

## 2.2 BUDGETED EXPENSES AND PERFORMANCE FOR OUTCOME 2

### Outcome 2: Health Access and Support Services

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

Outcome 2

### Programs Contributing to Outcome 2

- Program 2.1: Mental Health**
- Program 2.2: Aboriginal and Torres Strait Islander Health**
- Program 2.3: Health Workforce**
- Program 2.4: Preventive Health and Chronic Disease Support**
- Program 2.5: Primary Health Care Quality and Coordination**
- Program 2.6: Primary Care Practice Incentives**
- Program 2.7: Hospital Services**

### Linked Programs

#### Other Commonwealth entities that contribute to Outcome 2

##### Cancer Australia<sup>1</sup>

##### Program 1.1: Improved Cancer Control

Cancer Australia provides national leadership in cancer control and works with the Department of Health to improve the detection, treatment and survival outcomes for people with cancer (2.4).

##### Department of Home Affairs (Home Affairs)

##### Program 2.4: Refugee and Humanitarian Assistance

Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (2.1).

##### Department of Human Services (DHS)

##### Program 1.2: Services to the Community – Health

DHS administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health:

- Indigenous access to the Pharmaceutical Benefits Scheme (2.2);
- General Practice Rural Incentives Program (2.3);
- Practice Nurse Incentive Program (2.3);
- Rural Procedural Grants Program (2.3);
- Scaling of Rural Workforce Program (2.3);
- Support cervical cancer screening (2.4);
- Health Care Homes Program (2.5 and 2.6); and
- Incentive payments to general practices, GPs and Indigenous health services (2.6).

In addition, DHS administers the National Bowel Cancer Screening Register (2.4).

<sup>1</sup> Refer to the Cancer Australia chapter in these Portfolio Budget Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 2</b>
<p><b>Department of Industry, Innovation and Science (Industry)</b>  <b>Program 3: Program Support</b>                      Through the National Measurement Institute, Industry contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities (2.4).</p>
<p><b>Department of the Prime Minister and Cabinet (PM&amp;C)</b>  <b>Program 2.3: Safety and Wellbeing</b>                      PM&amp;C works closely with the Department of Health to ensure the effectiveness of Indigenous health funding, and that mainstream policy, programs and services deliver benefits to Indigenous Australians (2.2).</p>
<p><b>Department of Social Services (DSS)</b>  <b>Program 3.1: Disability, Mental Health and Carers</b>  <b>Program 3.2: National Disability Insurance Scheme (NDIS)</b>                      DSS contributes to improving access to services and support for people with psychosocial disability through implementation of the NDIS and the provision of mental health services (2.1).</p>
<p><b>Department of Veterans' Affairs (DVA)</b>  <b>Program 2.1: General Medical Consultations and Services</b>                      DVA contributes to the Australian Government's objectives for the Practice Nurse Incentive Program. Practices eligible for this program that provide GP services to DVA gold card holders are eligible for an annual payment for each veteran. These practices are identified by DHS (2.3).</p>
<p><b>Food Standards Australia New Zealand (FSANZ) <sup>2</sup></b>  <b>Program 1.1: Food Regulatory Activity and Services to the Minister and Parliament</b>                      FSANZ contributes to the protection of public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (2.4).</p>
<p><b>Independent Hospital Pricing Authority (IHPA) <sup>3</sup></b>  <b>Program 1.1: Public Hospital Price Determinations</b>                      IHPA determines the National Efficient Price for public hospital services, as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements (2.7).</p>
<p><b>National Health Funding Body (NHFB) <sup>4</sup></b>  <b>Program 1.1: National Health Funding Pool Administration</b>                      The NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by the Treasury (2.7).</p>
<p><b>National Mental Health Commission (NMHC) <sup>5</sup></b>  <b>Program 1.1: National Mental Health Commission</b>                      NMHC provides insight, advice and evidence on ways to improve Australia's mental health and suicide prevention systems (2.1).</p>

<sup>2</sup> Refer to the FSANZ chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>3</sup> Refer to the IHPA chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>4</sup> Refer to the NHFB chapter in these Portfolio Budget Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 2</b>
<p><b>The Treasury</b></p> <p><b>Program 1.9: National Partnership Payments to the States</b></p> <p>The Treasury makes National partnership payments to the state and territory governments as part of the Federal Financial Relations Framework.<sup>6</sup> Activities funded through the National Partnership agreements include:</p> <ul style="list-style-type: none"><li>- Suicide prevention (2.1);</li><li>- Grace's Place (2.1);</li><li>- Improving trachoma control services for Indigenous Australians (2.2);</li><li>- Rheumatic fever strategy (2.2);</li><li>- Northern Territory remote Aboriginal investment – Health component (2.2);</li><li>- Expansion of the BreastScreen Australia program (2.4);</li><li>- National Bowel Cancer Screening Program – participant follow-up function (2.4);</li><li>- Victorian cytology service (2.4);</li><li>- Hummingbird House (2.4);</li><li>- National Coronial Information System (2.4);</li><li>- Comprehensive palliative care across the life course (2.4);</li><li>- Additional assistance for public hospitals (2.7);</li><li>- Improving Health Services in Tasmania – Reducing Elective Surgery Waiting Lists (2.7);</li><li>- Improving patient pathways through clinical and system redesign, and subacute and acute projects (2.7);</li><li>- National innovation (2.7); and</li><li>- National Health Reform Agreement (2.7).</li></ul>

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<sup>5</sup> Refer to the NMHC chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>6</sup> For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.

