meet the requirements of the PGPA Act 2013.

The department will continue to improve its performance reporting including through consideration of the ANAO's audit findings.

Blair Comley PSM

Secretary

5 October 2023

Introduction

As required under the PGPA Act, this report contains the Department of Health and Aged Care's Annual Performance Statements for 2022–23. The Annual Performance Statements detail results achieved against planned performance criteria set out in the *Health and Aged Care Portfolio Budget Statements October 2022–23 and Health and Aged Care Portfolio Additional Estimates Statements 2022–23*, and the department's *2022–23 Corporate Plan*.

Structure of the Annual Performance Statements

The Annual Performance Statements demonstrate the link between the department's activities throughout the year and the contribution to achieving the department's purpose.

The Annual Performance Statements are divided into chapters, with each chapter focusing on the objectives of an outcome and addressing the associated performance criteria. Each chapter contains:

- an analysis of the department's performance by program
- activity highlights that occurred during 2022–23
- results and discussion against each performance criteria.

Materiality, as a core principle, guides and justifies how/why the department's key activities have corresponding performance measures to assess each program and the process for selecting them.

The department's performance reporting materiality policy is based on the following criteria for determining 'material' key activities:

- Funding Levels
- Public and Stakeholder Interest
- Impact on Health, Aged Care and Sport.

For the purposes of the 2022–23 Annual Performance Statements, activities are presented as follows:

- key activities that are directly related to, or have an association with, performance measures
- additional activities that fall below the materiality threshold for having a published performance measure but were published in the Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations.

The department sought to undertake quality assurance for all performance measures. Where this was not able to be undertaken or completed, the relevant 'quality assurance' caveat has been included for the corresponding performance measure.

The 'Data Source' and 'Methodology' for each performance measure is also included under each performance measure.

Results Key

● **Met**

≥98% of the target for 2022–23 has been achieved.

◖ **Substantially met**

75–97.9% of the target for 2022–23 has been achieved.

○ **Not met**

<75% of the target for 2022–23 has been achieved.

— **Data not available**

Data is not yet available to report for the 2022–23 financial year.

N/A **N/A**

The use of N/A indicates that data was not published in the relevant year for that performance measure.

Note:

Where a planned performance target comprises a number of sub-targets, these are aggregated, and each sub-target is weighted equally in determining the overall result. Please note, for Programs measuring progression/an increase (1.2, 1.3, 1.5, 1.9 and 4.1) the above results key will be applied as either 'Met' or 'Not met'. Where there are multiple components being measured (i.e. a., b., c.) and some result as 'Met' as well as 'Not met', the 'Substantially met' component of the results key will be utilised to determine the overall result for the measure.

2022–23 departmental results overview

	Summary of results against performance criteria			
Outcome	**Results met**	**Results substantially met**	**Results not met**	**Data not available**
Outcome 1: Health Policy, Access and Support	8	2	5	3
Outcome 2: Individual Health Benefits	7	2	–	–
Outcome 3: Ageing and Aged Care	2	4	–	–
Outcome 4: Sport and Recreation	2	–	–	–
Total	**19**	**8**	**5**	**3**

In 2022–23, the department continued to achieve against our measures, with a total of 27 planned performance targets either met or substantially met in 2022–23. Further information on the contributing factors to the results is discussed under each performance measure throughout Part 2.

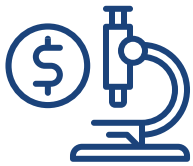
The department will continue to work towards achieving the planned performance set out each year in our Portfolio Budget Statements and Corporate Plan.

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.

Highlights



Medical Research Future Fund (MRFF)

In 2022–23 the MRFF fully disbursed the total available budget of $650 million to support medical research under a range of initiatives that span across the research pipeline, as specified in the second 10-Year Investment Plan (the Plan).

Program 1.1

Medicare Urgent Care Clinics (Medicare UCCs)

The department worked with the states and territories, Primary Health Networks and the health sector on the design and implementation of Medicare UCCs that will ease pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care. As at 30 June 2023, 11 clinics have opened.

Program 1.6

Gene Technology Regulatory Scheme (the Scheme)

The Scheme continued to ensure medical, agricultural, and other research involving genetically modified organisms (GMOs) was conducted in accordance with best practice, and in a manner that protects human health and safety, and the environment. 70 reports were received and assessed relating to possible non-compliances with GMO approvals during 2022–23.

Program 1.8

Programs contributing to Outcome 1

	Summary of results against performance criteria			
Program	**Results met**	**Results substantially met**	**Results not met**	**Data not available**
Program 1.1: Health Research, Coordination and Access	1	–	–	1
Program 1.2: Mental Health	–	–	3	–
Program 1.3: Aboriginal and Torres Strait Islander Health	–	–	2	–
Program 1.4: Health Workforce	–	1	–	–
Program 1.5: Preventive Health and Chronic Disease Support	–	–	–	2
Program 1.6: Primary Health Care Quality and Coordination	1	–	–	–
Program 1.7: Primary Care Practice Incentives and Medical Indemnity	2	–	–	–
Program 1.8: Health Protection, Emergency Response and Regulation	4	–	–	–
Program 1.9: Immunisation	–	1	–	–
Total	**8**	**2**	**5**	**3**

Program 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 heath 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.

The department continued to work towards meeting the performance targets related to this program.

The Medical Research Future Fund (MRFF) was established to provide long-term sustainable funding for health and medical research. Funding disbursed from the MRFF aims to improve the health and wellbeing of Australians across a range of priority areas, offering the potential to transform future health practice and policy. MRFF-funded research provides a range of benefits to patients by supporting transformative research across the translation and commercialisation pipeline, growing the research workforce, and supporting researchers and research organisations across the health system.

Over 5 years, the 2020–25 Addendum to the National Health Reform Agreement (2020–25 NHRA) will facilitate the payment of an estimated $154.4 billion in funding by the Australian Government for public health and hospital services (via National Partnership payments to state and territory governments by the Treasury as part of the Federal Financial Relations Framework).

As part of the 2020–25 NHRA, all Australian governments committed to reforms to integrate safety and quality into the pricing and funding of Australian public hospital services. These reforms aim to improve patient outcomes, deliver an incentive for best practice, decrease avoidable demand for public hospital services, and reduce instances of poor quality patient care. Further, the reforms also support improvements in data quality and to the information available to hospital administrators and clinicians. A reduction of avoidable readmissions is a key focus of the department's objectives in its administration of the 2020–25 NHRA, by both measuring quality and effectiveness and supporting the efficiency and sustainability of overall funding for public hospital services. The department has continued to work with the Independent Health and Aged Care Pricing Authority (IHACPA) and the Administrator of the National Health Funding Pool to implement consistently defined avoidable readmissions to improve the safety and quality of public hospital services.

Key Activities:

- Providing a sustainable source of funding for transformative health and medical research through sources including the Medical Research Future Fund (MRFF) and the Biomedical Translation Fund.
- Supporting research into potential COVID-19 treatments and vaccines.
- Providing our Ministers, the Australian Digital Health Agency, and other key stakeholders with timely and well-informed research, policy, and legislative advice that supports the Government's digital health agenda, including the My Health Record System.
- 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.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.54 and *Health and Aged Care Corporate Plan 2022–23*, p.31

Performance Measure:

Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.55 and *Health and Aged Care Corporate Plan 2022–23*, p.32

2022–23 Planned Performance	2022–23 Result	2021–22
• Disburse 100% of the available budget for the Medical Research Future Fund (MRFF) in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan. • Support 40 new clinical trials. • Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices. • Build the capacity of First Nations peoples to lead Indigenous health and medical research. • Build the capacity of the health and medical research sector. • Support collaboration across the health and medical research sector. • Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding.	• Disbursed 100% of the available budget for the MRFF in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the second MRFF 10-Year Investment Plan. • Supported 125 new clinical trials. • Provided funding for 71 new projects to develop and commercialise health technologies, treatments, drugs and devices. • Provided funding for 52 new grants with a First Nations health focus. • Awarded funding to 19 unique First Nations lead researchers (Chief Investigators A) across 22 grants. • Awarded funding to 166 unique First Nations research team members (Chief Investigators) across 63 grants. • Awarded funding to 2,871 unique research team members (Chief Investigators). • Provided funding for 247 grants with 3 or more participating institutions and 56 grants with 10 or more participating institutions. • Confirmed the eligibility of 67 new organisations to receive MRFF funding, consistent with the MRFF Act.	In 2021–22, a total of 38 grant opportunities opened under the MRFF 10 Year Investment Plan. Funding was fully disbursed for 16 of the 38 grant opportunities by 30 June 2022. Funding was awarded and announced for a total of 237 grants commencing in 2021–22, with a combined value of $612.2 million. This figure includes disbursements from grant opportunities that opened in 2020–21 and 2021–22. All grant awards and announcements are consistent with the *Medical Research Future Fund Act 2015.*
	Result: Met ●	

Data Source and Methodology:

Information on investments is updated monthly using data supplied by the National Health and Medical Research Council (NHMRC) and the Business Grants Hub in the Department of Industry, Science and Resources (DISR), who administer MRFF grants on behalf of our department. Datasets provided by NHMRC and DISR also include other quantitative and qualitative information on research projects funded by the MRFF that enables our department to determine the types of projects funded, and capacity building and collaboration activities occurring within the projects.

Data is maintained internally by our department. Information on the value of investments is published in our department's annual financial statements, which are audited by the Australian National Audit Office and are available within the department's annual reports, located on our website[9].

[9] Available at: www.health.gov.au/about-us/corporate-reporting/annual-reports

In 2022–23 the MRFF fully disbursed the total available budget of $650 million to support medical research under a range of initiatives that span the research pipeline, as specified in the second 10-Year Investment Plan (the Plan).[10] The results translate the performance of the MRFF into a series of measurable targets that collectively show how MRFF-funded research is performing across a number of different categories.

The MRFF fully disbursed its dedicated funding allocations for clinical trials, commercialisation and First Nations health research through the Plan's Clinical Trials Activity Initiative, Medical Research Commercialisation Initiative and Indigenous Health Research Fund. Combined with substantial additional investment in these areas from other initiatives under the Plan, the MRFF ultimately exceeded its targets for clinical trials, commercialisation and First Nations health research. In 2022–23 the MRFF also established early indicators of contributions made to health system sustainability by funding diverse researchers (including First Nations researchers) and research organisations. These early indicators will be used to monitor the ongoing performance of the MRFF in future years.

Further information on MRFF granting activities, including a full list of all grants awarded to date, can be found on the Department of Health and Aged Care's website[11].

Key Activities:

- Supporting effective collaboration with state and territory governments to improve health and wellbeing for all Australians.
- 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.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.54 and *Health and Aged Care Corporate Plan 2022–23*, p.31

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.56 and *Health and Aged Care Corporate Plan 2022–23*, p.33

2022–23 Planned Performance	2022–23 Result	2021–22
Reduced rate of avoidable readmissions compared to 2021–22 baseline.	Data not available[12]	More consistent definitions of avoidable readmissions were implemented as per clauses A169-A171 of the 2020–25 National Health Reform Agreement. For the first time, the National Efficient Price Determination included a mechanism for pricing services that are considered an avoidable readmission. The avoidable hospital readmissions baseline as calculated on the 2021–22 baseline is 0.78%.
	Result: Data not available —	

Quality assurance: The department has not been able to undertake independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

The necessary data is contained in the state and territory submissions of the Admitted Patient Care (APC) National Minimum Dataset to the Independent Health and Aged Care Pricing Authority (IHACPA). The data for this measure will become available in late 2023 to early 2024.

The APC is private data that belongs to states and territories, with the Commonwealth having limited rights of use as set out by the 2020–25 Addendum to the National Health Reform Agreement (2020–25 NHRA). IHACPA will produce additional analysis on top of this data, including headline summary of statistics such as the rate of avoidable hospital readmissions, which will be able to be made public.

IHACPA and the Administrator of the National Health Funding Pool, working with the Australian Commission on Safety and Quality in Health Care, will provide the analysis of state and territory public hospital data to report on the measure.

[10] Available at: www.health.gov.au/resources/collections/medical-research-future-fund-mrff-2nd-10-year-investment-plan-2022-23-to-2031-32
[11] Available at: www.health.gov.au/initiatives-and-programs/medical-research-future-fund
[12] Result is not yet available for 2022–23, due to data not being available until 6 to 9 months after the 2022–23 financial year. The result for 2022–23 will be reported in the 2023–24 Annual Report.

The National Efficient Price Determination, which determines the amount of funding the government provides to public hospitals under the 2020–2025 NHRA addendum, now includes a mechanism that provides a financial incentive for public hospitals to reduce the number of avoidable readmissions that were caused by substandard patient care.

The 2021–22 baseline rate (0.78%) of avoidable admitted acute hospital readmissions reflects the first year that public hospital services were priced and funded under the 2020–25 NHRA. This baseline provides a consistent measure for future targets, supporting a longer-term focus on continued improvement and move towards more longitudinal measures in the coming years.

Ongoing work will be completed in future years by the department, the Independent Health and Aged Care Pricing Authority (IHACPA) and the Australian Commission on Safety and Quality in Health Care to maintain and update the definition of avoidable readmissions. This measure has been chosen as a reduction in avoidable readmissions in hospitals reflects better health outcomes while supporting our focus on sustainable hospital funding. Given the recent volatility seen in the delivery of hospital services caused by COVID-19, opting for a single consistent baseline year that subsequent periods are measured against means the measure rolling forward will not be subject to potential year-on-year volatile swings.

Avoidable hospital readmissions are processed on the annual reconciled data by the IHACPA and the Administrator of the National Health Funding Pool. The Administrator's advice (and therefore data) is not available until 6 to 9 months after the end of the financial year, directly contributing to the result of "data not available". The department recognises this significant delay in reporting affects the utility of this annual performance measure and will consider alternatives in the future.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.1 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Working with states and territories to redesign clinical trial operating systems and to make it easier to conduct and participate in safe, high quality clinical trials.
- Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders.
- Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment.
- Implementing a whole of department evaluation strategy, a whole of department Data Strategy, and an update to the department's Data Governance and Release Framework.
- 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.
- Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs.
- 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.
- Working in partnership with key countries and international organisations on international health issues and reforms to global health architecture.

Program 1.2: Mental Health

Program Objective

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

The department continued to work towards meeting the performance targets related to this program.

Australians continue to experience high levels of mental distress, exacerbated in some cases by external pressures such as the residual impacts of COVID-19, impacts of natural disasters and increasing cost of living pressures. While the overall prevalence of mental disorders remains relatively stable, mental health outcomes have not improved and have worsened for some cohorts.

During 2022–23, the department continued to prioritise the implementation of mental health and suicide prevention system reforms to improve access to, and equity of, services and supports that enhance the mental health and wellbeing of all Australians. Key focus areas for the department in 2022–23 included:

- Implementing the National Mental Health and Suicide Prevention Agreement (the National Agreement) and associated bilateral schedules. Key priority areas included:
  - progressing an analysis of unmet need for psychosocial supports outside the National Disability Insurance Scheme
  - working closely with the National Mental Health Commission to embed annual reporting mechanisms under the National Agreement
  - developing national guidelines for regional planning and commissioning
  - embedding the views of First Nations people and lived experience in implementation of the National Agreement.
- Continuing to expand and enhance the national headspace network, expand the Head to Health adult centre network, and commence establishment of Head to Health Kids Hubs in cooperation with states and territories.
- Implementing the government's election commitments focusing on new and strengthened child and youth mental health services, a commitment to a national network of perinatal mental health services and mental health supports in the workplace.
- Implementing key mental health workforce reforms to ensure all Australians benefit from a sustainable, skilled, and well-distributed mental health workforce that is able to meet the needs of consumers, carers, families, and communities, including:
  - finalisation of the National Mental Health Workforce Strategy
  - establishment of new mental health placements for nursing and allied health students
  - establishment of provisional psychology internships and supervisor training sessions.

During 2022–23, the department commenced development of the next phase of mental health system reform in response to the Medicare Better Access Initiative Evaluation Report finalised in December 2022. This includes implementing the initial mental health and suicide investment included in the 2023–24 Budget which lays the groundwork for future reforms that will deliver real, structural changes to the mental health system. Development of these reforms, in consultation with the sector and people with lived experience of mental illness, will continue in 2023–24 and will consider solutions to not only improve access to Medicare-subsidised services, but also to a range of services across the system, including digital services, low intensity services to more comprehensive, multidisciplinary services for people with complex needs.

Key Activity:

- Improving access to Medicare subsidised mental health care for patients, their families and carers, and aged care residents.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.57 and *Health and Aged Care Corporate Plan 2022–23*, p.35

Performance Measure:

PHN-Commissioned mental health services used per 100,000 population.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.58 and *Health and Aged Care Corporate Plan 2022–23*, p.36

2022–23 Planned Performance	2022–23 Result
Annual increase on 2021–22 numbers.	6,337 PHN-commissioned mental health services used per 100,000 population. There was a slight decrease since 2021–22 (6,552 services per 100,000 population). Note: Data extracted 17 July 2023. For the purposes of this report, data reported is 1 April 2021 - 31 March 2022 compared to 1 April 2022 - 31 March 2023.
	Result: Not met ○

Quality assurance: The department has not been able to complete independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

Data sources:

Numerator: Administrative data - The Primary Mental Health Care Minimum Data Set provides the basis for PHNs and the Department of Health and Aged Care to monitor and report on service delivery, and inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.

Denominator: The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS). ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.

Methodology: 100,000 × (Numerator ÷ Denominator).

Numerator: Number of service contacts within the period.[13]

Denominator: ABS Estimated Resident Population.[14]

The Australian Government funds Primary Health Networks (PHNs) to conduct regional planning and commissioning of mental health and suicide prevention services. Through regional planning and commissioning, PHNs determine the appropriate mix of services for their region, to ensure services are culturally appropriate and can be accessed by people who are most in need of support. PHNs commission a range of service types, from prevention and early intervention for people with mild and moderate mental health conditions, through to more intensive services to support people with severe mental illness.

