Outcome 6:
Ageing and Aged Care

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

Analysis of performance

In 2016-17, the Department continued to improve access to aged care services for older Australians. This included implementation of reforms enabling older Australians greater choice in their care, supported by the provision of good quality aged care information available through My Aged Care and the Australian Aged Care Quality Agency. Additionally, the Department continued to deliver Government programs that provided support for older people with dementia and people from diverse backgrounds to ensure that all older Australians have access to aged care services.

These activities have contributed to the Department's achievement of objectives under Outcome 6 and our Purpose.

Highlights

Improved My Aged Care processes and communications

Intensive sector engagement has resulted in progressive improvements to My Aged Care policy, processes, systems, and communication. More information from the Australian Aged Care Quality Agency is now available to enable consumers to choose services that best fit their needs.
Refer *Program 6.1*

Providing consumer-driven services through Increasing Choice in Home Care

The successfully implemented Increasing Choice in Home Care reforms provides older people with consumer-driven, high quality and innovative aged care services required to meet individual needs and circumstances.
Refer *Program 6.2*

Commencing the Short-Term Restorative Care and Continuity of Support programs

Options are now available to assist with reversing and/or slowing functional decline in older people and improving their wellbeing. Older people who are currently receiving State and Territory managed specialist disability services, but are ineligible for the National Disability Insurance Scheme, are also now supported.
Refer *Programs 6.2 & 6.3*

Provided $34 million in funding to support 42 aged care and dementia care projects

The aged care, research and education sectors have been awarded $34 million in grants across three financial years to support innovation in dementia care and other aged care services. This will strengthen the capacity of the aged care sector to better respond to existing and emerging challenges in the provision of care for older Australians.
Refer *Program 6.4*

Looking ahead

- The Department will negotiate new two year funding agreements with existing Commonwealth Home Support Programme (CHSP) and eligible Western Australian Home and Community Care (HACC) providers to 30 June 2020, to provide a greater focus on activities that support independence and wellness, and more choice for consumers.
- From 1 July 2018, Western Australian HACC services for people aged 65 years and over (and 50 years and over for Aboriginal and Torres Strait Islander peoples) will transition to the CHSP.
- Continue development of a Single Aged Care Quality Framework across all aged care services to introduce a single set of contemporary standards and improved quality assessment arrangements.
- Develop an Aged Care Diversity Framework to enhance the sector's capacity to better meet the diverse characteristics and life experiences of older people.
- Establish a taskforce to develop an aged care workforce strategy to identify options to boost supply, address demand and improve productivity for the aged care workforce.
- The Department will provide advice to Government in response to a number of aged care reviews, including the Review of National Aged Care Quality Regulatory Processes, the Legislated Review of Aged Care 2017, and the Senate Inquiry into the Effectiveness of the Aged Care Quality Assessment.

Purpose, programs and program objectives contributing to Outcome 6

Purpose
Lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.
Program 6.1: Access and Information
Providing equitable and timely access to aged care assessments and making it easier for older people to find aged care services and information
Performance criteria from the 2016-17 Corporate Plan
Program 6.2: Home Support and Care
Providing entry level, support and care services through the Commonwealth Home Support Programme (CHSP) and providing coordinated Home Care Packages tailored to meet individuals' specific care needs
Program 6.3: Residential and Flexible Care
Providing a range of residential and flexible care options and accommodation for older people who are unable to continue living independently in their own homes
Administering the Accommodation Payment Guarantee Scheme
Performance criteria from the 2016-17 Corporate Plan
Program 6.4: Aged Care Quality
Promoting quality
Caring for and supporting people with dementia
Supporting the needs of people with dementia through the Dementia and Aged Care Services Fund
Supporting a diverse community
Performance criteria from the 2016-17 Corporate Plan

Program 6.1:
Access and Information

The Department met the majority of performance targets related to Program 6.1: Access and Information.

In 2016-17, the Department continued to improve the quality of My Aged Care as the single entry point to the aged care system in Australia. The Department worked closely with key stakeholders to further improve My Aged Care services and increase awareness of My Aged Care through a range of communication activities.

The Department has also ensured that the Aged Care Assessment Program and Regional Assessment Service workforce completed mandatory training, to help ensure nationally consistent assessment of eligibility of clients for their aged care services.

Following a review of Commonwealth advocacy services in 2015, the Department has worked to redesign the National Advocacy Program, which included combining advocacy services delivered through the Commonwealth Home Support Programme. Advocacy services perform an important role in supporting older people to access and interact with the aged care system. Through advocacy services older people are supported and empowered to make informed decisions about the aged care services they receive and have their aged care rights protected.

My Aged Care – the starting point to access aged care

My Aged Care is the starting point to find information about, and access to, aged care support and services for older people, their families and carers.

My Aged Care includes a website and contact centre. The website provides information on the different types of aged care services available such as help at home, short-term support services and residential care as well as information about costs and service providers.

The My Aged Care contact centre can arrange for a trained worker to visit and assess people's care needs and eligibility for services, and work with older people to develop a support plan tailored to individual needs, goals and preferences.