**Table 2.2.1: Budgeted Expenses for Outcome 2**

Table 2.2.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

	<b>2018-19 Estimated actual \$'000</b>	<b>2019-20 Budget \$'000</b>	<b>2020-21 Forward estimate \$'000</b>	<b>2021-22 Forward estimate \$'000</b>	<b>2022-23 Forward estimate \$'000</b>
<b>Program 2.1: Mental Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	929,268	893,117	814,191	801,084	819,718
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	18,722	17,588	17,517	17,561	17,660
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	604	568	583	595	595
<b>Total for Program 2.1</b>	<b>948,594</b>	<b>911,273</b>	<b>832,291</b>	<b>819,240</b>	<b>837,973</b>
<b>Program 2.2: Aboriginal and Torres Strait Islander Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	903,974	945,935	982,772	1,024,055	1,065,319
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	28,953	26,653	26,368	26,480	26,623
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	956	899	922	941	941
<b>Total for Program 2.2</b>	<b>933,883</b>	<b>973,487</b>	<b>1,010,062</b>	<b>1,051,476</b>	<b>1,092,883</b>
<b>Program 2.3: Health Workforce</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,424,020	1,377,839	1,488,952	1,506,171	1,522,325
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	39,513	37,491	35,395	35,079	35,516
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	1,287	1,210	1,242	1,268	1,268
<b>Total for Program 2.3</b>	<b>1,464,820</b>	<b>1,416,540</b>	<b>1,525,589</b>	<b>1,542,518</b>	<b>1,559,109</b>
<b>Program 2.4: Preventative Health and Chronic Disease <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	496,595	437,648	439,500	435,630	432,186
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	39,374	36,774	36,427	36,569	36,806
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	1,286	1,209	1,240	1,267	1,267
<b>Total for Program 2.4</b>	<b>537,255</b>	<b>475,631</b>	<b>477,167</b>	<b>473,466</b>	<b>470,259</b>

**Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)**

	<b>2018-19 Estimated actual \$'000</b>	<b>2019-20 Budget \$'000</b>	<b>2020-21 Forward estimate \$'000</b>	<b>2021-22 Forward estimate \$'000</b>	<b>2022-23 Forward estimate \$'000</b>
<b>Program 2.5: Primary Health Care Quality and Coordination</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	399,845	413,455	411,763	324,773	325,821
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	18,781	17,104	16,916	16,990	17,077
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	614	577	592	605	605
<b>Total for Program 2.5</b>	<b>419,240</b>	<b>431,136</b>	<b>429,271</b>	<b>342,368</b>	<b>343,503</b>
<b>Program 2.6: Primary Care Practice Incentives</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	365,670	407,216	415,050	425,185	432,658
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	1,957	2,117	2,104	2,112	2,128
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	61	57	59	60	60
<b>Total for Program 2.6</b>	<b>367,688</b>	<b>409,390</b>	<b>417,213</b>	<b>427,357</b>	<b>434,846</b>
<b>Program 2.7: Hospital Services <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	14,832	14,940	16,046	16,292	16,365
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	26,043	26,047	25,898	25,881	25,866
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	3,542	3,321	3,411	3,488	3,488
<b>Total for Program 2.7</b>	<b>44,417</b>	<b>44,308</b>	<b>45,355</b>	<b>45,661</b>	<b>45,719</b>

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**Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)**

	<b>2018-19 Estimated actual \$'000</b>	<b>2019-20 Budget \$'000</b>	<b>2020-21 Forward estimate \$'000</b>	<b>2021-22 Forward estimate \$'000</b>	<b>2022-23 Forward estimate \$'000</b>
<b>Outcome 2 totals by appropriation type</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	4,534,204	4,490,150	4,568,274	4,533,190	4,614,392
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	173,343	163,774	160,625	160,672	161,676
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	8,350	7,841	8,049	8,224	8,224
<b>Total expenses for Outcome 2</b>	<b>4,715,897</b>	<b>4,661,765</b>	<b>4,736,948</b>	<b>4,702,086</b>	<b>4,784,292</b>
	<b>2018-19</b>	<b>2019-20</b>			
<b>Average staffing level (number)</b>	811	690			

<sup>(a)</sup> Budget estimates for this program exclude National Partnership funding paid to state and territory governments by the Treasury as part of the Federal Financial Relations Framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.