This measure provides an indication of access to PHN commissioned services across Australia. Trends for this indicator are affected by a range of factors and should be interpreted with caution. For example, as the sociodemographic profile of a PHN region changes over time, the mental health and suicide prevention needs across the population will also change. Part of the role of PHNs is to respond to emerging needs in their communities, and as the mix of services being commissioned changes, this will be reflected in the activities and total volume of activity reported.

Broader trends indicate PHN mental health service use in 2022–23 is higher than pre-COVID-19, and that the slight decrease from 2021–22 is within expected annual fluctuations. Continuing throughout 2022–23, broader system factors influenced PHN service delivery volumes, including the impacts of the COVID-19 pandemic, natural disasters, and workforce availability and capability. This data may underestimate actual service activity as the department continues to work with PHNs and their commissioned service providers to refine the methodologies for the mental health performance indicators and to improve the completeness and quality of data submitted to the department. For these reasons, caution should also be taken when comparing 2022–23 data to 2021–22 data.

[13] Note: the wording of the methodology section has been updated for clarity. There have been no changes to the actual methodology or data source for this indicator.

[14] Ibid.

Key Activity:

- Improving access to Medicare subsidised mental health care for patients, their families and carers, and aged care residents.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.57 and *Health and Aged Care Corporate Plan 2022–23*, p.35

Performance Measure:

Medicare mental health services used per 100,000 population.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.58 and *Health and Aged Care Corporate Plan 2022–23*, p.37

2022–23 Planned Performance	2022–23 Result
Annual increase on 2021–22 numbers.	50,948 Medicare mental health services[15] used per 100,000 population. There was a slight decrease since 2021–22 (53,008 services per 100,000 population). Notes: 1. Data extracted 17 July 2023. 2. Date is determined by the date the service was processed, not the date the service was provided. **Result: Not met** ○

Data Source and Methodology:

Data sources:

Numerator: Administrative data. Number of Medical Benefits Schedule (MBS) services is generated using Medicare claims data in the Department of Health and Aged Care Enterprise Data Warehouse.

Denominator: The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics (ABS). ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.

Methodology: 100,000 × (Numerator ÷ Denominator).

Numerator = Number of MBS subsidised mental health services claims processed.

Denominator: ABS Estimated Resident Population.

Medicare mental health service utilisation has decreased slightly, with data indicating that activity levels are reducing from their peak during the COVID-19 pandemic. This is consistent with broader trends in Medicare service use.

The pandemic and associated public health measures had a significant impact on the mental health of the community with demand for services substantially increasing for Medicare and other community mental health services. While service levels appear to be normalising, they remain above pre-COVID-19 levels.

The government's commitment to strengthening Medicare will continue to have benefits across the mental health and suicide prevention system by increasing access and equity to care for all Australians. Continued investment in the mental health workforce, such as addressing acute bottlenecks in the psychology training pipeline and upskilling the broader health workforce on mental health, will also improve access to care.

[15] Please note this is the total number of Medicare mental health services utilised in 2022–23, not the total number of patients who received these services.

Key Activity:

- Enhancing the capacity of headspace youth services and improving access to community based mental health services for adults.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.57 and *Health and Aged Care Corporate Plan 2022–23*, p.35

Performance Measure:

Number of headspace services delivered per 100,000 population of 12–25 year olds.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.58 and *Health and Aged Care Corporate Plan 2022–23*, p.37

2022–23 Planned Performance	2022–23 Result
Annual increase on 2021–22 numbers.	8,256 headspace services used per 100,000 population of 12–24 year olds. There was a slight decrease since 2021–22 (8,507 services per 100,000 population of 12–24 year olds). Note: Data extracted 18 July 2023. Due to fixed age range reporting in the Primary Mental Health Care Minimum Data Set (PMHC MDS), activity for 12–24 year olds has been reported against this indicator. headspace National upload data each quarter, therefore extracting data before the end of each quarter may underestimate service activity. For the purposes of this report, data reported is 1 April 2021 – 31 March 2022 compared to 1 April 2022 – 31 March 2023. The PMHC MDS only contains headspace data from clients who consent to their data being shared with the Commonwealth, in 2021–22 85% of headspace service contacts were consented to be uploaded to the PMHC MDS, and 89% of services provided in 2022–23 were consented. **Result: Not met** ○

Quality assurance: The department has not been able to complete independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

Data sources:

Numerator: Administrative data. The Primary Mental Health Care Minimum Data Set (PMHC MDS) provides the basis for PHNs and the Department of Health and Aged Care to monitor and report on service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.

Denominator: The Estimated Resident Population (ERP) is calculated by the Australian Bureau of Statistics. ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept.

Methodology: 100,000 × (Numerator ÷ Denominator).

Numerator: Number of headspace occasions of service.

Denominator: ABS Estimated Resident Population (12–25 year olds).

headspace is the primary national platform for provision of services to young people aged 12–25 years who are experiencing, or at risk of, mild to moderate mental illness. The network of headspace services provides holistic care in four key areas - mental health, related physical and sexual health, alcohol and other drug support, and vocational services. Services are provided at no or low cost to young people.

The Bilateral Schedules under the National Mental Health and Suicide Prevention Agreement (the National Agreement) set out commitments which aim to improve access to multidisciplinary treatment and care for young people aged 12–25 years. This will be achieved through several youth mental health initiatives, including the establishment of new headspace services, enhancement of new and existing headspace services, and better integration of Commonwealth and state-funded services.

Whilst work is progressing under the National Agreement, there has been a slight decrease in headspace service activity per 100,000 population of 12–24 year olds since 2021–22 which can be explained in part by a range of broader system factors, including (but not limited to):

- widespread workforce attraction and retention issues
- normalisation of activity levels following volatility during the COVID-19 pandemic
- impacts of natural disasters
- increasing complexity of young people presenting for services
- young people's service modality preferences.

The enhancement of the headspace network is being phased from 2022–23 to 2028–29. Initial enhancement funding was not distributed until late in 2022–23 and due to the phasing of the funding, it is likely that the effects of this investment will not be evident in the data until later in the implementation phase.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.2 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules.
- Establishing targeted regional initiatives for suicide prevention and implementing initiatives to address the impact of suicide and mental ill health on First Nations peoples.
- Improving the mental health and wellbeing of children and their families through strengthened support for new and expectant parents, early intervention, and multidisciplinary care.
- Providing aftercare services to support Australians discharged from hospital following a suicide attempt, and suicide postvention services to support those bereaved by suicide.
- Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.
- Providing additional support for Australians with eating disorders and their families.
- Providing support for culturally and linguistically diverse communities through the Program of Assistance for Survivors of Torture and Trauma and Mental Health Australia.
- Expanding and implementing the standardised clinical assessment and referral tool for a consistent and evidence-based approach.
- Establishing the Social and Emotional Wellbeing Partnership under Closing the Gap.

Program 1.3: Aboriginal and Torres Strait Islander Health

Program Objective

Drive improved health outcomes for Aboriginal and Torres Strait Islander people

The department continued to work towards meeting the performance targets related to this program.

The department continued to drive improved health outcomes for First Nations peoples throughout 2022–23. The National Agreement on Closing the Gap (National Agreement), the National Aboriginal and Torres Strait Islander Health Plan 2021–31 (Health Plan) and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31 (Workforce Plan), were successfully developed in line with Priority Reforms and in partnership with Aboriginal and Torres Strait Islander leaders. The National Agreement, Health Plan and Workforce Plan directly reflect the voices, needs and aspirations of First Nations peoples, and confirm the pathways forward.

The Health Plan and Workforce Plan are committed to a continued partnership in decision making, recognising that improved health outcomes will be achieved with First Nations peoples leading the decisions which impact their health and wellbeing.

Work towards increasing the proportion of First Nations babies born with a healthy birthweight continued in 2022–23, with the department increasing investment in First Nations specific maternal and infant health programs. A healthy birthweight is a building block for lifelong health. Babies born with a healthy birthweight have increased chances of immediate survival, and better health outcomes as children through to adulthood.

Key Activities:

- Working in partnership First Nations leaders to determine the accountability and implementation arrangements for the Aboriginal and Torres Strait Islander Health Plan 2021–2031, and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31.
- Supporting delivery of the Government's commitments under the National Agreement on Closing the Gap.
- Delivering approaches to reduce the burden of chronic disease among First Nations peoples, including rheumatic heart and renal disease.
- Supporting improvements in First Nations peoples' health outcomes through primary health care data collection and use.
- Supporting growing primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.59 and *Health and Aged Care Corporate Plan 2022–23*, p.39

Performance Measure:

Finalise and commence implementation of the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Health Plan) and *the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Workforce Plan).

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.60 and *Health and Aged Care Corporate Plan 2022–23*, p.40

2022–23 Planned Performance	2022–23 Result	2021–22
Develop accountability and implementation arrangements for the Health Plan and the Workforce Plan.	Discussions with our Aboriginal and Torres Strait Islander stakeholders did not occur in 2022 as planned. It was recognised that the existing partnership used to develop the Plans did not encompass all the expertise needed for developing governance and accountability arrangements. It was agreed a Governance Group would be established to guide development of the governance and accountability arrangements. Co-design of the Governance Group with First Nations partners has commenced with the first meeting occurring in May 2023.	In partnership with First Nations people, communities and organisations, the Health Plan[16] was published in December 2021, with the Workforce Plan[17] published in March 2022. The department continued to build on its commitment to genuine partnership, and is working with First Nations health sector representatives and other relevant stakeholders to develop implementation and accountability arrangements to support the Health Plan, and develop a monitoring and evaluation framework to support the Workforce Plan.
	Result: Not met ○	

Quality assurance: The department has not been able to undertake independent assurance of the existing governance arrangements between the department and third party providers, in relation to this performance measure.

Data Source and Methodology:

The Health Plan is published on the department's website.

The Workforce Plan is published on the department's website.

The first annual implementation progress assessment for the Workforce Plan will be published on the department's website by 30 June 2023.

The department continued to work towards meeting the performance targets related to this program. The 2022–23 Planned Performance represents incremental progress in implementing the 10-year Health and Workforce Plans, in collaboration with First Nations health sector.

Implementation of the Health and Workforce Plans is the responsibility of all governments and the First Nations health sector, not solely the Department of Health and Aged Care. Governance and accountability arrangements need to recognise the complex, multi-sectoral nature of both Plans and provide sufficient oversight and decision making to assure all partners. When fully established, the governance group will determine the accountability arrangements including the identification of outcome performance measures and data sources, and reporting and evaluation mechanisms.

[16] Available at: www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031

[17] Available at: www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforcestrategic-framework-and-implementation-plan-2021-2031

As noted on the following page, a new performance measure has been published in the 2023–24 Corporate Plan.

Key Activity:

- Prioritising investment in maternal, child, and family health to support First Nations children having the best start in life, including supporting the establishment of the dedicated Waminda Birthing on Country Centre of Excellence.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.59 and *Health and Aged Care Corporate Plan 2022–23*, p.39

Performance Measure:

Of First Nations babies who attend First Nations primary health care services, increase the number of those that have a healthy birthweight.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.60 and *Health and Aged Care Corporate Plan 2022–23*, p.40

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
89.6%	85.7%	86.3%	87%	87.4%	85.4%
	Result: Not met ○				

Quality assurance: The department has not been able to undertake independent assurance of the existing governance arrangements between the department and third party providers, in relation to this performance measure.

Data Source and Methodology:

The Australian Institute of Health and Welfare (AIHW) nKPI Maternal and Child Health Indicators. This indicator reflects the proportion of First Nations babies born within the previous 12 months who attended the organisation more than once and whose birthweight result was low, normal or high. The data is updated on a biannual basis. Information regarding this data, including scope and methodology, is available on the AIHW website.[18]

As data would not have been available for the purposes of reporting on the measure that was published in the 2022–23 October Portfolio Budget Statements and Corporate Plan, an alternative measure has been developed which will enable the department to report on the number of First Nations babies that have a healthy birthweight.

National data is not yet available for the 2022–23 financial year; all results included above reflect the December collection results of each respective financial year.

Target 2 of the National Agreement to Close the Gap, to reach 91% healthy birthweight by 2031, will not be achieved unless significant changes are made by all Australian governments to address the determinants of healthy birthweight. The most influential factors contributing to low birthweight amongst Aboriginal and Torres Strait Islander babies are:

- maternal smoking during pregnancy
- a mother being underweight pre-pregnancy, with a body mass index of less than 18.5
- lack of antenatal care in the first trimester (before 14 weeks)
- access to culturally-safe continuity of maternity care.

While addressing the underlying drivers of low birthweight is a combined effort across multiple portfolios and all Australian governments, the department has increased investment in First Nations maternal and infant health programs to help support babies to be born healthy and strong. Investment includes:

- $32.2 million over 4 years to grow the health workforce and redesign maternity services to reach more pregnant women.
- $12.8 million over 4 years to expand the Australian Nurse-Family Partnership Program to 2 additional sites, resulting in a total of 15 sites.

A new performance measure has been published in the 2023–24 Corporate Plan. The new performance measure, "Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations" directly relates to key activities to grow primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services, and supporting delivery of the Government's commitments under the National Agreement on Closing the Gap.

[18] Available at: www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/technical-notes

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.3 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Embedding structural reform across the department to implement the Priority Reforms of the National Agreement on Closing the Gap.
- Delivering health infrastructure projects that create modern, high quality health clinics in areas of need.
- Investing in activities that reduce smoking rates for First Nations peoples, and embedding improvements made to date.

Program 1.4: Health Workforce

Program Objective

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

The department substantially met the performance target related to this program.

The department supports Australia's health and aged care system, to ensure a highly trained and quality workforce are available to deliver a wide range of essential services. Australia's health workforce remained flexible throughout 2022–23, consistently evolving to respond to the changing needs of the population, including those which resulted from the COVID-19 pandemic.

In 2022–23, the department focused heavily on key areas of reform to the health workforce to ensure the capacity and capability to service the Australian population is maintained. This included:

- taking forward National Cabinet and Health Ministers' priorities in health workforce
- implementing the National Medical Workforce Strategy
- development of the Nurse Practitioner Workforce Plan
- reducing red tape for overseas workers
- transitioning general practitioner training to the GP colleges.

The department is supporting the Government's priorities to reform the workforce, to ensure that all health practitioners are able to work closer to the top of their scope of practice, and to support better primary care access and services, provided by multidisciplinary teams.

Key Activities:

- Supporting distribution of the health workforce across Australia, including in regional, rural, and remote areas, through teaching programs.
- Improving distribution of the health workforce through improved incentives for doctors, nurses, and allied health professionals under programs such as the Workforce Incentive Program.
- Ensuring health workforce resources are targeted to specific needs, with ongoing enhancements of the health workforce planning tools.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.61 and *Health and Aged Care Corporate Plan 2022–23*, p.42

Performance Measure:

Effective investment in workforce programs will improve health workforce distribution in Australia.

a. Full time equivalent (FTE) Primary Care General Practitioners per 100,000 population.[19]

b. FTE non–general practice medical specialists per 100,000 population.[20]

c. FTE primary and community nurses per 100,000 population.[21]

d. FTE primary and community allied health practitioners per 100,000 population.[22]

e. Proportion of GP training undertaken in areas outside major cities.[23]

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.62 and *Health and Aged Care Corporate Plan 2022–23*, p.43

2022–23 Planned Performance		2022–23 Result		2021–22		2020–21		2019–20[24]		2018–19	
MM1	**MM2-7**	**MM1**	**MM2-7**	**MM1**	**MM2-7**	**MM1**	**MM2-7**	**MM1**	**MM2-7**	**MM1**	**MM2-7**
a. 115.2	109.2	120.5	106.4	118.8	103.4	109.9	90.7	N/A	N/A	N/A	N/A
b. 192.3	96.6	193.2	88.6	4.8	8.4	7.4	16.4	N/A	N/A	N/A	N/A
c. 187.5	229.4	220.3	252.6	182.2	85.4	183.9	84.5	N/A	N/A	N/A	N/A
d. 437.2	412.1	456.0	388.7	184.1	226.2	150.0	204.7	N/A	N/A	N/A	N/A
e. N/A	>50%	N/A	53.6%	437.6	386.9	373.8	273.4	N/A	N/A	N/A	N/A
		Result: Substantially met									

Quality assurance: The department has not been able to undertake independent assurance of the internal data assurance processes supporting the results for this performance measure.

Data Source and Methodology:

a. Medical Benefits Scheme claims data.[25] This is administered and owned by the department, in partnership with Services Australia.

b. c. d. National Health Workforce Datasets (NHWD) and derived from an annual survey of all registered health practitioners.[26] The NHWD is provided to the department by the Australian Health Practitioner Regulation Agency. The department then becomes the data custodians of this dataset.

e. Australian General Practice Training (AGPT) Program data and Remote Vocational Training Scheme (RVTS). AGPT program data is captured daily from Regional Training Providers into the department's Registrar Information Data Exchange. RVTS program data is provided 6 monthly to the department through progress reports by RVTS Ltd, and is administered and owned by the department.

[19] Medicare Benefits Schedule claims data, CY2022 to CY2022 (based on date of service).

[20] NHWDS, 2021. Medical practitioners, as defined under the National Law. Includes registered medical practitioners employed in the profession in Australia (including those on leave greater than 3 months), whose primary specialty is any specialty other than GP.

[21] NHWDS, 2022. Nurses, as defined under the National Law. A nurses' job setting, and principal area of practice is used to determine if a primary and community nurse. Includes Registered Nurses, Enrolled Nurses and dual registrants (excludes 'midwives only') employed in the profession in Australia (excluding those on leave greater than 3 months), whose main job in nursing meets a 'primary care' specific criteria regarding the combinations of area of practice and settings.

[22] NHWDS, 2021. Allied Health Practitioners are defined as workers registered under one of the 11 professions under the National Law. The practitioner's job setting (and principal area of practice for psychologists) is used to determine if the practitioner is a primary and community allied health practitioner. Registered allied health practitioners who are employed in the profession in Australia (excluding those on leave greater than 3 months) whose principal work setting of their main job meets a 'primary and community' specific criteria. Professions include Aboriginal and/or Torres Strait Islander Health Practitioner, Chiropractor, Dental Practitioner, Occupational Therapist, Optometrist, Osteopath, Paramedicine Practitioner, Pharmacist, Physiotherapist, Podiatrist and Psychologist.