> *"All the information is in one place – very clear to understand and relay to my 86-year-old grandmother."* – Family member

> *"Very easy to follow path to information I required. Only my initial visit as I am now 82 and my husband 86 it is time to think about our future needs. Reassuring to find a website you can follow which pre-empts the questions one has at this time of life. Good size print and simple sentences."* – Care recipient

> *"It was a positive conversation and it was certainly helpful, she outlined the sorts of things that potentially could happen so it sounded good."* – Care recipient

> *"When you rang [My Aged Care], someone answered right away and helped you…I was absolutely stunned with the efficiency…they immediately got the person that would help me."* – Care recipient

Providing equitable and timely access to aged care assessments and making it easier for older people to find aged care services and information

Aged Care Assessment Program (ACAP) and Regional Assessment Service organisations' training resources reflect current program operation and enable consistent decision-making. Source: 2016-17 Health Portfolio Budget Statements, p. 135	
2016-17 Target	**2016-17 Result**
All ACAP training reflects the current operation model, with six monthly reviews of all training resources to ensure currency is maintained.	ACAP training material was reviewed in July 2016 and January 2017 to maintain currency. **Result: Met**

The My Aged Care Statements of Attainment were reviewed by the Department and the Registered Training Organisation for accuracy twice in 2016-17.

Additional guidance and training materials were reviewed and provided to the ACAP and Regional Assessment Service organisations. Examples of these include:

- the My Aged Care National Screening and Assessment Form and Systems training material;
- a short course to support the changes to the Home Care Packages Program and the introduction of Short-Term Restorative Care for existing Aged Care Assessment Team staff; and
- quick reference guides and user guides.

My Aged Care assessment workforce (Contact Centre, Regional Assessment Service organisations and Aged Care Assessment Teams (AC ATs)) to complete mandatory training prior to undertaking screening and assessment through My Aged Care. Source: 2016-17 Health Portfolio Budget Statements, p. 135	
2016-17 Target	**2016-17 Result**
100% of the My Aged Care assessment workforce completes the mandatory training for their screening, assessment or delegate roles.	100% of the My Aged Care assessment workforce completed training as mandated in the Department's agreements with all assessment workforce organisations. **Result: Met**

My Aged Care assessment organisations were compliant with the My Aged Care program requirements that all assessment workforce staff complete mandatory training.

Training ensures the assessment workforce is equipped to undertake nationally consistent quality assessments of aged care needs with individual clients.

Continuing uptake of new models of Community Visitors Scheme. Source: 2016-17 Health Portfolio Budget Statements, p. 135	
2016-17 Target	**2016-17 Result**
Increase uptake of new models of Community Visitors Scheme.	Uptake of new models of the Community Visitors Scheme, including one-on-one home care visits and group visits in residential care, was increased. **Result: Met**

The Community Visitors Scheme uses volunteers to make regular visits to people who are socially isolated, or are at risk of being socially isolated or lonely.

In 2016-17, the Department continued delivery of the Community Visitors Scheme, providing one-on-one visits in aged care homes, for people receiving home care packages and group visits in residential aged care settings. This included targeting special needs groups, including people from culturally and linguistically diverse backgrounds and lesbian, gay, bisexual, transgender and intersex people.

Older Australians have access to advocacy services to promote their rights in the aged care sector.
Source: 2016-17 Health Portfolio Budget Statements, p. 135

2016-17 Target	2016-17 Result
Government funded advocacy services delivered include access for rural and remote communities and special needs groups.	Advocacy services through the National Aged Care Advocacy Program (NACAP) continued to be delivered nationally during 2016-17, with a particular focus on special needs groups as defined under the *Aged Care Act 1997*, which includes people living in rural and remote communities. **Result: Met**

During 2016-17, the Department provided funding to one organisation in each State and Territory (two in the Northern Territory) to deliver individual advocacy support through the NACAP. This ensured that advocacy services were accessible to older people in rural and remote communities. Advocacy providers are also required to ensure they deliver culturally appropriate support to special needs groups.

Following a review of Commonwealth advocacy services in 2015, during 2016-17, the Department redesigned the NACAP to create a single aged care advocacy program. This included combining advocacy services delivered through the Commonwealth Home Support Programme. In 2016-17, the NACAP handled more than 5,800 advocacy cases, 3,300 general enquiries, and provided over 1,700 face-to-face education sessions.

Average number of unique visitors per month to the My Aged Care website.
Source: 2016-17 Health Portfolio Budget Statements, p. 135

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
131,000	238,650 **Result: Met**	203,045	116,366	56,000	N/A

Visits to the My Aged Care website have increased as a result of the Department's communication activities. The Department regularly promotes the My Aged Care website through emails to more than 14,000 stakeholders, and through print materials for consumers. An advertising campaign promoting My Aged Care, in print, radio, digital and social media in June 2017 significantly increased traffic to the website for that month.

Percentage of calls made to the My Aged Care Contact Centre answered within 20 seconds.
Source: 2016-17 Health Portfolio Budget Statements, p. 135

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
80%	81% **Result: Met**	N/A	N/A	N/A	N/A

Percentage of surveyed consumers that are satisfied with the service provided by My Aged Care Contact Centre.
Source: 2016-17 Health Portfolio Budget Statements, p. 135

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
>90%	95% **Result: Met**	97%	N/A	N/A	N/A

The Department has worked closely with Healthdirect Australia and Stellar to build and maintain quality performance of both the My Aged Care website and contact centre. A number of initiatives to improve quality and performance have been implemented during 2016-17.

