Audit report of the 2023–24 annual performance statements

Department of Health and Aged Care

INDEPENDENT AUDITOR'S REPORT on the 2023-24 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 and possible effects of the matters described in the Bases for Qualified Conclusion section of my report, the 2023-24 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 2024; 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.

Appendix A presents the programs, key activities and performance measures relating to this outcome.

<u>Completeness of performance information</u>

Program 3.2's objective is to 'provide choice through a range of flexible options to support older Australians who need assistance'. The performance measures and analysis for Program 3.2 provides information on older Australians who are (self-identified as) First

Nations peoples or are in rural and remote areas who are receiving aged care services at rates comparable with their representation in Australian population estimates. It also provides information on the use of Commonwealth Home Support Programme services and Home Care Packages. The Department's reporting against this Program is not complete as the measures do not provide sufficient information to assess the Department's performance in providing choice to older Australians, including the ability of older people who are unable to continue living independently to obtain residential aged care services.

Program 3.3's objective is 'Safety and quality care for older Australians in their choice of care through regulatory activities, collaboration with the aged care sector and consumers, as well as capacity building and awareness raising activities'. The performance measure and analysis for Program 3.3, 'Aged Care Quality', provides information on the availability and skill of the aged care workforce. The Department has not explained how performance information on the availability and skill of the aged care workforce is sufficient to assess the Department's performance in achieving the Program 3.3 objective. The Department's reporting against this Program is not complete as it does not provide sufficient information on the quality of 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 the Department's performance in achieving its purpose in relation to this outcome.

Reliability of data

In addition, the data supporting the performance measures listed below is provided by external parties. The Department has not been able to verify the reported results. I have been unable to obtain sufficient appropriate audit evidence to determine whether the results for the following performance measures and targets are accurately reported:

- Performance measure 3.1A a and b;
- Performance measure 3.1B a, b, and c;
- Performance measure 3.2B b and c;
- Performance measure 3.2C a and b;
- Performance measure 3.2D b; and
- Performance measure 3.3A c.

As a result, of the incomplete performance information for Programs 3.2 and 3.3 and my inability to obtain sufficient appropriate audit evidence for the aforementioned performance measures and targets, I have been unable to conclude whether the performance statements present fairly the Department's performance in achieving its purposes in relation to Outcome 3 'Ageing and Aged Care'

Program 1.2 'Mental Health'

The objective of Program 1.2 'Mental Health' is to 'improve the mental health and wellbeing of all Australians, including a focus on suicide prevention'.

Performance measure 1.2B reports the number of Medicare-subsidised mental health services used per 100,000 of the population. However, the key activity that relates to performance measure 1.2B is concerned with 'increasing the number of people accessing

Medicare subsidised mental health services'. Consequently, the performance measure and supporting analysis does not report accurately on the number of people accessing Medicare-subsidised mental health services. The number of people accessing Medicare-subsidised mental health services is likely to be different to the number of Medicare-subsidised mental health services used per 100,000 of the population.

In addition, the performance results against performance measures 1.2A, 1.2B and 1.2C rely on reporting from external parties. The Department has not been able to verify the reported results.

As a result of the deficiencies described above for Program 1.2 'Mental Health', the performance information reported against this program is not complete and does not enable a user to assess the Department's performance in achieving its purpose in relation to this program.

Program 1.3 'First Nations Health'

The objective of Program 1.3 'First Nations Health' is to 'drive improved health outcomes for First Nations peoples'.

The performance measure and analysis for Program 1.3, 'First Nations Health', provides information on funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations. The Department has not explained how providing funding to such organisations fully addresses the key activities of the program which are:

- Working in partnership with 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.
- Delivering activities to contribute to achieving Target 1 (life expectancy) and Target 2 (healthy birthweight) of the National Agreement on Closing the Gap.
- Embedding structural reform across the department to implement the Priority Reforms of the National Agreement on Closing the Gap.

As a result, the performance information reported against this program is not complete and does not enable a user to assess the Department's performance in driving improved health outcomes for First Nations peoples, including the Department's contribution to the National Agreement on Closing the Gap.

Program 2.6 'Health Benefit Compliance'

The objective of Program 2.6 'Health Benefit Compliance' is to 'support the integrity of health benefit claims through prevention, early identification and treatment of incorrect claiming, inappropriate practice and fraud'. The key activity is 'to take action against health care providers who are found non-compliant to support the integrity of the health benefit claims'.

The performance measure and analysis for Program 2.6, 'Health Benefit Compliance', provides information relating to the percentage of completed audits, practitioner reviews and investigations that find non-compliance. The measure and supporting analysis does not, however, provide information on the action taken against non-compliant providers or the effectiveness of this program in reducing health benefit non-compliance .

In addition, I have been unable to obtain sufficient appropriate audit evidence to confirm the reliability of the reported result.

As a result of the deficiencies described above for Program 2.6 'Health Benefit Compliance', the performance information reported against this program is not complete and does not enable a user to assess the Department's performance in achieving its purpose in relation to this program.

Emphasis of Matter – Quality assurance

I draw attention to the disclosures within the 'Disclosures' section for each of the following performance measures:

- Performance measure 1.5A b(iii) which reports that the data in relation to reduction in alcohol consumption by pregnant women has a relative standard error of 25% to 50% and should be used with caution.
- Performance measure 1.5B a, b, and c which reports data not being available for reporting due to various timing of the collection of data ranging from 2 to 5 years in frequency.
- Performance measure 1.7B which reports that Insurers have up to 2 months to provide data after 30 June 2024, with the final result available in November 2024 and included in the 2024-25 Annual Report.
- Performance measure 2.2A which reports that the result was calculated at 30 June 2024 but providers have up to 12 months to claim for services at the end of each financial year, with claims subject to recovery if found to be invalid.
- Performance measure 4.1A a and b which reports that the 2022-23 financial year data, which has a 6 month overlap with the 2022 years' reported result.

My conclusion is not modified in respect of this matter. Appendix B contains the details of these performance measures.

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

Rona Mellor

Acting Auditor-General

Canberra

27 October 2024

Appendix A — Referencing for Measures in the Outcome 3 Ageing and Aged Care

In preparing the Bases for Qualified Conclusion, I have referred to the following performance measures.

Key Activities	Performance Measure	Target
Outcome description: Improved wellbeing for older Australians through targeted support, access to appropriate, high-quality care, and related information services.		
Program 3.1: Access and Information Program Objective Provide older people in Australia, their families, representatives and carers access to reliable and trusted information about aged care services through My Aged Care. Provide improved and more consistent client outcomes, responsive assessments of clients' needs and goals, appropriate referral, and equitable access to aged care services.		
Easy, consistent and equitable access for older Australians. • 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.	3.1A Older Australians and their representatives have access to reliable and trusted information through My Aged Care, as measured through consumer satisfaction.	a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%
		b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%
Older Australians are assessed for service need as measured through assessment timeliness.	3.1B Older Australians are assessed for service need as measured through assessment timeliness.	a. High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%
		b. High priority comprehensive assessments completed within 5 calendar days of referral acceptance for hospital setting >90%

Key Activities	Performance Measure	Target
		c. High priority home support assessments completed within 10 calendar days of referral acceptance (community setting only) >90%
Program 3.2: Aged Care Services Program Objective Provide choice through a range of flexible options to support older people 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.		
Respect, Care and Dignity for older Australians. • Measure older peoples' experiences of residential aged care homes and capture their perspective on whether they are being cared for with respect and dignity.	3.2A Older Australians are treated with respect and dignity in receiving aged care services, as measured through resident experience.	Maintain or increase the average Resident Experience Survey (RES) Score of 82% for residential aged care homes.
Respect, Care and Dignity for older Australians. • Respect, care and dignity is about ensuring older people in Australia are valued as a people when receiving care. It also works to ensure older people in Australia are able have real choice of providers and high-quality services.	3.2B Older Australians receive residential care services that contributes to their quality of life as measured through: a. Provider metrics b. Care minutes c. 24/7 registered nursing.	a. Establish measurement baseline for 'Quality of Life' indicator. b. Maintain average of 200 care minutes per resident per day, including a minimum of 40 minutes of registered nurse (RN) time per day. c. All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.

Key Activities	Performance Measure	Target
Respect, Care and Dignity for older Australians.	3.2C Older Australians with diverse backgrounds and life experiences or who live in rural and remote areas can receive culturally safe and equitable aged care services where they live measured through access by: a. First Nations people b. People in rural and remote areas.	a. Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5%
		b. Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%
Prioritise independence through care at home. • Delivering Home Care Packages. • Delivering CHSP services to 840,000 CHSP clients.	3.2D Older Australians receive care and support at home that contributes to quality of life as measured through access to services. a. Number of allocated Home Care Packages. b. Number of clients that accessed Commonwealth Home Support Programme services.	a. >285,100
		b. 840,000
Program 3.3: Aged Care Quality Program Objective Safety and quality care for older Australians in their choice of care through regulatory activities, collaboration with the aged care sector and consumers, as well as capacity building and awareness raising activities.		
Safe and high-quality care and appropriately skilled care. • Implementing	3.3A Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older	a. Establish baseline for staff turnover through the biennial Provider Workforce Survey

Key Activities	Performance Measure	Target
recommendations of the Royal Commission into Aged Care Quality and Safety to build, train and support the aged care workforce, including increases in award wages for the aged care workforce. • Implementing or continuing a range of aged care service provider support programs, including support for the rollout of additional mandatory care requirements.	Australians, as measured through a. workforce attraction and retention b. workforce skill/qualifications c. workforce satisfaction.	b. Establish baseline for worker qualification through the biennial Provider Workforce Survey
		c. Establish baseline for worker satisfaction through the biennial Worker Survey

Appendix B — Referencing for Measures in the Emphasis of Matter paragraph

In preparing the Emphasis of Matter paragraph, I have referred to the following performance measures.

Key Activities	Performance Measure	Target
Working with Commonwealth entities, states, territories and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, 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 the National Tobacco Strategy 2023–2030 — delivering health promotion and education activities to support smoking and nicotine cessation and	1.5A Improve overall health and wellbeing of Australians by achieving preventive health targets. a. Percentage of adults who are daily smokers. b. Percentage of population who drink alcohol in ways that put them at risk of alcohol related disease or injury: i. reduction in harmful alcohol consumption by 2030 ii. reduction of young people (14 to 17 year olds) consuming alcohol by 2030 iii. reduction of pregnant women aged 14 to 49 years consuming alcohol whilst pregnant by 2030.	Progressive decrease of daily smoking prevalence towards <10% a. Progressive decrease of harmful alcohol consumption towards: i. <29.7% ii. <10.0% iii. <10.0%

Key Activities	Performance Measure	Target
prevention - delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and raise awareness of the risks of drinking alcohol while pregnant and breastfeeding - 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 - investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks - supporting expansion of tobacco and e-cigarette control program activities through investment in tobacco and e-cigarette control research and evaluation, and international tobacco control.	c. Percentage of population who have used an illicit drug in the last 12 months.	b. Progressive decrease of recent illicit drug use towards <13.94%
Improving early detection, treatment, and survival outcomes for people with cancer by increasing participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030	1.5B Increase the level of cancer screening participation: **a.** National Bowel Cancer Screening Program. **b.** National Cervical Screening Program.	a. Progressive increase towards 53.0% b. Progressive increase towards 64.0%

Key Activities	Performance Measure	Target
	c. BreastScreen Australia Program.	c. Progressive increase towards 65.0%
Requiring medical indemnity insurers to only refuse to provide cover or apply a risk surcharge on insurance premiums under limited circumstances as set out under section 52A of the *Medical Indemnity Act 2002.*	1.7B Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of medical indemnity insurance cover.	95.0%
• Access to high-quality hearing services through the delivery of the Voucher scheme component of the Hearing Services Program (HSP). • Administering the Community Service Obligations (CSO) component of the HSP, providing specialist services to children and other eligible groups through Hearing Australia.	2.2A a. Number of active vouchered clients who receive hearing services. b. Number of active Community Service Obligations (CSO) clients who receive hearing services.	a. 865,000 b. 79,000
• Implementing sport policies, programs and initiatives, and promoting the benefits of an active lifestyle.	Engagement of Australians in weekly organised community sport and physical activity as measured through:	a. Progressive increase towards 59%

Key Activities	Performance Measure	Target
• 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.	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.	b. Progressive increase towards 83%

Part 2:
Annual Performance Statements

Part 2.1: 2023–24 Annual Performance Statements

As the accountable authority of the Department of Health and Aged Care, I present the Department of Health and Aged Care's 2023–24 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 present the entity's performance in the reporting period, and comply with subsection 39(2) of the PGPA Act.

The Australian National Audit Office (ANAO) is currently undertaking an audit of the department's 2023–24 annual performance statements. I am aware the ANAO has formed the view that the annual performance statements for components of certain measures do not fully meet the requirements of the PGPA Act. The department has commenced its continuous improvement journey and will use best endeavours to improve its performance reporting to the public and the parliament.

Blair Comley PSM
Secretary
16 October 2024

Introduction

As required under the PGPA Act, this report contains the Department of Health and Aged Care's Annual Performance Statements for 2023–24. The Annual Performance Statements detail results achieved against planned performance criteria set out in the *2023–24 Health and Aged Care Portfolio Budget Statements* and the department's *2023–24 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
- 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.

The department reviewed its key activities between the 2023–24 Portfolio Budget Statements and 2023–24 Corporate Plan. The key activities reported in the 2023–24 Annual Performance Statements are aligned with the 2023–24 Corporate Plan accordingly.

To enable a comparative analysis, the department has included prior year results back to the 2021–22 financial year where the performance information is consistent across the years.

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

Results Key

● **Achieved**

The result achieved the planned performance for 2023–24.

◗ **Substantially achieved**

Substantially achieved results are applied to measures which comprise of a number of sub-targets, these are aggregated, and each sub-target is weighted equally in determining the overall result.

○ **Not achieved**

The result did not achieve the planned performance for 2023–24. Where planned performance comprises of a number of sub-targets, these are aggregated, and each sub-target is weighted equally in determining the overall result.

— **Data not available**

Data is not yet available to report for the 2023–24 financial year.

2023–24 departmental results overview

	Summary of results against performance criteria			
Outcome	**Achieved**	**Substantially achieved**	**Not achieved**	**Data not available**
Outcome 1: Health Policy, Access and Support	5	3	7	2
Outcome 2: Individual Health Benefits	5	-	3	-
Outcome 3: Ageing and Aged Care	3	2	2	-
Outcome 4: Sport and Physical Activity	-	2	-	-
Total	**13**	**7**	**12**	**2**

In 2023–24, the department continued to achieve against our measures, with a total of 20 planned performance targets either achieved or substantially achieved in 2023–24.

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.