[23] Australian General Practice Training Program 2022 calendar year data (as at 27 January 2023) and Rural Vocational Training Scheme data (as at 31 December 2022 and assuming one headcount = one FTE.

[24] This was a new performance measure in 2020–21, therefore results are not available for financial years prior to 2020–21.

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

[26] Available at: www.hwd.health.gov.au/resources/information/nhwds.html

While there has been recent workforce growth across all professions and all regions, distribution in rural and remote communities continues to be a challenge.

The data for measures are still impacted by COVID-19 as due to data availability measure b. and d. use the 2021 NHWDS, a. uses the 2022 calendar year MBS claims data and e. uses the 2022 calendar year. The results in MM2-7 for 3 measures[27] are below their 2022–23 planned performance, showing while there is an increase in FTE, we did not see a corresponding or greater increase in the results for the MM2-7 area to indicate improved distribution. There was good growth in the result for the FTE primary and community nurse per 100,000 population with a greater FTE than the target for both MM1 and MM2-7 and a greater FTE in MM2-7 then in MM1.

These results for all measures have increased from the 2021–22 reporting period.

The reforms in health workforce announced by the Government in the 2022–23 Budget will contribute to achieving future targets and improving the health workforce.

A review of scope of practice for health workers, and a review of distribution levers are underway, to assist in informing development of innovative delivery models and increase consumers access to health care.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.4 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Improving the quality of the Australian health workforce, including through implementation of the $146 million Rural Health Package through targeted support and incentives for medical practitioners working in general practice to achieve specialist recognition.
- Supporting the Health Workforce Taskforce, established by Health Ministers, who are developing and driving short, medium, and long term strategies to improve the attraction, recruitment, and migration of international health workers, and streamline registration processes once in country. The focus is on developing actions with joint, collaborative responsibility between jurisdictions.
- Leading work agreed to by federal, state and territory Health Ministers to take urgent action to address concerns regarding cosmetic surgery, especially the risks to consumers.
- Transitioning the Australian General Practice Training Program to a college-led training model in 2023.

[27] Measures a., b. and d.

Program 1.5: Preventive Health and Chronic Disease Support

Program Objective

Support all Australians, including underserved populations and marginalised groups, to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, tobacco and illicit drug use; increasing healthy eating patterns and levels of physical activity; increasing cancer screening participation and the early detection and management of chronic conditions; and expanding newborn bloodspot screening.

The department continued to work towards meeting the performance targets related to this program.

The National Preventive Health Strategy 2021–2030 (NPHS) outlines Australia's long term approach to prevention over the next 10 years. The NPHS was designed to improve the health and wellbeing of Australians throughout all stages of life, with a key focus on reducing smoking prevalence, harmful alcohol consumption, and illicit drug use in the population.

The NPHS sets a number of targets relevant to this program. These include:

- Reduce smoking prevalence in the general population to 5% or less for adults, and to 27% or less for First Nations people, by 2030. While smoking rates have declined over the long term, there is still significant effort required to meet the 2030 targets.
- At least a 10% reduction in harmful alcohol consumption by Australians aged over 14 years by 2025, and at least a 15% reduction by 2030.
- Less than 10% of young people aged 14 to 17 years consuming alcohol by 2030.
- Decrease the prevalence of illicit drug use in those aged over 14 years by at least 15% by 2030.

Tobacco smoking remains the largest preventable cause of death and disease in Australia. Smoking contributes to an estimated 20,500 deaths each year in Australia (13.0% of all deaths), and was responsible for 8.6% of the total burden of disease in Australia in 2018. It is associated with an increased risk of health conditions including heart disease, diabetes, stroke, cancer, kidney disease, eye disease, and respiratory conditions such as asthma, emphysema, and bronchitis. The department continued to implement tobacco control activities in 2022–23, benefitting individual health and the community through preventing the uptake of smoking, supporting people to successfully quit smoking, and protecting people from second-hand smoke inhalation.

Vaping (the use of e-cigarettes) is also rapidly increasing in Australia, particularly among young people. Recent estimates show that current[28] use of e-cigarettes among teenagers aged 14 to 17 increased from 2.1% in 2020 to 11.8% in 2022. These estimates also show that current e-cigarette use among adults aged 18 to 24 increased from 5.6% to 21.4% during the same period.[29]

[28] 'Current' e-cigarette use is defined as use at least once in the past 30 days of being surveyed.

[29] Current vaping and smoking in the Australian population aged 14 years or older. Cancer Council Victoria, 2023. Available at: www.health.gov.au/resources/collections/current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older

The department's work toward reducing the prevalence and harms of illicit drug use will continue to benefit individuals, their families, and communities by minimising impacts on the related health, social, cultural, and economic harms arising from their use.

The department continued to promote the importance of undergoing screening for bowel, breast, and cervical cancers during 2022–23, with early detection a key factor in reducing morbidity and mortality rates. Through the National Bowel Cancer Screening Program's (NBCSP) alternative access to kits model, healthcare providers can now bulk order and issue kits directly to participants. The opportunity for providers to bulk order kits is expected to assist with uptake of the bowel cancer screening program, including by under and never-screeners.

Based on an average rate of 40% participation, the NBCSP is estimated to save 59,000 lives between 2015 and 2040. Increasing these participation rates to 60% could save over 83,800 lives over the same period. The BreastScreen Australia Program continued to deliver essential services throughout 2022–23. The effectiveness of this program continues to be demonstrated through the decrease in breast cancer mortality rates per 100,000 women (from 74 in 1991 to 43 in 2020).[30]

Australian research has predicted that if vaccination coverage, and cervical cancer screening participation levels are maintained, Australia will be likely to eliminate cervical cancer as a public health problem by 2035. This includes recent self-collection expansion which will be a key enabler for achieving equity of screening access and eliminating cervical cancer.

[30] AIHW (2022) BreastScreen Australia monitoring report 2022. Report released annually. The most recent mortality data for breast cancer is from 2020.

Key Activities:

- Working with Commonwealth entities, states and territories, and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, and other drugs through:
  - implementing activities that align with the objectives of the National Drug Strategy 2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy, and finalising the next National Tobacco Strategy 2023–2030
  - delivering health promotion and education activities to support smoking and nicotine cessation and prevention
  - delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and the risks of drinking alcohol while pregnant and breastfeeding.
- Investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks.
- Supporting expansion of tobacco control program activities through investment in tobacco control research and evaluation, and international tobacco control.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.63 and *Health and Aged Care Corporate Plan 2022–23*, p.46

Performance Measure:

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

a. Percentage of adults who are daily smokers.

b. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury.

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.64 and *2022–23 Health and Aged Care Corporate Plan*, p.47

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. Progressive decrease	10.1%[31]	10.7%[32]	Data not available	Data not available	13.8%[33]
b. Progressive decrease	Data not available[34]	Data not available[35]	N/A	N/A	N/A
c. Progressive decrease	Data not available[36]	Data not available[37]	N/A	N/A	N/A
	Result: Data not available —				

Quality assurance: The department has not been able to undertake independent assurance of the quality assurance processes conducted by third party providers due to the data not yet being available for this performance measure.

Data Source and Methodology:

a. Baseline figure from the most recent data in the Australian Bureau of Statistics National Health Survey 2017–18[38].

b. Baseline figure from the most recent data in the *2019 National Drug Strategy Household Survey*[39], and analysis conducted by the Australian Institute of Health and Welfare (AIHW) in mapping data on alcohol consumption patterns against the updated National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Drinking Alcohol[40].

c. Baseline figure from the most recent national data in the *2019 National Drug Strategy Household Survey*[41].

[31] ABS Smoker Status, 2021–22. This dataset combines current smoker status information from the National Health Survey, Survey of Income and Housing, National Study of Mental Health and Wellbeing, and Survey of Disability, Ageing and Carers. These surveys collected a standard set of information which were pooled to produce the Smoker Status dataset. While similar in content, each pooled dataset has different data sources and collection methodologies for the financial year and comparisons over time should be made with caution. Further information is available at: www.abs.gov.au/articles/insights-australian-smokers-2021-22

[32] ABS Smoker Status Australia 2020–21 dataset. While this data can be used for a point in time analysis, comparisons with other datasets over time are not recommended due to changes in data collection methodology following the COVID-19 pandemic. Further information is available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking/latest-release

[33] Smoking, 2017–18 financial year. Available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking/2017-18

[34] The department uses data from the National Drug Strategy Household Survey to measure performance outcomes for this target. The data required to measure 2022–23 performance is under development and expected to be available in the first half of 2024. Results for this financial year will be published in the department's 2023–24 Annual Report once available.

[35] Data not available due to data collection only occurring every 3 years by AIHW, with the latest data available in 2019. Results for 2022 will be available in the first half of 2024, and will be published at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey. Results for this financial year will be published in the department's 2023–24 Annual Report.

[36] Ibid.

[37] Ibid.

[38] Available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

[39] Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs

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

[41] Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs

The most recent smoking data from the Australian Bureau of Statistics was collected from July 2021 to June 2022 and published in December 2022. Accordingly, the findings from this dataset have been included in the 2022–23 result for this performance measure. Due to the survey methodology used during the COVID-19 pandemic, comparisons with previous smoking data should be made with caution.[42]

The Minister for Health and Aged Care released Australia's National Tobacco Strategy 2023–2030 in May 2023, which sets out a framework to reduce the prevalence of tobacco use and its associated health, social, environmental and economic costs and inequalities.

On 31 May 2023, the Government released an exposure draft of the Public Health (Tobacco and other Products) Legislation 2023 for public consultation. These reforms aim to consolidate 8 different tobacco related laws, regulations, instruments and court decisions into a single streamlined Act of Parliament. As part of the legislation, new measures are proposed to further regulate the marketing of tobacco products, and to update tobacco advertising regulations to capture e-cigarettes.

The data source used to measure these performance measures is the National Drug Strategy Household Survey (NDSHS). The NDSHS is undertaken every 3 years and collects self-reported information on tobacco, alcohol, and illicit drug use from persons aged 14 and over by using stratified, multistage random sampling. Further information on sampling can be found in the NDSHS 2019 Data Quality Statement.[43]

The next iteration of the NDSHS was initially due to be released in mid-late 2023. Fieldwork was delayed due to COVID-19 ramifications and was paused from December 2022 to March 2023 to ensure the seasonal effects on alcohol, tobacco and drug use did not impact findings.

The NDSHS is used for these Program measures as it provides reliable estimates on the proportion of the Australian population who exceed the Australian guidelines to reduce health risks from drinking alcohol and the proportion of the population who have reported using an illicit drug in the last 12 months.

At its peak in 2004, harmful alcohol consumption among people aged 14 and above was recorded at 39.2%. The most recent available data[44] has shown a continuation of this downward trend, from 35.0% in 2016 to 33.0% in 2019.

A national awareness campaign was released in 2022 titled 'Every Moment Matters' which continued to raise awareness on the risks of consuming alcohol during pregnancy, while planning for pregnancy, and breastfeeding. The campaign informs and supports women to make healthy choices regarding the risks and harms of alcohol throughout pregnancy, including fetal alcohol spectrum disorder.

Recent illicit drug use among people aged 14 and above has seen an upward trend from 2007 at 13.4%, to 15.6% in 2016 and 16.4% in 2019, largely driven by cannabis and cocaine use. However, downward trends have been seen in the use of other illicit drugs, such as methamphetamine (from 3.4% to 1.3% between 2001 and 2019) and non-medical use of pharmaceuticals (from 4.8% to 4.2% between 2016 and 2019). Ongoing monitoring of this measure is required to ensure the programs and activities delivered under the National Drug Strategy continue to be effective in reducing the associated risks and harms of illicit drug use.

The Annual Report must be provided to the responsible Minister by 15 October each year. Data is not available for parts (b) and (c) in time to meet this legislated deadline. Funding for parts (b) and (c) equates to $251,727,000 (1.78% of the total funding of $14,104,612,998 for Outcome 1).

[42] Further information available at: www.abs.gov.au/articles/insights-australian-smokers-2021-22
[43] Available at: meteor.aihw.gov.au/content/730155
[44] Available at: www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs

Key Activities:

- Improving early detection, treatment, and survival outcomes for people with cancer by continuing to:
  - actively invite Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program
  - support states and territories to deliver the BreastScreen Australia program
  - operate the National Cancer Screening Register
  - improve participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030
  - eliminate cervical cancer as a public health issue in Australia by 2035.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.63 and *Health and Aged Care Corporate Plan 2022–23*, p.46

Performance Measure:

Increase the level of cancer screening participation.

a. National Bowel Cancer Screening Program.

b. National Cervical Screening Program.

c. BreastScreen Australia Program.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.65 and *Health and Aged Care Corporate Plan 2022–23*, p.48

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. Progressive increase towards 53.0%	Data not available[45]	Data not available[46]	40.9%	43.8%	43.5%
b. Progressive increase towards 64.0%	Data not available[47]	68%[48]	62%[49]	56%	54.0%[50]
c. Progressive increase towards 65.0%	Data not available[51]	Data not available	Data not available	49.4%	55.0%
	Result: Data not available —				

Quality assurance: The department has not been able to undertake independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

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

[45] Due to the time between an invitation being sent, test results and collection of data from the Register, participation rates for January 2022 to December 2023 are not yet available. These results are expected to be available in June 2025.

[46] Due to the time between an invitation being sent, test results and collection of data from the Register, participation rates for January 2021 to December 2022 are not yet available. These results are expected to be available in June 2024. The results will be available at: The results will be available at: Cancer screening Overview - Australian Institute of Health and Welfare (www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/overview).

[47] The National Cervical Screening Program was renewed on 1 December 2017, when it changed from 2 yearly pap testing to a 5 yearly human papillomavirus (HPV) test. Five years of program datasets are required in order to fully assess participation under the renewed program. Participation rates for the 5 year period 2020–2024 will not be available until 2025.

[48] Preliminary participation data for the 5-year cervical screening round is available for the first time since the program's roll-out in December 2017. These data are from January 2018 to December 2022. Prior to this, only interim data was available for estimates to be calculated (www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation/contents/national-cervical-screening-program/participation).

[49] 4 years interim participation data for 2018–2021 (www.aihw.gov.au/reports/cancer-screening/ncsp-monitoring-2022/summary).

[50] A single year estimate of participation of 2018 that includes only women aged 25–74 who had an HPV test under the renewed NCSP. This single-year estimate mirrors previously-observed trends of 2017–2018, participation in cervical screening by women aged 25–69 was 53% of the eligible population (this crude rate includes pre-renewal and post-renewal data, and includes women aged 25–69 who had any cervical screening test (Pap or HPV test) over the reporting period).

[51] Data not available due to the time between data collected by state and territory BreastScreen registers (which includes assurance processes for data quality) and the time it is provided to AIHW for calculating the national BreastScreen Australia participation rate (which includes data cleansing and assurance processes). Participation rates for January 2020–December 2021 are expected to be available in October 2023. The results will be available at: Cancer screening Overview - Australian Institute of Health and Welfare (www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/overview).

Based on data for the most recent full cycle reporting period of 1 January 2020 to 31 December 2021, an estimated 40.9% of eligible people participated in the National Bowel Cancer Screening Program (the Program). Factors contributing to the participation rate results include participants not updating their personal details with Medicare or the National Cancer Screening Register, personal decision-making relating to uptake of screening, and unawareness of risks posed by bowel cancer. Additionally, the most recently available participation rate (40.9%) was also influenced by the significant natural disasters occurring across Australia, specifically widespread bushfires and flooding.

The Australian Government continues to invest in activities to increase participation in the Program, including working in partnership with Cancer Council Australia and the Jodi Lee Foundation on campaigns that raise awareness of the importance of bowel cancer screening.

The Cervical Cancer Screening Program utilises 5 years of data to assess full cycle participation, with the earliest results to be available in 2025. While program data is not currently available, in the 4 year period between 2018 and 2021, around 4.2 million women and people with a cervix aged 25 to 74 had a HPV test as part of the program, which is estimated to be 62% of the target population.

Participation in BreastScreen Australia among the target population of woman aged 50–74 years is measured over 2 calendar years to align with the recommended screening interval of every 2 years. The most recent monitoring report from the Australian Institute of Health and Welfare on participation in the BreastScreen Australia Program found that in the 2 years of 2019–2020, around 1.8 million women participated, equivalent to 49.4% (age standardised rate) of eligible women aged between 50 and 74 years old.

BreastScreen services were briefly suspended in March 2020 due to the COVID-19 pandemic. This resulted in a reduced number of women able to be screened during 2019–2020. The department worked with BreastScreen Program Managers in each state and territory to implement a new funding agreement for 2022–23 to enable BreastScreen services to undertake additional screens for those who may have been impacted by suspensions.

The Annual Report must be provided to the responsible Minister by 15 October each year. Data is not available for performance measure 1.5b in time to meet this legislated deadline. Funding for this performance measure equates to $194,750,000 (1.38% of the total funding of $14,104,612,998 for Outcome 1).

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.5 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Developing, implementing, and monitoring:
  - national strategies for preventive health, obesity, breastfeeding, and injury prevention
  - national strategies for men's and women's health
  - existing national strategic action plans for chronic diseases and children's health.
- Addressing disparities in health care and health outcomes for priority population groups through effective services, policies, and programs, recognising the impact of the wider determinants of health.
- Delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028.
- 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, Shaping a Healthy Australia – Healthy Habits Project, updates to the Physical Activity Guidelines for adults (18 to 64 years) and older Australians (65+ years), and the Healthy Heart Initiative.
- Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program.
- Working in partnership with states and territories, increasing the consistency and number of conditions in newborn bloodspot screening programs.
- Implementing investments in new infrastructure to enhance high quality cancer care, including a network of Comprehensive Cancer Centres, with new Centres in Adelaide, Perth, and Brisbane to be established in partnership with state governments.
- Supporting prevention, early detection, and management of chronic conditions for individuals and their families and carers.

Program 1.6: Primary Health Care Quality and Coordination

Program Objective

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

The department met the performance target related to this program.