Percentage of referrals issued via My Aged Care systems that assist clients to access appropriate assessment and services, and are accepted by assessors and providers.
Source: 2016-17 Health Portfolio Budget Statements, p. 135

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
75%	72% **Result:** **Substantially met**	N/A	N/A	N/A	N/A

The target for referrals accepted in 2016-17 was not met, however over the course of the year there has been a steady improvement in the percentage of referrals issued which are accepted. Assessors and service providers receive referrals with the expectation they will accept them. In the event a referral is rejected, for example, a client's circumstances have changed, a reason for rejection is recorded.

The performance result of 'substantially met' is based on meeting 96% of the target.

Percentage of high priority Aged Care Assessment Team (ACAT) assessments completed within 48 hours of referral.
Source: 2016-17 Health Portfolio Budget Statements, p. 136

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
90%	71% **Result:** **Substantially met**	96.9%	94.8%	89.0%	88.0%

The Department substantially met the target for the number of high priority assessments completed in 2016-17. The Department has agreements with State and Territory Governments to manage the Aged Care Assessment Program, and is actively working with the State and Territory Governments to improve performance in 2017-18.

The performance result of 'substantially met' is based on meeting 79% of the target.

Number of new client registrations.
Source: 2016-17 Health Portfolio Budget Statements, p. 136

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
202,200	338,346 **Result: Met**	288,649	N/A	N/A	N/A

The 2016-17 result reflects the number of new client registration events that have occurred on My Aged Care systems. Client registration events are demand-driven and have exceeded the 2016-17 target. The increase in the number of registrations on My Aged Care systems is a result of the Department's increased My Aged Care promotion and communication activities.

Number of assessments completed on My Aged Care.					
Source: 2016-17 Health Portfolio Budget Statements, p. 136					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
505,300	374,679 **Result: Not met**	183,887	N/A	N/A	N/A

Aged Care Assessment Team (ACAT) workforces commenced assessing clients on My Aged Care in late 2015-16. The results for 2016-17 represent the first full year of client assessments completed by both the ACAT and Regional Assessment Service workforces on My Aged Care. Assessment numbers are demand driven and the target estimate for 2016-17 was not met. This is due to better triaging and information provision from the My Aged Care Contact Centre, avoiding the need for some clients to be reassessed.

Performance criteria from the 2016-17 Corporate Plan

Increased access to aged care services and information through My Aged Care.
Source: 2016-17 Department of Health Corporate Plan, p. 23

Refer p. 175 for performance criterion addressing access to aged care services and information through My Aged Care.

Program 6.2:
Home Support and Care

The Department met or substantially met all performance targets related to Program 6.2: Home Support and Care.

In 2016-17, older people had access to 1,523 Commonwealth Home Support Programme (CHSP) providers. These providers delivered a range of entry-level support services to help frail older people to continue living in their own homes for as long as they can and wish to do so. CHSP support is underpinned by a wellness approach, which is about building on older people's strengths, capacity and goals to help them remain independent and to live safely at home.

In February 2017, the Government introduced the Increasing Choice in Home Care reforms, announced in the 2015-16 Budget. The reforms have allowed consumers and their families to make informed choices about home care and select a provider that best meets their needs. Providers have also been given better opportunities to expand their service offering and market themselves through the My Aged Care website.

In accordance with the Council of Australian Governments' commitment, the Commonwealth Continuity of Support Programme commenced to ensure that older people with disability, who are currently receiving State and Territory administered specialist disability services, but who are ineligible for the National Disability Insurance Scheme, will be provided with continuity of support.

Providing entry level, support and care services through the Commonwealth Home Support Programme (CHSP) and providing coordinated Home Care Packages tailored to meet individuals' specific care needs

Continuity of services delivering the Commonwealth Home Support Programme (CHSP) including Home and Community Care (HACC) services transitioned from Victoria. Source: 2016-17 Health Portfolio Budget Statements, p. 137	
2016-17 Target	**2016-17 Result**
Services continue to be provided during 2016-17 through the CHSP.	Services continued to be delivered through the CHSP. **Result: Met**

Number of older people receiving a service through the Commonwealth Home Support Programme. Source: 2016-17 Health Portfolio Budget Statements, p. 138					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
896,979	722,838[53] **Result: Substantially met**	N/A	N/A	N/A	N/A

Number of Commonwealth Home Support Programme (CHSP) providers. Source: 2016-17 Health Portfolio Budget Statements, p. 138					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
1,480	1,523 **Result: Met**	N/A	N/A	N/A	N/A

During 2016-17, the Government funded a total of 1,523 executed agreements with CHSP providers to deliver services in all States and Territories except for HACC type services in Western Australia (WA).

On 1 July 2016, the Department successfully transitioned 372 Victorian HACC providers to the CHSP. The transition of Western Australian HACC services for older people will occur from 1 July 2018.

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[53]   There has been a change to the counting methodology used for 2016-17 due to comprehensive CHSP data now available through the Data Exchange (DEX).

Establishment of the Commonwealth Continuity of Support (CoS) Programme.
Source: 2016-17 Health Portfolio Budget Statements, p. 137

2016-17 Target	2016-17 Result
CoS Programme established, and implemented from 1 July 2016 in line with National Disability Insurance Scheme (NDIS) roll out.	The CoS Programme guidelines were established by 1 July 2016. The Programme was implemented from 1 December 2016 in regions of New South Wales, Queensland and Tasmania in line with the roll out of the NDIS. **Result: Substantially met**

Commencement of the programme was held up due to a delay in agreeing administrative arrangements with State and Territory Governments. While the delay resulted in the initial transition dates moving to 1 December 2016, it has not affected the forward schedule, with full implementation still expected by 30 June 2020.