Key changes for 2023–24

A summary of key changes following the publication of our 2023–24 Portfolio Budget Statements and 2023–24 Corporate Plan is provided below[5]:

Program	Summary
1.1A – Health Research, Coordination and Access	The data source and methodology was updated for planned performance f. to further enhance the detail on the institutions participating on grants and the calculation methodology for the measure.
1.2A – Mental Health	The Key Activity was updated to include a reference to *mental health* services. The methodology was updated to include *PHN-commissioned mental health service contacts* for the numerator.
1.2B – Mental Health	The Key Activity and Performance Measure was updated to include a reference to Medicare-*subsidised* services.
1.2C – Mental Health	The methodology was updated to include *for 12–25 year olds* in the numerator.
1.4A – Health Workforce	The data source and methodology was updated to confirm the data source for planned performance e.
1.5A – Preventive Health and Chronic Disease Support	The data source and methodology was updated for planned performance b. and c. to include survey timeframes.
1.7A – Primary Care Practice Incentives and Medical Indemnity	The Program Objective was updated to confirm the *medical* workforce. The data source and methodology was updated to further enhance the detail around the methodology.
2.2A – Hearing Services	The data source and methodology was updated to further enhance the detail around the methodology for the *Hearing Services Program*.
2.7A – Assistance through Aids and Appliances	The data source and methodology was updated to confirm *face-to-face programs* contribute to the result.
3.1A – Access and Information	The data source and methodology was updated to further enhance the detail around the methodology for the *Contact Centre*.
3.2A – Aged Care Services	The data source and methodology was updated to further enhance the detail around the methodology and survey timeframes for the *Residents' Experience Survey*.
3.2B – Aged Care Services	The data source and methodology was updated to include detail around the data source and methodology for planned performance b. and c.
3.3A – Aged Care Quality	In the 2023–24 Corporate Plan, planned performance c. noted 'N/A' for 2023–24. A baseline has become available for 2023–24, and the final result has been included. The data source and methodology for c. has been included.

[5] The Department of Finance Resource Management Guide 134 – Annual Performance Statements for Commonwealth entities confirms if performance information, such as performance measures, targets, data sources and methodologies, differ between their Portfolio Budget Statements and from those set out in the Corporate Plan, entities should explain these changes in the Annual Performance Statements.

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.

Programs contributing to Outcome 1

Program	Summary of results against performance criteria			
	Achieved	**Substantially achieved**	**Not achieved**	**Data not available**
Program 1.1: Health Research, Coordination and Access	1	1	-	-
Program 1.2: Mental Health	1	-	2	-
Program 1.3: First Nations Health	1	-	-	-
Program 1.4: Health Workforce	-	1	-	-
Program 1.5: Preventive Health and Chronic Disease Support	-	-	1	1
Program 1.6: Primary Health Care Quality and Coordination	-	-	1	-
Program 1.7: Primary Care Practice Incentives and Medical Indemnity	-	-	1	1
Program 1.8: Health Protection, Emergency Response and Regulation	2	1	1	-
Program 1.9: Immunisation	-	-	1	-
Total	**5**	**3**	**7**	**2**

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 health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and world class health and medical research.

Key Activity:
Providing a sustainable source of funding for transformative health and medical research through sources including the MRFF and the Biomedical Translation Fund.

Source: *Health and Aged Care Corporate Plan 2023–24, p.28*

Performance Measure 1.1A:

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 2023–24, p.58 and Health and Aged Care Corporate Plan 2023–24, p.28*

2023–24 Planned Performance	2023–24 Result	2022–23
a. Disburse 100% of the available budget for the MRFF in 2023–24 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan. b. Support 40 new clinical trials. c. Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices. d. Build the capacity of First Nations peoples to lead Indigenous health and medical research. e. Build the capacity of the health and medical research sector. f. Support collaboration across the health and medical research sector. g. Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding.	a. Disbursed 100% of the available budget for the MRFF in 2023–24 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan. b. Supported 123 new clinical trials. c. Provided funding for 26 new projects to develop and commercialise health technologies, treatments, drugs and devices. d. Provided funding for 33 new grants with a First Nations health focus; awarded funding to 8 unique First Nations lead researchers (Chief Investigators A) across 9 grants; and awarded funding to 100 unique First Nations research team members (Chief Investigators) across 44 grants. e. Awarded funding to 2,724 unique research team members (Chief Investigators). f. Provided funding for 233 grants with 3 or more participating institutions and 94 grants with 10 or more participating institutions. g. Confirmed the eligibility of 74 new organisations to receive MRFF funding, consistent with the MRFF Act.	a. 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. b. Supported 125 new clinical trials. c. Provided funding for 71 new projects to develop and commercialise health technologies, treatments, drugs and devices. d. 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. e. Awarded funding to 2,871 unique research team members (Chief Investigators). f. Provided funding for 247 grants with 3 or more participating institutions and 56 grants with 10 or more participating institutions. g. Confirmed the eligibility of 67 new organisations to receive MRFF funding, consistent with the MRFF Act.
	Result: Substantially achieved	

Disclosures:

A total of 91 from 1,683 respondents did not declare their Aboriginal and/or Torres Strait Islander status for result d.

Data Source and Methodology:

For all targets, the source data is provided by the grant hubs (National Health and Medical Research Council (NHMRC) and Business Grants Hub (BGH)) that receive, assess, administer and make payments for MRFF grants on the department's behalf. For target c., data on commercialisation projects is also provided by the grantees themselves (see below).

For target a., financial (expenditure) data uploaded by NHMRC and BGH to the Department of Health and Aged Care's Administered Reporting Information by Program (ARIP) is used. The data used for reporting are the sum of expenses for the MRFF under Priority 4 (MRFF Health Special Account) in 2023–24. Information on the value of investments is published in the department's annual financial statements, which are audited by the Australian National Audit Office and available on the department's website.

For all other targets, data on MRFF grants, researchers and research organisations (extracted from NHMRC's and BGH's grants management systems) and provided directly to the department is used. The data used for reporting are:

b. MRFF grants executed in 2023–24 that fit the World Health Organization's definition of a clinical trial (as per standard operating procedure for classifying MRFF grants).

c. MRFF grants executed in 2023–24 that have a specific focus on commercialisation (as per standard operating procedure for classifying MRFF grants). Also, MRFF-funded projects announced on the websites of companies that are awarded grants to help Australian organisations commercialise their research (including MTPConnect at www.mtpconnect.org.au, Brandon Capital Partners at www.brandoncapital.com.au and ANDHealth at www.andhealth.com.au) in 2023–24.

d. MRFF grants executed in 2023–24 that have a specific focus on Aboriginal and/or Torres Strait Islander health (as per standard operating procedure for classifying MRFF grants), and the names of all research team members (Chief Investigators) on those grants and their Aboriginal and/or Torres Strait Islander status.

e. MRFF grants executed in 2023–24 and the names of all research team members (Chief Investigators) on those grants.

f. MRFF grants executed in 2023–24 and the names of all participating organisations on those grants. Institutions participating on grants include administering, primary, and government (local and federal) organisations, as well as other public and private entities involved in the funded research as declared by the applicants. Where an organisation name is not provided, it is calculated through other means (e.g. email domain, professional postal address, or self-declared professional position of the applicants).

g. List of organisations that applied and were approved for MRFF Eligible Organisation status by NHMRC in 2023–24.

Information on MRFF grants, researchers and research organisations is available on the department's website.[6]

[6] Available at: www.health.gov.au/resources/publications/medical-research-future-fund-mrff-grant-recipients

The Medical Research Future Fund (MRFF) was established to provide long-term sustainable funding for health and medical research that addresses the health needs and priorities of Australians. The performance measure for the MRFF indicates the extent to which it is supporting research across the translation and commercialisation pipeline, growing the research workforce, and supporting researchers and research organisations across the health system to deliver on its obligations under the *Medical Research Future Fund Act 2015* and the MRFF 10-Year Investment Plan.[7]

In 2023–24, the department fully disbursed 100% of the total available budget of $650 million, including full disbursement of its allocations for clinical trials, commercialisation and First Nations health research through its Clinical Trials Activity initiative, Medical Research Commercialisation initiative and Indigenous Health Research Fund. The department also made substantial additional investments in clinical trials, commercialisation and First Nations health research through other initiatives under the MRFF 10-Year Investment Plan. The department also leveraged the diversity of its commitments across the MRFF 10-Year Investment Plan to meet its targets for health system sustainability by funding diverse researchers (including First Nations researchers) and research organisations across the health and medical research sector.

These results indicate that the MRFF is successfully targeting areas of health need that require sustained research investment. The results for researchers and research organisations also indicate a previously untapped pool of research expertise in Australia that the MRFF is successfully leveraging to meet the diverse health needs of Australians.

[7] MRFF 10-Year Investment Plan: www.health.gov.au/our-work/medical-research-future-fund/about-the-mrff/medical-research-future-fund-mrff-10-year-investment-plan

Key Activity:

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 and supporting effective collaboration between Commonwealth state and territory governments to improve health and wellbeing for all Australians.

Source: *Health and Aged Care Corporate Plan 2023–24, p.30*

Performance Measure 1.1B:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.59 and Health and Aged Care Corporate Plan 2023–24, p.30*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
Reduced rate of avoidable readmissions compared to 2021–22 baseline (0.78%).	0.75%	0.78%	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.
	Result: Achieved		

Disclosures:

2023–24 Result:

The result reported is for the period of 1 July 2022 to 30 June 2023, as data is not available until 6 to 9 months after the end of each financial year.

2022–23 Result:

The result for 2022–23 has been finalised and is for the period 1 July 2021 to 30 June 2022, which establishes the 2021–22 baseline figure.

2021–22 Result:

Data was not available at the time of publishing the 2021–22 baseline result. The baseline is the reported result for the 2022–23 financial year, aligning with the timeframe the data became available within.

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).

An Avoidable Hospital Readmission (AHR) is defined by the IHACPA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), with the specifications for each financial year being published as part of the National Efficient Price Determination (NEP Determination).

Avoidable hospital readmissions are processed on the yearly reconciled APC data by the IHACPA and the Administrator of the National Health Funding Pool. The Administrator's advice (and therefore data) is not available until 6–9 months after the end of the financial year.

The department's methodology for the measurement of the target is:

Numerator: Administrator's Advised AHR National Weighted Activity Unit (NWAU)

Denominator: Administrator's Advised Total Acute Admitted NWAU

The 2021–22 baseline rate reflects the first year that public hospital services were priced and funded by this criteria under the 2020–2025 NHRA on ensuring a consistent approach across jurisdictions and is directly linked to a key NHRA obligation.

This performance measure has been amended since publication of the *Health and Aged Care Portfolio Budget Statements 2023–24* (p.59) with the inclusion of the 2021–22 baseline rate (0.78%).

The National Efficient Price Determination, which determines the amount of funding the government provides to public hospitals under the 2020–2025 National Health Reform Agreement (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.

The rate of avoidable readmissions to public hospitals was 0.75% for the reporting period 1 July 2022 to 30 June 2023, a reduction compared to the baseline rate.

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. The department will continue to work with 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.

Program 1.2:
Mental Health

Program Objective

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

Key Activity:

Increasing access to PHN-commissioned mental health services.

Source: *Health and Aged Care Corporate Plan 2023–24, p.33*

Performance Measure 1.2A:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.60 and Health and Aged Care Corporate Plan 2023–24, p.33*

2023–24 Planned Performance	2023–24 Result	2022–23
Annual increase on 2022–23 numbers.	6,436 PHN-commissioned mental health services used per 100,000 population.	6,487 PHN-commissioned mental health services used per 100,000 population.
	Result: Not achieved	

Disclosures:

2023–24 Result:

The result was extracted on 8 July 2024, and includes data for the period 1 April 2022–31 March 2023 compared to 1 April 2023–31 March 2024. Service use is measured by the number of service contacts. The administrative data for the Primary Mental Health Care Minimum Data Set (PMHC MDS) numerator changes daily and the ABS ERP used as the denominator is updated regularly by the ABS. The 2023–24 measure uses the best available numerator and denominator data for 2022–23 from the data sources. Trends for this indicator are affected by a range of factors and should be interpreted with caution. The date of extraction is provided as results for a time period can continue to change daily, based on submissions and updates.

2022–23 Result:

The 2022–23 data used in this report has been updated since the 2022–23 Annual Report. The result of 6,337 in the 2022–23 Annual Report was based on data extracted 17 July 2023. For the 2022–23 denominator used in this report, the most recent ABS published 30 June 2022 estimate is used. In the 2022–23 Annual Report 30 June 2021 ERP was used.

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 PHN-commissioned mental health service contacts.
- Denominator: ABS Estimated Resident Population.

The Australian Government funds Primary Health Networks (PHNs) to conduct regional planning and commissioning of mental health and suicide prevention services. PHNs undertake mental health and suicide prevention planning and service commissioning at a regional level. To ensure these services are appropriate for their communities, commissioning decisions are informed by comprehensive regional needs assessments and consultations with key stakeholders.

This measure provides a high-level indication of PHN-commissioned mental health services accessed across Australia. Trends for this indicator are affected by a range of factors and should be interpreted with caution. This measure indicates that in 2023–24, fewer PHN-commissioned mental health services were accessed, compared to 2022–23. This decrease is within expected annual fluctuations. PHNs continue to ensure services meet the needs of their regions and address the demand for mental health services. The department continues to work with PHNs and their commissioned service providers to improve the completeness and quality of data submitted to the department.

As part of the ongoing improvement in service commissioning PHNs performance is monitored through the PHN Program Performance and Quality Framework. As data is received from PHNs the department identifies potential areas for improvement and works with the PHN to support activities to realise these improvements.

The mental health and suicide prevention needs across the population continuously change. The environmental context, including the continuing and emerging impacts of the COVID-19 pandemic, natural disasters, global conflicts, and the economy can impact mental health and service use. Part of the role of PHNs is to respond to emerging needs in their communities as influencing factors impact the demand for services and the service mix offered. Service access may also be impacted by workforce availability and capability. Performance is dependent on the demand and availability of services.

The mental health system has both national, state and territory government and PHN delivered services. Reforms to national or state and territory government services will influence the demand on PHN region specific services.

Key Activity:

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

Source: *Health and Aged Care Corporate Plan 2023–24, p.34*

Performance Measure 1.2B:

Medicare-subsidised mental health services used per 100,000 population.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.61 and Health and Aged Care Corporate Plan 2023–24, p.34*

2023–24 Planned Performance	2023–24 Result	2022–23
Annual increase on 2022–23 numbers.	47,357 Medicare-subsidised mental health services used per 100,000 population.	50,341 Medicare-subsidised mental health services used per 100,000 population.
	Result: Not achieved	

Disclosures:

2023–24 Result:

Data used for this measure has been provided by a third party. The result was extracted on 8 July 2024. The date of extraction is provided as results for a time period can continue to change daily, based on submissions and updates. The Medicare-subsidised mental health services data is the total number utilised, not the total number of patients who received these services. The 2022–23 data has been updated since the 2022–23 Annual Report. The administrative data source for the MBS claims processed numerator changes daily and ABS ERP used as the denominator is updated regularly by the ABS. The 2023–24 measure is most accurate by using the best available numerator and denominator data for 2022–23 from the data sources. The 2022–23 rate used in this report is based on MBS-claims data extracted on 8 July 2024, compared to 17 July 2023 for the 2022–23 Annual Report. For the 2022–23 denominator used in this report, the most recent ABS published 30 June 2022 estimate is used. In the 2022–23 Annual Report 30 June 2021 ERP was used.

2022–23 Result:

The 2022–23 data used in this report has been updated since the 2022–23 Annual Report. The result of 50,984 in the 2022–23 Annual Report was based on data extracted 17 July 2023.

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.

This measure indicates that in 2023–24, fewer Medicare mental health services were accessed, compared to 2022–23. Medicare mental health services accessed through the MBS are provided on a demand-driven basis. As such, all MBS items, including those for mental health services, do not have specific funding allocations and/or key performance indicators to meet annually.

Demand for mental health services is influenced by the prevalence of mental ill health in the community and environmental and economic factors, emergencies, and the prevalence of domestic and international tragedies. Service access may also be impacted by workforce availability and capability. Performance is dependent on the demand and availability of services.

The department continued to work through mental health reforms, including the Better Access initiative in response to the Better Access evaluation, and other learnings throughout the COVID-19 pandemic in response to patient's needs. This included providing benefits for longer consultations and the tripling of the bulk billing incentive made seeing a GP more affordable for vulnerable and disadvantaged Australians.