The department continued to work in partnership with Primary Health Networks (PHNs) in 2022–23, improving the efficiency, effectiveness and coordination of primary health services at the local level. The department funds PHNs to commission health services to address identified needs of people in their regions as well as priority areas set by Government. PHNs work collaboratively with health professionals in their region to build health workforce capacity and ensure the delivery of high quality care, and with Local Hospital Networks to improve service integration.

PHN performance is regularly reviewed by the department against a set of indicators, including potentially preventable hospitalisations. Working toward a decline in rates of potentially preventable hospitalisations will assist in relieving the pressure on Australia's public hospitals.

During 2022–23, PHNs have rapidly commissioned emergency specific activities for the floods and pandemic; distributing personal protective equipment; increasing digital access and capabilities; gathering frontline service intelligence; and supporting the rollout of and reporting on COVID-19 vaccinations (particularly for residents and staff of residential aged care facilities). PHNs have been able to respond to community needs during emergencies by leveraging their deep understanding of local populations and services, ensuring access to primary care services and medicines is maintained.

The department worked closely with the states and territories, PHNs and the health sector on the design and implementation of Medicare Urgent Care Clinics (Medicare UCCs). A total of 58 Medicare UCCs will be established across Australia by the end of 2023. As at 30 June 2023, 11 clinics had opened. Medicare UCCs will ease pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care.

The department also worked with PHNs to deliver the Strengthening Medicare GP Grants Program. PHNs facilitated grants of up to $50,000 to over 7,570 general practices and Aboriginal Community Controlled Health Organisations to assist in practice accreditation, upgrading information technology, and improving infection prevention and control arrangements.

Key Activities:

- 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.
- Improving the quality and coordination of primary health care.
- Supporting practices to provide better, safe and quality care, and see more patients through one off grants under the Strengthening Medicare GP Grants Program.
- Establishing the Strengthening Medicare Fund to deliver better access and care for patients through reforms to primary care, in line with recommendations from the Strengthening Medicare Taskforce.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.66 and *Health and Aged Care Corporate Plan 2022–23*, p.51

Performance Measure:

The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.67 and *Health and Aged Care Corporate Plan 2022–23*, p.52

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
26	30[52]	29[53]	N/A[54]	N/A	N/A
	Result: Met				

Data Source and Methodology:

This data is obtained from the Australian Institute of Health and Welfare (AIHW), who develop an indicator based on a 5 year trend line of best fit. Information is available on the AIHW website[55]. There is up to a 2 year lag collecting data from states and territories.

Based on the latest available longitudinal data from the Australian Institute of Health and Welfare (AIHW), reductions in potentially preventable hospitalisations were reported across 30 of the 31 PHN regions across Australia in 2020–21, with potentially preventable hospitalisations declining on average around 7% from 2019–20.

[52] Due to delays in receiving hospitals data from states and territories, there is currently a 2 year lag when receiving results. 2020–21 data, which is the latest available AIHW longitudinal data, has been used to report on the performance target related to this program for 2022–23.

[53] Due to delays in receiving hospitals data from states and territories, there is currently a 2 year lag when receiving results. 2019–20 data, which is the latest available AIHW longitudinal data, has been used to report on the performance target related to this program for 2021–22.

[54] This is a new performance measure for 2021–22, therefore results are not available for previous years.

[55] 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

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.6 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Developing health policy for activities combatting family, domestic and sexual violence, and child abuse, including oversight of the family and domestic and sexual violence Primary Health Network pilot, and providing increased support to primary care providers to assist in early identification, intervention, and coordinated referral to support services.
- Supporting and implementing the work of the Strengthening Medicare Taskforce.
- 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 to improve care coordination and integration.
- Commencing implementation of 50 Urgent Care Clinics, which will make it easier for Australian families to see a healthcare professional when they have an urgent, but not life threatening, need for care.
- Supporting the delivery of health information, advice, and services through interactive communication technology to help people care for themselves and their families.
- Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advanced care planning.
- Supporting measures to implement the Woman-centred care: Strategic directions for Australian maternity services, which provides national strategic directions to support Australia's high quality maternity care system and enables improvements in line with contemporary practice, evidence and international developments. Together with state and territory governments, this includes implementation of actions under the National Stillbirth Action and Implementation Plan.
- Improving the experience and outcomes of people with disability in the health system, including through implementation of the National Roadmap for Improving the Health of People with Intellectual Disability and support for the COVID-19 Disability Advisory Committee.

Program 1.7: Primary Care Practice Incentives and Medical Indemnity

Program Objective

Provide incentive payments to eligible general practices and general practitioners (GPs) through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity, and improve access and health outcomes for patients. 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. Provide policy support to the administration of the COVID-19 Vaccine Claims Scheme by Services Australia.

The department met the performance targets related to this program.

The department continued to work with Services Australia to administer the Practice Incentive Program (PIP). The department consulted with the PIP Advisory Group, comprising representatives of general practice peak bodies, Aboriginal Community Controlled Health Organisations and expert general practitioners to make continuous improvements to the program. The department worked with Services Australia to deliver adjustments to practice payments to acknowledge telehealth services delivered during the COVID-19 pandemic. The department worked with PHNs and the Australian Institute of Health and Welfare (AIHW) to support the continued sharing of quality improvement data, and conducted a Consultation Regulatory Impact Statement process on general practice data sharing and electronic clinical decision support arrangements.

The Government continued to ensure medical professionals had access to reliable and affordable medical indemnity insurance during 2022–23 by subsidising premiums, high cost claims and providing run-off cover to eligible doctors and midwives who retire from practice. Medical Indemnity insurance also benefits patients through ensuring they are appropriately covered in an event where harm has occurred as a result of the practices of a medical professional.

Key Activities:

- Providing incentive payments to eligible general practices and general practitioners. Incentives include the:
  - After Hours Incentive
  - Aged Care Access Incentive
  - eHealth Incentive
  - Rural Loading Incentive
  - Teaching Payment
  - Indigenous Health Incentive
  - Procedural General Practitioner Incentive
  - Quality Improvement Incentive.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.68 and *Health and Aged Care Corporate Plan 2022–23*, p.54

Performance Measure:

Maintain Australia's access to quality general practitioner care through the percentage of accredited general practices submitting Practice Incentives Program (PIP) Quality Improvement Incentive data to their Primary Health Network.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.68 and *Health and Aged Care Corporate Plan 2022–23*, p.55

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
≥92.0%	92.7%	91.8%	87.7%[56]	85.5%	85.3%
	Result: Met ●				

Quality assurance: The department has not been able to undertake independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

Data is obtained from Services Australia for the number of practices participating in the Practice Incentives Program (PIP), and Primary Health Networks reporting practice participation results. This data is maintained internally by the department. Data relating to accredited practices is obtained and maintained by the Australian Commission on Safety and Quality in Health Care.

PIP QI Incentive data is the basis for the quality improvement measures that aim to support general practices and primary health organisations to improve patient care, and plan for community health needs across Australia.

Practice participation in PIP QI has continued to increase since the incentive was introduced in August 2019. As a result, the department met the 2022–23 planned performance target.

A larger proportion of accredited general practices submitting PIP QI Incentive data to their Primary Health Network (PHN) signifies that more practices are actively engaging in continuous quality improvement activities to effectively manage their patients' health. By committing to submit nationally consistent and de-identified general practice data, these practices contribute to improving access to quality general practice care and enhancing overall health outcomes.

In the final quarter of 2022–23, there were 6,393 accredited general practices participating in the PIP. A total of 5,925 of these practices were eligible for a PIP QI payment as they submitted data to their PHN to facilitate quality improvement activities. These figures are effective as at 30 April 2023, as the PIP payment quarters do not align with the standard financial quarters.

[56] This was a new performance measure in 2020–21. Results from years prior to 2020–21 relate to the former measure '*Access to accredited general practitioner care maintained through percentage of general practitioner patient care services provided by Practice Incentives Program practices*'.

Key Activity:

- Overseeing 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.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.68 and *Health and Aged Care Corporate Plan 2022–23*, p.54

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.69 and *Health and Aged Care Corporate Plan 2022–23*, p.55

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
95.0%	99.53%[57]	99.64%[58]	N/A[59]	N/A	N/A
	Result: Met ●				

Quality assurance: The department has not been able to complete independent assurance of the quality checks associated with this performance measure.

Data Source and Methodology:

Medical indemnity insurers provide data to the department annually. Results are available on the department's website[60], where the number of refusals of cover and the application of risk surcharges for medical practitioners are also available.

The low number of refusals and risk surcharge applications applied to premiums, as demonstrated in the reports provided by insurers, indicates the changes to legislate universal cover obligations on insurers are successful in ensuring accessible and affordable professional indemnity cover.

95.0% is an appropriate target based on estimates that manage the balance between the likelihood of 100% of practitioners being compliant and not deemed a risk to an insurer, and the right of insurers to appropriately manage their risk. It is reasonable for an insurer to refuse cover where the risk is deemed to be too high.

The number of refusals to provide professional indemnity cover and the application of risk surcharges for medical practitioners are made public annually on the department's website.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.7 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- 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.
- Providing policy support for the administration of the COVID-19 Vaccine Claims Scheme by Services Australia (currently scheduled to cease on 17 April 2024).

[57] Insurers have two months after the end of the financial year to submit their data. Indicative results are available (as at September 2023) by using the data provided by the insurers and substituting the number of medical professionals identified in the 2021–22 ROCS Report who made ROCS support payments during the 2021–22 financial year. The final result will be calculated in November using data from the 2022–23 ROCS reports which will publish the number of medical professionals who have made ROCS support payments during the 2022–23 financial year.

[58] The results for 2021–22 have now been finalised and updated accordingly.

[59] This is a new performance measure for 2021–22, therefore results are not available for previous years.

[60] Available at: www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicalindemnity-pubs.htm

Program 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, and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism, and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms (GMOs), and industrial chemicals.

The department met all the performance targets related to this program.

The department ensures the protection of Australia's health and environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms (GMOs), and industrial chemicals.

In 2022–23, the Therapeutic Goods Administration (TGA) continued to ensure all therapeutic goods available on the Australian market were safe, of high quality, and effective for their intended use under the *Therapeutic Goods Act 1989*. During 2022–23, the TGA successfully evaluated a number of COVID-19 vaccines and treatments well within statutory timeframes, assisting in the public health response to the COVID-19 pandemic. The TGA's evaluations ensured Australians could trust results from their COVID-19 self-tests, point-of-care test kits and laboratory conducted tests. Completing assessments in line with legislative timeframes throughout 2022–23 enabled the availability of a greater range of new medicines and medical devices for Australians to access and utilise.

During 2022–23, the TGA transitioned from the COVID-19 emergency response back to business as usual operations. Delays of on-hand application processing times for non-COVID-19 products were reduced, whilst continuing to prioritise COVID-19 tests, personal protective equipment, vaccines, and treatments.

The Office of Drug Control (ODC) undertakes inspections on regulated entities across the medicinal cannabis industry and other narcotics to ensure that licence and permit holders cultivate, produce and manufacture cannabis in accordance with the *Narcotic Drugs Act 1967* (the Act) and regulations. The ODC works with industry members to regulate the quantity of cannabis and other narcotics within Australia, the appropriateness of individuals to hold or manage licences, security of sites, the safe disposal and destruction of cannabis to avoid diversion to the illicit market, and a number of other regulatory functions under the Act. These inspections provide confidence to the Australian public, law enforcement and the international community that the ODC is active and effective in regard to narcotic drugs regulation. The work also reassures the community that cultivation, production, and manufacturing is regulated in line with the Act and regulations, and assists with maintaining high quality products for both domestic patient and export requirements.

Throughout 2022–23, the Gene Technology Regulatory Scheme (the Scheme) continued to ensure medical, agricultural, and other research involving GMOs was conducted in accordance with best practice, and in a manner that protects human health and safety, and the environment. The Scheme facilitates and regulates the safe conduct of medical research, field trials of GMO crops, and completes high level scientific risk assessments. The Scheme also provides the community with ongoing access to safe GMOs and products produced from GMOs.

The *Industrial Chemicals Act 2019* establishes the Australian Industrial Chemicals Introduction Scheme (AICIS) as the regulatory scheme for the importation and manufacture (introduction) of industrial chemicals in Australia. Timely completion and publication of chemical risk assessments and evaluations facilitates the safe use of industrial chemicals by providing regulatory certainty for industry placing industrial chemicals on the Australian market, facilitating risk reduction through timely recommendations to Commonwealth, state, and territory risk managers, and making information on the safe use of chemicals available to all relevant stakeholders.

Key Activities:

- Regulating therapeutic goods, including COVID-19 vaccines and treatments, 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 streamlining regulatory processes for industry through, for example, the Therapeutic Goods Administration's Digital Transformation program.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.70 and *Health and Aged Care Corporate Plan 2022–23*, p.58

Performance Measure:

Percentage of therapeutic goods evaluations that meet statutory timeframes.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.71 and *Health and Aged Care Corporate Plan 2022–23*, p.60

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
100%	99.45%	99.78%	N/A[61]	N/A	N/A
	Result: Met ●				

Quality assurance: The department has not been able to undertake independent assurance of the quality checks associated with this performance measure.

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.[62]

The therapeutic goods evaluation process provides assurance to consumers and leads to community confidence that therapeutic goods approved for use in Australia have been assessed against stringent standards. The TGA met statutory timeframes for 99.45% of therapeutic goods evaluations in 2022–23. In achieving this result, the TGA continued to prioritise COVID-19 vaccine and treatment applications, collaborating with international regulators and sponsors to accept rolling data submissions during 2022–23 to expedite 19 COVID-19 applications. In this time, the TGA approved the following applications, all within statutory timeframes:

<u>COVID-19 vaccines:</u>

- 4 Type A – new COVID-19 vaccines:
  - two Moderna variant applications (SPIKEVAX BIVALENT ORIGINAL/OMICRON BA.1 for ages 18 years and older, and SPIKEVAX BIVALENT ORIGINAL/OMICRON BA.4-5 for ages 12 years and older)
  - two Pfizer variant applications (COMIRNATY ORIGINAL/OMICRON BA.1 for ages 18 years and older, and COMIRNATY ORIGINAL/OMICRON BA.4-5 for ages 12 years and older).
- 3 Type C – extension of indication for COVID-19 vaccines to include younger age groups:
  - one Moderna (SPIKEVAX) application for ages 6 months to <6 years
  - one Pfizer (COMIRNATY) application for ages 6 months to <5 years
  - one Novavax (NUVAXOVID) application for ages 12 to 17.
- 2 Type F – booster for COVID-19 vaccines:
  - one Pfizer (COMIRNATY) application for ages 5 to 11 years
  - one Moderna (SPIKEVAX) application for ages 12 to 17 years.
- 1 Type S – transition from provisional to full registration:
  - one Moderna (SPIKEVAX) application as primary series for ages 6 years and older and as booster for ages 12 years and older.

[61] This was a new performance measure in 2021–22, therefore results are not available for previous years.
[62] Avaliable at: www.legislation.gov.au/Details/F2023C00577

COVID-19 treatments:

- broadening of indication for COVID-19 therapeutics:
  - one monoclonal antibody: tixagevimab + cilgavimab (EVUSHELD)
  - 1 Type F and 1 Type A applications were withdrawn by sponsor.

The TGA met all statutory timeframes for medical devices, while continuing to prioritise evaluations of COVID-related devices. The TGA also implemented medical device regulatory reforms, including implementing streamlined arrangements to facilitate the industry's transition to new medical device certification requirements in Europe, which affects the majority of medical devices supplied in Australia.

Key Activities:

- Regulating the medicinal cannabis industry by issuing licences and permits, supporting domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities.
- 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.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.70 and *Health and Aged Care Corporate Plan 2022–23*, p.58

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.72 and *Health and Aged Care Corporate Plan 2022–23*, p.60

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
25	30	25	N/A[63]	N/A	N/A
	Result: Met ●				

Data Source and Methodology:

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

In 2022–23, the ODC completed 30 inspections, comprising 27 onsite and 3 desktop. This was 5 above the planned performance figure and a result of establishing robust forward inspection plans on a quarterly basis. The main factor that contributed to the improved performance was a more structured planning process for annual inspections that is based on a targeted risk approach.

The ODC undertook a desktop campaign focused on compliance performance and its engagement with Medicinal Cannabis Licence holders. Licence holders responded positively to the campaign, and confirmed they were satisfied with the timeliness, content and relevance of information supplied.

The ODC proactively engaged throughout 2022–23 with industry partners and stakeholders to communicate all relevant compliance matters identified during the campaign.

This approach improved relationships with industry and allowed the ODC to identify effective treatments and ensure regulation obligations were met to maintain narcotic drug control. The campaign also assisted by informing the ODC on future focus areas relating to both inspections and campaigns.

The relaxation of COVID-19 travel restrictions enabled inspectors to re-engage face to face with licence holders which solidified ODC's ongoing commitment to build confidence and trust within the industry.

[63] This was a new performance measure in 2021–22, therefore results are not available for previous years.

Key Activities:

- 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 Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.70 and *Health and Aged Care Corporate Plan 2022–23*, p.58

Performance Measure:

a. Percentage of GMO licence decisions made within statutory timeframes.

b. Percentage of reported non-compliance with the conditions of GMO approvals assessed.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.72 and *Health and Aged Care Corporate Plan 2022–23*, p.61

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. 100% b. 100%	100% 100%	100% 100%	N/A[64] N/A	N/A N/A	N/A N/A
	Result: Met				

Data Source and Methodology:

Records of licence applications and inspections. Data is analysed and maintained internally by the department. Statutory reporting requirements are prescribed in Section 136(1A) of the *Gene Technology Act 2000*[65]. Practice reviews, audits, and inspections are reported in the OGTR's quarterly activity statements[66] and annual reports[67].

The Office of the Gene Technology Regulator (OGTR) has skilled technical staff conducting science-based risk assessments. Project management structures are in place for all licence applications, including timeframe and quality assurance reporting, and have public consultation procedures built into relevant decision making processes.

