Indigenous Australians' Health Programme

PART A - PROGRAMME GUIDELINES

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1. Programme overview

On 1 July 2014, the Australian Government established the Indigenous Australians' Health Programme (the Programme). This consolidated four previously existing funding streams: primary health care funding, child, maternal and family health programmes, Stronger Futures in the Northern Territory (Health) (now known as Northern Territory Remote Aboriginal Investment) and programmes covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund. These guidelines provide an overview of the arrangements for the administration of the Programme.

Note: These guidelines may be varied from time-to-time by the Australian Government as the needs of the Programme dictate. Amended guidelines will be published on the department's website.

1.1 Programme background

Through the Council of Australian Governments (COAG), the Australian Government committed to six targets to close the gap in disadvantage between Aboriginal and Torres Strait Islander people and non-Indigenous Australians across the critical areas of health, education and employment. Two of these targets relate directly to the Health portfolio: to close the gap in life expectancy within a generation (by 2031) and to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (by 2018).

Facilitating improved health outcomes through access to effective and efficient health services is one of the keys to closing the gap. Good health is a key enabler in supporting children to go to school, adults to lead productive working lives, and in building strong and resilient communities.

1.2 Programme outcomes

The Programme aims to improve the health of Aboriginal and Torres Strait Islander people through a variety of activities focused on local health needs as well as targeted responses to particular health issues and activity across the life course. This includes the expansion of a number of activities which have demonstrated their effectiveness in improving health outcomes for Aboriginal and Torres Strait Islander people, for example, improvements in child, maternal and family health through the expansion of the New Directions: Mothers and Babies Activity and the Australian Nurse Family Partnership Program[1].

Implementation of the Programme will align with the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 implementation plan [include link after the launch] which will focus on systematic service improvement and addressing geographic disparities through more effective and innovative regional arrangements.

[1] The term 'Australian Nurse Family Partnership Program' is used in accordance with the defined terms in a licence agreement with the University of Colorado.

Programme implementation will also align with broader health system effectiveness measures such as the revised approach to electronic health records and the establishment of Primary Health Networks and the planning and coordination opportunities they represent.

1.3 Programme activities

All activities under the Programme sit under one of the following five themes:

- **Primary Health Care Services**
  Primary Health Care activities include the provision of comprehensive primary health care and support for effective primary health care.

- **Improving Access to Primary Health Care for Aboriginal and Torres Strait Islander people**
  Primary Health Care support activities assist Aboriginal community controlled health services and other mainstream health service providers to deliver high quality, comprehensive primary health care in accordance with principles of sound governance, accountability, cultural appropriateness and in line with evidence based best practice.

- **Targeted Health Activities**
  Targeted Health Activities include the delivery of health services and evidence-based health promotion activities targeting health conditions of high prevalence in the Aboriginal and Torres Strait Islander population. Activities include those that target:

  - eye, ear and oral health,
  - mental health,
  - drug and alcohol use,
  - sexual and reproductive health,
  - health prevention and protection, and
  - chronic diseases such as diabetes, renal disease, cancer, heart disease and rheumatic heart disease.

  Activity under this theme will also support innovation and evidence-led responses to emerging or persistent health issues and new partnerships between research, service delivery and communities to design, deliver and evaluate these new approaches.

- **Capital Works**
  Capital Works activities include safe and appropriate infrastructure, such as staff housing that supports the delivery of comprehensive primary health care services to Aboriginal and Torres Strait Islander people and communities, including priority repair and upgrade of clinics and staff housing through the Northern Territory Remote Aboriginal Investment activity.

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- **Governance and System Effectiveness**
  Governance and System Effectiveness supports continued investment in infrastructure, system support, data and evaluation.

Activities funded under the Programme must be consistent with the outcomes in section 1 of these guidelines. Information about the activities eligible for grant funding is available at Annexure A.

Further information on the Programme can be found on the department's website.

1.4 Funding

The Australian Government has appropriated $2.413 billion (GST exclusive) over three years for the Programme commencing in 2015-16. The Programme grows each year in acknowledgement of growth in the Aboriginal and Torres Strait Islander population. During 2015-16 these growth funds will start to be targeted towards investment in regional areas of high health need and/or high population growth that are initially determined through analysis of demographic, health and socio-economic data.

Funds appropriated for the purpose of the Programme may also be used for the procurement of work directly related to the purpose of the Programme, such as evaluation.

2. Eligibility

2.1 Who is eligible for grant funding?

The following types of entities may be eligible for funding. Some grants may only be available to a subset of the below types of legal entity or restricted to selected applicants.

- Incorporated association incorporated under Australian state/territory legislation
- Incorporated cooperative incorporated under Australian state/territory legislation
- Aboriginal corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*
- Organisation established through specific Commonwealth or state/territory legislation
- Company incorporated under the *Corporations Act 2001 (Commonwealth of Australia)*
- Partnership
- Trustee on behalf of a trust
- Individuals
- Australian local government body
- Australian state/territory government

The department recognises that, where appropriate, some organisations could form a consortia to deliver activities.

Some grants may only be available to selected applicants as dictated by changing policy needs, availability of expertise and market availability. Where the department restricts a funding round to selected applicants, subsidiaries of those applicants may also apply, unless

otherwise specified in the relevant funding round summary. In such circumstances, subsidiaries will be required to provide proof of their relationship to the entity that was invited to apply for grant funding.

2.2 What activities are eligible for grant funding?

The activities eligible for grant funding are outlined in Annexure A.

2.3 What activities are not eligible for grant funding?

The following types of activities will **not** be funded under the Programme:

- retrospective items/activities;
- activities undertaken by political organisations;
- activities which subsidise commercial activities; and
- clinical trials.