The Australian Government is continuing to establish Medicare Mental Health Centres across Australia, providing free mental health support without needing a referral or appointment. Services are delivered outside of the MBS.

The data indicates that activity levels have reduced from their peak during the COVID-19 pandemic. This is consistent with broader trends in Medicare service use. Specifically, whilst total Medicare services grew by 1.1% in 2023–24, GP attendances declined by 1.4%, compared to the previous year. This follows a decline in GP Bulk Billing rates in previous years from 88.3% in 2021–22 to 80% in 2022–23. This coincided with a decline in the GP Full Time Equivalent workforce, which led to fewer services being available. Since increased GP Bulk Billing Incentives were introduced on 1 November 2023, the decline in bulk billing has halted. Stable or increasing GP bulk billing rates are expected to lead to improved performance against the measure in 2024–25.

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.

Key Activity:

Enhancing the capacity of headspace youth services.

Source: *Health and Aged Care Corporate Plan 2023–24, p.35*

Performance Measure 1.2C:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.61 and Health and Aged Care Corporate Plan 2023–24, p.35*

2023–24 Planned Performance	2023–24 Result	2022–23
Annual increase on 2022–23 numbers.	8,285 headspace services were delivered per 100,000 population of 12 to 25 year olds.	7,600 headspace services were delivered per 100,000 population of 12 to 25 year olds.
	Result: Achieved	

Disclosures:

2023–24 Result:

The result was extracted on 8 July 2024, and includes data for the period 1 April 2022–31 March 2023 compared to 1 April 2023–31 March 2024. The administrative data for the Primary Mental Health Care Minimum Data Set (PMHC MDS) numerator changes daily and the ABS ERP used as the denominator is updated regularly by the ABS. The 2023–24 measure uses the best available numerator and denominator data for 2022–23 from the data sources. The date of extraction is provided as results for a time period can continue to change daily, based on submissions and updates. Caution should be used when interpreting the data as the Primary Mental Health Care Minimum Data Set (PMHC MDS) only contains headspace service data from clients who consent to their data being shared with the Commonwealth.

A change in headspace services data occurred in the 2023–24 Annual Report, compared to the 2022–23 Annual Report. In the 2023–24 Annual Report, services data is reported for 12 to 25 year olds as per the measure definition and in alignment with the policy intent of the services. In the 2022–23 Annual Report, the best available extractable data from the PMHC MDS was for 12 to 24 year olds. For the 2023–24 Annual Report the department obtained a customised extract of the required age group of data from the PMHC MDS.

2022–23 Result:

The 2022–23 rate used in this report is based on PMHC MDS data extracted on 26 June 2024, compared to 18 July 2023 for the 2022–23 Annual Report. For the 2022–23 denominator used in this report, the most recent ABS published 30 June 2022 estimate is used. In the 2022–23 Annual Report 30 June 2021 ERP was used. The 2022–23 data used in this report has been updated since the 2022–23 Annual Report. The result of 8,256 headspace services used per 100,000 population of 12 to 24 year olds in the 2022–23 Annual Report was based on data extracted 18 July 2023.

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 (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 headspace occasions of service for 12 to 25 year olds.
- Denominator: ABS Estimated Resident Population (12 to 25 year olds).

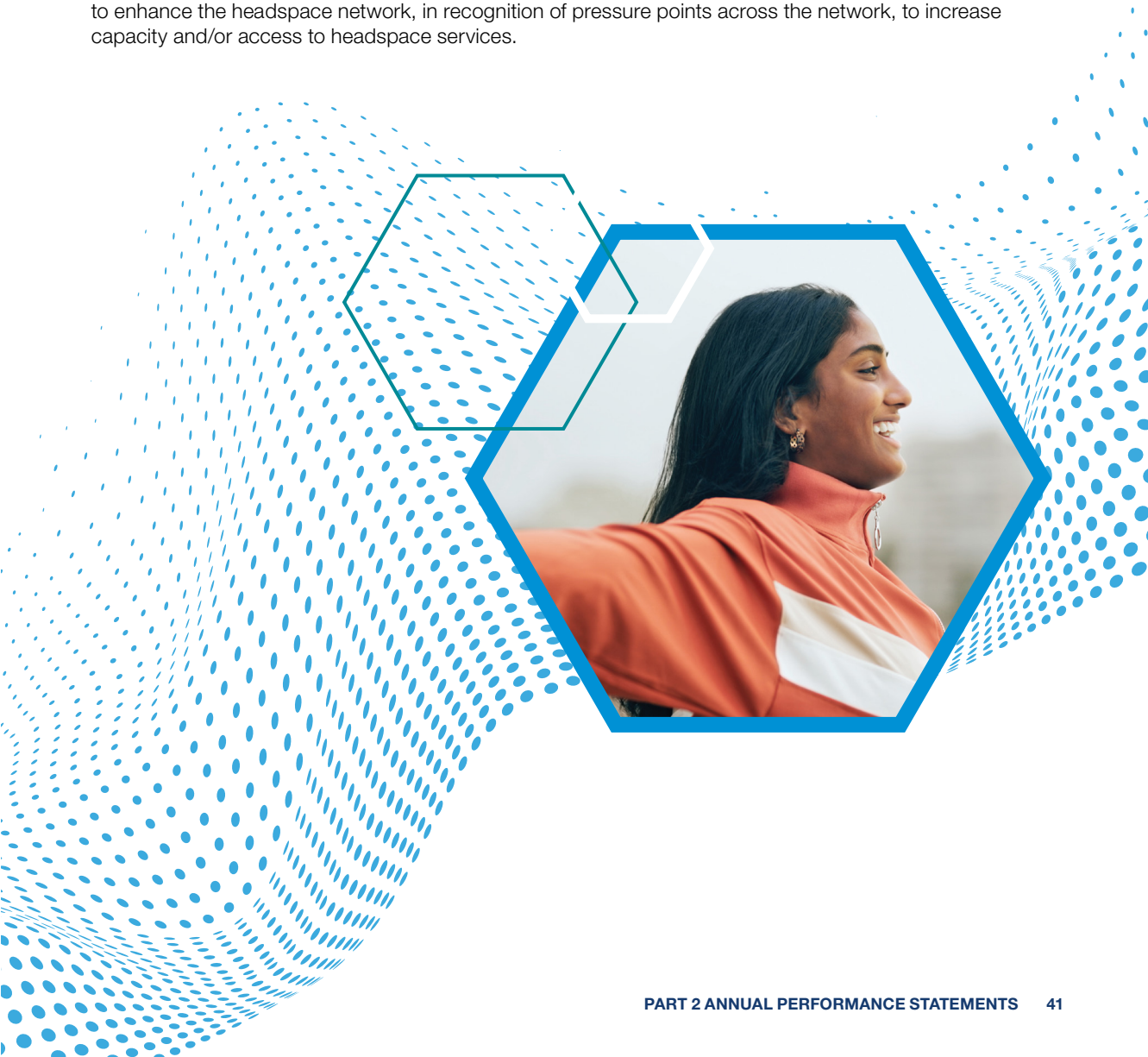
headspace is the primary national platform for provision of services to young people aged 12 to 25 years who are experiencing, or at risk of, mild to moderate mental illness. This measure indicates that in 2023–24, more headspace services were delivered, compared to 2022–23.

Caution should be used when interpreting the data as the Primary Mental Health Care Minimum Data Set (PMHC MDS) only contains headspace service data from clients who consent to their data being shared with the Commonwealth. In 2023–24, 90% of headspace service contacts were consented to be uploaded to the PMHC MDS, and 88% in 2022–23. Also, new categories of service activity data capture were introduced from October 2023 (Indirect and Engagement Occasions of Service) impacting the headspace service data.

An increase in the number of services used per 100,000 people indicates to the department that service capacity and access is improving.

Demand for mental health services is influenced by the prevalence of mental ill health in the community and environmental and economic factors, emergencies, and the prevalence of domestic and international tragedies. Service access may also be impacted by workforce availability and capability. Performance is dependent on the demand and availability of services.

The Australian Government established 3 new headspace centres during 2023–24. As at 29 May 2024, 160 headspace centres are operational. The Australian Government has provided additional funding to enhance the headspace network, in recognition of pressure points across the network, to increase capacity and/or access to headspace services.



Program 1.3:
First Nations Health

Program Objective

Drive improved health outcomes for First Nations peoples.

Key Activities:

- Working in partnership with 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 2021–2031.
- Delivering activities to contribute to achieving Target 1 (life expectancy) and Target 2 (healthy birthweight) of the National Agreement on Closing the Gap.
- Embedding structural reform across the department to implement the Priority Reforms of the National Agreement on Closing the Gap.

Source: *Health and Aged Care Corporate Plan 2023–24, p.38*

Performance Measure 1.3A:

Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations.[8]

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.63*[9] *and Health and Aged Care Corporate Plan 2023–24, p.38*

2023–24 Planned Performance	2023–24 Result
70%	73%
	Result: Achieved

Data Source and Methodology:

Data is analysed and maintained internally by the department.

Through implementation of both the National Agreement on Closing the Gap (National Agreement) and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan) the department is working to grow and support the Aboriginal and Torres Strait Islander Community Controlled health sector. Health services delivered by Aboriginal Community Controlled Health Organisations (ACCHOs) leads to better health outcomes for First Nations people.

In 2023–24, the department exceeded the planned performance target to direct 70% of Program 1.3 funding through the Aboriginal and Torres Strait Islander Community Controlled health sector. This was achieved by:

- Transitioning funding from state and territory health services to ACCHOs.
- Providing funding to 115 ACCHOs to deliver comprehensive primary health care.
- Investing in improved infrastructure for ACCHOs.
- Delivering funding to support the First Nations health workforce.
- Directing funding for First Nations health programs through the Aboriginal and Torres Strait Islander Community Controlled health sector.

The transition of First Nations health funding to ACCHOs is a multi-year process and includes a key focus of ensuring continuity in service delivery throughout the transitioning period, particularly in regional and remote communities where there is no ACCHO.

8 This is a new performance measure for 2023–24, therefore results are not available for previous years.

9 The performance measure published in the *Health and Aged Care Portfolio Budget Statements 2023–24* (p.63) was updated in the *Health and Aged Care Corporate Plan 2023–24* (p.38).

Program 1.4:
Health Workforce

Program Objective

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

Key Activities:

- Implementing workforce programs to improve the health and wellbeing of all Australians.
- Supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches.
- Improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals including through reforms to the Workforce Incentive Program.

Source: *Health and Aged Care Corporate Plan 2023–24, p.40*

Performance Measure 1.4A:

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

a. Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.[10]

b. FTE non–general practice medical specialists per 100,000 population.[11]

c. FTE primary and community nurses per 100,000 population.[12]

d. FTE primary and community allied health practitioners per 100,000 population.[13]

e. Proportion of GP training undertaken in areas outside major cities.[14]

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.65 and Health and Aged Care Corporate Plan 2023–24, p.40*

2023–24 Planned Performance		2023–24 Result		2022–23	
MM1	**MM2–7**	**MM1[15]**	**MM2–7**	**MM1**	**MM2–7**
a. 115.2	a. 109.2	a. 116.6	a. 104.9	a. 125.0	a. 110.4
b. 192.3	b. 96.6	b. 198.4	b. 87.9	b. 193.2	b. 88.6
c. 187.5	c. 229.1	c. 233.0	c. 267.5	c. 220.3	c. 252.6
d. 437.2	d. 412.1	d. 480.6	d. 403.6	d. 456.1	d. 388.8
e. N/A[16]	e. >50%	e. N/A	e. 53.6%	e. N/A	e. 50.8%
		Result: Substantially achieved			

10 Medicare Benefits Scheme claims data (based on date of service).
11 National Health Workforce Datasets (NHWDS), Medical Practitioners.
12 NHWDS, Nurses and Midwives.
13 NHWDS, Allied Health.
14 Australian General Practice Training Program data (sourced from RIDE) and Rural Vocational Training Scheme data.
15 Geography: Cities (MM1) and rural (MM2–7) based on Modified Monash Model 2019.
16 Planned performance is not applicable for MM1 e. as the geography for MM1 is Cities, and the measure is for training undertaken in areas outside of major cities.

Disclosures:

Due to data availability, there is a one year lag for the results reported in this measure.

2023–24 Result:

a. data for the 2023–24 Result reports 2022–23 data, as data is not available until approximately 5 months after the end of the financial year. Data used for this measure has been provided by a third party.
b., c., d. and e. the 2023–24 Results reports 2022 data, as data is captured by calendar year and is not available until 4 to 12 months after the end of the calendar year.

2022–23 Result:

The 2022–23 Results have been revised to align with the data availability for the reporting period.
a. data for the 2022–23 Result reports 2021–22 data, as data is not available until approximately 5 months after the end of the financial year.
b., c., d. and e. the 2022–23 Results reports 2021 data, as data is captured by calendar year and is not available until 4 to 12 months after the end of the calendar year.

Data Source and Methodology:

a. Medical Benefits Scheme claims data. This is administered and owned by the department, in partnership with Services Australia.
b. c. d. National Health Workforce Datasets (NHWDS) and derived from an annual survey of all registered health practitioners. The NHWDS 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 was captured daily from Regional Training Providers into the department's Registrar Information Data Exchange (RIDE). RVTS program data is provided 6 monthly to the department through progress reports by RVTS Ltd and is administered and owned by the department.

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. In 2023–24, $1.9 billion in program funding was provided to develop the workforce and support more equitable distribution of health professionals to areas of need, especially regional and rural locations. This included:

- implementing workforce programs to improve the health and wellbeing of all Australians
- supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches
- improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals through reforms to the Workforce Incentive Program
- leading work with states, territories, other employers, education providers, health professionals and their representatives, to implement the National Medical Workforce Strategy, implement the Nurse Practitioner Workforce Plan, develop the National Nursing Workforce Strategy and a Maternity Services Workforce Strategy.

The department has substantially achieved its performance targets through the delivery of programs and incentives which address key shortages and areas of need.

In 2022, 53.6% of GP training in the Australian General Practice Training (AGPT) and Remote Vocational Training Scheme (RVTS) programs were undertaken in regional, rural or remote areas. The department supported more than 1,000 full-time training places for non-GP medical specialists in 2023, including around half in rural and regional Australia.

Following the Independent Review of Australia's regulatory settings relating to overseas health practitioners, delivered by Robyn Kruk AO (Kruk Review) the government has worked closely with states and territories, Australian Health Practitioner Regulation Agency, boards and colleges to prioritise efforts to streamline regulatory red tape and disincentives for international health workers coming into Australia. The number of health professionals coming to Australia has increased over the last 5 years:

- In 2019–20, 2,877 medical practitioners came to Australia, half of which were general practitioners. In 2023, there were 4,211 and as at May 2024 there were 5,065. This presents a 20% increase.
- In 2019–20, 5,114 nurses and midwives came to Australia, and as at May 2024, 15,171 have come to Australia in 2023–24.
- In 2019–20, 2,127 allied health professionals came into Australia and as at May 2024, 5,736 have come to Australia in 2023–24.

Reviews to consider future reforms to support the health workforce are underway. A review of incentives which go into primary care and a review of scopes of practice are being undertaken. There is also a review of the distribution levers—the regulatory levers that the government has available to ensure better distribution of health workers to areas of need.

Program 1.5:
Preventive Health and Chronic Disease Support

Program Objective

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

Key Activities:

Working with Commonwealth entities, states, territories and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, 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 the 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 raise awareness of the risks of drinking alcohol while pregnant and breastfeeding
- 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
- investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks
- supporting expansion of tobacco and e-cigarette control program activities through investment in tobacco and e-cigarette control research and evaluation, and international tobacco control.