The following licences were issued during 2022–23:

- 1 agricultural – commercial plant licence
- 5 human therapeutics – clinical trial licences
- 1 human therapeutics – commercial licence
- 3 laboratory research – medical licences
- 1 laboratory research – non-medical licence
- 1 non-agricultural – commercial plant licence
- 2 manufacturing licences
- 1 therapeutic administration licence
- 1 veterinary therapeutics – commercial licence
- 1 veterinary therapeutics – trial licence
- 1 inadvertent dealings licence – disposal of genetically modified soybean.

Additionally, the OGTR received and assessed 70 reports during 2022–23, relating to possible non-compliances with GMO approvals (licences, notifiable low risk dealings and certifications).

Inspectors assessed all reports received. Assessments consider the circumstances of the report in accordance with the *Gene Technology Act 2000*, Gene Technology Regulations, Guidelines and the conditions relating to each authorisation. For any non-compliance identified, inspectors will consider the compliance history of the entities involved, whether the non-compliance has been rectified or can easily be rectified, and whether the non-compliance had the potential to result in harm to human health or the environment.

[64] This was a new performance measure in 2021–22, therefore results are not available for previous years.
[65] Available at: www.comlaw.gov.au/Current/C2004C04256
[66] Available at: www.ogtr.gov.au/resources/collections/quarterly-activities-reports
[67] To be available at: www.ogtr.gov.au/resources/collections/annual-reports-operations-gene-technology-regulator

The OGTR takes a cooperative compliance approach, with an emphasis on education, engagement and awareness raising. When assessing non-compliance, OGTR considers appropriate measures to address the non-compliance, and continues to work with the entity following a non-compliance to ensure they remain in compliance.

Key Activity:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.70 and *Health and Aged Care Corporate Plan 2022–23*, p.58

Performance Measure:

Industrial chemical risk assessments and evaluations completed within statutory timeframes.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.72 and *Health and Aged Care Corporate Plan 2022–23*, p.62

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
≥95%	100%	96.8%	98.2%	99.5%	98.7%
	Result: Met				

Data Source and Methodology:

Records of completed assessment and evaluation reports. Data is analysed and maintained internally by the department. Industrial chemical assessment and evaluation statements are published on the AICIS website[68].

During 2022–23, the department completed a total of 58 assessments and evaluations covering 1,977 industrial chemicals (see Appendix 4). All assessments and evaluations were completed within statutory timeframes.

The department ensured assessment quality was maintained through internal peer review processes and seeking feedback from applicants, introducers and other stakeholders prior to finalising each report.

Publication of completed assessments and evaluations on the Australian Industrial Chemicals Introduction Scheme website[69] assists Commonwealth, state, and territory governments to implement risk management controls, and facilitates the safe use of chemicals by workers and the public.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.8 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Coordinating the surveillance of nationally notified diseases.
- Establishing an Australian Centre for Disease Control.
- Through the NIC, 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 Government and national health sector response to health emergencies.
- Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile.
- Delivering efficient, best practice therapeutic goods regulatory outcomes through regulatory science excellence, international collaboration, and reform in accordance with the Regulatory Science Strategy 2020–2025.
- Regulating nicotine liquid (vaping) products, including education and compliance activities.
- Limiting the use of animal test data, while maintaining human health and environment protections in accordance with the *Industrial Chemicals Act 2019*.

[68] Available at: www.industrialchemicals.gov.au/consumers-and-community/our-evaluations
[69] Ibid.

- Raising awareness of regulatory obligations and monitoring compliance among industrial chemical introducers.
- Implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2018–2022 and supporting a coordinated response to reducing the spread of BBV and STI.
- Continuing compliance with the World Health Organization's International Health Regulations (2005) core capacities.
- Ensuring Australia has a readily available supply of antivenoms, Q fever, and pandemic influenza vaccines.
- Providing a One Health response to detect, address, and respond to the threat of antimicrobial resistance.
- Delivering a national response for the prevention, early identification, control, and management of accelerated silicosis caused by engineered stone, and other dust diseases.
- Developing and implementing Australia's first National Health and Climate Strategy.
- Working with the Australian and state and territory governments to implement recommendations outlined in the Third Review of the National Gene Technology Scheme.
- Supporting a modern, flexible, and innovative National Gene Technology Scheme.

Program 1.9: Immunisation

Program Objective

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

The department substantially met the performance target related to this program.

The department continued during 2022–23 to deliver programs under the National Partnership on Essential Vaccines (NPEV), in conjunction with states and territories. Vaccination is the most effective method for disease protection and assists in achieving herd immunity. Herd immunity occurs when a large proportion of a community are vaccinated against diseases to prevent it from spreading from person to person, which in turn offers indirect protection to unvaccinated people, children who are too young to be vaccinated, and people who cannot be vaccinated due to medical reasons.

First Nations people have higher rates of some vaccine-preventable diseases than non-Indigenous people and are an important population group for receiving vaccinations. In 2022–23, the department continued to work towards closing the gap in immunisation rates, through addressing barriers which have impact on uptake.

Key Activities:

- Developing, implementing, and evaluating strategies to improve immunisation coverage of vaccines covered by the NIP.
- Partnering with states, territories, and other important stakeholders to deliver vaccine initiatives.
- Ensuring secure vaccine supply and efficient use of vaccines for the NIP.
- Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease.
- Implementing immunisation activities/campaigns to encourage uptake and ensure eligible groups have access to evidence-based information to inform their decision making.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.73 and *Health and Aged Care Corporate Plan 2022–23,* p.64

Performance Measure:

Immunisation coverage rates:

a. For children at 5 years of age are increased and maintained at the protective rate of 95%.

b. For First Nations children 12–15 months of age are increased to close the gap and then maintained.

c. For adults at greater risk of vaccine preventable diseases due to age are increased.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.74 and *Health and Aged Care Corporate Plan 2022–23*, p.65

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. ≥95.00%	94.14%	94.54%	95.18%	94.77%	94.90%
b. ≥94.25%	90.83%	91.53%	93.36%	93.40%	92.40%
c. To be set in late 2022 following baseline being set based on 2021–22 data.	Data not available[70]	Data not available[71]	N/A[72]	N/A	N/A
	Result: Substantially met				

Quality assurance: The department has not been able to undertake independent assurance of the data processes and governance arrangements with third party providers, in relation to this performance measure.

Data Source and Methodology:

Immunisation data is reported to the AIR[73], and quarterly coverage reports 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[74]. Comprehensive reporting on the performance of the COVID-19 vaccine rollout is published regularly.

[70] This was a new planned performance measure developed for use from 2021–22 onward. Performance measure c. was to be determined using a baseline figure based on data in the Australian Immunisation Register and utilising the Multi-Agency Data Integration Project. As of June 2023, it was identified that the data to measure target c. was not available. New performance measure c. to be determined.

[71] Ibid.

[72] This was a new performance measure in 2021–22, therefore results are not available for previous years.

[73] Available at: www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage

[74] Available at: www.ncirs.org.au/our-work/vaccine-coverage

Australia's national aspirational vaccination coverage rate is set at 95.00% for children at 5 years of age, ensuring enough herd immunity would be provided to stop the spread of measles and other vaccine-preventable diseases. This target was exceeded in 2020–21, however, saw a decline in 2021–22, and this decline has continued in 2022–23.

The decrease reflects a growth in the number of barriers in the community, with the challenges associated with the COVID-19 pandemic having a large influence on this result.

Whilst the result did not reach the aspirational target of 95.00% in 2022–23, Australia's immunisation coverage rate for children at 5 years of age remains high.

Immunisation coverage rates of First Nations children at age 12 to 15 months decreased to 90.83% in 2022–23, down from 91.53% in 2021–22. This decrease can also be attributed to challenges associated with the COVID-19 pandemic.

The department is working with jurisdictions to optimise reporting to ensure easy identification of under immunised children to enable jurisdictions to effectively target their immunisation outreach and catchup programs.

As part of work to increase vaccination levels in the community, a targeted campaign to improve the uptake and timeliness of routine childhood immunisations among both the general population and First Nations children was implemented in 2022–23. The department will continue to assess the effectiveness of strategies aimed at increasing vaccination rates.

Following the establishment of the Australian Immunisation Register and Multi-Agency Data Integration Project, as of June 2023 it was identified that baseline data for target c. will not be available, therefore this measure is expected to be retired in 2023–24.

The Annual Report must be provided to the responsible Minister by 15 October each year. Data is not available for part (c) to meet this legislated deadline. Funding for part (c) equates to $473,521,000 (3.36% of the total funding of $14,104,612,998 for Outcome 1).

The following additional activities fell below the materiality threshold for having a published performance measure in Program 1.9 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Developing the next National Partnership on Essential Vaccines.
- Ensuring compliance with mandatory reporting of vaccinations to the AIR.
- Continuing to deliver the national COVID-19 vaccine response while working with stakeholders to transition the COVID-19 vaccination program to a sustainable operating model.
- Implementing governance and access requirements for the AIR.

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.

Highlights

Support for Australians through Medicare

23.5 million Australians (inclusive of some overseas visitors) accessed at least one Medicare Benefits Schedule service in 2022–23.

Program 2.1

New medicines on the Pharmaceutical Benefits Scheme (PBS)

All new medicines listed on the PBS within 6 months of in-principle agreement to listing arrangements in 2022–23.

Program 2.3

Life Saving Drugs Program (LSDP) applications

All patient applications for the LSDP were processed within 30 calendar days in 2022–23, benefitting 404 patients nationwide to receive their life saving medications as quickly as possible.

Program 2.3

National Diabetes Services Scheme (NDSS) registrations

As at 30 June 2023, 1,636,520 people with type 1, type 2, gestational diabetes and 'other' diabetes were registered with the NDSS. This included 185,424 women registered on the gestational diabetes mellitus reminder system.

Program 2.7

Programs contributing to Outcome 2

	Summary of results against performance criteria			
Program	**Results met**	**Results substantially met**	**Results not met**	**Data not available**
Program 2.1: Medical Benefits	2	–	–	–
Program 2.2: Hearing Services	–	1	–	–
Program 2.3: Pharmaceutical Benefits	2	–	–	–
Program 2.4: Private Health Insurance	1	–	–	–
Program 2.5: Dental Services	–	1	–	–
Program 2.6: Health Benefit Compliance	1	–	–	–
Program 2.7: Assistance through Aids and Appliances	1	–	–	–
Total	**7**	**2**	**–**	**–**

Program 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.

The department met all the performance targets related to this program.

Medicare is Australia's universal health insurance scheme. It guarantees all Australians (and some overseas visitors) access to a wide range of health and hospital services at low or no cost.

The Medicare Benefits Scheme (MBS) is the principal way the majority of Australians access health care in Australia. Through the MBS, the Government either fully or partially subsidises the cost of a wide range of health services.

The MBS's role is an essential component of Medicare in providing modern, safe and value for money health care to all Australians, now and into the future.

The department implemented recommendations made by the MBS Review Taskforce to continue to improve the quality and accessibility of Medicare services for all Australians, and ensure MBS items support best practice healthcare, and value for both the individual patient and the Australian community.

Changes implemented in 2022–23 to the MBS included:

- adjusting otolaryngology, head and neck surgery item descriptors, so they reflect complete medical services and contemporary clinical practice to provide greater clarity and usability
- restructuring thoracic surgery items into anatomical areas of increasing procedure complexity and introducing new items to better support high quality and sustainable services
- changing paediatric surgery by introducing 2 new items for circumcision revision and amend 4 items for the repair of hernias and cloacal exstrophy (a rare birth defect)
- supporting family and carer participation in a patients' mental health treatment where it is beneficial to the patient.

The department also supported the Government to develop significant changes to the MBS to support bulk billing and encourage multidisciplinary primary care services. These changes were announced in the 2023–24 Budget and will be implemented in 2023 and 2024.

Key Activities:

- Supporting patient access to telehealth services, including by restoring a fee loading to video telehealth psychiatry consultations to regional and rural patients.
- Supporting access to COVID-19 pathology testing through MBS items and targeted programs.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.81 and *Health and Aged Care Corporate Plan 2022–23,* p.69

Performance Measure:

Percentage of Australians accessing Medicare Benefits Schedule (MBS) services.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.82 and *Health and Aged Care Corporate Plan 2022–23*, p.70

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
>90%	90.3%	94.2%	N/A[75]	N/A	N/A
	Result: Met				

Quality assurance: The department has not been able to undertake independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

Medicare statistics recorded on a rolling 12 month time series. This is published on the department's website[76].

[75] This was a new performance measure in 2021–22, therefore results are not available for previous years.

[76] Available at: www.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1

The MBS continued to provide Australians with access to affordable and clinically relevant medical services through Medicare, with 23.5 million Australians (inclusive of some overseas visitors) accessing at least one MBS service in 2022–23.

A number of factors contributed to the result in 2022–23, including:

- The broader health system supported most Australians to access necessary services listed on the MBS when they were required.
- The proportion of services that were bulk billed with no cost to patients fell from 82.2% in 2021–22 to 76.6% in 2022–23.

Key Activity:

- Implementing recommendations of the Medicare Benefits Schedule (MBS) Review to ensure MBS items are aligned with contemporary clinical evidence and best practice.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.81 and *Health and Aged Care Corporate Plan 2022–23,* p.69

Performance Measure:

Percentage of Government agreed Medicare Benefits Schedule (MBS) Taskforce recommendations that have been implemented.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.82 and *Health and Aged Care Corporate Plan 2022–23*, p.70

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
80%	86%	76%	N/A[77]	N/A	N/A
	Result: Met				

Quality assurance: The department has not been able to undertake an independent assurance of the implementation processes associated with this performance measure.

Data Source and Methodology:

The MBS Review Taskforce ran from 2015 to 2020, delivering over 60 reports to the Government, including a Final Report in December 2020.

Ongoing implementation and progress against this measure is subject to a progressively increasing number of Taskforce recommendations considered by government and implementation timing and priorities for agreed recommendations.

1,396 recommendations were made, of which 970 have been accepted by the Government. Copies of these reports are available on the department's website[78]. Implementation of the agreed recommendations is tracked by the department and data is maintained internally.

As at 30 June 2023, the Government has accepted 970 of the 1,396 MBS Taskforce recommendations.

The department has implemented 834 of these recommendations and referred 34 to the Medical Services Advisory Committee for review. A further 101 recommendations are scheduled for implementation between July 2023 and November 2024.

Implementation timelines were extended in July 2021, to provide stakeholders a minimum of 3 months' notice on upcoming changes, to ensure stakeholders had sufficient time and capacity to incorporate MBS changes into their business practices.

Ongoing implementation and progress against this measure is subject to government approval and consideration of implementation timing and priorities.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 2.1 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Supporting patient access to radiation oncology services by providing targeted financial contributions to the capital cost of radiation oncology linear accelerators.
- Assessing applications for, and providing targeted financial assistance to, Australians who require life saving medical treatment not available in Australia, and patients who incur ill health or injury as a result of a specific act of international terrorism.
- Continuing the continuous MBS Review mechanism to ensure the MBS reflects contemporary and evidence-based care.

[77] This was a new performance measure in 2021–22, therefore results are not available for previous years.
[78] Available at: www.health.gov.au/resources/collections/mbs-review-final-taskforce-reports-findings-and-recommendations

Program 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.

The department substantially met the performance target related to this program.

The Hearing Services Program provides subsidised high quality hearing services and devices to eligible Australians[79] with hearing loss. The program aims to help manage hearing loss and improve engagement within the community.

The demand for fitting and rehabilitation services increased in 2022–23, in comparison to 2021–22 (which was impacted by reduced service levels due to the COVID-19 pandemic). Maintenance services experienced a decrease and device replacement/spare aids remained stable. The Hearing Services Program remained flexible and successfully responded to the changes in demand throughout 2022–23.

Key Activities:

- Supporting access to high quality hearing services through the delivery of the voucher component of the Hearing Services Program (HSP).
- Administering the Community Service Obligations component of the HSP and providing specialist services to children and other eligible groups through Hearing Australia.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.83 and *Health and Aged Care Corporate Plan 2022–23*, p.71

Performance Measure:

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

b. Number of active Community Service Obligations (CSO) clients who receive hearing services.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.83 and *Health and Aged Care Corporate Plan 2022–23*, p.72

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21[80]	2019–20	2018–19
a. 843,000 b. 77,000	a. 802,902[81] b. 69,959	811,991 72,245	Total (a + b): 885,461	Total (a + b): 821,731	Total (a + b): 796,000
	Result: Substantially met ◖				

Quality assurance: The department has not been able to complete independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

Voucher scheme data is provided through the department's Hearing Services Online claims portal and also held by the department's Enterprise Data Warehouse. Monthly and annual statistics are published on the HSP website[82] under 'About the Program: Program Statistics'.

CSO data is provided by Hearing Australia and maintained by the department. It is also reported in Hearing Australia's Annual and Quarterly Reports[83].

The above planned performance are forecasts modelled from the historical trends.

Note: The final result is subject to change, noting that providers have up to 12 months to claim for services.

Measurement of active clients demonstrates access and utilisation of the program and assists with monitoring and planning for risks of market change.

[79] Available at: www.health.gov.au/our-work/hearing-services-program/accessing/eligibility

[80] This performance measure was updated in the *Health Portfolio Budget Statements 2021–22* to separate vouchered and CSO client numbers. Results for financial years prior to 2021–22 include a combined number of vouchered and CSO clients.

[81] Approximately 3% additional services will be claimed over the forward 12 month period.

[82] Available at: www.health.gov.au/our-work/hearing-services-program/about#program-statistics

[83] Available at: www.hearing.com.au/About-Hearing-Australia/Corporate-Publications-(1)/Annual-Reports

The Planned Performance is an estimate, based on historical program data trends. Actual performance is dependent on the number of eligible people who choose to access hearing support services through a program provider during the reporting period.

Program providers have up to 12 months from 30 June 2023 to submit a claim for Voucher scheme services provided in the reporting period. The 2022–23 result is based on the number of claims made in the reporting period as of 3 July 2023. Updated results will be published in the 2023–24 Annual Report.

In 2022–23, there was a decrease in the number of assessments required and an increased number of client reviews completed. This outcome is consistent with the impact of extending the voucher validity period in July 2021 from 3 years to 5 years. While this did not impact the number of eligible clients, it continues to impact the type and number of services available to clients during 2022–23.