Funding will also not be provided for activities that duplicate existing funded activities.

3. Grant Application Process

3.1 Overview of application process

All grants funding rounds will be undertaken in accordance with the Commonwealth Grants Rules and Guidelines (CGRGs) and will be consistent with the outcomes and objectives of the Programme.

3.2 Grant Programme Process Flowchart

GRANT FUNDING ROUND OPENS
The department advertises a grant funding round or invites selected external entities to apply for funding.

↓

SUBMIT AN APPLICATION/PROPOSAL
Applicant completes and submits an application/proposal

↓

APPLICATION/PROPOSAL ASSESSMENT
The department assesses applications/proposals against Eligibility and Selection Criteria.

↓

APPROVAL OF FUNDING
Advice is provided to the Approver on the merits of each application and the Approver makes a decision about the award of grants.

↓

NOTIFICATION OF OUTCOMES AND AWARD OF GRANTS
The department advises applicants of the outcomes of their applications. Grant agreements are negotiated with and signed by successful applicants and the department. Unsuccessful applicants may not be notified until grant agreements have been executed with successful applicants.

↓

DELIVERY OF GRANT ACTIVITIES

Grant recipient undertakes the activity in accordance with the grant agreement and completes milestones and reporting requirements. The department makes payments, monitors progress and collates reports.

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EVALUATION

The department evaluates the outcomes of the Programme. The grant recipient provides information to assist this evaluation.

3.3 Types of selection process

There are various types of selection processes that the department may undertake in order to award grants under the Programme. In selecting the appropriate type of selection process, the department will consider the market for the specific activities to be funded as well as applying proportionality based on the complexity, value and urgency of available grants.

Specific information relevant to individual grants will be outlined in the documentation available through the particular selection process being used. The department may use any of the following types of selection process to award grants under the Programme.

Open competitive funding rounds

Open competitive funding rounds which will open and close to applications on nominated dates, with eligible applications being assessed against the selection criteria and then prioritised against other eligible applications for the available funding.

Targeted or restricted competitive funding rounds

Targeted or restricted competitive funding rounds which will open to a small number of potential grant recipients based on the specialised requirements of the granting activity or project under consideration.

Open non-competitive processes

Non-competitive, open processes under which applications may be submitted at any time over the life of the granting activity and are assessed individually against the selection criteria, with funding decisions in relation to each application being determined without reference to the comparative merits of other applications.

Demand driven processes

Demand-driven processes where applications that satisfy stated eligibility criteria receive funding, up to the limit of available appropriations and subject to revision, suspension or abolition of the granting activity.

Closed non-competitive processes

Closed non-competitive processes where applicants are invited to submit applications for a particular grant and the applications or proposals are not assessed against other applicants' submissions, but assessed individually against other criteria.

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One-off grants

Provision will be made under the Programme for one-off grants and emergency payments, provided that they meet the outcomes and objectives of the Programme.

One-off grants to be determined on an ad-hoc basis, usually by Ministerial decision.

Procurement

Procurement processes will be conducted in accordance with the Commonwealth Procurement Rules and will be independent of any grant processes.

Continuation of Funding

Organisations already receiving Programme funding from the department may be requested to provide a proposal for continuation of funding towards the end of the funding period.

3.4 Timing of Grant funding rounds

Specific timeframes for funding rounds will be provided in the approach to market documentation and will be available on the department's website. Application periods may vary depending on the complexity and urgency of grants, as well as the type of selection process.

Table 1 outlines the expected timing of an average funding round.

Table 1: Indicative timing of an average funding round

Activity	Timeframe
Application period	2 - 6 weeks
Assessment of applications	3 – 6 weeks
Approval of outcomes of assessment	1 - 2 weeks
Award and negotiations of grant agreements	2 - 4 weeks
Notification to unsuccessful applicants	After execution of grant agreements

3.5 How to apply for Grant funding

For open rounds, applicants may obtain an application pack from the department's Tenders and Grants webpage. For targeted rounds the application pack will be supplied to the applicant. In addition to the Programme Guidelines, the application pack may include the following:

- Funding round summary and application form explanatory notes
- Registration form
- Application form
- Sample grant agreement.

3.6 Applicant responsibilities

Applicants are responsible for ensuring that their applications are complete and accurate and submitted to the department in accordance with the requirements of the funding round summary. Applicants should contact the department immediately if they discover an error in an application after submission.

The department may, at its discretion, request clarification or additional information from applicants that does not alter the substance of an application in response to an omission or error of form. However, the department is not bound to accept any additional information, or requests to change submissions, from applicants after the application closing time.

3.7 Submitting an application

Applications should be submitted to the department by the date specified in the approach to market documentation and address all of the relevant criteria to be considered for funding. These criteria are outlined in the approach to market documentation. It is important to complete each section of the application form and use the checklist to make sure each requirement has been considered.

Applications must be submitted on the official application form as specified in the Approach to Market documentation.