<sup>(b)</sup> Appropriation (Bill No. 1) 2019-20 and Appropriation Bill/Act (No. 1, 3) 2018-19.

<sup>(c)</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No. 1)' and 'Revenue from independent sources (s74)'.

<sup>(d)</sup> Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

### Movement of Funds

There were no movements of Administered funds between years for Outcome 2.

## Planned Performance for Outcome 2

Tables 2.2.2–2.2.8 detail the performance criteria for each program associated with Outcome 2. These tables also summarise how each program is delivered and where 2019-20 Budget measures have materially changed existing programs.

**Table 2.2.2: Performance Criteria for Program 2.1**

<b>Outcome 2: Health Access and Support Services</b>
Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce.
<b>Program Objective - Program 2.1: Mental Health</b>
To support Australians with, or at risk of, mental illness by improving service integration for a more effective and efficient mental health system.
<b>Delivery</b>
<ul style="list-style-type: none"> <li>• Support people with mental illness through more and better coordinated services.</li> <li>• Provide frontline mental health services to meet the needs of consumers, including access to clinical mental health services for people with severe mental illness, through a stepped care model, delivered by Primary Health Networks (PHNs).</li> <li>• Provide easy access through multiple channels to high quality mental health information and advice, and free or low cost digital mental health services to Australians when and where they need them, through ‘Head to Health’.</li> <li>• Work with state and territory governments to:             <ul style="list-style-type: none"> <li>○ ensure effective transition of eligible clients to the National Disability Insurance Scheme (NDIS) for people with severe and complex mental health needs; and</li> <li>○ implement the provision of community mental health services to assist people with severe mental illness resulting in psychosocial disability who are not eligible for assistance through the NDIS.</li> </ul> </li> </ul> <p>In 2019-20, the Australian Government will progress mental health workforce capacity building, digital mental health initiatives, child and youth mental health initiatives, suicide prevention and national leadership. Specific measures to care for our community include the provision of:</p> <ul style="list-style-type: none"> <li>• \$111 million over seven years to increase capacity and access to respond to the mental health needs of young Australians aged 12–25 years through the introduction of ten new headspace centres and 20 new satellite services;</li> <li>• \$152 million to increase base funding for headspace centres around the country to reduce wait times to guarantee support;</li> <li>• \$110 million to continue the Early Psychosis Youth Services program at 14 headspace centres to provide specialist clinical services for young people at the early stage of severe mental illness;</li> <li>• \$114.5 million to establish and trial eight mental health centres where adults can receive a range of free mental health support services over extended hours;</li> <li>• \$43.9 million over seven years from 2018-19 for a range of perinatal mental health and wellbeing initiatives to better support women and families affected by perinatal mental illness or grief after the death of a child;</li> <li>• \$11.5 million over four years from 2019-20 to support the National Mental Health Workplace Initiative in collaboration with the Mentally Healthy Workplace Alliance to provide employers, industries, small businesses and sole traders with the support needed to create a mentally healthy workplace;</li> </ul>

- \$15 million over three years from 2019-20 to improve access to more timely and accurate suicide and self-harm data reporting to enable governments, communities and the mental health and suicide prevention sector to quickly respond to incidences of suicide and to be aware of increases in self-harm and respond accordingly; and
  - \$5.5 million to provide people affected by recent natural disasters, including droughts, floods and fire, with additional mental health support.
- The following departmental program contributes to the delivery of this program:
- 2.2: Aboriginal and Torres Strait Islander Health.

**Performance Criteria**

**Mental health services are coordinated and supported.**

2018-19 Estimated result	2019-20 Target	2020-21 (& beyond) Target
<p>Supported PHNs, service providers, and mental health stakeholders to deliver mental health services through:</p> <ul style="list-style-type: none"> <li>- enhancements to 'Head to Health';</li> <li>- progressed transition of Partners in Recovery and Day to Day Living programs into the NDIS;</li> <li>- continued the development of regional mental health and suicide prevention plans under the guidance of the <i>Fifth National Mental Health and Suicide Prevention Plan</i>;</li> <li>- established new headspace services in rural and regional areas, with 109 services operating nationally in March 2019 and a further six services announced and due to be opened in 2019;</li> <li>- commenced the Mental Health in Education initiative, Be You, in schools and early learning services in November 2018;</li> <li>- funded PHNs to commission services;</li> <li>- continued implementation of the National Suicide Prevention Trials; and</li> <li>- commenced the rollout of the Aftercare after a Suicide Attempt initiative, with funding to the initial sites delivering the Way Back Support Service.</li> </ul>	<p>Support PHNs, service providers, and mental health stakeholders to continue to deliver on mental health reforms through:</p> <ul style="list-style-type: none"> <li>- funding PHNs to commission organisations to deliver mental health services to people who most need them;</li> <li>- continued establishment of new headspace services, with one centre and five new satellite services to commence operating in 2019;</li> <li>- planning for the establishment of a further 30 services (10 centres and 20 satellites);</li> <li>- continued iterations and enhancements to 'Head to Health' in response to user feedback; and</li> <li>- implementation of the second tranche of sites delivering the Way Back Support Service under the Aftercare after a Suicide Attempt initiative.</li> </ul>	<p>Support PHNs, service providers, and mental health stakeholders to continue to deliver on mental health reforms through:</p> <ul style="list-style-type: none"> <li>- funding PHNs to commission organisations to deliver mental health services to people who most need them;</li> <li>- continued establishment of new headspace services; and</li> <li>- establishment of adult mental health centres pilot.</li> </ul>