For CSO in 2022–23 there was an increase in fittings, with 6% more air conduction hearing aids, 19% more bone conduction hearing aids and 149 more cochlear implant speech processors fitted compared with the previous year. This was mainly due to fittings being lower the last couple of years as a result of COVID-19. The associated increase in expenditure for devices necessitated a reduction in overall clients seen within the reporting period.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 2.2 but were published in the 2022–23 October Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Supporting hearing research and development projects through the National Acoustic Laboratories.
- Implementing program improvements such as the new Hearing Services Online portal and Hearing website.
- Supporting the establishment of 3 The Shepherd Centre hearing facilities, and upscaling of the HearHub digital platform.
- Supporting a voluntary hearing screenings pilot for school age students.

Program 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).

The department met the performance targets related to this program.

During 2022–23, the department continued listing new medicines on the PBS that have been recommended by the independent, expert Pharmaceutical Benefits Advisory Committee (PBAC). The PBS provides access to necessary medicines at an affordable price, with the aim to improve health outcomes for Australians living with a wide range of medical conditions.

The LSDP provides fully subsidised access to 18 medicines for 11 ultra-rare diseases. The department ensured patient applications for the LSDP were processed within 30 calendar days in 2022–23. In 2022–23, the LSDP benefitted a total of 404 patients (including 45 new patients) nationwide through delivering life saving medicines as quickly as possible.

Key Activities:

- Facilitating equitable access to essential PBS medicines for all Australians, including people living in remote and First Nations communities.
- Contributing to a sustainable PBS by supporting the Pharmaceutical Benefits Advisory Committee to assess each medicine's safety, clinical effectiveness, and cost-effectiveness compared with other comparable treatments.
- 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.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.84 and *Health and Aged Care Corporate Plan 2022–23,* p.74

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.85 and *Health and Aged Care Corporate Plan 2022–23*, p.75

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
≥80%	100%	100%	100%	100%	100%
	Result: Met ●				

Quality assurance: The department has not been able to undertake independent assurance of the internal quality checks associated with this performance measure.

Data Source and Methodology:

Data is analysed for each new medicine listed on the PBS within a financial year. Data is maintained internally by the department. The date of listing is based on the first appearance of that new medicine in the National Health (Listing of Pharmaceutical Benefits) Instrument 2012 (PB 71 of 2012). The date when the in-principle pricing outcome letter is sent to the sponsor is publicly available on the Medicine Status Website[84] as the date government processes commence.

More information on the PBAC is available on the department's website[85].

[84] Available at: www.pbs.gov.au/medicinestatus/home.html
[85] Available at: www.pbs.gov.au/info/industry/listing/elements/pbac-meetings

The department continued negotiations with medicine sponsors and listing activities for new medicines on the PBS throughout 2022–23, with 100% of new medicines listed on the PBS within 6 months of in-principle agreement to listing arrangements. Agreements were reached with sponsors on price, budget impacts and conditions of supply, prior to listings being finalised by the government. Discussions regarding the finalisation of price, budget impact and conditions of supply following a PBAC recommendation are often complex and may, in limited circumstances, require further PBAC consideration.

Key Activity:

- Providing access to new and existing medicines for patients with life threatening conditions, assessing patient applications, administering medicine orders within agreed timeframes, and supporting the LSDP Expert Panel to assess new medicines for LSDP listings and review existing LSDP medicines.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.84 and *Health and Aged Care Corporate Plan 2022–23,* p.74

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.85 and *Health and Aged Care Corporate Plan 2022–23*, p.76

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
90% within 8 calendar days.	93.3% within 8 calendar days.	85.72% within 8 calendar days.	80.00% within 8 calendar days.	N/A[86]	N/A
100% within 30 calendar days.	100% within 30 calendar days.	100% within 30 calendar days.	100% within 30 calendar days.	100% within 30 calendar days.	N/A
100% of urgent applications within 48 hours.	100% of urgent applications within 48 hours.	No urgent applications were received in 2021–22.	100% of urgent applications within 48 hours.	N/A[87]	N/A
	Result: Met ●				

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.

In 2022–23, a total of 45 new patient applications were received for the LSDP.

93.3% of all applications were processed within 8 calendar days.

Application processing can exceed 8 days if the application is complex and requires consultation with a Medical Officer. 100% of applications were processed within 30 calendar days, with the average processing time for a new application being 3.8 days.

There was one urgent application received in 2022–23, which was successfully processed within 48 hours.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 2.3 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Delivering improvements to the PBS through reductions to the PBS Safety Net thresholds and general patient co-payment, and therefore making medicines more affordable and accessible for Australians.
- 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.
- Ensuring continuity of medicines supply through the Minimum Stockholding Requirements, designed to help protect Australian patients, pharmacists, and prescribers from the impact of global medicines shortages.
- Supporting the Health Technology Assessments (HTA) Policy and Methods Review to ensure HTA approaches keep pace with advances in health technology and minimise barriers to access.
- Undertaking post-market health technology assessment and ongoing reviews of PBS listed medicines to ensure they are clinically safe and cost-effective for patients.

[86] This was a new performance measure in 2020–21, therefore results are not available for previous years.
[87] This was a new performance measure in 2020–21, therefore results are not available for previous years.

Program 2.4: Private Health Insurance

Program Objective

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

The department met the performance target related to this program.

In 2022–23, the department continued assessing insurer premium change applications through the annual premium round process. This process aims to improve the affordability of private health insurance and assists consumers in making informed decisions regarding the type of cover that will provide access to a range of health services that best meet their individual needs and circumstances.

At 30 June 2023, approximately 14 million Australians are covered by private health insurance.

Key Activities:

- Supporting a viable, sustainable and cost-effective PHI sector, including through the PHI rebate.
- Working with private health insurers, private hospitals, and private healthcare providers to ensure choice to consumers across a range of cost-effective PHI products and healthcare services.
- Encouraging Australians to take up PHI by ensuring access to quality and up to date information relating to PHI.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.86 and *Health and Aged Care Corporate Plan 2022–23,* p.77

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.86 and *Health and Aged Care Corporate Plan 2022–23*, p.78

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
100%	100%	100%	N/A[88]	N/A	N/A
	Result: Met ●				

Data Source and Methodology:

Applications from private health insurers are submitted in an approved form through a secure portal managed by the Australian Prudential Regulation Authority. The application form and timeframes are developed in consultation with private health insurers and the Government, and are published on the department's website[89].

Timely assessment of insurer premium change applications enables essential information to be communicated to existing policyholders, as well as those considering purchasing private health insurance to assist in informing their purchasing decisions. This includes providing an opportunity to compare offers available across a range of private health insurers.

A number of factors contributed to meeting this performance measure in 2022–23, including:

- early planning of the premium application process
- identification of necessary resources and capabilities
- close consultation with private health insurers, the Australian Prudential Regulation Authority, and the Minister for Health and Aged Care.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 2.4 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- 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.
- Providing a website and education initiative to improve information availability and transparency of medical specialist out-of-pocket costs.
- 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.

[88] This was a new performance measure in 2021–22, therefore results are not available for previous years.

[89] Available at: www.health.gov.au/topics/private-health-insurance/operating-rules-for-private-health-insurers-and-providers/apply-to-increase-private-health-insurance-premiums

Program 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).

The department substantially met the performance target related to this program.

Federation Funding Agreement on Public Dental Services for Adults (FFA)

The Commonwealth supported delivery of adult public dental services through the FFA[90]. This funding is provided to states and territories, who have primary responsibility for public dental services, to increase the number of services that are delivered to disadvantaged population groups. Each state and territory is required to deliver services above a baseline level to be eligible for full funding for the financial year.

Child Dental Benefits Schedule (CDBS)

The department continued to administer the CDBS in accordance with the *Dental Benefits Act 2008* and Dental Benefits Rules 2014. The CDBS is a means tested program that allows eligible children to access up to $1,052 in benefits for basic dental services, over a two-calendar year period.[91]

The CDBS aims to improve access to dental services for eligible children by covering part or all the cost of basic dental services. This helps address declining child oral health and improves the oral health of the population. Poor oral health early in life is the strongest predictor of oral disease in adulthood.

In 2022–23, the department provided secretariat support to the independent committee undertaking the Fifth Review of the *Dental Benefits Act 2008* ('the independent review committee'). Terms of Reference[92] for this review included an assessment of the practical operation of the Act, and opportunities to improve the operation and administration of the CDBS.

Performance Measure for CDBS

The CDBS utilisation rate is used to measure and monitor access to this program at a national level. Data on utilisation rates for particular groups helps identify ways of improving access for children most in need and at greatest risk of poor oral health outcomes.

[90] This program is administered by Department of Treasury as part of the Federal Financial Relations Framework, under Program 1.9: National Partnership Payments to the States.

[91] Eligibility for the CDBS is automatically assessed by Services Australia and is valid for that calendar year. The benefit cap is applied over a relevant 2 year period: for 2022 to 2023 the benefit cap was $1,026, and for 2023 to 2024 the benefit cap was $1,052.

[92] The Terms of Reference for the Fifth Review of the *Dental Benefits Act 2008* is available at: www.health.gov.au/our-work/child-dental-benefits-schedule

Key Activity:

- Working with Services Australia to support access to dental health services for eligible children through the CDBS.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.87 and *Health and Aged Care Corporate Plan 2022–23,* p.79

Performance Measure:

The percentage of eligible children accessing essential dental health services through the Child Dental Benefits Schedule (CDBS).

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.87 and *Health and Aged Care Corporate Plan 2022–23*, p.80

2022–23 Planned Performance	2022–23 Result	2021–22	2021[93]	2020	2019
41.8%	38.8%[94]	35.40%	42.10%	33.80%	39.40%
	Result: Substantially met				

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.

In 2022–23, around 2.5 million Australian children were notified of their eligibility with just under one million eligible children receiving services under the CDBS. Over 95% of these services were bulk billed.

The CDBS is a demand driven, calendar year program that allows for claims to be submitted after the date of service. Some patients who have received services in 2022–23 but have not had a claim processed, may not be included in the above result. The department continued to work with Services Australia, and supported the independent review committee, to consider ways to improve uptake of the scheme.

The following additional activity fell below the materiality threshold for having a published performance measure in Program 2.5 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Undertaking the Fifth Review of the *Dental Benefits Act 2008*.

[93] This measure was previously reported on a calendar year basis, as published in previous Annual Reports. From 2021–22, this measure is reported on a financial year basis.

[94] Data is based on date of service being in 2022–23, and is correct as of 30 June 2023.

Program 2.6: Health Benefit Compliance

Program Objective

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

The department met the performance target related to this program.

The department continued to support the integrity of Australia's health payment systems throughout 2022–23, undertaking a number of compliance activities focused on early intervention and prevention. The activities assist health providers to ensure the services that they deliver are consistent with legislative requirements and that they receive correct payments and, through support and education initiatives, meet their obligations and responsibilities. This continues to ensure the ongoing needs of patients are met and maintains appropriate Commonwealth funding expenditure on Medicare and Pharmaceutical Benefits programs.

The health provider compliance program ensures Medicare, the Pharmaceutical Benefits Scheme (PBS) and Child Dental Benefits Schedule (CDBS) are serving the needs of all Australian patients, now and into the future.

Key Activity:

- Strengthening compliance through data analytics, behavioural economics, education for providers, debt recovery, and compliance actions, including targeted campaigns, audit, practitioner reviews, and criminal investigations.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.88 and *Health and Aged Care Corporate Plan 2022–23,* p.81

Performance Measure:

Percentage of completed audits, practitioner reviews and investigations that are found non-compliant.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.88 and *Health and Aged Care Corporate Plan 2022–23*, p.82

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
>80%	>90%	>95%	93%[95]	>90%	>90%
	Result: Met				

Data Source and Methodology:

A case is considered non-compliant where it is:

- referred to the Commonwealth Director of Public Prosecutions
- referred to the Director of the Professional Services Review
- referred to the Delegate of the Chief Executive Medicare within Professional Review Section
- completed as an audit case and non-compliant services are confirmed.

Cases are included where the date of referral/completion of a case falls within the reporting period.

The non-compliance measurement is calculated by dividing the number of cases determined as non-compliant by the total number of completed cases (compliant and non-compliant).

Data is maintained internally by the department.

[95] The exact figure was only published for this financial year.

This measure ensures that the integrity of funding directed towards the Medicare Benefits Schedule, PBS and CDBS is maintained through monitoring possible non-compliant servicing behaviour and intervening where potential incorrect claiming, inappropriate practice or fraud has been detected. Additionally, this measure aims to ensure that audit, practitioner reviews and investigations are targeted effectively, and compliance treatments are instigated appropriately.

During 2022–23, the department delivered a quality health provider compliance program through:

- validation of potential compliance risks and concerns through internal consideration of policy and data matters, as well as in consultation with departmental professional advisers and subject matter experts
- consultation with professional bodies and stakeholder groups on compliance strategies, which assisted health providers to meet their compliance obligations when claiming benefits, ensuring the integrity of health provider claiming
- continuing to strengthen and update data analytics to identify irregular claiming patterns and non-compliance
- employing behavioural, insights-driven approaches to treat non-compliance and support appropriate practice
- strengthening debt recovery processes
- continuing to strengthen compliance approaches through investment in data analytics treatment options, provider education, and debt recovery capabilities.

The following additional activity fell below the materiality threshold for having a published performance measure in Program 2.6 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Continuing to consult closely with professional bodies and stakeholder groups on compliance strategies to assist health providers in meeting their compliance obligations.

Program 2.7: Assistance through Aids and Appliances

Program Objective

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

The department met the performance target related to this program.

The department continued to provide eligible Australians with access to the National Diabetes Services Scheme (NDSS) throughout 2022–23. The NDSS provides support for people with diabetes, to assist with understanding and management and also provides timely, reliable and affordable access to NDSS services and products.

The NDSS delivers syringes and needles, blood glucose test strips, urine ketone test strips, insulin pump consumables and continuous glucose monitoring (CGM) products to help people manage their diabetes. It also provides educational and information services to assist in the best use of products for self-management.

The NDSS is a demand driven program that undergoes a cycle of continuous review and evaluation to ensure it remains clinically relevant and meets the ongoing needs of registrants. Expert clinical advice and input is provided through peak diabetes organisations, with participation established through working groups and expert advisory panels.

On 1 July 2022, the department implemented an election commitment to expand access to subsidised CGM products under the NDSS to all people with type 1 diabetes. This expansion resulted in an additional 71,000 people gaining eligibility to benefit from access to subsidised CGM products.

Key Activity:

- Managing the National Diabetes Services Scheme to ensure the provision of timely, reliable, and affordable access to products and services to help people living with diabetes effectively manage their condition.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.89 and *Health and Aged Care Corporate Plan 2022–23*, p.84

Performance Measure:

Average Net Promotor Score for National Diabetes Services focus group participants.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.89 and *Health and Aged Care Corporate Plan 2022–23*, p.85

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
>70	74	Data not available[96]	89%	91%	91%
	Result: Met ●				

Data Source and Methodology:

Diabetes Australia has engaged the University of Technology Sydney as the independent evaluator of the NDSS for the period 2021–22 to 2023–24 to undertake the National Registrant Evaluation Survey, as well as complete reviews of NDSS programs and services. All people with diabetes registered with the NDSS with a valid email address or mobile phone number, who have agreed to be contacted for research purposes, will be invited to participate in the online National Registrant Evaluation Survey each year. Alternative options will be provided for those people unable to access the email link. The outcomes of both will inform this measure.

[96] During 2021–22 the NDSS evaluation arrangements were significantly expanded to capture more data about the operation of the scheme, including the NDSS programs and services accessed by registrants. The measure was updated in the 2022–23 October Portfolio Budget Statements to align with the new methodology.

It is important to measure NDSS registrant's satisfaction with the products and services they receive through the Scheme. The results of the NDSS survey will enable the department to take action to address areas where improvement may be required, to ensure it continues to meet the needs of people living with diabetes.

As at 30 June 2023, the NDSS supported 1,636,520 people with type 1, type 2, gestational diabetes and 'other' diabetes. This included 185,424 women registered on the gestational diabetes mellitus reminder system.

The NDSS registrant survey was sent to 696,677 registrants via email and SMS, who had previously agreed to be contacted for research purposes conducted by Diabetes Australia and the University of Technology Sydney. For 2022–23, 36,092 surveys were completed.

While this evaluation process no longer captures a single user satisfaction score as a percentage and is not directly comparable to results from prior years, the evaluation of the NDSS programs which determine the Net Promoter Score, in addition to the outcomes of the National Registrant Evaluation Survey, will provide a more holistic outcome by tracking a longitudinal view of the impact of the NDSS over time. The analysis of the NDSS registrant survey response data is ongoing and involves linkages with existing registrant data and response to individual program evaluations.

NDSS registrant satisfaction with programs and services up to 30 June 2023 is rated as an Average Net Promoter Score of 74 indicating that NDSS registrants are satisfied with NDSS programs and services accessed and are likely to recommend the NDSS to other people with diabetes. Based on the advice of researchers, and the international benchmark for health care, scores above 58 are considered 'excellent', demonstrating that the NDSS continues to deliver positive outcomes, as well as valued programs and services, to people living with diabetes who are registered with the NDSS.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 2.7 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Implementing the election commitment to expand access to continuous glucose monitoring products to all people with type 1 diabetes from 1 July 2022.
- Managing the Insulin Pump Program to support access to fully subsidised insulin pumps for eligible low income families who have children (under 21 years of age) with type 1 diabetes.
- Supporting access to clinically appropriate dressings to improve quality of life for people with epidermolysis bullosa.
- Assisting people with stomas by ensuring access to stoma related products.
- Providing access to fully subsidised bowel management medicines for people with paraplegia and quadriplegia, who are members of participating paraplegic and quadriplegic associations.

Outcome 3

Ageing and Aged Care

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

Highlights

My Aged Care assessments

In 2022–23, 206,901 comprehensive assessments and 297,631 home support assessments were provided to older Australians to determine their eligibility for aged care services.

Program 3.1

Home Care Packages (HCPs)

HCPs increased throughout 2022–23, allowing more older Australians to access to a range of services to support their care needs and ensure they are able to remain living independently in their own homes.