4. Assessment of Grant Applications

4.1 General assessment principles

Selection criteria will incorporate the following principles:

- *Alignment with the Programme Objectives* – The proposal must align with one or more of the activities outlined in the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan (2013-2023) or another Government priority expressed in additional documentation provided by the Department for a specific funding round or be a response to an urgent or emerging situation;
- *Demonstrated Need* – The proposed activity must address a current gap in service provision or should target a region of unmet need or high population growth;
- *Demonstrated Effectiveness* – The proposed activity must have evidence of proven effectiveness in improving health outcomes or should demonstrate innovation likely to result in improved health outcomes;
- *Capacity to Deliver* – The service provider must be able demonstrate the ability and experience of the organisation to successfully plan and apply resources, in order to effectively deliver the proposed project to achieve the objectives of the Programme;
- *Cultural Competency* – The service provider must be able demonstrate the ability to deliver culturally appropriate or culturally safe services to Aboriginal and Torres Strait Islander people;
- *Risk Management* – Appropriate assessment and mitigation strategies for risk associated with the proposed model of delivery, including risks relating to

governance, performance management, issues management, viability and financial management must be in place;

- *Value for Money* – The proposed activity must represent value with public money; and
- *Community Engagement and Support* – The proposal must demonstrate how the applicant has or will engage and work with local health professionals, community and residential care providers and the local community to support the activity.

Table 2: Assessment rating scale (competitive rating scale)

Rating (for individual criterion)	Score
Excellent – response to this criterion, including all sub-criteria, exceeds expectations. Additional evidence* is available and confirms consistent superior performance against this criterion.	9-10
Good – response to this criterion addresses all or most sub-criteria to a higher than average standard. Some additional evidence* is available and confirms good performance against this criterion.	7-8
Average – response against this criterion meets most sub-criteria to an average but acceptable level. Some additional evidence* is available and provides some support for claims against this criterion.	5-6
Poor – poor claims against this criterion, but may meet some sub criteria. Additional information available may be lacking detail and/or not directly relevant to the criterion.	2-4
Does not meet criterion at all – response to this criterion does not meet expectations or there is insufficient or no information to assess this criterion. Little or no additional evidence* is available.	0-1

*Additional evidence may include attachments to the application, previous departmental experience with this applicant, referee reports or information from other responses in the application.

Table 3: Assessment rating scale (non-competitive rating scale)

Rating	Description
Highly Suitable	Demonstrates an exceptional understanding of criterion and associated issues. A highly capable response/solution, with demonstrated experience that significantly exceeds that required to perform the work.
Suitable	Demonstrates a satisfactory understanding of the criterion and associated issues. A mostly capable response/solution, with some experience. May have a minor level of risk associated with the proposal. Panel considers the risk to the Government is manageable.
Unsuitable	Fails to demonstrate an acceptable understanding of the criterion and/or the associated issues. A poor response/solution with minimal to no experience. Significant level of risk associated with the proposal.

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4.2 How will applications be assessed?

The department will establish an Assessment Committee comprising representatives of the programme policy division, grant application assessors and grant managers to assess applications and make a recommendation to the Approver. The Assessment Committee may also seek input from external advisors to inform the assessment process. Any non-APS personnel involved in the assessment will be treated as agency staff in accordance with Part 1, section 2.8 of the CGRGs.

The selection process is undertaken in two stages:

Stage 1 – Eligibility Criteria and Application Compliance

Each applicant must satisfy all Eligibility Criteria and any application compliance requirements, specified in the relevant funding round summary, in order to be considered for further assessment. The chairperson of the Assessment Committee will make the final decision on eligibility and compliance.

Stage 2 – Selection Criteria

Only applications that satisfy all Eligibility Criteria will proceed to Stage 2 and be assessed against the Selection Criteria. Applications will then be assessed to ensure value with relevant money is achieved in line with the outcomes and objectives of the programme.

Specific assessment details will be explained further in each funding round summary.

4.3 Value with relevant money

All funds provided under the Programme for grants and procurement activities are considered relevant money. The Australian Government is required to make proper use of public resources, including achieving value with relevant money. The department considers the following factors in assessing whether a grant will achieve value with relevant money:

- how well the application aligns with the outcomes and objectives of the Programme;
- whether the grant will achieve something worthwhile that would not occur without it;
- the applicant's relevant skills and prior experience delivering similar activities;
- the applicant's past performance in delivering grant activities funded by the Commonwealth;
- referee reports (if required);
- the systems and procedures that the applicant has in place for effectively managing grant funds and achieving objectives;
- the applicant's approach to risk management;
- the quantum of funds requested to deliver the grant activities; and
- the allocation of grant funds indicated in any indicative budget that forms part of the funding application.

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4.4 Approval of grant funding

Following an assessment of the applications by the Assessment Committee, advice will be provided by the committee chair to the funding Approver on the merits of the application/s. The Approver will consider whether the proposal will make an efficient, effective, ethical and economical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Approver. The Approver may vary for each funding round under the Programme, based on the profile and value of grants.

4.5 Application outcomes

Notification of application outcomes

The department will advise all applicants of the outcomes of their applications in writing following a decision by the Approver. Unsuccessful applicants may not be notified until grant agreements have been entered into with the successful applicant/s. Advice to applicants who are recommended for funding will contain details of any specific conditions attached to the funding offer. Funding approvals will also be listed on the department's website.

Feedback on applications

Unsuccessful applicants may request feedback on their applications from the department within a period of six months of being advised of the outcome. The department will provide feedback in writing within one month of receiving a request for feedback.

4.6 Award of grants and contracting arrangement

Awarding of grants is at the sole discretion of the Approver. Applicants who are recommended for funding will be required to enter into a grant agreement with the Commonwealth (represented by the department) before receiving any grant funding. The department may use the Department of Health Standard Funding Agreement, the Head Agreement for Multi-Project Funding, the Commonwealth Low Risk Grant Agreement or the Department of Health Capital Works Standard Funding Agreement to fund grants under the Programme. The standard terms and conditions for the designated agreement will apply and cannot be changed. The department may apply supplementary conditions to a grant agreement that override standard conditions or add additional conditions, based on the requirements of the specific activity and a risk assessment of the organisation delivering the activity.