Source: *Health and Aged Care Corporate Plan 2023–24, p.45*

Performance Measure 1.5A:

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

a. Percentage of adults who are daily smokers.

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

i. reduction in harmful alcohol consumption by 2030

ii. reduction of young people (14 to 17 year olds) consuming alcohol by 2030

iii. reduction of pregnant women aged 14 to 49 years consuming alcohol whilst pregnant by 2030.

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.67 and Health and Aged Care Corporate Plan 2023–24, p.45*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
a. Progressive decrease of daily smoking prevalence towards <10%	a. 10.6%	10.1%	10.7%
b. Progressive decrease of harmful alcohol consumption towards: i. <29.7% ii. <10.0% iii. <10.0%	b. i. 30.7% ii. 5.5% iii. 14.9%	N/A[17]	N/A[18]
c. Progressive decrease of recent illicit drug use towards <13.94%	c. 17.9%	17.9%	Data not available
	Result: Not achieved		

Disclosures:

2023–24 Result:

b. The result utilises 2022–23 data from the National Drug Strategy Household Survey. The 2023–24 Result establishes a baseline which will enable the department to measure a progressive decrease for forward years' results. The survey is conducted every 2–3 years. The data in relation to reduction in alcohol consumption by pregnant women (b(iii.)) has a relative standard error of 25% to 50% and should be used with caution. This is due to a small sample size of respondents to this element of the survey. Data may not be reliable for a specific point in time but is useful for trend analysis.
c. The result reported is utilising the latest available data from the AIHW National Drug Strategy Household Survey, 2022–23. The survey is conducted every 2–3 years.

2022–23 Result:

a. 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

c. Final data for the 2022–23 result is now available. The result has been updated since the 2022–23 Annual Report to reflect the final result.

2021–22 Result:

a. 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/articles/pandemic-insights-australian-smokers-2020-21

Data Source and Methodology:

- Baseline figure from the most recent data in the Australian Bureau of Statistics National Health Survey 2017–18.
- Baseline figure from the most recent data in the 2019 National Drug Strategy Household Survey, 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.
- Baseline figure from the most recent national data in the 2019 National Drug Strategy Household Survey. The data source for measure b. and measure c. is the AIHW National Drug Strategy Household Survey. The survey is conducted every 2–3 years.

The most recent Australian Bureau of Statistics National Health Survey results[19] (released 15 December 2023) show that in 2022, 1 in 10 (10.6%) adults aged 18 years and over were current daily smokers. This rate has steadily declined over the last 20 years from 22.4% in 2001, with a significant decrease from 13.8% in 2017–18. This shows significant progress towards the national daily smoking targets contained within the National Tobacco Strategy 2023–2030.

17 This performance measure was revised in 2023–24, therefore previous results are not comparable.
18 Ibid.
19 2022 National Health Survey (NHS) released 15 December 2023 available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking-and-vaping/2022

The continued decline in smoking rates has occurred as a result of Australia's comprehensive and sustained suite of evidence-based initiatives to prevent and reduce tobacco use. These include plain packaging of tobacco products, labelling tobacco products with graphic health warnings, tobacco excise and excise-equivalent customs duty, education programs and campaigns, prohibiting tobacco advertising and promotion, providing support for smokers to quit and measures to minimise the illicit tobacco trade.

While there has been a long-term decline in smoking prevalence over many years, there has been a rapid increase in e-cigarette marketing and use in more recent years, particularly among young people, which poses a risk to population health and Australia's success in tobacco control.

Defined action within 2023–24 has expanded on the Government's commitment to reduce tobacco and e-cigarette use through stronger legislation, enforcement, education, and cessation support. The department supported the Government's development, introduction, and passage of the *Public Health (Tobacco and Other Products) Act 2023* (the Act), which commenced on 1 April 2024. The legislation streamlines and modernises existing provisions and introduces new measures to discourage smoking and tobacco use and prevent the promotion of e-cigarettes.

The Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024 passed by Parliament on 28 June 2024 (commenced on 1 July 2024), prohibits the importation, domestic manufacture, supply, commercial possession, and advertisement of disposable single use and non-therapeutic vapes. The department has developed and launched new public health campaigns[20] to empower Australians to quit smoking and vaping, expanded a range of national cessation initiatives that are proven to help people quit, and reduced the affordability of tobacco products. These measures work together to further reduce the prevalence of tobacco and e-cigarette use and the associated health, social, environmental, and economic costs, and the inequalities it causes.

The National Drug Strategy 2017–2026 (the Strategy) is the overarching framework which identifies national priorities relating to alcohol, tobacco and other drugs, and guides action by governments in partnership with service providers and the community.

The Strategy outlines a national commitment to harm minimisation through a balanced adoption of evidence-based demand, supply and harm reduction strategies. Implementation of the Strategy is the responsibility of relevant agencies in the Government and state and territory jurisdictions.

Reporting from the National Drug Strategy Household Survey 2022–23 demonstrates risky consumption of alcohol is in decline. While targets for the reduction in harmful alcohol have not yet been reached, the downward trend is continuing. While the reduction in harmful alcohol for young people exceeds the target, it also continues to trend downwards. The data in relation to illicit drug use continues a slow upward trend since 2007.

The data used in relation to reduction in alcohol consumption by pregnant women (measure b(iii.)) has a relative standard error of 25% to 50% and should be used with caution. This is due to a small sample size of respondents to this element of the survey. Data may not be reliable for a specific point in time but is overall useful for trend analysis. Data is captured through the National Drug Strategy Household Survey and is collected every 2–3 years. Despite the relative standard error precluding the data from being reliable in this instance, there is still evidence of declining rates of alcohol consumption in this cohort over time.

The Every Moment Matters campaign is a national campaign sharing the latest evidence-based information about alcohol during pregnancy, while planning a pregnancy and breastfeeding, and has shown success in the targeted cohort. Through the Every Moment Matters campaign evaluation survey, undertaken between January 2022 and November 2023, there has been an increase in the proportion of women who would abstain from alcohol during pregnancy if they were to become pregnant, from 82.6% to 90.9%.

There are a number of programs designed to combat the consumption of risky alcohol and drug use in communities. They include the Good Sports program, which provides alcohol and other drug primary prevention activities in community sports clubs across Australia by encouraging cultural change in behaviours and attitudes to alcohol and other drug use in sporting clubs at the grass roots level. This includes processes and policies targeting junior players; to reduce risks that young people are exposed to risky alcohol and drug use in the club setting.

[20] Available at: www.health.gov.au/give-up-for-good

The Cracks in the Ice Program is an e-health initiative which aims to develop and disseminate evidence-based resources about crystal methamphetamine to improve knowledge, reduce stigma and increase access to care for people who use crystal methamphetamine, their families, health workers and communities.

Additionally, Local Drug Action Teams and the Planet Youth trial also supports communities to work together to prevent and minimise the harm caused by alcohol and other drugs.

Key Activity:

Improving early detection, treatment, and survival outcomes for people with cancer by increasing participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030.

Source: *Health and Aged Care Corporate Plan 2023–24, p.47*

Performance Measure 1.5B:

Increase the level of cancer screening participation:

a. National Bowel Cancer Screening Program.

b. National Cervical Screening Program.

c. BreastScreen Australia Program.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.68 and Health and Aged Care Corporate Plan 2023–24, p.47*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
a. Progressive increase towards 53.0%	Data not available	Data not available	40%
b. Progressive increase towards 64.0%	Data not available	Data not available	68%
c. Progressive increase towards 65.0%	Data not available	Data not available	Data not available
	Result: Data not available		

Disclosures:

2023–24 Result:

a. The National Bowel Cancer Screening Program requires the two-year screening cycle to be complete and is calculated on a calendar year basis. The Australian Institute of Health and Welfare undertakes data processes prior to publishing the participation rate. Due to the time between an invitation being sent, test results and collection of data from the Register, participation rates for January 2023 to December 2024 are not yet available. These results are expected to be available in June 2026.

b. The National Cervical Screening Program requires the five-year screening cycle to be complete and is calculated on a calendar year basis. The Australian Institute of Health and Welfare undertakes data quality processes prior to publishing the participation rate which creates an additional time lag after the completion of a screening cycle for data to be suitable for reporting. 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 2020–24 will not be available until December 2025.

c. The BreastScreen Australia national particpation rate relies on third party data from state and territory government BreastScreen registers being provided to the Australian Institute of Health and Welfare for national collation and reporting. This presents a high risk in terms of not being able to report the most recent data.

2022–23 Result:

a. 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. 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

b. Participation rate for the 5-year period 2019–23 will not be available until December 2024.

c. The age-standardised participation rates for January 2021 to December 2022 are expected to be available in October 2024. 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

Data Source and Methodology:

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

The department continued to promote the importance of undergoing screening for bowel, breast, and cervical cancers during 2023–24, with early detection a key factor in reducing morbidity and mortality rates. The department delivers 2 cancer screening programs: the National Bowel Cancer Screening Program (NBCSP), and the National Cervical Screening Program (NCSP). The department also facilitates national leadership and coordination for the BreastScreen Australia Program. The cancer screening programs' performance targets are informed by the National Preventive Health Strategy 2021–2030 and the National Strategy for the Elimination of Cervical Cancer in Australia.

Based on data for the most recent 2-year full cycle reporting period of 1 January 2021 to 31 December 2022, an estimated 40% of eligible people participated in the National Bowel Cancer Screening Program.

The National Bowel Cancer Screening Program historically sees lower participation and anecdotal aversion to participating in screening for bowel cancer (both in Australia and overseas), that influences performance. Increasing the uptake of bowel screening is a priority for the department. A national campaign in 2023 resulted in an additional 120,000 screens undertaken, saving more than 425 lives, along with a focus on partnerships with the National Rugby League, Western Sydney Wanderers and bowel cancer ambassadors Merv Hughes and Gavin Wanganeen to help reach under-screened communities. This campaign and partnership approach to community engagement will continue in 2024.

Participation data for the 5-year cervical screening round is available for the first time since the roll-out of the program in December 2017. Based on data from January 2018 to December 2022, an estimated 68.0% of eligible people participated in the National Cervical Screening Program.

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 2020–21 around 1.7 million women participated, equivalent to 47% (age standardised rate) of eligible women aged between 50 and 74 years. The participation rate for BreastScreen Australia has been relatively stable (53% to 54%) in the years prior to COVID-19. In 2019–20, the participation rate dropped to 49.4% because COVID-19 public health measures resulted in service closures and reduced capacity to screen. This downward trend continued in 2020–21.

Several COVID-19 recovery measures have been delivered to support post-COVID catch-up on screening, with an emphasis on First Nations People and remote and rural communities. A BreastScreen Australia Surge Capacity Initiative was implemented in 2022–23 to 2023–24 to support women to return to screening. Outcomes from the initiative indicate BreastScreen Australia participation rates will increase towards pre-pandemic levels in future reporting years. The department will continue to increase awareness of all 3 programs and the importance of screening through communications and campaign activity.

Program 1.6:
Primary Health Care Quality and Coordination

Program Objective

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

Key Activity:
Supporting Primary Health Networks to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve multidisciplinary care, care coordination and integration.
Source: *Health and Aged Care Corporate Plan 2023–24, p.50*

Performance Measure 1.6A:

The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data.
Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.70 and Health and Aged Care Corporate Plan 2023–24, p.50*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
27	24	30	29
	Result: Not achieved		

Disclosures:
Due to the delay in receiving hospital data from states and territories, there is a 2 year time lag in the reported results for this performance measure.

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.[21] There is up to a 2 year lag collecting data from states and territories.

The department continued to work in partnership with Primary Health Networks (PHNs) in 2023–24, 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.

In 2023–24, there were 58 Medicare Urgent Care Clinics open across Australia, and they treated over 551,000 presentations. Medicare Urgent Care Clinics are easing the pressure on our hospitals and giving Australian families more options to see a healthcare professional when they have an urgent, but not life threatening, need for care. 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.

In contrast to previous years, potentially preventable hospitalisations rose between 2020–21 and 2021–22 in 7 PHN areas and declined in 24 areas. In alignment with nation-wide trends, increases in potentially preventable hospitalisations were predominantly driven by increases in vaccine-preventable hospitalisations associated with pneumonia and influenza (15 per 100,000 people, after adjusting for age, in 2020–21 compared with 74 per 100,000 people in 2021–22).

This is not directly reflective of hospitalisations for COVID-19, as this is not counted as a vaccine-preventable condition in the 2021–22 data. Instead, the trend is attributed to a return to previously recorded population levels of pneumonia and influenza which were notably lower in the 2020–21 period due to COVID-19 preventative measures such as mask wearing and social distancing.

[21] Available at: www.AIHW.gov.au

Program 1.7:
Primary Care Practice Incentives and Medical Indemnity

Program Objective

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

Key Activity:

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

Source: *Health and Aged Care Corporate Plan 2023–24, p.53*

Performance Measure 1.7A:

Maintain Australia's access to quality general practitioner care through the percentage of accredited general practices submitting PIP QI Incentive data to their Primary Health Network.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.72 and Health and Aged Care Corporate Plan 2023–24, p.53*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
≥94.0%	92.7%	92.7%	91.8%
	Result: Not achieved		

Data Source and Methodology:

Data is obtained from Services Australia for the number of practices participating in the 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.

The methodology includes general practice participation in the PIP Quality Improvement Incentive. Participation in the other PIP Quality Stream Incentive (Indigenous Health Incentive) is not included in the calculation.

PIP QI Incentive data is the basis for the quality improvement measures that aim to support general practices to partner with Primary Health Networks to improve patient care, and plan for community health needs across Australia. When a general practice first registers to participate in PIP, they can choose to participate in up to 8 incentives. However, there is no requirement for a practice to participate in PIP QI.

The PIP QI uptake was essentially flat (up by 0.01%) in both practice participation during 2023–24 compared to 2022–23. Practice participation in PIP QI did not meet the planned performance target (≥94.0%) for 2023–24. The difference between expected and actual was less than 2%.

There are inherent limitations associated with forecasting outcomes for the uptake of incentives within demand driven programs like the PIP. A key external factor that influences PIP QI participation is how the program requirements and associated costs impact the day-to-day business operations of the general practice. The department's lack of visibility about these impacts makes the task of explaining differences between expected and actual results for participation in PIP QI difficult.

Key Activity:

Requiring medical indemnity insurers to only refuse to provide cover or apply a risk surcharge on insurance premiums under limited circumstances as set out under section 52A of the *Medical Indemnity Act 2002.*

Source: *Health and Aged Care Corporate Plan 2023–24, p.54*

Performance Measure 1.7B:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.72 and Health and Aged Care Corporate Plan 2023–24, p.54*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
95.0%	Data not available	99.60%	99.64%
	Result: Data not available		

Disclosures:

2023–24 Result:

Insurers have up to 2 months to provide data after 30 June 2024, with the final result available in November 2024. The final result will be included in the 2024–25 Annual Report.

2022–23 Result:

The result has now been finalised and updated accordingly.

2021–22 Result:

The result has now been finalised and updated accordingly.

Data Source and Methodology:

Medical indemnity insurers provide data to the department annually. Results are available on the department's website,[22] where the number of refusals of cover and the application of risk surcharges for medical practitioners are also available.

The department's performance regarding the accessibility of medical indemnity insurance in 2023–24 cannot be definitively assessed until the final data is available from medical indemnity insurers in November 2024. Current trends and preliminary data indicate medical professionals will continue to access insurance without experiencing refusals or risk surcharges.