Program 3.2

Star Ratings for residential aged care

Star Ratings were first published in December 2022 on the My Aged Care website. Star Ratings make it easier for older people and their representatives to compare the quality and safety of residential aged care homes, supporting informed choice and transparency. Star Ratings provide nationally consistent measures for residential aged care providers to monitor, compare and improve the care they deliver.

Program 3.3

Programs contributing to Outcome 3

	Summary of results against performance criteria			
Program	**Results met**	**Results substantially met**	**Results not met**	**Data not available**
Program 3.1: Access and Information	–	2	–	–
Program 3.2: Aged Care Services	1	2	–	–
Program 3.3: Aged Care Quality	1	–	–	–
Total	**2**	**4**	**–**	**–**

Program 3.1: Access and Information

Program Objective

Provide older Australians, their families, representatives, and carers with reliable and trusted information about aged care services and how to access them through My Aged Care. Provide improved and more consistent client outcomes, timely and high quality assessments of clients' needs and goals, appropriate referrals, and equitable access to aged care services.

The department substantially met the performance targets related to this program.

The department continued to support older Australians during 2022–23 through the delivery of high priority My Aged Care assessments within set timeframes, ensuring those in need of support received timely access to appropriate services.

The Commonwealth funds 2 assessment programs and workforces that provided assessment services in 2022–23:

- assessment organisations to deliver assessments through Regional Assessment Services (RAS)
- states and territories to deliver comprehensive assessments through Aged Care Assessment Teams (ACAT).

Regional Assessment Services (RAS) completed home support aged care assessments in the community setting to determine eligibility for entry level aged care support through the Commonwealth Home Support Programme (CHSP) services.

Aged Care Assessment Teams (ACAT) completed comprehensive aged care assessments in both community and hospital settings and determine eligibility for a variety of subsidised aged care services under the *Aged Care Act 1997,* including Home Care Packages, residential aged care, residential respite care, flexible care in the form of short term restorative care and transitional care. ACATs can also recommend CHSP services.

Completing high priority hospital and community assessments within required timeframes ensures that older Australians have the necessary care approvals to support timely and safe discharge from hospital, while those who are in most need of aged care supports are receiving timely assessments and approvals for services under the CHSP and the *Aged Care Act 1997*.

The department continued throughout 2022–23 to ensure older Australians, their families and carers receive information about, and access to, aged care services from the My Aged Care Contact Centre and website, and additionally through in person support at dedicated Services Australia service centres. Significant enhancements were deployed on the My Aged Care website in 2022–23 to further improve user experience. Reviews continued to be undertaken to identify opportunities to further enhance the experiences of callers to the Contact Centre.

Key Activity:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.95 and *Health and Aged Care Corporate Plan 2022–23*, p.90

Performance Measure:

Maintain efficiency of My Aged Care assessments as demonstrated by the percentage of:

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 (community setting only).

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.96 and *Health and Aged Care Corporate Plan 2022–23*, p.91

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. >90.0%	77.6%	95.5%	99.5%	92.5%	88.5%
b. >90.0%	95.5%	97.0%	99.2%	98.8%	95.0%
c. >90.0%	93.7%	97.1%	97.2%	97.0%	93.3%
	Result: Substantially met				

Data Source and Methodology:

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

My Aged Care assessments assist the department in determining the eligibility of older Australians for subsidised aged care services. Completion of these assessments ensures older Australians have timely access to essential care services that will assist in maintaining quality of life.

In 2022–23, a total of 206,901 comprehensive assessments were conducted. Of these, 151,291 were conducted in the community setting, and 55,610 were conducted in the hospital setting.

In 2022–23, 297,631 home support assessments were conducted in community settings, with 93.7% of high priority home support assessments completed within 10 calendar days of referral acceptance.

Assessment organisations and jurisdictions continued to meet high priority KPIs, except for in the comprehensive community setting (a.).

Nationally, RAS generally have more than one assessment organisation per region which assists in the distribution of workload and demand for high priority home support assessments in a community setting. These arrangements allow RAS to meet their high priority KPIs.

High priority hospital setting only applies to ACAT. ACATs have close connection with hospitals to manage and prioritise aged care assessment request. However, in hospital settings many clients are classified as medium priority to ensure the person is medically stable before the assessment. The volume of high priority clients in hospital is therefore lower. Interestingly, approximately 84% of these high priority hospital assessments were completed within 48 hours of referral acceptance, well above the requirement.

A major factor which contributed to the failure to meet the KPI for high priority comprehensive assessments in the community relates to significant assessment service disruption caused by the increased volume of urgent assessment requests allocated to this category due to the NSW flood disaster during the reporting period.

During 2022–23, the department worked with states, territories and RAS organisations to ensure the continuity of essential services throughout considerable workforce retention complications, COVID-19 disruptions and other natural disaster events such as flooding. Jurisdictions and assessment organisations implemented flexible approaches to ensure continuity in delivery in response to disruptions experienced. This included the use of telephone and telehealth services to conduct assessments as required. This close work will continue through 2023–24.

Key Activity:

- Providing consistent, accessible, inclusive, reliable, and useful information and resources with easily identifiable entry points, namely the My Aged Care website, contact centre, and in-person support via Services Australia service centres.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.95 and *Health and Aged Care Corporate Plan 2022–23*, p.90

Performance Measure:

The percentage of surveyed users[97] who are satisfied[98] with the service provided by the:

a. My Aged Care Contact Centre.

b. My Aged Care website.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.97 and *Health and Aged Care Corporate Plan 2022–23*, p.92

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
a. ≥95%	93.6%[99]	≥94.0%	95.3%	93.0%[101]	89.0%
b. ≥65%	48.4%[100]	≥48.5%	52.0%	47.3%	55.0%
	Result: Substantially met				

Quality assurance: The department has contractual arrangements in place with third parties to provide assurance of the data validation rules and data quality assessments. However, the department has not been able to undertake independent assurance of these arrangements in relation to this performance measure.

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.

Satisfaction with the My Aged Care Contact Centre remained stable during 2022–23. The minor decrease in satisfaction in comparison to 2021–22 can be attributed to an increase in call wait times, due to Contact Centre service pressures. Service pressures included increased demand, longer call handling times driven by increased call complexity, workforce and system stability issues. The department worked closely with Healthdirect Australia, our contact centre delivery partner, on a remediation plan to address the pressures and there has been a significant reduction in call wait times from June 2023. The remediation plan continued to be revised as actions were evaluated and iterated. Actions included:

- development of skills-based call routing to best match calls with agent capability
- review of onboarding activities for remote working agents to ensure newer agents are adequately supported
- a review of employment terms intended to increase competitiveness with the goal of increased staff retention
- continual review of opportunities to improve efficiency and performance and increase agent satisfaction.

The department demonstrated commitment to developing further targeted initiatives to improve consumer satisfaction and experience with the My Aged Care Contact Centre in 2022–23, through deployment of an SMS tool which provides pre-call and missed call notifications, and the ability to follow up calls with referral codes.

Satisfaction with the My Aged Care website remained below the target of 65.0% for 2022–23. Satisfaction was tracking below the previous 2021–22 result for most of the financial year, however the rating increased in the last 3 months of 2022–23. This resulted in the 2022–23 overall performance aligning with 2021–22 satisfaction levels.

[97] 'Users' refers to callers to the My Aged Care Contact Centre and visitors to the My Aged Care website.

[98] '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.

[99] In 2022–23, there were 1,383,451 calls made to the Contact Centre's Consumer Line and Industry Line. Of those calls, 10,964 (0.79%) took part in the Customer Satisfaction Survey.

[100] In 2022–23, there were 5,795,946 visits to the My Aged Care website. Of those visits, 19,683 (0.34%) took part in the Customer Satisfaction Survey.

[101] In December 2019, changes were made to the survey and methodology to better capture user satisfaction specific to My Aged Care Contact Centre services. Due to these changes, results prior to 2019–20 are not comparable with 2019–20 and beyond results.

Often feedback from the survey indicated that users are considering their satisfaction with the aged care system more broadly, rather than just the website.

The department continued to closely monitor consumer feedback through the survey to inform improvements to the My Aged Care website. In 2022–23, a number of enhancements were implemented based on feedback and user testing, aimed at improving user experience. These included:

- enhancements to the 'Apply for an assessment online' tool to assist users to nominate authorised representatives and access support through Carer Gateway and Dementia Australia
- improvements to navigation and quality of aged care information through updates made to the 'Non-Compliance checker', News and Updates design and the 'For Service Provider' landing page
- improvements to the 'Find a Provider' tool to allow users to better find and compare residential aged care providers through the publication of the Star Ratings system, reinstating service availability and the verification of specialised service information
- publication of a range of Easy Read versions of booklets and brochures to improve accessibility of information about aged care assessment and services.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 3.1 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- My Aged Care will continue supporting older Australians, their families, representatives and carers to understand, access and navigate the aged care system. This includes providing:
  - explanation on the different types of aged care services available
  - the ability to apply for an assessment of needs to identify eligibility for aged care services
  - referrals and support to find and compare service providers
  - information to understand and estimate potential costs for aged care services
  - Star Ratings for all residential aged care services, to support choice.
- Continuing the rollout of the face-to-face channel for My Aged Care in dedicated Services Australia service centres, and delivering extended aged care system navigator trials until the care finder program commences in 2023.
- Introducing the care finder program to assist the most vulnerable older Australians with intensive support to navigate the aged care system and access the care and services to best meet their needs in early 2023.
- Delivering and expanding upon individual advocacy support through the National Aged Care Advocacy Program.
- Increasing the availability of volunteer visits to socially isolated and lonely older Australians through an expanded Community Visitors Scheme, with the transition to a more sustainable and effective Aged Care Volunteer Visitor Scheme model from 2023–24.
- Collaborating with the Department of Social Services and the National Disability Insurance Agency to implement the Younger People in Residential Aged Care (YPIRAC) Strategy 2022–2025 through the Joint Agency Taskforce.
- Extending the YPIRAC System Coordinator Program from January 2023 to 2025, which will support younger people in residential aged care and their families in accessing age-appropriate accommodation and support.
- Providing rural and regional aged care providers with access to a highly skilled surge workforce through expansion of the Rural Locum Assistance Program.

Program 3.2: Aged Care Services

Program Objective

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

The department substantially met the performance targets related to this program.

Throughout 2022–23, the department continued to build upon services provided in the 2021–22 financial year to further support older Australians to remain living in their own homes and connected to their communities for longer, through both the Commonwealth Home Support Programme (CHSP) and allocation of Home Care Packages (HCPs).

The CHSP provides entry level support to older Australians who require assistance to continue living independently. Services available include transport, meals, domestic assistance, personal care, nursing, allied health and respite services.

Commitment to supporting older Australians in the delivery of CHSP services was demonstrated through implementing standardised unit price ranges for service types and indicative client contributions for services.

Additional funding was made available throughout 2022–23, to enable CHSP providers to effectively respond to increases in service demand, innovation, as well as in emergency circumstances.

HCPs provide older Australians with more complex needs access to clinical care, personal care and support services which assists with undertaking day to day activities whilst living at home. Increased allocations of HCPs not only benefit the people who receive them, but also their family members, friends, and carers as their care obligations are complimented by the care delivered through the HCP Program.

The department supported older Australians who were unable to continue living at home during 2022–23 by providing timely access to a diverse range of quality care options when and where they were needed, including respite and both short and long term residential aged care. Residential aged care services provide older people in Australia with 24/7 accommodation and personal care, as well as access to nursing and general health care services.

Key Activity:

- Providing access to a range of short term services focused on supporting client independence and wellness to enable older Australians to keep living in their own homes.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.98 and *Health and Aged Care Corporate Plan 2022–23*, p.94

Performance Measure:

Number of clients that accessed Commonwealth Home Support Programme services.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.99 and *Health and Aged Care Corporate Plan 2022–23*, p.95

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
>840,000	816,132	818,228	825,383	839,373	840,984
	Result: Substantially met				

Quality assurance: The department has not yet been able to undertake an independent assurance of the data validation rules, data quality assessments and governance processes including those conducted by third party providers, in relation to this performance measure.

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.

The CHSP provides services nationally to clients with an assessed level of need, with a focus on delivering activities that support their independence, wellness and reablement.

In 2022–23, around 1,334 CHSP providers delivered a range of entry level support services to over 816,000 older Australians, enabling them to continue living in their own homes and communities for longer. The increasing costs in delivering services as well as availability of workforce impacted the numbers of clients receiving services throughout 2022–23. However, the target of more than 840,000 was substantially met (97%). Services throughout 2022–23 continued to be impacted by the ongoing effects of the COVID-19 pandemic and the overall increase in the number of allocated Home Care Packages.

An additional $24 million in funding was provided within 2022–23 which complemented the increase in the Home Care Packages to enable CHSP providers to assist with the increase in service demand and respond to the inflationary impacts of COVID-19. CHSP providers were also provided with an additional $2.22 million in funding, for transition supports to assist with the move to payment in arrears and nationally consistent unit prices in 2022–23.

The department reviewed the progress of wellness and reablement practices for CHSP clients in 2022–23. The review found that an average of 82% of service providers across all service types (except for sector support and development) reported the application of a wellness and reablement approach resulted in clients regaining and/or noticing an improvement in their physical or cognitive abilities.

Key Activity:

- Delivering the Home Care Packages Program (HCP Program) and conducting assurance reviews of up to 500 providers, and relevant fraud minimisation activities to support the HCP Program and any future program.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.98 and *Health and Aged Care Corporate Plan 2022–23*, p.94

Performance Measure:

Number of allocated Home Care Packages.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.99 and *Health and Aged Care Corporate Plan 2022–23*, p.95

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
275,600	277,612	236,928	195,699	155,625	125,119
	Result: Met ●				

Data Source and Methodology:

The number of allocated HCPs is the sum of the number of people receiving a HCP and the number of people who have been offered a HCP but have not yet accepted.[102]

Data on HCP indicators is published quarterly by the Australian Institute of Health and Welfare (AIHW) and shows data on the forecast number of allocated HCPs.

Significant investment in additional HCPs has been made in recent years which has resulted in increased number of allocated HCPs. Since the Royal Commission into Aged Care and Safety was established in October 2018, an additional 149,105 HCPs have been funded at a cost of $10.3 billion. This includes the 80,000 HCPs at a cost of $6.5 billion announced in the 2021–22 Budget released over 2021–22 and 2022–23.

The increased number of allocated HCPs means more older Australians have access to a range of services to support their care needs and ability to live independently in their own homes. HCP wait times decreased across all 4 HCP levels throughout 2022–23, with those assessed as a high priority assigned their approved level HCP within one month.

From 1 January 2023, the department capped care and package management prices based on the level of package a care recipient receives. This is part of the Australian Government's commitment to reducing excessive administration and management costs in home care by approved home care providers. The department have set these prices at a maximum of 20% for care management and 15% for package management. This will increase with the basic subsidy each year[103].

[102] Persons offered a HCP can have up to 84 days from the date of offer to take up their package.

[103] Available at: www.health.gov.au/topics/aged-care/providing-aged-care-services/funding-for-aged-care-service-providers/aged-care-subsidies-and-supplements

Key Activities:

- Delivering a range of residential aged care options and accommodation for older Australians who are unable to continue living independently in their own homes, either on a permanent or short term basis.
- Supporting people in residential aged care, and people with different care needs, via flexible care arrangements.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.98 and *Health and Aged Care Corporate Plan 2022–23*, p.94

Performance Measure:

Residential aged care places available as at 30 June.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23,* p.100 *and Health and Aged Care Corporate Plan 2022–23,* p.96

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
230,000	225,216[104]	223,656	219,105	217,145	213,397
	Result: Substantially met				

Quality assurance: The department has not been able to complete independent assurance of the data validation rules and data quality assessments including those conducted by third party providers, in relation to this performance measure.

Data Source and Methodology:

The department maintains a record of allocated aged care places. A stocktake of these places is undertaken annually, with results published on the Australian Institute of Heath and Welfare's web resource, GEN Aged Care Data.

The target numbers represent an estimate only of the total number of places providers will have brought to market (operationalised) each year based on historical trends. Current market forces, including lower rates of occupancy and increased costs of building, will likely slow the rate at which these target numbers can be realised.

The rate at which residential aged care places became operational in 2022–23 was below the department's expectations, in part due to the ongoing complications stemming from the COVID-19 pandemic, which has significantly impacted the construction sector causing builder shortages, supply chain disruptions and significant cost increases.

This has slowed building activity in the aged care sector and delayed new residential aged care places coming to market in 2022–23.

Additionally, low occupancy rates in residential aged care may be resulting in some providers deferring additional investment. The department has provided additional capital investment to providers undergoing construction who experienced increased costs, to ensure building activity continues.

This program is demand driven, and the shortfall for 2022–23 is not an indicator of access. Lower occupancy rates indicate there is generally a sufficient amount of residential aged care places available to meet the needs of older Australians who are unable to continue living independently in their own homes.

[104] Includes both mainstream and flexible residential care places in the Multi-Purpose Services Program, National Aboriginal and Torres Strait Islander Flexible Aged Care Program, and Aged Care Innovative Pool Program.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 3.2 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Extension to the CHSP, and transition to payment in arrears.
- 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 older Australians through the Short-Term Restorative Care (STRC) Programme and Transition Care Programme.
- Delivering a more client centred Disability Support for Older Australians program for older Australians with disability.
- Providing flexible care options to meet the aged care needs of older 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 First Nations peoples close to home, through the ongoing expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.
- Continuing rollout of the Specialist Dementia Care Program, including evaluation and assessment of how adequately the program meets demand for this type of service.
- Expanding the Regional Stewardship of the Aged Care outreach model to strengthen governance and support the implementation of aged care reforms in regional areas through the Health State and Territory Network.

Program 3.3: Aged Care Quality

Program Objective

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

The department met the performance target related to this program.

In 2022–23, the department continued to support the provision of safe and quality aged care services for older Australians and provided timely behaviour support services through the Dementia Behaviour Management Advisory Service (DBMAS) and Severe Behaviour Response Teams (SBRT). Both DBMAS and SBRT are delivered by Dementia Support Australia (DSA).