There may be specific conditions attached to the funding approval required as a result of the assessment process or the risk rating of an organisation or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.
The department will negotiate with applicants who are recommended for funding with the aim of having grant agreements signed shortly after a decision by the Approver.

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Applicants should not make financial commitments in expectation of receiving funding until a grant agreement has been executed with the Commonwealth.

5. Delivery of Grant Activities

5.1 Service Delivery Principles for Programmes and Services for Aboriginal and Torres Strait Islander people

The department's administration of the Programme will comply with the following overarching principles under the National Indigenous Reform Agreement:

- *Priority principle:* Activities should contribute to Closing the Gap by meeting the targets endorsed by COAG while being appropriate to local needs.
- *Indigenous engagement principle:* Engagement with Aboriginal and Torres Strait Islander men, women and children and communities should be central to the design and delivery of activities and services.
- *Sustainability principle:* Programmes and services should be directed and resourced over an adequate period of time to meet the COAG closing the gap targets.
- *Access principle:* Programmes and services should be physically and culturally accessible to Aboriginal and Torres Strait Islander people recognising the diversity of urban, regional and remote needs.
- *Integration principle:* There should be collaboration between and within government at all levels and their agencies to effectively coordinate programmes and services.
- *Accountability principle:* Programmes and services should have regular and transparent performance monitoring, review and evaluation.

The department may establish consultation mechanisms or committees to guide specific activities or groups of activities being implemented through the Programme. The department will ensure representation from Aboriginal and Torres Strait Islander people, communities and/or health organisations on such committees.

5.2 Grant recipient responsibilities

Grant recipients must carry out each activity in accordance with these Programme guidelines and the obligations contained in the grant agreement, which includes the standard terms and conditions, any supplementary conditions and the schedule. The schedule will outline the requirements specific to the funded activity.

Grant recipients are responsible for:

- ensuring that the terms and conditions of the grant agreement are met and that the activity is managed in an efficient and effective manner;
- ensuring the activity achieves value with relevant money;
- employing and managing staff required to deliver the activity;

- maintaining contact with the department and advising of any emerging issues that may impact on the success of the activity;
- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- meeting milestones and other timeframes specified in the grant agreement;
- complying with record keeping, reporting and acquittal requirements in accordance with grant agreement;
- participating in activity evaluation as necessary for the period specified in the grant agreement; and
- ensuring that activity outputs and outcomes are in accordance with the grant agreement.

5.3 Grant payments

The department will make payments to grant recipients in accordance with the executed grant agreement. The department's default invoice process is Recipient Created Tax Invoices.

5.4 Reporting requirements

Grant recipients must provide the department with an Activity Plan as the first deliverable and the reports for an activity containing the information, and at the times and in the manner specified in the grant agreement and as set out in the Activity Plan. Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- six monthly performance reporting against the Activity Plan;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

5.5 Risk Management

The department is committed to a comprehensive and systematic approach to the effective management of risk, including adverse effects and potential opportunities. Contractual arrangements will be managed in proportion to the level of risk to the Commonwealth. As such, applicants and grant recipients may be subject to a risk management assessment, by the department, prior to the offer of any contractual arrangement and periodically thereafter.

Grant agreements may require supplementary conditions and increased reporting frequency as a result of the department's risk assessment of a grant recipient for the delivery of a specific activity. The department may at any time review this risk assessment and vary the grant agreement to introduce or remove additional requirements. Grant recipients may receive different risk ratings for the delivery of different activities and the requirements of each grant agreement will reflect the risk associated with the delivery of that activity.

Grant recipients are responsible for managing risks to their own business activities and priorities. The department manages risks to Australian Government policy outcomes and relevant money through its management of grants under the Programme.

5.6 Programme Evaluation

The Programme will be evaluated to measure the effectiveness of the approach in achieving its objectives and inform Programme implementation and policy development to improve outcomes. Grant recipients may be required to provide information to assist with the evaluation.

6. Probity and Legislation

The Australian Government is committed to ensuring that the process for providing funding under the Programme is transparent and in accordance with these guidelines.

6.1 Complaints Process

The department's Grant and Procurement Complaints Procedures apply to complaints that arise in relation to grant and procurement processes. It covers events that occur between the time the funding round documentation is released to potential applicants and the date of contract execution, regardless of when the actual complaint is made. The department requires that all complaints relating to a grant or procurement process must be lodged in writing.

Any enquiries relating to funding decisions for the Programme should be directed to Grant.ATM@health.gov.au.

6.2 Conflict of interest

A conflict of interest may exist if departmental staff, any member of an advisory panel or expert committee, and/or the applicant or any of its personnel:

- has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a departmental officer;
- has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the organisation receiving funding under the Programme.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the activity or any grant agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to an application for funding, external parties must inform the department in writing immediately. The chair of the assessment committee will be made aware of any conflicts of interest and will handle them in compliance with departmental policies and procedures.

Conflicts of interest for departmental staff will be handled in compliance with the Australian Public Service Commission policies and procedures.

6.3 Privacy - confidentiality and protection of personal information

Each applicant will be required, as part of their application, to declare their ability to comply with the *Privacy Act 1988*, including the 13 Australian Privacy Principles, and impose the same privacy obligations on any subcontractors they engage to assist with the activity.

The grant agreement will impose obligations on the grant recipient with respect to special categories of information collected, created or held under the grant agreement. The grant recipient is required to seek the department's consent in writing before disclosing confidential information.

6.4 Freedom of information

All documents in the possession of the department, including those in relation to the Programme, are subject to the *Freedom of Information Act 1982* (FOI Act). Under the FOI Act, members of the public can seek access to documents held by the department. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All FOI requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

For more information about making a freedom of information request for access to documents in the possession of the department, please visit the department's Freedom of Information webpage.