The data used for this measure is based on self-reporting by insurers and presents a limitation in that it may not capture the full extent of refusals or risk surcharges applied. The department works closely with engaging insurers to ensure the accuracy and completeness of the information. Additionally, the calculation methodology for Measure 1.7B is still evolving, as the department seeks to refine its approach to data analysis and interpretation. As the program matures and more data becomes available, the department may consider adjusting the planned performance or introducing additional measures to better assess the effectiveness of the Medical Indemnity Reform.

However, based on current trends and preliminary data, the department anticipates that most medical professionals will continue to access insurance without experiencing refusals or risk surcharges.

The department's ongoing monitoring and engagement with insurers, coupled with the legislative framework of the *Medical Indemnity Act 2002*, contribute to maintaining a high level of access to affordable medical indemnity insurance for practitioners in Australia. It is forecasted that the reporting provided by insurers on the universal cover requirements will exceed the 2023–24 performance indicator given that insurers have a strong understanding of the requirements under the *Medical Indemnity Act 2002* in relation to the universal cover obligations.

[22] Available at: www.health.gov.au/resources/collections/medical-indemnity-universal-cover-annual-reports

The department will be engaging the Australian Government Actuary to undertake a 6-month review to evaluate the stability and affordability of medical indemnity insurance which should provide further insights into whether the Commonwealth's medical indemnity objectives are being met. This will include making recommendations to the department.

The current arrangements continue to remain suitable for assessing the performance of the medical indemnity schemes. Data is provided directly by insurers to the department; and risks of receiving unreliable, irrelevant and incomplete data are mitigated through offence provisions within the *Medical Indemnity Act 2002.* The department aims to meet with insurers at least 3 times per year to discuss and address any emerging issues that could impact the Commonwealth's objectives.

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, and industrial chemicals.

Key Activity:

Regulating therapeutic goods, including COVID-19 vaccines and treatments, to ensure safety, efficacy, performance and quality.

Source: *Health and Aged Care Corporate Plan 2023–24, p.57*

Performance Measure 1.8A:

Percentage of therapeutic goods evaluations that meet statutory timeframes.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.74 and Health and Aged Care Corporate Plan 2023–24, p.57*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
100%	99.93%	99.45%	99.78%
	Result: Not achieved		

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.

In 2023–24, the Therapeutic Goods Administration (TGA) maintained high standards in evaluating therapeutic goods, achieving near-total compliance with statutory timeframes across 6 key areas.

The TGA achieved 100% compliance in Listed Medicine Ingredients, Registered Complementary Medicines, Assessed Listed Medicines, Medical Devices Preliminary Assessments, and Medical Devices Conformity Assessments.

Prescription Medicines achieved a 99.56% compliance rate, with the shortfall due to 14 out of 2,727 Category 3 and Minor Variation applications exceeding the 45-day statutory timeframe. While these prescription medicine applications are lower risk, they also have a shorter legislated timeframe of 45 working days in comparison to new chemical entity applications of 255 working days. The TGA completed 328 more prescription applications this year compared to last year. This represents a 11.6% increase in workload. The TGA's performance, with an average compliance rate of 99.93%, underscores its dedication to regulatory excellence, continuous improvement and transparency, ensuring the safety and efficacy of therapeutic goods for the Australian public.

Key Activities:

- Regulating and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs, including medicinal cannabis, to support Australia's obligations under the International Drug Conventions.
- 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.

Source: *Health and Aged Care Corporate Plan 2023–24, p.57*

Performance Measure 1.8B:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.74 and Health and Aged Care Corporate Plan 2023–24, p.57*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
27	31	30	25
	Result: Achieved		

Data Source and Methodology:

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

In 2023–24, the Office of Drug Control (ODC) completed 31 inspections, comprising 29 onsite and 2 desktop. This was 4 above the planned performance figure due to greater than forecasted licence applications and verification activity.

The ODC issued 6 infringements totalling $99,000, 15 Directions and 2 warnings. The improved result was achieved based on a risk led approach, strong quarterly planning, and the introduction of timeliness standards for the completion of inspection reports.

In 2023–24, the ODC continued to strengthen relationships with law enforcement and state and territory regulators to collaborate, share information and conduct joint compliance and enforcement activities.

Early and regular engagement with licence and permit holders allowed the ODC to identify compliance issues and trends, and apply effective treatments to ensure licence holders' obligations were met to maintain compliance and regulation standards.

Key Activity:

Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms (GMOs).

Source: *Health and Aged Care Corporate Plan 2023–24, p.58*

Performance Measure 1.8C:

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 2023–24, p.74 and Health and Aged Care Corporate Plan 2023–24, p.58*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
a. 100% b. 100%	a. 100% b. 99.1%	a. 100% b. 100%	a. 100% b. 100%
	Result: Substantially achieved		

Data Source and Methodology:

Records of licence applications and incidents. Data is analysed and maintained internally by the department. All licence decision timeframes are measured against statutory timeframes within the Gene Technology Regulations 2001.[23] All reports or allegations (incidents) received are assessed in accordance with the Monitoring and Compliance Managing Incidents Reports Standard Operating Procedures.

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 public consultation procedures are built into relevant decision-making processes.

The following licences were issued during 2023–24:

- 3 agricultural plant licences
- 16 clinical trial licences
- 1 commercial licence for a human therapeutic
- 9 laboratory research licences
- 3 licences for manufacturing involving a GMO.

The OGTR received and assessed 108 reports during 2023–24 relating to possible non-compliances with GMO approvals (licences, notifiable low risk dealings and certifications).

While inspectors assessed all reports received, one report was received in the last 3 business days of the financial year and assessed after 30 June 2024. This final report was assessed within 5 business days of receipt. Assessments consider the circumstances of the report in accordance with the *Gene Technology Act 2000*, Gene Technology Regulations 2001, 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.

The OGTR takes a cooperative compliance approach, with an emphasis on education, engagement and awareness raising. When assessing non-compliance, the 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.

100% of GMO licence decisions were made within statutory timeframes and 99.1% of reported non-compliance with the conditions of GMO approvals were assessed. Skilled technical staff and robust procedures contributed to the strong performance against these measures in 2023–24.

[23] Available at: www.legislation.gov.au/F2001B00162/latest/text

Key Activity:

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

Source: *Health and Aged Care Corporate Plan 2023–24, p.59*

Performance Measure 1.8D:

Industrial chemical risk assessments and evaluations completed within statutory timeframes.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.75 and Health and Aged Care Corporate Plan 2023–24, p.59*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
≥95%	100%	100%	96.8%
	Result: Achieved		

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.[24]

The Australian Industrial Chemicals Introduction Scheme (AICIS) conducts high quality, risk proportionate chemical assessments and evaluations by skilled scientific and technical staff.

During 2023–24, AICIS completed a total of 106 assessments and evaluations covering 4,183 industrial chemicals. Assessments relate to commercial authorisations and assessment certificate authorisations. Evaluations relate to chemicals that have been authorised for use in Australia. Both address risks to human health and the environment. Appendix 4 in this report describes the operation of AICIS and provides comprehensive details on the type and number of assessment and evaluations completed. During 2023–24, all assessments and evaluations were completed within statutory timeframes.

AICIS ensured assessment and evaluation quality was maintained through internal peer review and feedback from applicants, introducers and other stakeholders prior to finalising statements.

Publication of completed assessment and evaluation statements, including risk management recommendations on the Australian Industrial Chemicals Introduction Scheme website,[25] assists Commonwealth and State and Territory governments with implementing risk management controls, and facilitates the safe use of industrial chemicals by workers and the public.

24 Available at: www.industrialchemicals.gov.au/consumers-and-community/our-evaluations
25 Ibid.

Program 1.9:
Immunisation

Program Objective

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

Key Activities:

- Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP).
- Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease.
- Ensuring secure vaccine supply and efficient use of vaccines for the NIP.

Source: *Health and Aged Care Corporate Plan 2023–24, p.62*

Performance Measure 1.9A:

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 to 15 months of age are increased to close the gap and then maintained.

c. For 15 year olds, HPV vaccinations are increased with a target of 90% coverage by 2030.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.76 and Health and Aged Care Corporate Plan 2023–24, p.62*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
a. ≥95.00%	93.85%	94.14%	94.54%
b. ≥95.00%	90.29%	90.83%	91.53%
c. ≥90.00%	84.75% (females) 82.03% (males)	N/A[26]	N/A
	Result: Not achieved		

Data Source and Methodology:

Immunisation data is reported to the AIR,[27] and quarterly coverage reports are produced by Services Australia and reported by the department. 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.[28] Comprehensive reporting on the performance of the COVID-19 vaccine rollout is published regularly.

The program's objective is to reduce the incidence of vaccine preventable diseases to protect individuals and increase national immunisation rates to protect the Australian community. In 2023–24, the department implemented a range of activities such as a childhood immunisation campaign, culturally sensitive resources for First Nations communities, and support to primary care providers. Significant additions to diversifying the National Immunisation Program (NIP) portfolio included new alternate vaccines, an ongoing catch-up program for meningococcal B for First Nations children, and the listing of Shingrix for the prevention of shingles.

26 This was a new performance measure in 2023–24, therefore results are not available for previous years.

27 Available at: www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children

28 Available at: www.ncirs.org.au

The introduction of the National Immunisation Program Vaccinations in Pharmacy Program (NIPVIP) was a major policy expansion in 2023–24 expected to enhance access and coverage of NIP vaccines. These activities align with the program's goals of improving immunisation coverage, ensuring secure vaccine supply, and partnering with states and territories to deliver vaccine initiatives. They directly address public health concerns by reducing vaccine preventable diseases, fostering public confidence in vaccination programs, and maintaining high immunisation rates despite external challenges.

Immunisation coverage rates for children at 5 years of age and First Nations children aged 12 to 15 months did not meet the planned targets of 95%, with rates recorded at 93.85% and 90.29% respectively. The decline in these rates was influenced by the lingering effects of the COVID-19 pandemic (including disruptions to healthcare services, health workforce shortages, and changes in community health behaviours) and varying vaccine acceptance levels.

The HPV vaccination rates for 15 year old adolescents are reported for the first time in the 2023–24 performance statements. An initial coverage rate of 84.75% for females and 82.03% for males[29] has established a baseline for future improvement towards the target of 90% coverage by 2030.

The department remains committed to addressing these challenges through continuous monitoring, data analysis, and adaptive strategies. Efforts to improve immunisation coverage will continue to be a priority moving forward.

[29] Available at: www.health.gov.au/topics/immunisation/immunisation-data/human-papillomavirus-hpv-immunisation-data

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.

Programs contributing to Outcome 2

	Summary of results against performance criteria			
Program	**Achieved**	**Substantially achieved**	**Not achieved**	**Data not available**
Program 2.1: Medical Benefits	-	-	1	-
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	**5**	**-**	**3**	**-**

Program 2.1:
Medical Benefits

Program Objective

Deliver a modern, sustainable Medicare Benefits Schedule 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.

Key Activity:

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

Source: *Health and Aged Care Corporate Plan 2023–24, p.68*

Performance Measure 2.1A:

Percentage of Australians accessing Medicare Benefits Schedule services.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.83 and Health and Aged Care Corporate Plan 2023–24, p.68*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
>90%	88.6%	90.3%	94.2%
	Result: Not achieved		

Data Source and Methodology:

Medicare statistics recorded on a rolling 12-month time series. This is published on the department's website.[30]

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 Schedule (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 continued to provide Australians with access to affordable and clinically relevant medical services, with 23.6 million Australians (inclusive of some overseas visitors) accessing at least one MBS service in 2023–24.

The MBS is a demand driven program and service utilisation depends on the behaviour of consumers and health practitioners. Consultations (often referred to as attendances) with General Practitioners (GPs) are often the first contact patients have with the MBS. As such, the number of people accessing MBS services is heavily influenced by the number of GP attendances. GP attendances declined by 1.4% in 2023–24, coinciding with a decline in the GP Full Time Equivalent participation and a reduction in the GP bulk billing rate.

The department will investigate the extent to which the reductions in demand are due to services being obtained from other health professionals (e.g. clinical certificates for work absences may be being obtained from pharmacists and some states are trialling other services to be delivered via pharmacies); services being obtained through non-government funded providers (e.g. online clinics), or services being funded through other government programs (e.g. Department of Veterans Affairs).

[30] Available at: www.health.gov.au/resources/collections/medicare-statistics-collection

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.

Key Activities:

- Access to high-quality hearing services through the delivery of the Voucher scheme component of the Hearing Services Program (HSP).
- Administering the Community Service Obligations (CSO) component of the HSP, providing specialist services to children and other eligible groups through Hearing Australia.

Source: *Health and Aged Care Corporate Plan 2023–24, p.71*

Performance Measure 2.2A:

a. Number of active vouchered clients[31] 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 2023–24, p.84 and Health and Aged Care Corporate Plan 2023–24, p.71*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
a. 865,000	a. 800,733	a. 801,008	a. 811,991
b. 79,000	b. 62,041	b. 69,959	b. 72,245
	Result: Not achieved		

Disclosures:

2023–24 Result:

The result for a. was calculated as at 30 June 2024. Providers have up to 12 months to claim for services at the end of each financial year, with claims subject to recovery if found to be invalid. The final result will be included in the 2024–25 Annual Report.

2022–23 Result:

The result for a. has been amended to reflect the final result following conclusion of the 12 month provider claiming period for 2022–23. The result as of 30 June 2023 and published in the 2022–23 Annual Report was 802,902. The decrease is a result of an update in methodology to change from calculating by the date of payment to calculating by the date of service, as well as invalid items which were subsequently recovered for the period.

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[32] under 'About the Program: Program Statistics'.

Hearing Services Program clients are counted based on the date of service.

CSO data is provided by Hearing Australia and maintained by the department. It is also reported in Hearing Australia's Annual and Quarterly Reports.[33]

The above planned performance are the forecasts for future years based on the historical trends.

The planned performance results published in the *Health and Aged Care Portfolio Budget Statements 2023–24, (p.84),* have been updated to reflect new funding model projections.

31 Active vouchered clients refers to the number of current voucher holders under the Hearing Services Program that have accessed one or more program services during the year.

32 Available at: www.health.gov.au/our-work/hearing-services-program

33 Available at: www.hearing.com.au/about-hearing-australia/corporate-publications/

The Planned Performance is an estimate based on historical program data trends, the growth of the Hearing Services Program eligible population and with consideration of any policy changes. 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. The funding model used to generate these projections is under ongoing review to improve accuracy of future projections.

Program providers have up to 12 months after 30 June 2024 to submit a claim for Voucher scheme services provided in the reporting period. The 2023–24 result is based on the number of claims made in the reporting period as of 1 July 2024. Updated results will be published in the 2024–25 Annual Report.

In 2023–24, the number of active vouchered clients who received hearing services has been lower than forecast. This outcome can be due in part to services which are yet to be claimed for 2023–24, however the lower activity is consistent with a reduction in new clients accessing the program in recent years. A change in voucher length (to extend vouchers from 3 years to 5 years) was designed to improve program efficiency and was implemented in 2020–21. The full effect of the policy change is continuing to work through the system.

The CSO element of the program is delivered exclusively by Hearing Australia, who are responsible for meeting the client numbers. The department continued to meet with Hearing Australia throughout 2023–24 to monitor its delivery of the CSO and any implications for the future of the CSO. The count of clients receiving CSO services is provided by Hearing Australia to the department, and this is what is included in the current report. Late claims do not impact the CSO client numbers.

Program 2.3:
Pharmaceutical Benefits

Program Objective

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

Key Activity:

Provide all eligible Australians with reliable, timely, and affordable access to high-quality, clinically effective, cost-effective medicines recommended by the Pharmaceutical Benefits Advisory Committee, by listing of new medicines on the Pharmaceutical Benefits Scheme.