Individual transition dates within the implementation schedule are not in line with specific NDIS transition dates for all jurisdictions. In such cases, the changes were agreed bilaterally to achieve administrative simplicity for the transition and to manage the initial commencement delays. Expected full implementation of the CoS Programme is still in line with the NDIS full scheme implementation for each jurisdiction.

On 31 January 2017, the Department entered into a bilateral agreement with the Western Australia Government to transition aged care and disability services in Western Australia to the CoS Programme from 1 July 2019.

Number of older people receiving support through Commonwealth Continuity of Support (CoS) Programme.
Source: 2016-17 Health Portfolio Budget Statements, p. 138

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
1,875	968 **Result: Not met**	N/A	N/A	N/A	N/A

The number of older people receiving CoS support is lower than the target due to revised implementation arrangements being agreed with some State and Territory Governments.

Stage 1 of Increasing Choice in Home Care will be implemented from February 2017.
Source: 2016-17 Health Portfolio Budget Statements, p. 137

2016-17 Target	2016-17 Result
Systems changes will be made that accommodate the implementation of Stage 1 of the Increasing Choice in Home Care service.	Systems changes were released to accommodate the implementation of Stage 1 of the Increasing Choice in Home Care service. **Result: Met**

The Increasing Choice in Home Care reforms were introduced on 27 February 2017, including the successful release of My Aged Care system changes. Consumers have adjusted to their new level of choice and control. Providers are also adapting well to a new system that is market-based and consumer-driven.

Number of allocated Home Care Packages at end of financial year.
Source: 2016-17 Health Portfolio Budget Statements, p. 138

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
90,763	91,980 **Result: Met**	N/A	N/A	N/A	N/A

Home Care Packages are now assigned to eligible consumers through the national prioritisation system managed by My Aged Care. The new process allows a fairer allocation of packages to consumers, based on their individual needs and circumstances, and the time they have been waiting for care, regardless of where they live.

Program 6.3:
Residential and Flexible Care

The Department met or substantially met the majority of performance targets related to Program 6.3: Residential and Flexible Care.

Residential aged care provides accommodation and care for older people who are unable to continue living independently in their own homes, on both a permanent and short-term basis. In 2016-17, the number of operational residential aged care places increased to 204,366, representing an increase in capacity and ensuring that more older Australians are able to access appropriate care.

Through the 2016-17 Aged Care Approvals Round, the Department allocated 475 Short-Term Restorative Care (STRC) places; 400 of these commenced in February 2017, with the remaining places commencing on 1 July 2017. The STRC Programme was announced by the Government in 2015 and increases the care options available to older people, through time-limited, goal-oriented, multi-disciplinary and coordinated packages of services.

The Department continued to increase availability of flexible aged care services, through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and the Multi-Purpose Service Program. There was a delay in conducting a funding round for the NATSIFACP, which meant the Department was unable to achieve its target for the number of places available under the program. However, a new flexible aged care service is being established in Nhulunbuy, Northern Territory, which will include up to 25 places.

In 2016-17, the Department adjusted its strategy in reviewing Aged Care Funding Instrument claims. This change meant that the Department conducted fewer reviews and focussed resources on undertaking more comprehensive reviews of high risk services. While these reviews took longer than previous routine reviews, they addressed risks to Commonwealth expenditure more effectively.

Providing a range of residential and flexible care options and accommodation for older people who are unable to continue living independently in their own homes

Establish the Short-Term Restorative Care (STRC) Programme and undertake a competitive Aged Care Approvals Round (ACAR) (which would include STRC). Source: 2016-17 Health Portfolio Budget Statements, p. 140	
2016-17 Target	**2016-17 Result**
Competitive ACAR undertaken, including new Short-Term Restorative Care places with outcomes to be announced in late 2016.	The STRC Programme was established through legislative changes in 2016 and the allocation of places in 2017. The 2016-17 ACAR was undertaken, with applications closing on 28 October 2016. ACAR outcomes were announced in two stages: STRC places on 23 February 2017; residential aged care places and capital funding on 26 May 2017.
	Result: Substantially met

The STRC Programme was established through legislative changes made in May 2016.

In the 2016-17 ACAR, 10,386 new aged care places were allocated, consisting of 475 STRC places and 9,911 residential aged care places.

In addition, $64 million in capital grants was allocated to build new and upgrade existing residential aged care services.

The ACAR process was completed in 2016-17. The target timeframe for the announcement of STRC results was not met due to the high numbers and competitiveness of applications. The timeframes were in line with expectations for an open, competitive process.

Over 3,000 people a year may be able to access care through the 475 STRC places allocated in the 2016-17 ACAR. The allocation of residential aged care places and capital grant funding will continue to provide older Australians with greater choice and flexibility should their care needs increase.

Expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and the Multi-Purpose Services Program. Source: 2016-17 Health Portfolio Budget Statements, p. 140	
2016-17 Target	**2016-17 Result**
Conduct a funding round to expand existing services funded under the NATSIFACP, with places allocated in 2016; and conduct a Multi-Purpose Service approvals round with places allocated in 2016.	The funding round to expand the NATSIFACP is due to be finalised in September 2017.
	The Multi-Purpose Services Program funding round was finalised in December 2016, and places were allocated in January 2017.
	Result: Not met

The Department did not meet its target to conduct a funding round to expand the NATSIFACP in 2016. The funding round required significant consideration by Government to ensure the expansion targeted areas of greatest need. The funding round opened on 1 June 2017 and closed on 27 July 2017.