6.5 Legislative authority and delegation

Unless otherwise specified in the Annexures, the legislative authority for grants under the Programme is Section 32B of the *Financial Framework (Supplementary Powers) Act 1997*

and *Financial Framework (Supplementary Powers) Regulations 1997*, Schedule 1AA, item 415.026 – Aboriginal and Torres Strait Islander Health.

Australian Public Service staff involved in grants administration are accountable for complying with the Commonwealth Grants Rules and Guidelines and other policies and legislation that interact with grants administration.

The Approver is the Minister for Health or their delegate, or Chief Executive or their delegate. In approving the award of a grant, the Approver considers whether the grant activity will make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation. The Approver may require that specific conditions be imposed upon any offer of funding.

7. Consultation

Consultation on the implementation of these Programme Guidelines will occur prior to their finalisation and use during 2015-16.

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8. Glossary of Terms

the Activity	the specific activity or project that is the subject of a grant.
approach to market	any formal opportunity to apply for grant funding under the Programme.
the Approver	the person with the authority to award funding under the Programme.
Assessment Committee	the panels of assessment staff formed to assess applications for funding.
compliance requirements	any mandatory requirements around the completion and submission of applications for grants under the Programme.
the department	the Australian Government Department of Health, unless otherwise stated.
Eligibility Criteria	the minimum mandatory requirements which applicants must meet in order to qualify for a grant under a funding round.
financial year	a 12 month period beginning on 1 July of one year and ending on 30 June the following year.
funding round	any formal opportunity to apply for grant funding under the Programme.
grant agreement	a contractual arrangement between a grant recipient and the Commonwealth, as represented by the department, including the terms and conditions of the department's Standard Funding Agreement, any supplementary conditions and the schedule for a specific activity.
grant recipient	an organisation funded by the Commonwealth to deliver a grant activity.
the Programme	the Indigenous Australians' Health Programme.
relevant money	money standing to the credit of any bank account of the Commonwealth or a corporate Commonwealth entity or money that is held by the Commonwealth or a corporate Commonwealth entity.
selection criteria	the set of questions against which applicants' suitability to deliver a grant activity will be assessed by the department.
selection process	the type of funding round used to select grant recipients.

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9. Annexure A – Themes and Activities

The Department of Health will fund Activities consistent with the outcomes and objectives of the following themes:

Primary Health Care Services

Outcomes

The objective of the Primary Health Care Services Activity is to contribute to closing the gap in life expectancy within a generation (2031) and to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (2018) through the provision of comprehensive primary health care and support for effective primary health care.

Objectives

The objectives of the Activity are to improve health outcomes for Aboriginal and Torres Strait Islander people through:

- the delivery of primary health care services tailored to the needs of the Aboriginal and Torres Strait Islander community including clinical services, a range of population health services and activities that support the delivery of essential clinical services;
- improving access to antenatal care and child, maternal and family health services by Aboriginal and Torres Strait Islander children, their mothers and families;
- the prevention, detection and management of chronic diseases;
- further investment in priority health areas in regions of high health need or population growth.
- building the capacity of multidisciplinary teams to deliver effective health services to manage chronic disease among Aboriginal and Torres Strait Islander people; and
- improving the clinical effectiveness of the health system and supporting sustainable, long term service reform and improvement through Continuous Quality Improvement (CQI).

Activities eligible for grant funding

The following activities and items are eligible to receive funding:

- **clinical services including:**
    - the diagnosis, treatment of acute illnesses, emergency primary health care, management of chronic conditions, specific interventions such as eyes, ears and oral health activities, health crisis intervention and referral;
- **population health activities** including:
    - antenatal care services may include: providing advice about healthy eating and physical activity; referrals to other health services; referrals to support

services; referrals to specialists; parenting advice; social and emotional wellbeing; and antenatal consultations.
    - postnatal care services may include: breastfeeding support/information; parenting advice about providing supportive and nurturing healthy environments, nutrition and healthy eating support; and midwife consultations.
    - child health services may include: child health and development checks; breastfeeding support; hearing screening; provision of parenting advice to mothers and families with children up to five years of age; and responses to identified social and developmental health needs through referral to support services as well as early intervention services an improved linkages and collaboration with a range of early childhood services.
    - child and adult immunisation;
    - well-persons' screening may be conducted for: diabetes, sexually-transmissible infections, cardio-vascular and renal diseases etc;
    - health promotion activities may include: nutrition, tackling smoking, physical activity, sexual health, blood borne viruses, holistic health services, women's health services, men's health services, harm and injury reduction activities;
    - client/community assistance and advocacy on health-related matters;
- activities that **support service delivery** including:
    - access to secondary and tertiary health services and community services which may include: outreach, aged care and disability services;
    - system-level improvements to enhance service quality, and CQI such as Plan Do Study Act cycles, process mapping, clinical audits; training in CQI activities, including quality use of data systems for improvement and managing and leading change;
    - activities contributing towards higher standards of practice management, CQI and delivery of multi-disciplinary care;
    - strengthening organisational and governance capacity;
    - maintaining systems to support clinical and organisational accreditation;
    - establishing and strengthening partnerships and collaboration at the local, regional and national level to support, for example, cross-sectoral, holistic integrated care pathways;
    - monitoring, evaluation and research including collection and reporting of national key performance indicators and other data;
    - using patient and service data for planning activities, targeting patient care and reporting and accountability to their communities and governments.
    - development and dissemination of information including promotion of innovation and good practice;
    - information and computer technology;
    - development, employment and enhancement of workforce capacity;
    - transport services supporting access to primary health care; and
    - provision of health equipment, its insurance and maintenance.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

Performance indicators

Organisations will be required to report regularly with complete and high quality data against national Key Performance Indicators that focus on chronic disease risk factors, prevention and management, and child, maternal and family health, including the following areas:

- birth weights;
- health assessments;
- immunisation;
- GP management plans;
- team care arrangements;
- smoking status;
- antenatal care and child, maternal and family health;
- alcohol consumption;
- kidney function;
- diabetic management;
- body mass index;
- blood pressure;
- client contact and episodes of care; and
- access to services.