Source: *Health and Aged Care Corporate Plan 2023–24, p.73*

Performance Measure 2.3A:

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 2023–24, p.85 and Health and Aged Care Corporate Plan 2023–24, p.73*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
≥80%	100%	100%	100%
	Result: Achieved		

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 used as the date of in-principle agreement to listing arrangements, and is publicly available on the Medicine Status Website[34] as the date government processes commence.

More information on the PBAC is available on the department's website.[35]

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.

During 2023–24, the department continued negotiations with medicine sponsors and listing activities for new medicines on the PBS, resulting in 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. Activities 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.

34 Available at: www.pbs.gov.au/medicinestatus/home.html
35 Available at: www.pbs.gov.au/info/industry/listing/elements/pbac-meetings

Key Activity:

Providing access to new and existing medicines for patients with ultra-rare life-threatening conditions, assessing patient applications, administering medicine orders within agreed timeframes, and supporting the Life Saving Drugs Program (LSDP) Expert Panel to assess new medicines for LSDP listing and review existing LSDP medicines.

Source: *Health and Aged Care Corporate Plan 2023–24, p.74*

Performance Measure 2.3B:

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.85 and Health and Aged Care Corporate Plan 2023–24, p.74*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
90% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.	94.12% within 8 calendar days. 100% within 30 calendar days. No urgent applications received.	93.3% within 8 calendar days. 100% within 30 calendar days. 100% of urgent applications within 48 hours.	85.72% within 8 calendar days. 100% within 30 calendar days. No urgent applications were received in 2021–22.
	Result: Achieved		

Data Source and Methodology:

Applications are received from the treating physician and processed in line with Standard Operating Procedures once complete. Data is maintained internally by the department and results are calculated based on the percentage of applications assessed in the required timeframes.

In 2023–24, a total of 34 new patient applications were processed for the LSDP.

94.12% of all applications were processed within 8 calendar days.

Application processing time 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 3.21 days.

No urgent applications were received in 2023–24.

Program 2.4:
Private Health Insurance

Program Objective

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

Key Activity:

Assessment of private health insurer premium change applications.

Source: *Health and Aged Care Corporate Plan 2023–24, p.77*

Performance Measure 2.4A:

Percentage of applications to the Minister from private health insurers to change premiums charged under a complying health insurance product that are assessed within approved timeframes.[36]

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.88 and Health and Aged Care Corporate Plan 2023–24, p.77*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
100%	100%	100%	100%
	Result: Achieved		

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.[37]

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 2023–24, including:

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

In the 2024 premium round, the department received premium change applications from 30 private health insurers. All applications were processed within the approved timeframes, leading to 100% performance in line with the performance measure for Program 2.4. The 2023–24 result is consistent with previous years' performance.

[36] Application form and timeframes are available at: www.health.gov.au/news/phi-circulars/phi-6222-2023-private-health-insurance-premium-round-applications

[37] Available at: www.health.gov.au/news/phi-circulars/phi-6222-2023-private-health-insurance-premium-round-applications

Program 2.5:
Dental Services

Program Objective

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

Key Activity:

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

Source: *Health and Aged Care Corporate Plan 2023–24, p.79*

Performance Measure 2.5A:

The percentage of eligible children[38] accessing essential dental health services through the Child Dental Benefits Schedule.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.89 and Health and Aged Care Corporate Plan 2023–24, p.79*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
42.7%	39.2%	38.8%[39]	35.40%
	Result: Not achieved		

Disclosures:

Data used for this measure has been provided by a third party.

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.

The CDBS is jointly administered by the Department of Health and Aged Care and Services Australia in accordance with the *Dental Benefits Act 2008* and Dental Benefits Rules 2014.

The CDBS is a demand driven, calendar year program that aims to improve access to dental services for eligible children by covering part or all the cost of basic dental services. Once a child is found to be eligible,[40] they are notified via a letter sent by post or MyGov. The department commenced work with Services Australia to update the letters to be more effective at encouraging eligible children/their carers to take advantage of the CDBS.

External factors that contributed to the performance of this measure vary based on circumstances including school holiday periods, provision by state and territory governments of dental outreach services (e.g. school dental), cost of living pressures and the ongoing recovery of preventive health services and behaviours post COVID-19.

The Report on the Fifth Review of the *Dental Benefits Act 2008*, tabled in Parliament on 2 August 2023,[41] placed a specific focus on the accessibility and delivery of dental services under the CDBS to First Nations children, children living in rural and remote communities, and children with disability. The recommendations are being considered by the department and the Dental Clinical Advisory Committee.

38 From 1 January 2022, to be eligible for the CDBS a child must be between zero and 17 years of age, must be eligible for Medicare, and the child or parent/guardian must be receiving a relevant Australian Government Payment, such as Family Tax Benefit Part A. From 1 January 2014 to 31 December 2021, the age of eligibility was between 2 and 17 years of age.

39 Data is based on date of service being in 2022–23 and is correct as of 30 June 2023.

40 Eligibility for the CDBS is automatically assessed by Services Australia and is valid for that calendar year. The benefit limit is applied over a relevant 2 calendar year period: for the 2023 and 2024 calendar years the benefit limit is $1,052. For the 2024 to 2025 calendar years, the benefit limit is $1,095.

41 Available at: www.health.gov.au/resources/publications/report-on-the-fifth-review-of-the-dental-benefits-act-2008

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.

Key Activity:

To take action against health care providers who are found non-compliant to support the integrity of health benefit claims.

Source: *Health and Aged Care Corporate Plan 2023–24, p.81*

Performance Measure 2.6A:

Percentage of completed audits, practitioner reviews and investigations that find non-compliance.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.90 and Health and Aged Care Corporate Plan 2023–24, p.81*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
>80%	>95%	>90%	>95%
	Result: Achieved		

Disclosures:

Data used for this measure has been provided by a third party.

Data Source and Methodology:

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.

Data is maintained internally by the department.

A case is considered non-compliant where it is:

- referred to the Commonwealth Director of Public Prosecutions
- placed in 6-month review after a practitioner review program interview, referred to the Delegate of the Chief Executive Medicare within the Professional Review Section or a request can be made to the Director of Professional Services Review
- completed as an audit case and non-compliant services are confirmed.

The department continued to support the integrity of Australia's health payment systems throughout 2023–24, undertaking targeted, data driven compliance activities focused on early intervention and prevention. The number of cases completed each year can vary depending on the compliance concerns identified and the scale of those concerns. The broader environment can also impact the volume of work, for example suspension of compliance activities for Medicare providers in areas impacted by natural disasters/declared emergencies.

This measure ensures that the integrity of funding directed towards the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and Child Dental Benefits Schedule is maintained through monitoring possible non-compliant servicing behaviour and intervening where potential incorrect claiming, inappropriate practice or fraud has been detected. Annual calculations include completed audit cases, investigations, and Practitioner Review Program interventions.

A refreshed compliance case work governance model effective from November 2023 was introduced to improve our ability to identify and assess risks in the context of the fluid health environment.

The primary data input for our analysis work is Medicare payment information from Services Australia. This influences the prioritisation of risks and the analytical work underpinning our performance. Our choice of activity is proportional to the significance of any observed compliance concern. Our compliance interventions range from education activities through to criminal investigations.

Feedback mechanisms are built into our work to document lessons learned into decision-making processes, thereby ensuring continuous improvement. The department will continue to work with data and stakeholders to strengthen our ability to correctly identify and treat non-compliant practice.

Program 2.7:
Assistance through Aids and Appliances

Program Objective

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

Key Activity:

Deliver the National Diabetes Services Scheme, including expanded access arrangements for continuous glucose monitoring products, with the assistance of Diabetes Australia.

Source: *Health and Aged Care Corporate Plan 2023–24, p.83*

Performance Measure 2.7A:

Average Net Promoter Score for National Diabetes Services Scheme programs.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.91 and Health and Aged Care Corporate Plan 2023–24, p.83*

2023–24 Planned Performance	2023–24 Result	2022–23
>70	74	74
	Result: Achieved	

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 complete reviews of NDSS registrants' satisfaction with NDSS programs and services and provide an annual Average Net Promoter Score (NPS) for face-to-face programs. The outcomes of the reviews of face-to-face NDSS programs and services will inform this measure.

The NPS is a more holistic and accurate description of how likely NDSS registrants are to refer people to use the NDSS. It provides an overall view of how effective the NDSS has been in meeting the needs of people with diabetes. The NPS can range from -100 to 100 with a score above 0 being considered good and based on the international benchmark for health care, scores over 50 are considered excellent.

The Average NPS provides a qualitative assessment of how the NDSS is perceived by NDSS registrants participating in educational and information events.

The department continued to provide eligible Australians with access to the National Diabetes Services Scheme (NDSS) throughout 2023–24. The NDSS provides support for people with diabetes, to assist with understanding and management of their condition and provides timely, reliable, and affordable access to NDSS services and products.

During 2023–24 the implementation of nationally consistent programs across the NDSS would have been reflected in the feedback received from program participants who attended face-to-face programs.

The Average Net Promoter Score (NPS) for the NDSS for 2023–24 is 74, which is consistent with 2022–23, indicating that NDSS registrants continue to be very satisfied with NDSS services and are likely to recommend them to other people.

Outcome 3
Ageing and Aged Care

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

Programs contributing to Outcome 3

	Summary of results against performance criteria			
Program	**Achieved**	**Substantially achieved**	**Not achieved**	**Data not available**
Program 3.1: Access and Information	1	1	-	-
Program 3.2: Aged Care Services	1	1	2	-
Program 3.3: Aged Care Quality	1	-	-	-
Total	**3**	**2**	**2**	**-**

Program 3.1:
Access and Information

Program Objective

Provide older people in Australia, their families, representatives and carers access to reliable and trusted information about aged care services through My Aged Care. Provide improved and more consistent client outcomes, responsive assessments of clients' needs and goals, appropriate referral, and equitable access to aged care services.

Key Activity:

Easy, consistent and equitable access for older Australians.

- 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 Corporate Plan 2023–24, p.88*

Performance Measure 3.1A:

Older Australians and their representatives have access to reliable and trusted information through My Aged Care, as measured through consumer satisfaction.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.99 and Health and Aged Care Corporate Plan 2023–24, p.88*

2023–24 Planned Performance	2023–24 Result
a. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Website: >65%	a. 56.3%
b. The percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre: >95%	b. 95.1% **Result: Substantially achieved**

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. The Contact Centre Satisfaction score (the reported indicator) considers those responses that relate to Contact Centre service. 'Satisfied' visitors to the website consist of an aggregate score from 7 questions which measure key indicators of website satisfaction.

Satisfaction with the My Aged Care website remained below the target of 65.0% for 2023–24. Satisfaction was above the previous 2022–23 result of 48.4% and the 2023–24 result of 56.3% reflects the highest rate of satisfaction levels since the introduction of the My Aged Care website.

The department continued to closely monitor consumer feedback through the survey to inform improvements to the My Aged Care website. During 2023–24, a number of enhancements were implemented based on broad feedback and user testing, aimed at improving user experience. These included:

- improvements to the 'Find a Provider' tool through implementation of the Provider Operations and Dollars to Care enhancement, increasing the transparency of aged care services in Australia
- further enhancements to the Star Rating information displayed to provide the ability for older Australians and their support networks to easily compare services and make informed choices about their care
- publication of provider 24/7 Registered Nurse coverage and Enrolled Nursing Care minutes to provide greater confidence to users that a provider is meeting their Registered and Enrolled Nursing requirements.

Feedback from the My Aged Care Website survey indicated that users are considering their satisfaction with the aged care system more broadly, rather than just the website. Survey free text responses[42] demonstrate this through themes raised including aged care service availability.

Satisfaction with the My Aged contact centre target of 95% was achieved for 2023–24. The department demonstrated commitment to maintaining high levels of customer satisfaction through workforce training, quality assurance, continuous improvement of scripting and process through both regular reviews and in response to feedback from customers.

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 Corporate Plan 2023–24, p.89*

Performance Measure 3.1B:

Older Australians are assessed for service need as measured through assessment timeliness.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.100 and Health and Aged Care Corporate Plan 2023–24, p.89*

2023–24 Planned Performance	2023–24 Result
a. High priority comprehensive assessments completed within 10 calendar days of referral acceptance for community setting >90%	a. 92.9% of 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 >90%	b. 97.1% of 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) >90%	c. 93.4% of home support assessments completed within 10 calendar days of referral acceptance (community setting only).
	Result: Achieved

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.

[42] Survey free text responses refers to users providing raw unfiltered comments and feedback in their own words.

In 2023–24, a total of 213,763 comprehensive assessments were conducted. Of these, 159,662 were conducted in the community setting and 238 of these were rated as high priority.[43] 92.9% of high priority comprehensive assessments conducted in a community setting were completed within 10 days of referral.

54,101 comprehensive assessments were conducted in the hospital setting. Of these, 105 were rated as high priority. 97.1% of high priority comprehensive assessments conducted in a hospital setting were completed within 5 days of referral.

In 2023–24, 324,610 home support assessments were conducted in community settings, and of these 3,635 were rated as 'high priority' assessments. Of the high priority home support assessments, 93.4% were completed within 10 calendar days of referral acceptance.

Assessment organisations and jurisdictions continued to meet high priority referral Key Performance Indicators (KPIs) during 2023–24. Factors that contributed towards performance were a clear focus on the part of Assessment organisations and jurisdictions to deliver high priority assessments, and meet this segment of their KPIs.

The department is focused on progressing reforms to aged care assessments, with the aim of simplifying and improving arrangements for older Australians through the introduction of a Single Assessment System in 2024–25. This system will provide a single assessment pathway that can adapt to changing needs of older people, without having to change assessment providers. In addition, from 2024–25, the department will expand its reporting to all assessment priority levels, not just high priority.

[43] Definition of high priority level is included on page 27 of: www.health.gov.au/resources/publications/my-aged-care-assessment-manual

Program 3.2:
Aged Care Services

Program Objective

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

Key Activity:

Respect, Care and Dignity for older Australians.

- Measure older peoples' experiences of residential aged care homes and capture their perspective on whether they are being cared for with respect and dignity.

Source: *Health and Aged Care Corporate Plan 2023–24, p.91*

Performance Measure 3.2A:

Older Australians are treated with respect and dignity in receiving aged care services, as measured through resident experience.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.101 and Health and Aged Care Corporate Plan 2023–24, p.91*

2023–24 Planned Performance	2023–24 Result
Maintain or increase the average Resident Experience Survey (RES) Score of 82% for residential aged care homes.	84.4% **Result: Achieved**

Data Source and Methodology:

Data is sourced on the number of aged care residents that choose to complete the Residents' Experience Surveys (RES). The RES is conducted by an independent third-party consortium on behalf of the department and is undertaken between February to October each year. All surveyors undergo training and inter-rater surveys are conducted throughout the year to ensure reliability in the data. The result is calculated by averaging the RES scores (the 12 Likert scale questions in the survey) of all participating residential aged care homes and converting the total average score to a percentage.

Aged care residents refer to older people who are residing in government funded residential aged care homes and excludes aged care residents where the Commonwealth funded aged care home receive an exemption.

- Around 20% of residents across 2,700 Commonwealth funded residents aged care homes will be surveyed.
- The survey includes a 10% response rate from each non-exempt aged care home.
- The 2022 survey questions were designed in collaboration with La Trobe University Lincoln Centre for Research on Ageing (external organisation).
- The 2023 survey has been improved based on feedback from residents on the questions contained within the tool (one question changed).