A total of 55 new places were approved through the Multi-Purpose Services Program funding round and 156 places were amended from low to high levels of care, which reflects increased care needs of care recipients.

Number of flexible places available for Aboriginal and Torres Strait Islander peoples through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
850	820 **Result: Substantially met**	820	802	739	679

Additional places will be allocated following the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, due to be finalised in September 2017. In addition, a new flexible aged care service is being established in Nhulunbuy, Northern Territory. Up to 25 places will be made available to establish this service.

The performance result of 'substantially met' is based on meeting 96% of the target.

Number of operational Residential Aged Care places available by 30 June each year.

Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
206,700	204,335 **Result: Substantially met**	199,449	195,953	192,834	189,761

The number of operational residential aged care places has increased since 2015-16. The Department continues to monitor the impact of the red tape reduction measures introduced in early 2016 that encourage providers to operationalise their provisionally allocated places.

The number of operational residential care places at a given point in time depends on the activities of approved providers. Places may be taken out of operation for many reasons, including for refurbishment, or to allow for extensions to be built.

While the target was 'substantially met', the result represents an increase in the number of operational aged care places.

The performance result of 'substantially met' is based on meeting 99% of the target.

Number of operational transition care places available by 30 June each year.

Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
4,000	4,019 **Result: Met**	4,000	4,000	4,000	4,000

Between 2012 and 2017 there were 4,000 transition care places available nationally. In 2017, 60 additional time-limited transition care places were allocated to Western Australia aimed at addressing short-term concerns flowing from the demand for residential care in that state. Of these 60 places, 19 were made operational in 2016-17.

Number of operational Short-Term Restorative Care places available by 30 June each year.
Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
400	400 **Result: Met**	N/A	N/A	N/A	N/A

On 23 February 2017, 400 Short-Term Restorative Care (STRC) places commenced with immediate effect. Approved providers of STRC have been able to deliver care through these places and claim subsidy with respect to them from the point of allocation.

Number of operational Multi-Purpose Services places available by 30 June each year.
Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
3,845	3,636 **Result: Substantially met**	3,592	3,545	3,525	3,483

There were fewer applications for new flexible care places than expected in the 2016-17 allocations round. A total of 55 new places were approved, 31 of which were provisional allocations that are not yet operational. There was a higher demand to change the level of care for existing places (156) from low to high, which is reflective of more complex care needs of care recipients.

There are 58 provisional allocations in total, which will become operational when capital works are complete.

The performance result of 'substantially met' is based on meeting 95% of the target.

Number of Innovative Pool places available by 30 June each year.
Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
84	62 **Result: Met**	75	84	92	100

The Innovative Pool Program is designed to test new approaches to providing flexible models of aged care service delivery, and is not intended to provide ongoing services. In 2016-17, there were 62 places in the Innovative Pool Program. Only the existing cohort of clients are able to receive care through this program. As such, the number of individuals in the program, and thus the number of allocated places, decreases as they exit the program. The decrease in the number of innovative pool places is a positive result as it reflects that people have been able to access appropriate care through other aged care and disability programs.

Number of annual reviews of Aged Care Funding Instrument funding claims to ensure residents are correctly funded.
Source: 2016-17 Health Portfolio Budget Statements, p. 141

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
20,000	10,318 **Result: Not met**	15,763	20,587	20,349	21,426

The number of reviews undertaken did not meet the 2016-17 target as the Department adjusted its strategy to focus resources on undertaking more comprehensive reviews of high risk services. These reviews took approximately twice the time of routine reviews but were far more effective in addressing risks to Commonwealth expenditure, through better targeting and identification of incorrect Aged Care Funding Instrument claiming, and correction of these claims.

Administering the **Accommodation Payment Guarantee Scheme**

All lump sums are refunded once a refund declaration has been issued. Source: 2016-17 Health Portfolio Budget Statements, p. 142					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
100%	100% **Result: Met**	100%	100%	N/A	N/A
All refunds are made within 14 days following the Secretary's refund declaration. Source: 2016-17 Health Portfolio Budget Statements, p. 142					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
100%	100% **Result: Met**	100%	100%	N/A	N/A

During 2016-17, the Secretary made one refund declaration under the Accommodation Payment Guarantee Scheme. The Department made the refund within a week of the declaration.

Performance criteria from the 2016-17 Corporate Plan

Improved outcomes for people who are financially disadvantaged and in need of residential-based care.
Source: 2016-17 Department of Health Corporate Plan, p. 25

In 2016-17, 45.6% of residents in care were classified as concessional, assisted, supported or low means. This is an increase from 37.7% in 2015-16.

Fewer hospital patient days (compared to 2014–15 financial year) used by people who would be eligible for residential aged care.
Source: 2016-17 Department of Health Corporate Plan, p. 25

This performance criterion is supported by data from the Australian Institute of Health and Welfare. Data for 2016-17 will be released in July 2018.

The data over the last three previous financial years shows an increase in the number of hospital days used by people eligible for residential aged care. The highest rates were for patients living in remote or very remote areas and for those living in the two lowest socioeconomic status groups.

Program 6.4:
Aged Care Quality

The Department met all performance targets related to Program 6.4: Aged Care Quality.