Improving Access to Primary Health Care for Aboriginal and Torres Strait Islander people

Outcomes

The outcome of the Activity is to contribute to closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by funding activities that support improving access to primary health care services by Aboriginal and Torres Strait Islander people.

Objectives

The objectives of the Activity are to improve access to primary health care and to improve the capacity of mainstream primary care services to deliver culturally competent services to Aboriginal and Torres Strait Islander people.

The Activities will assist Aboriginal Community Controlled Health Services and mainstream health service providers to deliver high quality, comprehensive primary health care services, increase the access to primary health care services by Aboriginal and Torres Strait Islander

people and increase the uptake of Aboriginal and Torres Strait Islander specifically designed MBS arrangements including Health Assessments.

Activities eligible for grant funding

The following activities and items are eligible to receive funding:

- Activities aimed at improving and strengthening capacity and access of mainstream primary care to provide culturally competent services to Aboriginal and Torres Strait Islander people. This includes the employment of workers to achieve this Activity.
- Activities aimed at increasing the uptake of Aboriginal and Torres Strait Islander specific MBS items including Health Assessments and Care Planning.
- Activities aimed at strengthening linkages and collaboration with services external to health that support families with young children, including systems to support integration and linkages in a place-based and people-based services model, linkages with early childhood community hubs and systems responses to support staff working across sectors, such as training for staff and managers and clear referral pathways and information sharing between services.
- The costs associated with the outreach health activities of specialist medical services, nursing services, allied health service, GP services or a combination of these services.
- Professional support that is associated with outreach services including cultural awareness training.
- New care coordination services or extension of existing services.
- Supplementary Services funding to assist patients to access medical specialist and allied health services and Medical Aids.
- The recruitment and placement of urban-based health professionals to remote Indigenous communities in the NT.
- Supporting communities to map current service pathways and investment, testing new partnerships for service delivery and planning.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

Performance indicators

Funded organisations will be required to report regularly. Detailed performance indicators will be included in individual Funding Agreements.

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Targeted Health Activities

Outcomes

The outcome of the Activity is to improve the health of Aboriginal and Torres Strait Islander people through targeted responses to particular health issues and activities across the life course. Activities include those that target:

- eye, ear and oral health,
- mental health,
- drug and alcohol use,
- sexual and reproductive health,
- health prevention and protection, and
- chronic diseases such as diabetes, renal disease, cancer, heart disease and rheumatic heart disease.

Reducing disease prevalence rates and improved eye and hearing health for Aboriginal and Torres Strait Islander people will assist to improve education and employment outcomes, and contribute to closing the gap in health, education and employment outcomes.

Objectives

The objectives of targeted health activities are to improve health outcomes for Aboriginal and Torres Strait Islander people through funding the delivery of evidence based health services and health promotion activities targeting health conditions of high prevalence or emerging conditions in the Aboriginal and Torres Strait Islander population. Activities under this theme will also provide support to innovation and evidence-led responses to emerging or persistent health issues.

Activities eligible for grant funding

Funding for targeted activities includes, but is not limited to:

- Clinical service delivery;
- Counselling services;
- Outreach health services;
- Assisted transport to health services;
- Coordination and integration of services;
- Provision and maintenance of eye, ear, oral and other health equipment;
- Development of education and training resources;
- The Australian Nurse Family Partnership Program to support activities that aim to improve pregnancy outcomes (see separate activity statement at Annexure A1);

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- Activities relevant to the Tackling Indigenous Smoking project (see separate activity statement at Annexure A2); and
- Health preventition and health promotion or education activities.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

Performance indicators

Funded organisations will be required to report regularly. Performance indicators will be negotiated with the successful applicant and will focus on health outcomes indicators where possible. Otherwise health process indicators will be agreed.

Capital Works – Infrastructure, Support and Assessment and Service Maintenance under the Northern Territory Remote Aboriginal Investment

Outcomes

The objective of this Activity is to increase Aboriginal and Torres Strait Islander people's access to safe and effective essential health services through the provision of culturally appropriate, fit for purpose health infrastructure, including clinics, staff accommodation and facilities for the delivery of renal services. The service maintenance Activity under the Northern Territory Remote Aboriginal Investment aims to support the improvement of health outcomes through better access to health services for Aboriginal and Torres Strait Islander people in the Northern Territory (NT).

Objectives

The objectives of the capital works Activity is to improve access to safe and effective essential health services for Aboriginal and Torres Strait Islander people.

The service maintenance Activity aims to improve the safety and accessibility of primary health care clinics for Aboriginal and Torres Strait Islander people in the NT by addressing emergency repairs, urgent maintenance and upgrade issues that affect the safety and accessibility of NT community controlled primary health care (PHC) clinics

The capital works and service maintenance Activities will aim to achieve its objectives by:

- assessing the need for proposed capital works, including the identification of gaps in service provision and strategies to address them;
- increasing access to infrastructure that supports dialysis treatment and renal support activities for Aboriginal and Torres Strait Islander patients in remote communities, particularly in Central Australia;

- increasing the capacity of organisations to attract and retain a clinical workforce by providing staff accommodation for health professionals; and
- providing project management support to organisations funded for capital projects and ensuring appropriate use of Commonwealth funds.
- addressing the need for emergency repairs, urgent maintenance and upgrade issues that affect the safety and accessibility of PHC clinics in the NT.