- Material changes to Program 2.1 resulting from the following measures:**
- *Prioritising mental health – caring for our community*
  - *Prioritising mental health – headspace – additional funding and increased network*

**Table 2.2.3: Performance Criteria for Program 2.2**

<b>Program Objective - Program 2.2: Aboriginal and Torres Strait Islander Health</b>
<p>To support the delivery of culturally appropriate essential health services to Aboriginal and Torres Strait Islander Australians. The program will also continue to target health conditions, including chronic disease, that disproportionately impact Aboriginal and Torres Strait Islander Australians.</p>
<b>Delivery</b>
<ul style="list-style-type: none"> <li>• Continue to deliver culturally appropriate, comprehensive primary health care.</li> <li>• Support access to culturally appropriate essential health services for Aboriginal and Torres Strait Islander Australians, supported by capital works to deliver new/refurbished clinics and clinical staff housing.</li> <li>• Continue to deliver goals under the <i>Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013–2023</i> and develop the next iteration to support improved health outcomes for Aboriginal and Torres Strait Islander Australians.</li> <li>• Work with Aboriginal and Torres Strait Islander stakeholders in the development and implementation of a funding model for Indigenous primary health care.</li> <li>• Prioritise investment in child and family health to support the best start in life for Aboriginal and Torres Strait Islander children.</li> <li>• Invest in activities that tackle Indigenous smoking rates and embed gains made to date.</li> <li>• Deliver approaches to reduce the burden of chronic disease among Aboriginal and Torres Strait Islander Australians.</li> <li>• Work with the Aboriginal Community Controlled Health Sector and other Aboriginal and Torres Strait Islanders on policy and program design and evaluation.</li> </ul> <p>Further information on Aboriginal and Torres Strait Islander Australians health outcomes can be found at the Closing the Gap website.<sup>7</sup></p>

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<sup>7</sup> Available at: [www.pmc.gov.au/indigenous-affairs/closing-gap](http://www.pmc.gov.au/indigenous-affairs/closing-gap)

<b>Performance Criteria</b>				
<b>Health outcomes of Aboriginal and Torres Strait Islander Australians are improved through implementing actions under the <i>Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023</i> (Implementation Plan).</b>				
<b>2018-19 Estimated result</b>	<b>2019-20 Target</b>		<b>2020-21 (&amp; beyond) Target</b>	
<p>Work to progress the next iteration of the Implementation Plan moved forward in partnership with Aboriginal and Torres Strait Islander stakeholders through the Implementation Plan Advisory Group (IPAG).</p> <p>Progress against the deliverables and goals in the current Implementation Plan will continue to be monitored and reviewed through the IPAG and the Aboriginal and Torres Strait Islander Health Performance Framework.</p> <p>Consultation has occurred in 2018-19 with the IPAG, the National Aboriginal and Torres Strait Islander Health Standing Committee, jurisdictional Aboriginal Health Partnership Forums and other government and non-government stakeholders.</p>	<p>Complete and release the next iteration of the Implementation Plan, developed in consultation with Aboriginal and Torres Strait Islander Australians and organisations.</p> <p>The Implementation Plan to align with the Closing the Gap refresh agenda and include a focus on the social determinants and cultural determinants of health.</p>		<p>Achieve the identified outcomes in the next iteration of the Implementation Plan, in partnership with key stakeholders.</p> <p>In continued partnership with Aboriginal and Torres Strait Islander Australians and organisations, work towards achieving the identified deliverables and goals for 2023, as specified in the revised Implementation Plan.</p>	
<b>Aboriginal and Torres Strait Islander chronic disease-related mortality rate per 100,000 is reduced.</b>				
<b>2017 Target<sup>8</sup></b>	<b>2018 Target</b>	<b>2019 Target</b>	<b>2020 Target</b>	<b>2021 Target</b>
571–607	550–585	529–563	508–541	487–519
<b>Estimated result</b>				
744.5 <sup>9</sup>				
<b>Material changes to Program 2.2 resulting from the following measures:</b>				
There are no material changes to Program 2.2 resulting from measures.				

<sup>8</sup> This measure is reported on a calendar-year basis.

<sup>9</sup> During 2019, the approach to calculating Indigenous and non-Indigenous mortality rates and related target trajectories will be adjusted as official statistics move from 2011 Census based population denominators to 2016 Census based denominators following the publication of Indigenous population projections and backcasts. Accordingly, the chronic disease results (as well as the trajectories) are likely to be revised.