In 2016-17, the Department continued to strengthen the capacity of the aged care sector to support delivery of care and services to people with dementia, their carers and families, and people from diverse backgrounds. The Department provided $34 million for 42 projects to be implemented between 2016 and 2019. These projects include a trial of innovative virtual support for carers of people with dementia in rural communities, and models of care aimed at improving care for people with dementia in rural and remote environments.

The Department also provided support for activities focussing on older Aboriginal and Torres Strait Islander peoples and services. Projects funded included the use of remote community art centres to link older Aboriginal peoples to community aged care services, and the creation of culturally appropriate care workforce models for aged care workers. These projects aim to ensure people from Aboriginal and Torres Strait Islander backgrounds receive the same quality of aged care as other older Australians.

Activities which address the *National Ageing & Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* and the *National Ageing and Aged Care Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Strategy* help embed in aged care the principles of access and equity, inclusion, empowerment, quality, and capacity building for older CALD and LGBTI people. The aged care sector has seen improvements in these principles since the development and implementation of these strategies in 2012. Reports on the implementation of each strategy are due to be published in late 2017.

The Department also promoted the provision of quality aged care services, through increasing the availability of Australian Aged Care Quality Agency information on the My Aged Care website, enabling clients to make informed decisions. The Department continued to monitor compliance with the *Aged Care Act 1997*, taking appropriate action to bring providers back to compliance as quickly as possible to protect the health, safety and wellbeing of care recipients.

Promoting quality

More information about the quality of aged care services is available to consumers on My Aged Care. Source: 2016-17 Health Portfolio Budget Statements, p. 144	
2016-17 Target	**2016-17 Result**
Links from My Aged Care to the Australian Aged Care Quality website are established in 2017 to enable consumers to access information about the performance of aged care services against quality standards.	Links from My Aged Care to the Australian Aged Care Quality Agency (Quality Agency) website were established in 2017. **Result: Met**

The Quality Agency undertakes accreditation and review audits to assess and monitor the performance of residential aged care homes. The Quality Agency must publish Residential Aged Care Accreditation Decisions and the site audit report upon which these decisions rely. These contain findings about whether the home meets the required standards and expected outcomes, which help current and prospective residents make informed decisions about their care.

The Department has strengthened the existing web links to the Quality Agency's Accreditation Decisions and site audit reports by making these more prominent on the My Aged Care service finder pages and the page that explains the accreditation process.

A new non-compliance service finder was added to My Aged Care to allow consumers to more easily search for compliance action taken against individual homes. This includes current and archived notices of non-compliance and sanctions.

Extent to which the Department has taken appropriate action to identify and respond to provider financial risk where those risks have been assessed as being at the highest level.
Source: 2016-17 Health Portfolio Budget Statements, p. 144

2016-17 Target	2016-17 Result
Action taken by the Department is proportionate to the level of risk and in accordance with the *Aged Care Act 1997*.	Identification of and response action taken by the Department continues to be proportionate to the level of risk and in accordance with the Act. **Result: Met**

Extent to which the Department has taken appropriate action against approved providers to address serious non-compliance that threatens the health, welfare or interests of care recipients.
Source: 2016-17 Health Portfolio Budget Statements, p. 144

2016-17 Target	2016-17 Result
Action taken by the Department is proportionate to the level of risk and in accordance with the *Aged Care Act 1997*.	The Department has taken appropriate action to respond to all serious non-compliance in accordance with the Act. **Result: Met**

Percentage of occasions where the Department has taken appropriate action against approved providers to address serious non-compliance that threatens the health, welfare or interests of care recipients.
Source: 2016-17 Health Portfolio Budget Statements, p. 144

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
100%	100% **Result: Met**	100%	100%	100%	100%

The Department applies a risk-based approach in responding to identified instances of non-compliance.

Following assessment, all instances of financial non-compliance identified were responded to appropriately and proportionately in accordance with the *Aged Care Act 1997*. In the reporting period, no sanctions were imposed on approved providers for financial non-compliance.

The Department imposed 11 sanctions on 11 approved providers. Nine sanctions were imposed following identification of an immediate and severe risk to the safety, health or welfare of care recipients, and two sanctions were imposed following approved providers not addressing and remedying non-compliance by the agreed date. The imposed sanctions, based on assessment, were in accordance with the *Aged Care Act 1997*.

Percentage of General Purpose Financial Reports submitted by approved providers reviewed to assess financial risk.
Source: 2016-17 Health Portfolio Budget Statements, p. 144

2016-17 Target	2016-17 Result	2015-16	2014-15	2013-14	2012-13
100%	100% **Result: Met**	100%	100%	100%	100%

Risk profiling was applied across all approved providers who submitted a General Purpose Financial Report, and a detailed risk assessment was undertaken on all those identified as being at the highest level of risk.

Percentage of detailed risk assessments completed for residential aged care approved providers assessed as having a financial risk at the highest level. Source: 2016-17 Health Portfolio Budget Statements, p. 144					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
100%	100% **Result: Met**	100%	100%	100%	100%

Detailed risk assessments were undertaken on all approved providers assessed at the highest financial risk level. Compliance approaches were identified to bring those providers back to compliance if required.