Activities eligible for grant funding

The following activities and items are eligible to receive funding under the capital works activity:

- purchasing, building, leasing or refurbishing of clinics and health staff housing, including the purchase of vacant land, repairs and maintenance and costs such as furniture and fittings and professional fees associated with undertaking the above works;
- the payment of statutory charges and costs associated with the connection of essential services, such as power, water and sewerage;
- scoping studies, infrastructure assessments and the provision of advice to inform decisions relating to possible capital works infrastructure projects and the Activity in general; and
- professional services associated with the project management of Commonwealth funded capital works projects.

The following activities and items are eligible to receive funding under the service maintenance Activity under the Northern Territory Remote Aboriginal Investment:

- services to repair, maintain and conduct minor upgrades to improve the accessibility and quality standards of remote PHC clinics.
- emergency repairs to clinics and/or staff housing facilities to address urgent safety and/or access issues;
- priority maintenance of clinics and/or staff housing facilities to address safety and/or access issues;
- minor upgrades to clinics and/or staff housing facilities to address safety and/or access issues;
- general repairs that contribute to improving clinic and staff housing facility environments; and
- other repair, maintenance and/or upgrade projects that do not qualify as major capital works and cannot be defined as ‘the purchase of equipment’ (e.g. vehicles or medical equipment).

PHC clinics and staff housing facilities for the purposes of the Activity are defined as buildings and premises that are:

- non-government owned;

- managed by an Aboriginal Community Controlled Health Service;
- used for PHC service delivery and/or PHC staff and resources; and
- based in remote or very remote locations in the NT.

Some funding rounds under both Activities may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

Activities and items that are not eligible for grant funding

In addition to the activities listed in Part 2 Section 2.2 of the Programme Guidelines, the following activities and items are not eligible for funding under the capital works Activity:

- the purchase or repair of motor vehicles;
- funding of general service delivery;
- retrospective funding of capital works or related activities already commenced or completed; and
- clinical trials.

In addition to the activities listed in Part 2 Section 2.2 of the Programme Guidelines, the following activities and items are not eligible for funding under the service maintenance Activity:

- maintenance and upgrade projects already specifically funded by Territory or Commonwealth agencies or organisations;
- maintenance or upgrades on buildings or structures owned by the NT Government;
- major capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises; and
- appointment of a dedicated project manager.

Eligibility for grant funding

Capital works activity:
Unless otherwise specified in the funding round summary for a grant, Part 2, section 2.1 of the Programme Guidelines identifies the entity types which are eligible for funding.

Service maintenance Activity under the Northern Territory Remote Aboriginal Investment:
The following Commonwealth funded NT Aboriginal Community Controlled Health Services, their subsidiaries and organisations under their auspices are eligible for funding:

- Anyinginyi Health Aboriginal Corporation;
- Ampilatwatja Health Centre Aboriginal Corporation;
- Central Australian Aboriginal Congress;
- Pintubi Homelands Health Service;
- Urapuntja Health Service;

- Marthakal Homelands Health Service;
- Miwatj Health Aboriginal Corporation;
- Laynhapuy Homelands Association;
- Sunrise Health Service;
- Wurli Wurlinjang Aboriginal Health Service;
- Katherine West Health Board; and
- Danila Dilba Health Service.

Performance indicators

Funded organisations are required to meet construction milestones included in the funding agreement. With capital works Activities, organisations will generally be required to enlist the services of a project manager to assist them in completing the works and reporting on the construction and financial progress in line with those milestones.

Each construction milestone requires the funded organisations to provide evidence that a set of deliverables and/or conditions have been met before the department releases further milestone payments.

Governance and System Effectiveness

Outcomes

The Activity aims to improve health care outcomes for Aboriginal and Torres Strait Islander people by ensuring good governance and effectiveness of the Aboriginal community controlled health sector.

Objectives

The objective of this Activity is to support continued investment in infrastructure, system support, research, data and evaluation. The Activity will enable Aboriginal Community Controlled Health Services to deliver high quality, well governed and accountable primary health care services.

Other Activities include the collection of data to measure the performance of government and non-government Aboriginal and Torres Strait Islander primary health care services funded by the Commonwealth Department of Health.

Activities eligible for grant funding

The following items are eligible for funding under the Activity:

Ongoing Sustainability and Development of the Northern Territory Aboriginal and Health Key Performance Indicators (NT AHKPIs) component:

- The continued development of the NT AHKPI system under the direction of the NT Aboriginal Health Forum (AHF);
- Consultation with Aboriginal community controlled health service boards on the reports they would like to receive from the NT AHKPI system that will assist them in their role;
- Ongoing maintenance and development of the NT Department of Health web portal for biannual collection of NT AHKPI data from Australian Government funded Aboriginal health services and NTG funded Aboriginal health services (15th February and 15th August each year);
- Ongoing maintenance and development of NT Department of Health data warehouse for storage, cleaning and analysis of NT AHKPI data;
- Production of biannual community level KPI reports and feedback to communities on data quality issues by 15th March and 15th September each year;
- Production of biannual regional reports by 30th March and 30th September each year;
- Data analysis and production of a biannual public release NT wide KPI report.
- Work with NT Aboriginal Health Forum to ensure timely release of two public reports on the NT AHKPIs per annum
- Provision, biannually, of a data file (Microsoft Excel compatible) to the Indigenous Health Division containing all community level KPI data from health services that authorised the release of their data by 30th March and 30th September each year; and
- Timely response to ad hoc data requests from the NT AHKPI database.