**Table 2.2.4: Performance Criteria for Program 2.3**

<b>Program Objective - Program 2.3: Health Workforce</b>
To ensure that Australia has the workforce necessary to improve the health and wellbeing of all Australians. The program aims to improve the capacity, quality, distribution and mix of the health workforce to better meet the needs of the Australian community and deliver a sustainable and well distributed health workforce.
<b>Delivery</b>
<ul style="list-style-type: none"> <li>• Support a well distributed health workforce across Australia.</li> <li>• Support distribution of the workforce in regional, rural and remote areas through teaching programs, including the establishment of the Murray-Darling Medical School Network.</li> <li>• Improve the distribution of the workforce through improved incentives for doctors, nurses and allied health professionals under the Workforce Incentive Program; and better support and targeting of bonded doctors.</li> <li>• Ensure workforce resources are targeted to specific need with a new tool that will enable more sophisticated analyses of community health need and associated health workforce requirements.</li> <li>• Improve the quality of the health workforce.</li> <li>• Improve general practitioner (GP) training arrangements, incentives and targeted support for GPs to achieve specialist recognition.</li> <li>• Provide training programs to develop a workforce that will provide high quality services and meet community need, through programs such as the Specialist Training Program.</li> </ul>

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<b>Performance Criteria</b>								
<b>Effective investment in workforce programs will improve the distribution of the health workforce.</b>								
a. The number of general practitioners <sup>10</sup> per 100,000 population <sup>11</sup> in Australia.								
b. The number of non-general practice medical specialists <sup>12</sup> per 100,000 population <sup>13</sup> in Australia.								
c. The number of nurses <sup>14</sup> per 100,000 population <sup>15</sup> working in General Practices in Australia.								
d. The number of allied health practitioners <sup>16</sup> per 100,000 population <sup>17</sup> working in general practices in Australia.								
2018-19 Estimated result	2019-20 Target		2020-21 Target		2021-22 Target		2022-23 Target	
N/A <sup>18</sup>	Cities	Rural	Cities	Rural	Cities	Rural	Cities	Rural
	a.143.4	162.9	146.2	166.2	149.1	169.5	152.1	172.8
	b.182.7	147.3	184.5	148.7	186.3	150.2	190.0	151.7
	c.173.2	209.7	176.6	213.9	180.2	218.2	185.5	222.5
	d.16.7	14.2	17.2	14.6	17.7	15.0	18.2	15.4
<b>Material changes to Program 2.3 resulting from the following measures:</b>								
There are no material changes to Program 2.3 resulting from measures.								

<sup>10</sup> General practitioners are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.

<sup>11</sup> The Australian Bureau of Statistics (ABS) 2017–18 Estimated Resident Population (ERP) is used to calculate headcount per 100,000 population for 2019 – 2023.

<sup>12</sup> Non-general practice medical specialists are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of a medical college recognised by the Medical Board of Australia, working in private practice, except those classified as General Practitioners above.

<sup>13</sup> The ABS 2017–18 ERP is used to calculate headcount per 100,000 population for 2019 – 2023.

<sup>14</sup> Nurses, as defined under the National Law.

<sup>15</sup> The ABS 2017–18 ERP is used to calculate headcount per 100,000 population for 2019 – 2023.

<sup>16</sup> Allied Health Practitioners are defined as workers registered under one of the 15 professions under the National Law.

<sup>17</sup> The ABS 2017–18 ERP is used to calculate headcount per 100,000 population for 2019 – 2023.

<sup>18</sup> This is an updated performance criterion for 2018-19, therefore there is no estimated result.