Caring for and supporting people with dementia

Number of service episodes delivered by Dementia Behaviour Management Advisory Services (DBMAS) clinicians that support aged care staff, healthcare professionals and family carers to improve their care of people with behavioural and psychological symptoms of dementia. Source: 2016-17 Health Portfolio Budget Statements, p. 145					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
7,100	7,308 **Result: Met**	7,941	7,323	N/A	N/A

The DBMAS became a national service on 1 October 2016, replacing eight separately managed services. During 2016-17, 88% of surveyed users[54] of the new national service reported that the intervention from DBMAS increased their confidence when caring for someone experiencing behavioural and psychological symptoms of dementia.

Number of service episodes delivered by Severe Behaviour Response Teams (SBRT). Source: 2016-17 Health Portfolio Budget Statements, p. 145					
2016-17 Target	**2016-17 Result**	**2015-16**	**2014-15**	**2013-14**	**2012-13**
610	531 **Result: Met**	319	N/A	N/A	N/A

This is a demand-driven program with referrals from Dementia Behaviour Management Advisory Services. The SBRT provides intensive support for people living with very severe behavioural and psychological symptoms. During 2016-17, 90% of surveyed service users[55] were satisfied with the SBRT service.

Service episodes are client demand-driven. The performance result of 'met' is based on meeting all of the 2016-17 actual demand.

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[54] People surveyed include providers of care for, and the families of, people living with dementia.

[55] Ibid.

Supporting the needs of people with dementia through the Dementia and Aged Care Services Fund

Funding will be available under the Dementia and Aged Care Services (DACS) Fund. Source: 2016-17 Health Portfolio Budget Statements, p. 146	
2016-17 Target	**2016-17 Result**
An open grant funding round is advertised in 2016.	An open grant funding round was held in 2016. **Result: Met**

The Department held an open competitive grant funding round which closed on 20 December 2016, with applications sought across six grant categories. $34 million in funding has been granted to 42 projects which will be implemented between 2016 and 2019. They include a trial of innovative virtual support for carers of people with dementia in rural communities; a multi-lingual virtual house for the delivery of practical information to enable older people to age safely at home; models of care aimed at improving care for people with dementia in rural and remote environments; a telehealth-facilitated model of care; and a trial of a virtual reality driving simulator to support older people in testing their driving skills.

Activities and projects that improve the lives of people with dementia are delivered, including as part of Severe Behaviour Response Teams (SBRT). Source: 2016-17 Health Portfolio Budget Statements, p. 146	
2016-17 Target	**2016-17 Result**
Continued Government funding of a number of programs which provide additional support for people with dementia.	Funding was provided for the suite of existing dementia programs. **Result: Met**

During 2016-17, the Department moved to a national service provision model for Dementia Behaviour Management Advisory Services and the Dementia Training Program. Other core programs that continued to receive funding are the National Dementia Support Program and the SBRT.

Projects to support older Aboriginal and Torres Strait Islander people and services that provide care to this group are delivered, including grants of capital assistance. Source: 2016-17 Health Portfolio Budget Statements, p. 146	
2016-17 Target	**2016-17 Result**
The 2016 grant funding round is advertised in 2016 and will include a focus on Aboriginal and Torres Strait Islander peoples and services.	An open funding round was advertised and held in 2016. **Result: Met**

A priority of the 2016-17 Dementia and Aged Care Services Fund Innovation and Research round was support for activities focussing on older Aboriginal and Torres Strait Islander peoples and services. Ten projects were funded, including the use of remote community art centres to link older Aboriginal and Torres Strait Islander peoples to community aged care services, the creation of culturally appropriate care workforce models, a telehealth-facilitated model of care, and supporting Aboriginal community members to undertake professional 'within community' model of caring for people with dementia. In addition, five minor capital projects were funded.

Supporting a diverse community

Continued implementation of the National Ageing & Aged Care Strategy (for people from CALD backgrounds) and the National Ageing and Ageing Care LGBTI Strategy. Source: 2016-17 Health Portfolio Budget Statements, p. 146	
2016-17 Target	**2016-17 Result**
Continued Government funding of Partners In Culturally Appropriate Care (PICAC) to support and promote an understanding of cultural issues impacting upon CALD people accessing aged care services including issues and accessibility of services through My Aged Care. Continued Government funding of LGBTI and CALD projects under Dementia and Aged Care Services (DACS). Continued support for the CALD and LGBTI Ageing and Aged Care Working Groups.	The PICAC Program continued to be funded to equip aged care providers to deliver culturally appropriate care to older people from CALD backgrounds. The Government continued to fund LGBTI and CALD projects under DACS, with new projects funded through the 2016 DACS funding round. Support for the CALD and LGBTI Ageing and Aged Care Strategy Working Groups was ongoing. **Result: Met**

Under the PICAC program, an organisation is funded in each State and the Northern Territory (Australian Capital Territory services are delivered by the New South Wales provider) to support aged care providers to deliver culturally appropriate care to older people from CALD communities, and to help older CALD people and their families make informed decisions about their aged care needs. In 2016-17, a particular focus of PICAC was the accessibility of services through My Aged Care.

In addition to the standard PICAC funding, the NSW/ACT PICAC provider continued to undertake the My Aged Care CALD Accessibility Project, funded through DACS, which aims to identify barriers to accessing My Aged Care for older CALD people, and propose solutions. A conference was held on 20-21 September 2016, which brought together departmental staff, aged care providers, CALD community groups, and Government Ministers to discuss these issues and solutions.

CALD and LGBTI Ageing and Aged Care Strategy Working Groups continued in 2016-17, with seven face-to-face meetings held in total (up from four in 2015-16), supplemented by a number of teleconferences. With assistance from the CALD and LGBTI Working Groups, the Government reviewed the implementation of both Strategies.