The department has achieved its planned performance to maintain or increase the average Residents' Experience Survey (RES) score of 82% by achieving a score of 84.4%. The result of 84.4% reflects the 2023 round of RES calculated from data collected from 1 February 2023 to 31 October 2023.

The performance result measured older people's experiences of residential aged care homes and captured their perspectives on whether they were being cared for with respect and dignity. The department's aged care reform program contributed towards a shift in aged care provider behaviour to place their residents' quality of care at the centre of their improvement activities.

This increase indicates that older people living in residential aged care homes have had an improved care experience, as highlighted by a high positive response rate to RES questions related to dignity and respect such as “Do staff treat you with respect?”.

The performance measure solely utilises results from RES and is directly dependent on the experiences of residents living in residential aged care homes. Therefore, this performance measure is largely influenced by external factors surrounding the quality of care provided by aged care providers within the residential aged care homes they operate.

The RES results also feed directly into the Residents’ Experience subcategory of the Star Ratings system, which enables older people and their families to quickly compare different residential aged care homes. Residential aged care homes are incentivised to participate in the RES, as they will receive a one-star rating for Residents’ Experience if they do not participate, which will have an adverse impact on their overall Star Rating.

Key Activity:

Respect, Care and Dignity for older Australians.

- Respect, care and dignity is about ensuring older people in Australia are valued as people when receiving care. It also works to ensure older people in Australia are able to have real choice of providers and high-quality services.

Source: *Health and Aged Care Corporate Plan 2023–24, p.92*

Performance Measure 3.2B:

Older Australians receive residential care services that contributes to their quality of life as measured through:

a. Provider metrics

b. Care minutes

c. 24/7 registered nursing.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.102 and Health and Aged Care Corporate Plan 2023–24, p.92*

2023–24 Planned Performance	2023–24 Result
a. Establish measurement baseline for ‘Quality of Life’ indicator. b. Maintain average of 200 care minutes per resident per day, including a minimum of 40 minutes of registered nurse (RN) time per day. c. All non-exempt residential aged care facilities have an RN onsite and on-duty 100% of the time.	a. Data not available. b. Weighted sector average of 200.76 minutes per resident per day of total care minutes including 39.02 RN minutes per resident per day. c. The average RN coverage from non-exempt facilities was 98.58%. **Result: Not achieved**

Disclosures:

a. Data for the 2023–24 result is not available. An analysis has confirmed 8 quarters of data would instead be required to support the establishment of a meaningful baseline for this quality indicator.

b. The reported result is for the period July 2023 to March 2024, and does not include the April to June 2024 quarterly data as this will not be available until October 2024.[44] The data validations and associated resubmissions for this quarter are scheduled for completion by the end of September 2024. The final result will be reported in the 2024–25 Annual Report.

c. Data for 4 facilities which undertake manual reporting has not been included in the result. Manual reporting is undertaken due to operating across multiple sites and is excluded from the performance result due to manual data being held in an alternative system compared to the rest of the 24/7 RN reporting.

Data Source and Methodology:

a. Data is sourced from the Quality Indicator (QI) Program. The QI Program requires all Government funded residential aged care facilities to submit quarterly quality indicator data, including for quality of life. The Quality of Life – Aged Care Consumers (QOL-ACC) tool is the quality of life assessment tool used for the purposes of the QI Program.

Quality of Life QI results are calculated based on:

- the number of care recipients who report quality of life through each completion mode of the QOL-ACC (self-completed, interview facilitated, proxy-completion) against categories including excellent, good, moderate, poor, very poor
- the number of care recipients who were offered an assessment for completion
- the number of care recipients excluded because they were absent from the service for the entire service or who did not choose to complete the assessment for the entire quarter.

b. Data is sourced from the Quarterly Financial Report (QFR) data submitted by Government funded residential aged care providers in respect of each of their services. The sector average care minutes per resident per day are calculated by summing the reported care time from registered nurses, enrolled nurses and personal care workers/assistants in nursing across all aged care services and dividing these by occupied bed days delivered over the same time period.

c. Data is sourced from 24/7 RN reporting submitted by Government funded residential aged care providers in respect of each of their facilities each month. As part of this reporting providers are required to outline the time periods that they do and do not have a registered nurse on-site and on duty in each of their facilities. Sector average registered nurse coverage is derived through summing every facilities percentage coverage and dividing it by the number of facilities.

a. During 2023–24, the department set out to establish a measurement baseline for the 'Quality of Life' quality indicator, a crucial step towards measuring the well-being of care recipients. As work progressed, an analysis of the data indicated that 8 quarters of data would instead be required to support the establishment of a meaningful baseline for this quality indicator. This ensures the baseline will be a comprehensive reflection of care recipients' experiences. The development of a reliable baseline, sourced from mature and robust data also ensures there is stabilisation in the sector on the number of consumers who are taking part in the surveys on a quarterly basis. This approach aligns with other quality indicator trend analysis, based on more established and longer term data sets (representing 10 quarters).

b. The 2023–24 planned performance result for total care minutes was exceeded with aged care providers delivering 200.76 minutes on average per resident per day. For the purposes of this report, data reported is for Quarter 1 to Quarter 3 (July 2023 to March 2024) only. Data for Quarter 4 (April to June 2024) was not available at the time of publication due to the report submission timeframe and data validation processes. Final data for the final quarter of 2023–24 will be available publicly in early October 2024 on the department's care minutes dashboard.[45] The planned performance result for registered nurse (RN) minutes was not met, with aged care providers delivering 39.02 minutes per resident per day. External factors influencing the result include RN workforce shortages across Australia with some providers (particularly those operating rural and remote locations) experiencing challenges recruiting and retaining enough workers to meet their care minutes responsibility. In addition, performance over the full 2023–24 financial year was influenced by care minutes only becoming mandatory one quarter into the 2023–24 financial year (from 1 October 2023).

44 Data for the final quarter of 2023–24 will be available in October 2024 on the department's website, available at: www.health.gov.au/resources/publications/care-minutes-in-residential-aged-care-dashboard

45 Available at: www.health.gov.au/resources/publications/care-minutes-in-residential-aged-care-dashboard

c. The residential aged care sector is providing RN coverage 98.58% of the time, or 23 hours and 39 minutes on average per day, only slightly below the planned performance result of 100% coverage. This is due to RN workforce shortages as described above in performance measure b. Sector RN coverage increased each month of the year during 2023–24, indicating that we can expect next year's performance result to improve.

Key Activity:

Respect, Care and Dignity for older Australians.

Source: *Health and Aged Care Corporate Plan 2023–24, p.94*

Performance Measure 3.2C:

Older Australians with diverse backgrounds and life experiences or who live in rural and remote areas can receive culturally safe and equitable aged care services where they live measured through access by:

a. First Nations people

b. People in rural and remote areas.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.103 and Health and Aged Care Corporate Plan 2023–24, p.94*

2023–24 Planned Performance	2023–24 Result
a. Older Australians who are (self-identified as) First Nations peoples are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 3.5% b. Older Australians in rural and remote areas are receiving aged care services at rates comparable with their representation in Australian population estimates: Target 11.2%	a. First Nations identification amongst older people accessing aged care is estimated as follows: • As of 30 June 2024, 1.3% of permanent residents accessing care in mainstream residential aged care. • As of 30 June 2024, 3.4% of people accessing services under the Home Care Package (HCP) program. • Across 2023–24 financial year, 3.0% of people using any Commonwealth Home Support Programme (CHSP) supports. b. Older Australians in rural and remote areas as a proportion of all people accessing care is estimated as follows: • As of 30 June 2024, 7.7% of permanent residents accessing care in mainstream residential aged care. • As of 30 June 2024, 8.9% of people accessing services under the HCP program. • Across 2023–24 financial year, 12.4% of people using any CHSP supports. **Result: Not achieved**

Disclosures:

a. The population target of 3.5% is applicable to each of the individual percentage results recorded for:

- mainstream residential aged care
- HCP program
- CHSP.

Data for First Nations identity is dependent on self-reported data by First Nations peoples and presents a limitation in reporting on the outcome of the measure.

b. The population target of 11.2% is applicable to each of the individual percentage results recorded for:

- mainstream residential aged care
- HCP program
- CHSP.

The 2023–24 result for both a. and b. is preliminary financial year data as of 30 June 2024, and does not include data on flexible aged care programs including Multi-Purpose Services (MPS)[46] and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC)[47] Program.

Data Source and Methodology:

This administrative data is sourced through the My Aged Care personal client record or related processes (such as aged care assessments) of older Australians receiving Australian Government funded aged care.

a. This information is assessed using the number of aged care recipients that are identified as First Nations as determined through the My Aged Care client record or related administrative data collected for aged care programs, assessed against the number of older First Nations people (aged 50 years and over) based on Australian Bureau of Statistics' population data.

b. This information is assessed using the number of aged care recipients that are living in rural and remote areas in respect of remoteness categories determined from client address information or the address of the aged care service as available and relevant, assessed against the number of older people (aged 65 and over) that live in rural and remote areas.

The rate at which First Nations people and people living in rural and remote areas accessed aged care during 2023–24 was below the department's expectations. Factors that contributed to this status include the challenges service providers face with recruiting and retaining a suitable workforce comprised of First Nations people, and a sustainable workforce located in rural and remote areas.

For older Australians who are (self-identified as) First Nations peoples receiving mainstream residential aged care, this target was not achieved, with only 1.3% of permanent residents accessing services. This was also the case amongst First Nations peoples accessing basic aged care services via CHSP (3.0% vs target of 3.5%) and the HCP program (3.4% vs target of 3.5%). People identifying as having First Nations backgrounds were underrepresented in all programs, but less so in the context of the home-based programs. Several factors should be considered though when considering these results: compared to the rest of the population, First Nations people have higher rates of disability, lower life expectancy and an increased likelihood of requiring aged care services at a younger age. Due to these factors, the target population for First Nations people is people aged 50 years and over, compared to 65 years and over for other population groups.

Cultural differences, and the availability of care and support from family, friends and neighbours, can also affect the use of services across different population groups. Stronger support networks can reduce the need for government funded aged care services, or for particular government funded service types. The exclusion of some aged care programs from this reporting, particularly flexible aged care programs directly targeted at First Nations service delivery, is also relevant when considering this result.

[46] The MPS program delivers residential and home care services in MM 5 to 7 locations. Further information is available at: www.health.gov.au/our-work/multi-purpose-services-mps-program/about-the-multi-purpose-services-mps-program#who-can-access-the-program

[47] The NATSIFAC Program provides culturally safe and appropriate care for people identifying as being of First Nations backgrounds, particularly in the more remote areas of Australia. Further information is available at: www.health.gov.au/our-work/national-aboriginal-and-torres-strait-islander-flexible-aged-care-program

Initiatives aimed at increasing the number of Aboriginal Community Controlled Organisation aged care providers, and integrated service providers in rural and remote areas, are dependent upon co-design and local and regional partnerships. These are slow processes, but they are necessary to achieve viable long-term solutions. Additionally, building sector supply chain disruptions continue post COVID-19, adding cost and delay to infrastructure projects.

For older Australians in rural and remote areas receiving mainstream residential aged care, this target was not achieved with only 7.6% of permanent residents accessing services. This was also the case amongst people accessing aged care services via the HCP program (8.9% vs target of 11.2%). The target was, however, exceeded by people accessing basic aged care services via CHSP (12.4% vs target of 11.2%). People accessing aged care services in rural and remote areas were over-represented amongst people accessing services through CHSP, but underrepresented in the other aged care programs. The differences in the need or preference for aged care services across different areas of Australia, including where influenced by cultural differences, availability of other supports, and the exclusion of some aged care programs from this reporting, particularly flexible aged care programs directly targeted at thin market service delivery (see discussion below), are all relevant factors when considering this result.

The rates of representation of First Nations peoples, and people in rural and remote areas, should be considered in the context of the further MPS and NATSIFAC programs through which older Australians with diverse backgrounds may access Commonwealth funded aged care services. This is expected to amount to up to an additional 6,000 individuals accessing funded aged care services annually.

The department continued to facilitate activities and initiatives to promote cultural safety and wellbeing. In 2023–24, the department launched a regional, rural and remote webpage for aged care providers which lists all supports available to providers in these areas. Supports are also in place to address workforce challenges in rural and remote Australia which can impact service availability. For example, the Rural Locum Assistance Program for Aged Care provided aged care providers in rural and remote areas with 9,772 days of assistance in 2023–24.

Additionally, the Elder Care Support program is assisting First Nations people and their families in understanding and accessing aged care services, with over 300 people being supported to register on My Aged Care in 2023–24.

Key Activity:

Prioritise independence through care at home.

- Delivering Home Care Packages.
- Delivering CHSP services to 840,000 CHSP clients.

Source: *Health and Aged Care Corporate Plan 2023–24, p.95*

Performance Measure 3.2D:

Older Australians receive care and support at home that contributes to quality of life as measured through access to services.

a. Number of allocated Home Care Packages.

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

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.104 and Health and Aged Care Corporate Plan 2023–24, p.95*

2023–24 Planned Performance	2023–24 Result
a. >285,100	a. 287,404
b. 840,000	b. 834,981
	Result: Substantially achieved

Data Source and Methodology:

a. The number of allocated Home Care Packages (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. Data on HCP indicators is published quarterly by the Australian Institute of Health and Welfare (AIHW) and shows data on the total number of allocated HCPs. Defined as the number of older people who are assigned or committed to a HCP, having commenced a HCP service with a HCP program provider, and the number of people assigned an HCP but are yet to commence services with a HCP program provider within the 56 (84 with extension) day take-up period.

b. Commonwealth Home Support Programme (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. Older people who access the CHSP services are defined as the number of clients that had one or more sessions for a CHSP service in the given financial year.

Home Care Packages (HCPs) provide older people in Australia with more complex needs access to clinical care, personal care and support services which assist with day-to-day activities while 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 with care delivered through the HCP Program.

The increased number of allocated HCPs in 2023–24 means more older people have access to a range of services to support their care needs and ability to live independently in their own homes.

There is an increased demand for in-home aged care services because of the continued growth in the population of those over 65 in Australia. By 2034, $1.5 million[48] older people will want aged care services to come to them in their homes. As people age, there is an increasing preference to age in place in their own homes. However, as people age there are many who require additional support to live independently. This has seen an increase in demand for HCPs.

The waitlist for HCPs has increased significantly from 28,665 as of 30 June 2023 to 68,586 as of 30 June 2024, as the number of people approved to receive a home care package exceeds the available places.

The department has implemented the Fair Work Commission Stage 2 Work Value Case by increasing subsidies for the 2023–24 financial year and releasing an additional 9,500 HCPs. These measures, along with effective communication within the sector, have supported current HCP recipients and facilitated the allocation of new packages for those care recipients who have joined the Program.

[48] Available at: www.health.gov.au/sites/default/files/2024-08/financial-report-on-the-australian-aged-care-sector-2022-23.pdf

The target for the number of allocated HCPs was achieved. As at 30 June 2024, there were 287,404 people allocated a HCP, enabling them to continue living at home by providing timely access care and services needed.

The Commonwealth Home Support Programme (CHSP) provides services nationally to clients with a lower assessed level of need, with a focus on delivering activities that support their independence, wellness and reablement.

In 2023–24, around 1,264[49] CHSP providers delivered a range of entry level support services to 834,981 older people, enabling them to continue living in their own homes and communities for longer.

An additional $30 million in funding was provided within 2023–24, to enable CHSP providers to assist with the increase in service demand as well as respond to emergency or unforeseen circumstances.