**Table 2.2.5: Performance Criteria for Program 2.4**

<b>Program Objective - Program 2.4: Preventive Health and Chronic Disease Support</b>
To improve the health and wellbeing of Australians and to reduce the rates of preventable mortality and morbidity caused by chronic disease, substance misuse and other risk factors such as tobacco use and dietary risks.
<b>Delivery</b>
<ul style="list-style-type: none"> <li>• Support implementation of overarching policy priorities related to preventive health and chronic conditions, including: the <i>National Strategic Framework for Chronic Conditions</i>; the <i>Australian National Diabetes Strategy 2016–2020</i> and associated implementation plan; the development of National Strategic Action Plans for chronic conditions; and population-based health policies for women’s, men’s and children and young people’s health.</li> <li>• Encourage and enable a healthy lifestyle and nutrition through the:             <ul style="list-style-type: none"> <li>○ Healthy Food Partnership, Health Star Rating system and the Australian Guide to Healthy Eating; and</li> <li>○ Healthy Heart Initiative and <i>Girls Make Your Move</i> campaign.</li> </ul> </li> <li>• Support implementation of policy priorities related to injury prevention through the development of a National Injury Prevention Strategy.</li> <li>• Improve early detection, treatment and survival outcomes for people with cancer through continuing to:             <ul style="list-style-type: none"> <li>○ actively invite Australians to participate in cancer screening programs such as the National Bowel Cancer Screening Program, the renewed National Cervical Screening Program, and the BreastScreen Australia program; and</li> <li>○ implement the National Cancer Screening Register.</li> </ul> </li> <li>• Support the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities and supporting advance care planning.</li> <li>• Support prevention and reduction of harm to individuals and communities from alcohol, tobacco and other drugs, through:             <ul style="list-style-type: none"> <li>○ continued implementation of activities that align with the objectives of the <i>National Drug Strategy 2017–2026</i> (the Strategy), including the National Ice Action Strategy;</li> <li>○ delivery of activities to prevent and minimise the impact of Fetal Alcohol Spectrum Disorder; and</li> <li>○ delivery of the Support for Drug and Alcohol Abuse Treatment measure.</li> </ul> </li> </ul> <p>In 2019-20, under the Whole of Government Drugs Strategy, the Australian Government will provide funding to continue the efforts under the National Ice Action Strategy and:</p> <ul style="list-style-type: none"> <li>• provide support for families and friends affected by alcohol and drug issues;</li> <li>• delivery of a national take-home Naloxone trial;</li> <li>• expansion of alcohol and drug treatment services in rural and remote areas; and</li> <li>• improve access to pain management specialist services to reduce the harms of prescription opioids.</li> </ul> <p>A number of other departmental programs contribute to the delivery of this program, in particular, program:</p> <ul style="list-style-type: none"> <li>• 2.2: Aboriginal and Torres Strait Islander Health;</li> <li>• 2.3: Health Workforce; and</li> <li>• 2.5: Primary Health Care Quality and Coordination.</li> </ul>

**Outcome 2**

<b>Performance Criteria</b>		
<b>National guidance is provided to states and territories, and health professionals, on strategies to reduce the prevalence of chronic conditions and associated complications and to support people to make healthy lifestyle choices.</b>		
<b>2018-19 Estimated result</b>	<b>2019-20 Target</b>	<b>2020-21 (&amp; beyond) Target</b>
<p>Developed reporting framework for the National Strategic Framework for Chronic Conditions.</p> <p>Continued to implement Commonwealth responsibilities under the National Diabetes Strategy Implementation Plan.</p> <p>Developed action plans for a number of chronic conditions identified as a priority.</p> <p>Encouraged increased physical activity and better nutrition, including through the Healthy Heart Initiative.</p> <p>It is anticipated the Australian Health Ministers' Advisory Council and Council of Australian Governments' Health Council will approve the <i>Australian National Breastfeeding Strategy: 2019 and Beyond</i> in the first half of 2019.</p>	<p>Initiate or continue to implement Commonwealth responsibilities under relevant policies such as Action Plans, Implementation Plans and Strategies.</p> <p>Complete the five year review of the Health Star Rating System and begin implementation of the agreed recommendations.</p> <p>Further develop nutrition and physical activity resources, tools and innovative technology, including through the Healthy Heart Initiative.</p> <p>Publish the final National Injury Prevention Strategy and develop the Monitoring and Reporting Framework.</p> <p>Stakeholder satisfaction with the Department's national guidance on strategies to reduce the prevalence of chronic conditions and associated complications and to support people to make healthy lifestyle choices.</p>	<p>Continue to implement Commonwealth responsibilities under relevant policies such as Action Plans, Implementation Plans and Strategies.</p> <p>Decrease in the proportion of Australians living with preventable chronic conditions.</p> <p>Reportable increase in Australians making healthier food choices.</p>

<b>The percentage of people participating in national cancer screening programs is maintained.</b>				
<b>a. National Bowel Cancer Screening Program<sup>19</sup>.</b>				
<b>b. BreastScreen Australia (women 50–74 years of age)<sup>20</sup>.</b>				
<b>Jan 2018 – Dec 2019 Target</b>	<b>Jan 2019 – Dec 2020 Target</b>	<b>Jan 2020 – Dec 2021 Target</b>	<b>Jan 2021 – Dec 2022 Target</b>	<b>Jan 2022 – Dec 2023 Target</b>
a. 53.1%	56.6%	56.6%	56.6%	56.6%
b. 54%	54%	54%	54%	54%
<b>Estimated result<sup>21</sup></b>				
a. 53.1%				
b. 54%				
<b>The percentage of women in the target age group (25–74 years) participating in the National Cervical Screening Program is maintained.<sup>22</sup></b>				
<b>Jan 2018 – Dec 2022 Target</b>	<b>Jan 2019 – Dec 2023 Target</b>	<b>Jan 2020 – Dec 2024 Target</b>	<b>Jan 2021 – Dec 2025 Target</b>	<b>Jan 2022 – Dec 2026 Target</b>
57%	57%	57%	57%	57%
<b>Estimated result</b>				
N/A <sup>23</sup>				

<sup>19</sup> Participation is defined as the percentage of people invited to screen through the National Bowel Cancer Screening Program over a two year period (1 January to 31 December) who return a completed screening test within that period or by 30 June of the following year.