Performance criteria from the 2016-17 Corporate Plan

Aged care providers meet the required quality and prudential standards. Source: 2016-17 Department of Health Corporate Plan, p. 23 & 26

The Government, through the Australian Aged Care Quality Agency (AACQA), promotes high quality care by monitoring the performance of aged care providers against the Accreditation Standards, using assessment contact and review audits. Latest figures from 2015-16 show that 94.4% of homes achieved compliance by the end of the 'timetable for improvement' period. Further information can be found in the AACQA 2015-16 Annual Report.

Improved equity of access to care for special needs populations.
Source: 2016-17 Department of Health Corporate Plan, p. 25

The *Aged Care Act 1997* specifies that special needs groups include: people from Aboriginal and Torres Strait Islander communities; people from culturally and linguistically diverse backgrounds; veterans; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are homeless or at risk of becoming homeless; care-leavers; parents separated from their children by forced adoption or removal; lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

For the latest information about equity of access to care for special needs populations refer to Chapter 8 of the *2015-16 Report on the Operation of the Aged Care Act 1997*.[56]

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[56] Available at:
agedcare.health.gov.au/publications-and-articles/reports/report-on-the-operation-of-the-aged-care-act-1997

Outcome 6 – Budgeted expenses and resources

	Budget estimate 2016-17 $'000 (A)	Actual 2016-17 $'000 (B)	Variation $'000 (B) - (A)
Program 6.1: Access and Information			
Administered expenses			
Ordinary annual services (*Appropriation Act No. 1*)	195,875	193,806	(2,069)
Departmental expenses			
Departmental appropriation[1]	43,457	43,098	(359)
Expenses not requiring appropriation in the budget year[2]	2,582	4,970	2,388
Total for Program 6.1	**241,914**	**241,874**	**(40)**
Program 6.2: Home Support and Care[3]			
Administered expenses			
Ordinary annual services (*Appropriation Act No. 1*)	2,269,276	2,228,706	(40,570)
Special appropriations			
Aged Care Act 1997 – Home Care Packages	1,726,419	1,586,164	(140,255)
National Health Act 1953 – continence aids payments	85,291	84,614	(677)
Departmental expenses			
Departmental appropriation[1]	43,151	41,812	(1,339)
Expenses not requiring appropriation in the budget year[2]	2,858	4,774	1,916
Total for Program 6.2	**4,126,995**	**3,946,070**	**(180,925)**
Program 6.3: Residential and Flexible Care			
Administered expenses			
Ordinary annual services (*Appropriation Act No. 1*)[4]	107,546	106,934	(612)
Zero Real Interest Loans			
– appropriation	67,040	39,180	(27,860)
– expense adjustment[5]	(47,451)	(14,990)	32,461
Special appropriations			
Aged Care Act 1997 – residential care	10,885,981	10,806,366	(79,615)
Aged Care Act 1997 – flexible care	431,390	419,208	(12,182)
Aged Care (Accommodation Payment Security) Act 2006	801	128	(673)
Departmental expenses			
Departmental appropriation[1]	48,661	48,326	(335)
Expenses not requiring appropriation in the budget year[2]	2,983	5,353	2,370
Total for Program 6.3	**11,496,951**	**11,410,505**	**(86,446)**

Outcome 6 – Budgeted expenses and resources (continued)

	Budget estimate 2016-17 $'000 (A)	Actual 2016-17 $'000 (B)	Variation $'000 (B) - (A)
Program 6.4: Aged Care Quality			
Administered expenses			
Ordinary annual services (*Appropriation Act No. 1*)	131,432	121,975	(9,457)
Departmental expenses			
Departmental appropriation[1]	52,011	48,699	(3,312)
Expenses not requiring appropriation in the budget year[2]	2,684	5,040	2,356
Total for Program 6.4	**186,127**	**175,714**	**(10,413)**
Outcome 6 totals by appropriation type			
Administered expenses			
Ordinary annual services (*Appropriation Act No. 1*)[4]	2,771,169	2,690,601	(80,568)
– expense adjustment[5]	(47,451)	(14,990)	32,461
Special appropriations	13,129,882	12,896,480	(233,402)
Departmental expenses			
Departmental appropriation[1]	187,280	181,935	(5,345)
Expenses not requiring appropriation in the budget year[2]	11,107	20,137	9,030
Total expenses for Outcome 6	**16,051,987**	**15,774,163**	**(277,824)**
Average staffing level (number)	**1,157**	**1,149**	**(8)**

Note: Budget estimate represents estimated actual from 2017-18 Health Portfolio Budget Statements.

[1] Departmental appropriation combines 'Ordinary annual services (*Appropriation Act No. 1*)' and 'Revenue from independent sources (s74)'.

[2] Expenses not requiring appropriation in the budget year are made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.

[3] This program excludes Home and Community Care National Partnership payments to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.

[4] 'Ordinary annual services (*Appropriation Act No. 1*)' against program 6.3 excludes amounts appropriated in Bill 1 for Zero Real Interest Loans as this funding is not accounted for as an expense.

[5] Payments under the Zero Real Interest Loans program are a loan to aged care providers and not accounted for as an expense. The concessional loan discount is the expense and represents the difference between an estimate of the market rate of interest, and that recovered under the loan agreement, over the life of the loan. This adjustment recognises the difference between the appropriation and the concessional loan discount expense.