Throughout 2022–23 the DBMAS and SBRT continued to successfully manage increases in requests from both service providers and carers who required assistance when caring for people experiencing Behavioural and Psychological Symptoms of Dementia (BPSD).

The DBMAS is a free support service for service providers and unpaid carers who care for people experiencing mild to moderate BPSD that impacts care. The DBMAS provides expertise, advice and short term case management to better equip staff and carers in identifying triggers for BPSD, and provides advice on non-pharmacological strategies to respond to behaviours.

Complementing DBMAS is the SBRT which offers advice, case management and behaviour support strategies for people experiencing more severe BPSD, including advice to assist with the transition from hospitals into residential aged care. The provision of effective dementia behaviour support services strengthens the capability of both the in home and residential aged care sector, enabling the delivery of safe and quality care to people living with dementia, their families and their carers.

Further supporting the provision of safe and quality care, the department completed a review of the Aged Care Quality Standards (Quality Standards) after a comprehensive public consultation process. The review had a particular focus on governance, diversity, dementia, clinical care, food, and nutrition, and positive feedback was received on these strengthened topics. A pilot of the strengthened Quality Standards commenced in April 2023 and is due to be completed in mid 2023–24.

Star Ratings were first published in December 2022 on the My Aged Care website responding to recommendations 24 and 27 of the Royal Commission into Aged Care Quality and Safety. Star Ratings make it easier for older people and their representatives to compare the quality and safety of residential aged care homes, supporting informed choice and transparency. Star Ratings provide nationally consistent measures for residential aged care providers to monitor, compare and improve the care they deliver. These include information about the experience of resident's living in the home, staffing, regulatory actions and measures of care quality.

The expansion of quality indicators collected under the National Aged Care Mandatory Quality Indicator Program supports providers to now collect and report data on eleven critical areas of care (pressure injuries, physical restraint, unplanned weight loss, falls and major injury, medication management, activities of daily living, incontinence care, hospitalisations, workforce, consumer experience and quality of life). Providers can compare their performance to the national average and other services to understand where quality improvement activities should be focused.

In response to recommendation 94 of the Royal Commission, during 2022 the Residents' Experience Survey was reinstated during the 2022 calendar year (formerly Consumer Experience Interviews undertaken by the Aged Care Quality and Safety Commission). The surveys are conducted annually in-person by a third-party workforce and capture the experiences of a random sample of around 20 per cent of older people living in residential aged care. The outcomes of the survey are used to determine an aged care home's Residents' Experience sub-category Star Ratings, and findings are also provided in an aggregated form to each home to give advance notice of the outcomes to ensure that homes commence implementing continuous improvement activities in a timely manner.

These quality measures will improve transparency and choice for older people and their families. These measures will also support providers to understand their performance to drive the delivery of high quality care.

Key Activities:

- Providing funding and support through the Dementia Training Program, Dementia Behaviour Management Advisory Service, and Severe Behaviour Response Teams.
- Ensuring provision of quality aged care services, including equitable care for people from diverse backgrounds and support for people with dementia.
- Working with Australians with diverse characteristics and life experiences to develop aged care services that are culturally safe, including through the adoption of trauma informed care practices.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.101 and *Health and Aged Care Corporate Plan 2022–23*, p.98

Performance Measure:

Planned Performance 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).

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.102 and *Health and Aged Care Corporate Plan 2022–23*, p.99

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
≥90%	94%	94%	93%	92%	94%
	Result: Met				

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 DSA has increased my/our confidence regarding behaviour management.'*

DSA provides 6 monthly reports to the department.

High levels of satisfaction continue to be recorded for the DBMAS and the SBRT during 2022–23. The total number of referrals to Dementia Support Australia in 2022–23 were 21,742.

Referrals to DBMAS and SBRT in 2022–23 increased by 4% compared with the same period in 2021–22. A total of 94% of quality satisfaction survey respondents reported a significant increase in knowledge and skills regarding behaviour support, and 94% reported increased confidence to manage future behaviour issues.

Following use of the DBMAS, there was a 60% reduction in the severity of behaviours experienced by clients and a 64% reduction of distress experienced by staff and carers.

For SBRT, there was a 70% reduction in the severity of behaviours experienced by clients and a 76% reduction of distress experienced by staff and carers.

During 2022–23 DSA continued to report increasing levels of referrals across behaviour support programs due to increasing complexity and severity of clients with BPSD and the impacts of regulation that support quality and safety improvements in aged care. This challenge was met by DSA through a number of initiatives to manage increasing demand including the continued refinement of triage activities. A total of 90% of DBMAS clients received an assessment within 7 days. Telehealth for mild behaviour continues to be an effective strategy to respond to the increase in requests for support through DBMAS.

Despite continued increase in referrals, results indicate there are meaningful reductions in BPSD between client intake and case closure. Behaviour support capability building continues to occur for both carers and in aged care services that are supported by DSA.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 3.3 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- Implementing more equitable access to aged care for First Nations peoples and special needs group.
- 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.
- Conducting an independent capability review of the ACQSC to assess its functions and operations against best practice regulation and identify opportunities for improvement.
- Improving the standard of food and nutrition for those in residential aged care, through reporting, strengthened standards, and sector support and engagement.
- Supporting implementation of 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.
- Implementing a registration scheme for personal care workers.
- 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.
- Expanding the Financial Monitoring Program to identify and support providers to manage financial risk and refer them to support.
- Improving coordination and accessibility of post-diagnostic supports for people living with dementia and their carers, including through an expansion of the National Dementia Support Program and the development of support and referral pathway resources and guidance for health professionals and consumers.
- Developing accommodation design standards for residential aged care.
- Strengthening regulation through harmonisation 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, clinical care, food, and nutrition.
- Expanding the SIRS to in-home services.
- Expanding the National Aged Care Mandatory Quality Indicator Program (QI Program) to enhance reporting across a further 6 key areas of care, to support quality improvement and transparency.

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.

Highlights

‘Green and gold decade’

In 2022, the department collaborated with Australian Government agencies to support the delivery of several sporting events that contributed to a broad range of community, economic, trade and tourism benefits.

Program 4.1

Participation in Children’s Sport

Children are getting back to regular participation in sport and physical activity following the COVID-19 pandemic. In 2022, children’s participation increased 5.6 percentage points from the 2021 calendar year.

Program 4.1

Preparation for FIFA Women’s World Cup 2023

The department worked closely with FIFA, Football Australia and Australian Government agencies to provide financial, operational and legacy support in the lead-up to the event.

Program 4.1

Programs contributing to Outcome 4

	Summary of results against performance criteria			
Program	**Results met**	**Results substantially met**	**Results not met**	**Data not available**
Program 4.1: Sport and Recreation	2	–	–	–
Total	**2**	**–**	**–**	**–**

Program 4.1: Sport and Recreation

Program Objective

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

The department met all the performance targets related to this program.

The department continued to support participation in sport and physical activity during 2022–23 through a number of activities including the delivery of programs and initiatives, collaborating with Australian Government sport entities and development of sport policy.

The 'green and gold decade' of major sporting events hosted in Australia commenced in 2022 with the UCI[105] World Championships, followed by the FIBA[106] Women's Basketball World Cup, ICC[107] Men's T20 World Cup and Virtus Oceania Asia Games (Virtus). Hosting these events, along with the World Transplant Games and the largest women's sporting event in the world, the FIFA[108] Women's World Cup in 2023, and funding sporting participation legacy programs, drives participation in physical activity, which leads to benefits in physical and mental health, improved social connections, and supports Australians to lead healthy and active lives. Other benefits of hosting these events contributes to a broad range of community benefits, economic impact, trade and tourism, diplomacy, and social inclusion and cohesiveness.

Key action areas progressed in 2022–23 included:

- Sporting infrastructure projects through the Female Facilities and Water Safety Stream Program and the Community Development Grant Program
- Funding to organisations through the Water and Snow Safety Program
- Sponsorship of the 2022 Women in Sport Awards
- Funding and supporting the planning and delivery of major sporting events:
  - Cycling (in association with the UCI Road World Championships 2022)
  - Basketball (in association with the FIBA Women's Basketball World Cup 2022)
  - Cricket (in association with the ICC T20 Men's World Cup 2022)
  - Football (in association with the FIFA Women's World Cup 2023).
- Leveraging the 'green and gold decade' of major sporting events through a range of legacy initiatives, to deliver on key government priorities, including:
  - Expanding inclusion in sport (with the department funding the Virtus Oceania Asia Games 2022 and the World Transplant Games 2023)
  - Increasing participation and accessibility in sport
  - Promoting gender equality, disability inclusion, social cohesion, and healthy lifestyles
  - Inspiring the next generation of Australian athletes
  - Generating social, economic and sporting benefits at both a local and national level through tourism, trade and increased community connection.

[105] Union Cycliste Internationale.
[106] Fédération Internationale de Basketball Amateur (International Basketball Federation).
[107] International Cricket Council.
[108] Fédération Internationale de Football Association.

The department worked with the Australian Sports Commission throughout 2022–23 to continue to support Australia's high-performance system. Australia was represented by more than 430 athletes at the Birmingham 2022 Commonwealth Games. The team topped the medal table, winning an impressive 178 medals.

The department supported policy development with a focus on strategies to increase women's participation in the sports industry. A key engagement included the inaugural Women in Sport Workforce Roundtable on 1 September 2022 as well as preparations for the Meeting of Sport Ministers on 6 July 2023.

Key Activities:

- Implementing sport policies, programs, and initiatives, and promoting the benefits of an active lifestyle.
- Collaborating with the Australian Sports Commission on policy development and engagement with states and territories.
- Supporting water and snow safety organisations to reduce the incidence of fatal and non-fatal drownings and accidents, and promoting the importance of water and snow safety.
- Developing and implementing a strategic, whole of government legacy and communications approach for major sporting events.
- Engaging on international sport policy and partnering with the Department of Foreign Affairs and Trade on sports diplomacy initiatives.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.105 and *Health and Aged Care Corporate Plan 2022–23*, p.103

Performance Measure:

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 sport or physical activity once per week.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.106 and *Health and Aged Care Corporate Plan 2022–23*, p.104

2022 Planned Performance	2022 Result	2021	2020–21	2019–20	2018–19
a. Progressive increase towards 59%	49.7%	44.1%	N/A[109]	N/A	N/A
b. Progressive increase towards 83%	79.3%	80.3%	N/A[110]	N/A	N/A
	Result: Met ●				

Data Source and Methodology:

Data for a. and b. is derived from the Australian Sports Commission AusPlay survey results.[111] AusPlay collects national, state, and territory data on participation rates across organised sport and physical activity. To align with the release of AusPlay data, this performance measure is reported on a calendar year basis.

Children's participation in sport and physical activity was heavily impacted by the COVID-19 pandemic. The AusPlay Survey's national data confirms that children's participation levels are recovering gradually over time. In the 2022 calendar year, 49.7% of Australian children (aged 0 - 14) participated in organised sport or physical activity outside of school hours at least once per week. This represents a 5.6 percentage point increase from the 2021 calendar year (44.1%). The 5.6 percentage point increase in performance for part a. of the performance measure far exceeds the marginal decrease in performance for part b., resulting in an overall result of met.

The Sporting Schools program, run by the Australian Sports Commission remains a key initiative to drive increased participation and connect families with community sport opportunities. The program achieved a significant milestone in 2022, with more than 15 million school students having participated in a Sporting Schools program over the past 8 years.

[109] This was a new performance measure in 2021–22, therefore results are not available for previous years.
[110] This was a new performance measure in 2021–22, therefore results are not available for previous years.
[111] Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

Adult levels of participation in sport or physical activity were maintained throughout the COVID-19 pandemic. This was attributed to a trend towards recreational activities such as walking, running, cycling, and bush walking.

In the 2022 calendar year, AusPlay Survey national data confirms 79.3% of Australian adults (aged 15+) participated in organised sport or physical activity at least once a week. This represents a 1 percentage point decrease from the 2021 calendar year (80.3%), which is not statistically significant.

2022–23 marked the beginning of the 'green and gold decade' of major sporting events in Australia. The timeline of major sporting events to be held in Australia provides a unique opportunity to create significant socioeconomic benefits. In providing support for major sporting events, the department worked with partners on a range of legacy programs to encourage Australians to participate in sport and physical activity and lead healthy and active lifestyles. Examples include:

- UCI Road World Championships 2022 – the department provided funding to support implementation of the AusBike program to increase cycling participation, particularly among children and the staging of an all-abilities ride for people with a disability as part of the program for the UCI Road World Championships.
- FIBA Women's Basketball World Cup 2022 – the department provided funding to increase basketball participation amongst Indigenous and culturally and linguistically diverse communities, to support women's basketball through the She Hoops program and to implement a National Multicultural Program for basketball.
- ICC Men's T20 World Cup 2022 – the department provided funding to support the implementation of a multicultural strategic framework, programs to increase participation in cricket for young people from diverse backgrounds and initiatives to support greater diversity in community coaching and officiating.
- FIFA Women's World Cup 2023 – the department provided further funding to support legacy initiatives including football programs targeted at women and girls, to support children from culturally and linguistically diverse communities and expanding an existing program to support newly arrived migrant children to participate in football.

Key Activities:

- 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 for major sporting events.
- Supporting Brisbane as the host of the 2032 Olympic and Paralympic Games.
- Engaging on international sport policy and partnering with the Department of Foreign Affairs and Trade on sports diplomacy initiatives.

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.105 and *Health and Aged Care Corporate Plan 2022–23*, p.103

Performance Measure:

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

Source: *Health and Aged Care Portfolio Budget Statements October 2022–23*, p.107 and *Health and Aged Care Corporate Plan 2022–23*, p.105

2022–23 Planned Performance	2022–23 Result	2021–22	2020–21	2019–20	2018–19
• ICC T20 Men's World Cup 2022 • UCI Road World Championships 2022 • Virtus Oceania Asia Games 2022 • FIBA Women's World Cup 2022 • World Transplant Games 2023 • FIFA Women's World Cup 2023 • Victoria 2026 Commonwealth Games • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games.	The department collaborated with Australian Government agencies and relevant stakeholders to implement strategic coordination of Commonwealth responsibilities. Event delivery support: • ICC T20 Men's World Cup 2022 • UCI Road World Championships 2022 • Virtus Oceania Asia Games 2022 • FIBA Women's World Cup 2022 • World Transplant Games 2023 Event planning: • FIFA Women's World Cup 2023 • Victoria 2026 Commonwealth Games • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • ICC Men's T20 World Cup 2028 • Brisbane 2032 Olympic and Paralympic Games.	The department collaborated with Australian Government agencies and relevant stakeholders to implement strategic coordination of Commonwealth responsibilities in relation to the: • ICC T20 Men's World Cup 2022 • FIBA Women's World Cup 2022 • World Transplant Games 2023 • FIFA Women's World Cup 2023 • Rugby World Cup 2027 bid • 2032 Olympic and Paralympic Games candidature.	N/A[112]	N/A	N/A
	Result: Met ●				

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.

[112] This is a new performance measure for 2021–22, therefore results are not available for previous years.

On behalf of the Commonwealth, the department administered direct funding to support the successful delivery of the following events held in 2022–23:

- UCI Road World Championships 2022 ($4.95 million)
- FIBA Women's World Cup 2022 ($7.6 million)
- Virtus Oceania Asia Games 2022 ($1.95 million)
- ICC T20 Men's World Cup 2022 ($4.4 million)
- World Transplant Games 2023 ($1.0 million).

Funding, broader engagement and support provided by the department contributed to event delivery arrangements in 2022–23, and leveraged legacy initiatives to amplify a range of benefits of hosting these events in Australia, including improving physical and mental health, social connectivity, economic benefits, promoting Australia's national identity and promoting gender equality and disability inclusion.

Many records and achievements were attained in association with these events after the heights of the COVID-19 pandemic, further showcasing Australia as a leading destination for major events on the global stage. The FIBA Women's Basketball World Cup 2022 in Sydney recorded the highest attendance ever in the history of the competition. The Men's T20 World Cup 2022 had a combined global audience of over 1.2 billion people. The Virtus Oceania Asia Games 2022 was the first ever international multi-sport event for elite athletes in the Oceania Asia region with intellectual impairment. Over 1,500 athletes and spectators from 45 countries came together to celebrate organ and tissue donation at the World Transplant Games 2023.

The department worked closely with FIFA, Football Australia and Australian Government agencies to provide financial, operational and legacy support arrangements ahead of the FIFA Women's World Cup 2023. Areas of support provided include safety and security, immigration and visas, intellectual property rights protection, trade and tourism, work permits, labour laws, telecommunication, and information technology. More than $34 million has been committed for legacy projects in support of the FIFA Women's World Cup 2023 and Football Australia's Legacy '23 program.

The department collaborated with Australian Government agencies to support the establishment of the Organising Committee for the Brisbane 2032 Olympic and Paralympic Games (OCOG) and the process to nominate the President, the Independent Directors, and Prime Minister nominated Directors. The department also established and participated in governance committees to progress foundational planning activities with the Queensland Government, nominated games partners and Commonwealth agencies including the development of a Brisbane 2032 Legacy Strategy.

Following the announcement of Australia as the host for the Rugby World Cups in 2027 and 2029, preliminary planning arrangements commenced during 2022–23 in partnership with Rugby Australia, to support both the Rugby World Cup 2027 and Women's Rugby World Cup 2029 events. In 2022–23, the department was not engaged in planning activities for the Netball World Cup 2027.

The department facilitated early discussions across relevant Commonwealth agencies and the Victorian Government in relation to planning for the Victoria 2026 Commonwealth Games,[113] although was not a party to the host agreement.

The following additional activities fell below the materiality threshold for having a published performance measure in Program 4.1 but were published in the 2022–23 October Portfolio Budget Statements and Corporate Plan to ensure a fulsome account to Parliament of activities undertaken within appropriations:

- 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 sports disputes through the NST.

[113] On 18 July 2023, the Victorian Government made the decision to not proceed with hosting the 2026 Commonwealth Games. Source: www.premier.vic.gov.au/commonwealth-games-costs-too-high-over-6-billion