<sup>20</sup> Participation in the BreastScreen Australia program has remained stable over the past five years. The ongoing participation trend is expected to remain stable over the forward years.

<sup>21</sup> This measure is reported on a rolling two-calendar-year basis.

<sup>22</sup> From 1 December 2017, the two yearly Pap test for women 18 to 69 years of age changed to a five yearly Human papillomavirus test for women 25 to 74 years of age. Prior to 1 December 2017, this measure was reported on a rolling two-calendar-year basis, however, biennial targets are no longer applicable due to the change in the screening interval from 2 to 5 years. Participation rates for the renewed National Cervical Screening Program will only be accurately measured after a full phase of screening (5 years) has been completed and the data assessed. Prior to this, interim indicators will be used to estimate participation using available data. The aim of the renewed National Cervical Screening Program is to maintain participation rates.

<sup>23</sup> Data not yet available.

<b>National direction supports a collaborative approach to preventing and reducing the harms from alcohol, tobacco and other drugs.</b>				
<b>2018-19 Estimated result</b>		<b>2019-20 Target</b>		<b>2020-21 (&amp; beyond) Target</b>
<p>Continued investment in quality alcohol and drug treatment services.</p> <p>Continued to build the evidence base in relation to alcohol and drugs through high quality research.</p> <p>Worked with states and territories, and other relevant agencies to finalise the next iteration of the National Alcohol Strategy and the National Tobacco Strategy and continued to focus on the priority areas identified.</p> <p>Continued to report on the National Drug Strategy and associated sub-strategies.</p> <p>Implemented the Support for Drug and Alcohol Abuse Treatment measure.</p>		<p>Continue investment in quality alcohol and drug treatment services consistent with the National Quality Framework.</p> <p>Continue to build the evidence base in relation to alcohol and drugs through high quality research, data analysis and consultation with industry experts.</p> <p>Continue to work with states and territories, and other relevant agencies to support the development, implementation and monitoring of Australia's national alcohol and other drug policy frameworks, including reporting on the National Drug Strategy and associated sub-strategies.</p>		As per 2019-20.
<b>The percentage of the population 18 years of age and over who are daily smokers is reduced.<sup>24,25</sup></b>				
<b>2018-19 Target</b>	<b>2019-20 Target</b>	<b>2020-21 Target</b>	<b>2021-22 Target</b>	<b>2022-23 Target</b>
10%	To be determined following COAG endorsement.	As per 2019-20.	As per 2019-20.	As per 2019-20.
<b>Estimated result</b>				
13.8%				
<b>Material changes to Program 2.4 resulting from the following measures:</b>				
There are no material changes to Program 2.4 resulting from measures.				

<sup>24</sup> This measure is being monitored using the Australian Bureau of Statistics (ABS) National Health Survey and refers to age-standardised rates of daily smokers. Results from the most recent ABS National Health Survey were released on 12 December 2018 and are available at: [www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001)

<sup>25</sup> Targets set for 2017-18 and 2018-19 are based on a 2018 performance benchmark previously agreed to by COAG in the 2008 National Healthcare Agreement and its 2012 update. Targets for 2019-20, 2020-21 and 2021-22 will be confirmed in 2018-19, and informed by the next iteration of the National Tobacco Strategy.

**Table 2.2.6: Performance Criteria for Program 2.5**

<b>Program Objective - Program 2.5: Primary Health Care Quality and Coordination</b>		
<p>To strengthen primary care by focusing funding to frontline health services and improving the access, delivery, quality and coordination of primary healthcare services. This will help improve health outcomes for patients, focusing on those who are most in need, including those with chronic conditions and/or mental illness. It will also assist in reducing unnecessary visits or admissions to hospitals.</p>		
<b>Delivery</b>		
<ul style="list-style-type: none"> <li>• Strengthen primary health care through improved quality and coordination.</li> <li>• Support Primary Health Networks (PHNs) to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve care coordination and integration.<sup>26</sup></li> <li>• Support measures that improve the coordination and integration of services for people living with chronic and complex conditions to help maintain good health, such as Health Care Homes.<sup>27</sup></li> <li>• Support the delivery of health information, advice and services through interactive communication technology to better assist people in caring for themselves and their families.</li> </ul> <p>A number of other departmental programs contribute to the delivery of this program, in particular, program:</p> <ul style="list-style-type: none"> <li>• 2.2: Aboriginal and Torres Strait Islander Health;</li> <li>• 2.3: Health Workforce;</li> <li>• 2.4: Preventive Health and Chronic Disease Support;</li> <li>• 2.6: Primary Care Incentives; and</li> <li>• 2.7: Hospital Services.</li> </ul>		
<b>Performance Criteria</b>		
<b>Efficiency and effectiveness of health services and coordination of care at the local level is improved.</b>		
<b>2018-19 Estimated result</b>	<b>2019-20 Target</b>	<b>2020-21 (&amp; beyond) Target</b>
All PHNs monitored their commissioned services. Most PHNs have either completed or have planned evaluations, to inform future commissioning and continuous improvement.	All PHNs will provide support to general practices and other healthcare providers to deliver quality, coordinated care to people in their PHN region. PHNs continue to commission services to meet regionally identified needs.	As per 2019-20.