[49] The final data report will be available in October 2024 on the AIHW website: www.gen-agedcaredata.gov.au/resources/access-data/2020/september/aged-care-data-snapshot

Program 3.3:
Aged Care Quality

Program Objective

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

Key Activities:

Safe and high-quality care and appropriately skilled care.

- Implementing recommendations of the Royal Commission into Aged Care Quality and Safety to build, train and support the aged care workforce, including increases in award wages for the aged care workforce.
- Implementing or continuing a range of aged care service provider support programs, including support for the rollout of additional mandatory care requirements.

Source: *Health and Aged Care Corporate Plan 2023–24, p.98*

Performance Measure 3.3A:

Aged care workforce is available and appropriately skilled to deliver safe and high-quality care to older Australians, as measured through:

a. Workforce attraction and retention

b. Workforce skills/qualifications

c. Workforce satisfaction.

Source: *Health and Aged Care Portfolio Budget Statements 2023–24, p.106 and Health and Aged Care Corporate Plan 2023–24, p.98*

2023–24 Planned Performance	2023–24 Result
a. Establish baseline for staff turnover through the biennial Provider Workforce Survey.	a. Workforce turnover: 84,908 (27%) of all directly employed nursing, personal care and clinical care manager staff left their employment in the 12-months since March 2022.
b. Establish baseline for worker qualification through the biennial Provider Workforce Survey.	b. Workforce qualifications: 48.0% of all directly employed Personal Care Workers hold a Certificate III or higher in a field of study related to their aged care work.
c. Establish baseline for worker satisfaction through the biennial Worker Survey.	c. Workforce satisfaction: 64.7% of survey respondents of the Worker Survey are satisfied with their overall employment in their main job in aged care.
	Result: Achieved (Baseline established)

Disclosures:

For a. and b. the 2023 Aged Care Provider Workforce Survey, headcount estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types. Services were asked to provide information relevant to the first fortnightly pay period in March 2023.

The result for b. Workforce qualification was calculated as the proportion of Personal Care Workers whose highest level of education completed in a field related to aged care work is a Certificate III or higher, noting the denominator includes "unknown" responses. Please note the high proportion of 'unknown' responses on this question (47% overall), indicating that these results should be interpreted with caution.

Data Source and Methodology:

- Survey Results of targeted Aged Care Providers responding to the Aged Care Provider Workforce Survey.
- Providers are all the active registered residential aged care facilities and home care providers (Commonwealth Home Support Programme and Home Care Packages Program) who provide direct care to at least one aged care resident.
- The survey went out to 50% of providers with an 80% target response rate.
- For information on the design of the survey please see the Aged Care Provider Workforce Survey Data Quality Statement 'Aged Care Provider Workforce Survey 2022–23 external consultation paper – Jan 2023'.[50]

For c. Overall job satisfaction is calculated as the number of respondents who report they were satisfied or very satisfied, divided by the total number of survey respondents who provide an answer to the overall job satisfaction question.

Note:

As this is the first year that the department will be reporting on this planned performance result, the target is to establish a baseline for future years to report against. The methodology is still in development and will be updated once more information is available.

The results from the Aged Care Provider Workforce Survey 2023 and the Aged Care Worker Survey 2024 will be used to establish a baseline for future years to report against and measure progress. The final data set comprises 1,401 submissions giving an overall response rate of 47%; 598 Residential Aged Care facilities, 93 Multi-Purpose Services providers, 29 National Aboriginal and Torres Strait Islander Flexible Aged Care providers, 360 Home Care Package Program providers and 321 Commonwealth Home Support Program providers.

A range of new policy and program initiatives were introduced in the data collection process in 2023–24. These included:

- residential aged care services are required to have a registered nurse on-site and on duty 24-hours a day, 7-days a week from 1 July 2023
- residential aged care services are required to deliver at least 200 care minutes per resident per day, including 40 minutes with a registered nurse from 1 October 2023
- the 15% award wage increase announced for many workers in the aged care sector from 30 June 2023.

The above initiatives were introduced following the Aged Care Provider Workforce Survey 2023, and before the Aged Care Worker Survey 2024. These external factors may have impacted how people and service providers responded to the surveys.

Data from the Aged Care Provider Workforce Survey 2023 is weighted to represent the population of the aged care workforce. Data presented is at the National level, and smaller geography breakdowns of these data may be unreliable for some jurisdictions as the survey was not designed to provide estimates at jurisdiction level. Estimates at this level or below must be interpreted with caution.

Data from the Aged Care Worker Survey 2024 is not weighted to represent the direct care aged care workforce. Data may not represent the views of the entire aged care workforce, but only those aged care workers who participated in the survey.

[50] Available at: www.gen-agedcaredata.gov.au/getmedia/54fece26-d972-432d-ab5f-4bbef3949b74/2023-ACPWS_Data_Quality_Statement

Outcome 4
Sport and Physical Activity

Improved opportunities for community participation in sport and physical activity, 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.

Programs contributing to Outcome 4

	Summary of results against performance criteria			
Program	**Achieved**	**Substantially achieved**	**Not achieved**	**Data not available**
Program 4.1: Sport and Physical Activity	-	2	-	-
Total	**-**	**2**	**-**	**-**

Program 4.1:
Sport and Physical Activity

Program Objective

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

Key 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 Corporate Plan 2023–24, p.101*

Performance Measure 4.1A:

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 2023–24, p.110 and Health and Aged Care Corporate Plan 2023–24, p.101*

2023 Planned Performance	2023 Result	2022	2021
a. Progressive increase towards 59%	a. 51.5%	a. 49.7%	a. 44.1%
b. Progressive increase towards 83%	b. 78.5%	b. 79.3%	b. 80.3%
	Result: Substantially achieved		

Disclosures:

The Result for a. and b. reports the 2022–23 financial year data, which has a 6 month overlap with the 2022 previous years' reported result between 1 July 2022 to 31 December 2022. The 2022–23 financial year data has been utilised due to the AusPlay Survey changing methodology in July 2023 from telephone interviewing to online data collection. Following the change in survey methodology, data collection for the 2023 calendar year ceased on 30 June 2023. Final data for the 2022–23 financial year was published in October 2023.

Data Source and Methodology:

Data for a. and b. is derived from the Australian Sports Commission AusPlay survey results.[51] AusPlay collects national, state, and territory data on participation rates across organised sport and physical activity. This performance measure is reported on a calendar year basis to align with the release of AusPlay data.

AusPlay Survey data is published twice a year and covers periods from June to the following July (published in October) and January to December (published in April). Due to the change in survey methodology, data collection for the 2023 calendar year ceased on 30 June 2023, with final data for 2022–23 published in October 2023.

[51] Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

The following analysis has utilised the available financial year data to undertake a comparative assessment. AusPlay data shows children's participation in sport and physical activity has been steadily increasing since the COVID-19 pandemic but has not yet recovered to pre-pandemic levels. In 2022–23, 51.5% of Australia children (aged zero to 14 years) participated in organised sport or physical activity outside of school hours at least once per week, representing a 4.2-percentage point increase from 2021–22 (47.3%) and an upwards trend since the low point of 42.2% in 2020–21.[52] AusPlay data suggests the restrictions imposed during the COVID-19 pandemic reduced the amount of out-of-school organised sport and physical activity children were able to do. While most children have returned to these activities, overall participation rates remain below pre-pandemic levels.[53]

Adults' participation in sport and physical activity has decreased compared with the previous reporting period. In 2022–23, 78.5% of Australian adults (aged 15 years and over) participated in sport or physical activity at least once per week, representing a 2-percentage point decrease from 2021–22 (80.5%) and a downward trend since 2020–21 (80.1%).[54] This trend is more apparent in women than in men. Women's participation decreased from 84.2% in 2018–19 (pre-pandemic) to 81.7% in 2020–21 during the pandemic and 78.8% in 2022–23. In contrast, men's participation has remained comparatively stable at 80.4% in 2018–19 compared with 78.4% in 2020–21 and 78.1% in 2022–23.[55] AusPlay data indicates more men and women reported exercise was not a priority in 2022–23.

The trend in adult participation may be impacted by cost of living increases. A recent study by the Australian Sports Foundation found 52% of sporting clubs have reported cost of living impacts as a growing barrier to member registrations.[56] Membership fees, uniforms, equipment, travel, and insurance costs have risen in the recent years, representing barriers to participation for many Australians, particularly people facing other socioeconomic challenges.[57]

The department continued to support participation in sport and physical activity during 2023–24 by developing national sport policy, funding programs and initiatives and collaborating with Australian Government entities.

The department led consultation with Australian Government entities and the broader sector to develop a new National Sport Strategy (Strategy). The new Strategy will set a shared vision and priorities for sport in Australia over the next decade. The Strategy brings together other national sport-related strategies and priorities into a single framework to address barriers and encourage participation and high performance.

The department designed the $200 million Play Our Way grant program to promote equal access, build more suitable facilities, and support grassroots initiatives to engage women and girls in sport and physical activity throughout their lives. In consultation with an expert advisory panel and sector experts, the department developed program guidelines and ran an open competitive grant process. Grant applications closed in April 2024 and the department will award grants in 2024–25.

The department managed the Water and Snow Safety program, which funds leading organisations to implement prevention and intervention measures and support safe environments for participation. The department has also managed funding to Female Facilities and Water Safety Stream projects which improve access and enable participation in community sport and physical activity.

In providing support for major sporting events, the department has funded event partners to deliver legacy programs which encourage Australians to participate in sport and physical activity. For example, following the 2023 FIFA Women's World Cup the department provided $5.8 million to Football Australia for participation initiatives for girls and women, newly arrived migrants, and refugees and multicultural youth.

52 Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

53 Australia Sports Commission, 2023 'AusPlay: A review of how the COVID-19 pandemic impacted sport and physical activity in Australia', October 2023, available at: www.clearinghouseforsport.gov.au/research/ausplay/results

54 Available at: www.clearinghouseforsport.gov.au/research/ausplay/results

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56 Australian Sports Foundation, 2023, 'Clubs Under Pressure - Australian Community Sport Research Findings', accessed 27 July 2024 available at: res.cloudinary.com/asf-australia/image/upload/v1684390398/Website%20PDFs/ASF_Clubs_Under_Pressure_Report_-_WEB.pdf

57 Cruickshank, V, Hyndman, B, Hartley, T 2024, 'No cash, no play? Have cost-of-living pressures impacted sports participation in Australia?', The Conversation, 10 April 2024,available at: theconversation.com/no-cash-no-play-have-cost-of-living-pressures-impacted-sports-participation-in-australia-226613

Key Activities:

- Coordinating whole-of-government support for the bidding, planning, delivery, evaluation and legacy impacts of major international sporting events hosted in Australia, including the Brisbane 2032 Olympic and Paralympic Games.
- Developing and implementing a strategic, whole-of-government legacy and communications approach for major sporting events.

Source: *Health and Aged Care Corporate Plan 2023–24, p.105*

Performance Measure 4.1B:

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 2023–24, p.111* and *Health and Aged Care Corporate Plan 2023–24, p.105*

2023–24 Planned Performance	2023–24 Result	2022–23	2021–22
Event delivery support: • FIFA Women's World Cup 2023 Event Planning: • 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 across multiple Australian Government agencies, and with state/territory governments, local organising committees, and international sporting federations to effectively coordinate and deliver on areas of Commonwealth responsibilities for the following major sporting events hosted/being hosted in Australia. Event delivery: • FIFA Women's World Cup 2023. Event planning:[58] • Netball World Cup 2027 • Rugby World Cup 2027 • Women's Rugby World Cup 2029 • 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.
	Result: Substantially achieved		

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 and Australian Government commitments to events are typically published through media releases and budget fact sheets. Planning for major sporting events commences years in advance of the event. Data becomes available in the lead up to events and may not be available many years in advance. In these cases, data will be available in future Corporate Plans.

[58] The Victoria 2026 Commonwealth Games was removed as a planned performance result from the *Health and Aged Care Corporate Plan 2023–24, p.105,* following the Victorian Government's announcement to withdraw as host of the Victoria 2026 Commonwealth Games. The Australian Government was not engaged by the Victorian Government during the bid process or in relation to the Victorian Government's withdrawal. The Commonwealth has continued to work with the jurisdiction, organising committee, and Senate Select Committee, and engaged in discussions with jurisdictions on the event.

On behalf of the Australian Government, the department administered direct funding to support the successful delivery of the FIFA Women's World Cup 2023.

Funding, broader engagement and support provided by the department contributed to event delivery arrangements in 2023–24 and leveraged legacy initiatives to amplify a range of benefits of hosting these events in Australia, including significant economic, social, cultural, environmental, and sporting benefits to Australia, as well as enhancing our international reputation. Strategic coordination of Australian Government support for major sporting events was achieved through effective engagement with external stakeholders, including event owners, event organisers, host jurisdictions, national sporting organisations and key sport portfolio bodies. The Government is transparent about supporting bids, recognising not all bid proposals will be successful and that being successful in a bid does not guarantee funding from Government.

FIFA Women's World Cup 2023, the largest women's sporting event in the world, presented a vehicle to increase gender equity, and promote inclusion and a healthy lifestyle. The department provided legacy funding to support the growth of football in Australia, particularly for women and girls. This included contributions to high performance and talent pathway initiatives, a Club Development Program, and other participation initiatives to ensure a positive legacy from the event.

Hosting the FIFA Women's World Cup 2023 provided and will continue to provide significant opportunities to leverage the rising popularity of women's football and deliver significant benefits to the Australian community. It assisted in bringing forward positive change to improve Australia's global image, improve infrastructure, deliver long term economic benefits, increase jobs, and improve social and cultural behaviours.

A key event during the FIFA Women's World Cup 2023 was the Gender Equality Symposium, co-hosted by the Minister for Sport and the Minister for Foreign Affairs. The event brought together more than 200 leaders, advocates, academics, and athletes from our region and across the world. Guests reflected on the broad benefits to communities when women and girls receive the support to realise their full potential through sport.

The Government worked closely with Football Australia and FIFA to ensure the FIFA Women's World Cup 2023 showcased Australia to the world as a leading host national for major international events. It proved a resounding opportunity to promote Australia as open for tourism, trade and business post the COVID-19 pandemic.

The department is working with the Queensland Government and other Games Delivery Partners to progress funding, infrastructure, legacy and governance arrangements to ensure successful delivery of the Brisbane 2032 Olympic and Paralympic Games, including through a new independent Games Venue and Legacy Delivery Authority. Following findings from the Queensland Government-commissioned Independent 60-day Review of Brisbane 2032 Olympic and Paralympic Games venue infrastructure projects (released in March 2024),[59] the department is working with the Department of Infrastructure and the Queensland Government on the Review's recommendations and any implications for the Commonwealth. The department manages and participates in governance committees to progress foundational planning activities with the Queensland Government, other Games Delivery Partners and across relevant Commonwealth agencies.

[59] Information on the Independent 60-day Review of Brisbane 2032 Olympic and Paralympic Games Venue Infrastructure Projects, and the Queensland Government's response, is available at: www.statedevelopment.qld.gov.au/industry/brisbane-2032

Planning arrangements continued in partnership with event organisers to support hosting of the Netball World Cup 2027, Men's Rugby World Cup 2027 and Women's Rugby World Cup 2029. Planning arrangements for the ICC Men's T20 World Cup 2028 major sporting event did not occur. Bidding for the right to host major sporting events is often a competitive process and carries risk, noting international sporting federations and their members have the responsibility of selecting the event host.

The department has developed a Major Sporting Events Legacy Framework to ensure major international sporting events held in Australia deliver lasting social, economic, and sporting benefits for all Australians, with a vision to attract, deliver and leverage world class major sporting events to provide the greatest social, sporting and economic benefits for all Australians.