<sup>26</sup> Further information available at: [www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home)

<sup>27</sup> Further information available at: [www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes)

<b>Continuity of care and coordinated services for patients with chronic and complex illnesses is improved.</b>		
<b>2018-19 Estimated result</b>	<b>2019-20 Target</b>	<b>2020-21 (&amp; beyond) Target</b>
<p>Up to 12,000 eligible patients enrolled in the Health Care Homes Trial.</p> <p>Ongoing support mechanisms effectively supported Health Care Homes practices.</p> <p>Delivery of the interim evaluation report to Government by 30 June 2019.<sup>28</sup></p>	<p>Ongoing support mechanisms effectively supporting Health Care Homes practices and patients.</p> <p>Delivery of the second interim evaluation report to Government by 30 October 2020.</p>	<p>Ongoing support mechanisms effectively supporting Health Care Homes practices and patients.</p> <p>Delivery of the final evaluation report to Government by 30 November 2021.</p>
<p><b>Material changes to Program 2.5 resulting from the following measures:</b></p> <p>There are no material changes to Program 2.5 resulting from measures.</p>		

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<sup>28</sup> The evaluation of the stage one trial Health Care Homes will inform Government consideration of the national rollout of the program.

**Table 2.2.7: Performance Criteria for Program 2.6**

<b>Program Objective - Program 2.6: Primary Care Practice Incentives</b>				
To provide incentive payments to 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.				
<b>Delivery</b>				
<ul style="list-style-type: none"> <li>• Support quality care, enhanced capacity and improved access through general practice incentives.</li> <li>• Provision of incentive payments to eligible general practices and general practitioners. Incentives include the PIP After Hours Incentive, the Aged Care Access Incentive, the PIP eHealth Incentive, the Rural Loading Incentive, and the Teaching Payment.</li> </ul> <p>The Department of Human Services administers the PIP payments on behalf of the Department of Health.</p>				
<b>Performance Criteria</b>				
<b>Access to accredited general practitioner care maintained through percentage of general practitioner patient care services provided by PIP practices.</b>				
<b>2018-19 Target</b>	<b>2019-20 Target</b>	<b>2020-21 Target</b>	<b>2021-22 Target</b>	<b>2022-23 Target</b>
≥84.2%	≥84.2%	≥84.2%	≥84.2%	≥84.2%
<b>Estimated result</b>				
84.2%				
<b>Material changes to Program 2.6 resulting from the following measures:</b>				
There are no material changes to Program 2.6 resulting from measures.				

**Outcome 2**

**Table 2.2.8: Performance Criteria for Program 2.7**

<b>Program Objective - Program 2.7: Hospital Services</b>		
To improve access to, and the efficiency of, public hospitals through the provision of funding to states and territories.		
<b>Delivery</b>		
<ul style="list-style-type: none"> <li>• Support the states and territories to deliver efficient public hospital services and to provide eligible persons with the choice to receive hospital and emergency services free of charge as public patients.<sup>29</sup></li> <li>• Support the Government through the provision of timely and effective policy advice on public hospital funding matters.</li> <li>• Implement the Health Innovation Fund with states and territories.</li> </ul>		
<b>Performance Criteria</b>		
<b>Advice is provided to the Minister and external stakeholders in relation to public hospital funding policy.</b>		
<b>2018-19 Estimated result</b>	<b>2019-20 Target</b>	<b>2020-21 (&amp; beyond) Target</b>
Advice and analysis was provided to the Minister and external stakeholders, including: <ul style="list-style-type: none"> <li>– the Council of Australia Governments Health Council;</li> <li>– the Australian Health Ministers’ Advisory Council; and</li> <li>– the Jurisdictional Advisory Committees to the Independent Hospital Pricing Authority and the Administrator of the National Funding Pool.</li> </ul>	Provide advice and analysis in relation to public hospital funding to the Minister and external stakeholders. Support the development and implementation of a new agreement on public hospital funding arrangements. Represent the Department and the Commonwealth at inter-jurisdictional forums on issues of public hospital funding policy.	Provide advice and analysis in relation to public hospital funding to the Minister and external stakeholders. Represent the Department and the Commonwealth at inter-jurisdictional forums on issues of public hospital funding policy.
<b>Material changes to Program 2.7 resulting from the following measures:</b>		
There are no material changes to Program 2.7 resulting from measures.		
<b>Purpose</b>		
To support government and stakeholders to lead and shape Australia’s health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.		

<sup>29</sup> Further information can be found on the MyHospitals website, available at: [www.myhospitals.gov.au](http://www.myhospitals.gov.au)