Aboriginal and Torres Strait Islander workforce component:

- Development, employment and enhancement of workforce capacity;
- Working environments and conditions which attract, support and retain the Aboriginal and Torres Strait Islander workforce;
- High quality education and training arrangements for both new and existing workforce that supports Aboriginal and Torres Strait Islander people, workforce and communities;
- Activities that support the development, employment and enhancement of workforce capacity, and create employment opportunities for Aboriginal and Torres Strait Islander graduates in the primary health industry; and
- Support to Indigenous Remote Service Delivery Traineeship NT to provide support for participants, supervisors and managers.

Structural reform component:

- Development of reports by locations/regions on the state of readiness of Northern Territory Department of Health (NTDoH) clinics to transition to community control;
- Development of regionalisation plans outlining the process for transitioning NTDoH clinics to community control including oversight by an Aboriginal Community Controlled Health Board (if one does not already exist);

- Support for the establishment of Aboriginal Community Controlled Health Boards (incorporation and governance training expenses) to oversee NTDoH clinics transferring to or having transferred to community control;
- Development of a single IT patient record system across a region;
- Centralisation of administrative/corporate processes across a region; and
- Governance and administration training for Aboriginal Community Controlled Health Services as identified by the Commonwealth.

Locations/regions must be within Health Service Delivery Areas (HSDAs) identified by the NT Aboriginal Health Forum as a priority for progressing regionalisation. The establishment of a new Aboriginal Community Controlled Health Board must be agreed by the NT Aboriginal Health Forum.

National Continuous Quality Improvement component:

- Assistance in the implementation of the National Continuous Quality Improvement (CQI) Framework to embed CQI activities into Aboriginal Community Controlled Health Services.

Evaluation of the Indigenous Australians' Health Programme component:

- Development of an overarching framework for the evaluation and monitoring of the Indigenous Australians' Health Programme;
- Implementation of the Indigenous Australian' Health Programme Evaluation Framework and its component parts.

For the Activity relevant to the National Aboriginal Community Controlled Health Organisation and state/territory peak bodies see the separate activity statement (Annexure A3).

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

Performance indicators

Funded organisations will be required to report regularly. Performance indicators specific to the components of this Activity will be outlined in the Approach to Market documentation relevant to each component.

Annexure A1 – Targeted Activities: Australian Nurse Family Partnership Program[1] (ANFPP)

1) Activity summary

The Australian Nurse Family Partnership Program (the Activity) aims to improve pregnancy outcomes in Aboriginal and Torres Strait Islander Australians. The ANFPP is a nurse-led home visiting programme provided by the same Nurse Home Visitor for the duration of a client's involvement or until the child reaches two years of age.

Women are eligible to enrol to access the services provided under the ANFPP if they are:

- a first-time mother;
- pregnant with an Aboriginal and/or Torres Strait Islander baby;
- intending to live within the geographical boundaries of the implementing site for the majority of the first two years of the child's life; and
- more than 16 weeks and less than 28 weeks pregnant.

2) Activity outcomes

The Activity is an evidence-based approach to achieve the following outcomes:

- increased birth weight;
- reduced maternal smoking;
- reduced childhood injuries and reports of child abuse and neglect;
- fewer subsequent pregnancies and increased intervals between births;
- increased use of health and community services;
- increased maternal employment and/or re-engagement in education;
- improved school readiness of children; and
- potentially reduce mortality among mothers and preventable-cause mortality in their first born children living in highly disadvantaged settings.

Further details on the ANFPP are available on the ANFPP website.

[1] The term 'Australian Nurse Family Partnership Program' is used in accordance with the defined terms in a licence agreement with the University of Colorado

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3) Activity objectives

The objective of the Australian Nurse Family Partnership Program is to improve maternal and child health and wellbeing outcomes for Aboriginal and Torres Strait Islander families by:

- assisting women to engage in good preventive health practices;
- supporting parents to improve child health and development; and
- assisting parents to develop a vision for their own futures, including continuing education and finding work.

As the ANFPP is delivered under a licence agreement with the University of Colorado, all organisations must implement the Activity in accordance with the *ANFPP Expectations and Requirements* to be provided once a Deed of Confidentiality is signed by the applicant.

4) Funding available

In providing funding for maternal and child health care the Australian Government invested in the *Better Start to Life* approach that involves the expansion of two established maternal child health and family health activities. Through the Indigenous Australians' Health Programme the *Better Start to Life* includes additional funding of $39.94 million (GST exclusive) over three years that has been allocated to the Activity, commencing in 2015-16. The funding will expand the ANFPP from three to 13 sites.

The duration and value of available grants will be advised in the relevant funding round summary. Funding amounts included in these guidelines are estimates and may change in the course of the budget year as government priorities change.

5) Timing

Funding agreements for the Activity will be for three years. There will be two funding rounds for the ANFPP to establish four sites per round. It is anticipated that the first funding round will commence in the first half of 2015-16.

Table A: Timing of an average funding round for the ANFPP

Activity	Time
Application period	2 - 6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

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6) Type of selection process

The grant funding for the Activity will awarded to successful applicants through a targeted competitive approach to market process in 2015-16 with targeted competitive or closed non-competitive approaches for future roll out.

Definitions of each type of selection process can be found in Part 3, Section 3.3 of the Programme Guidelines. The funding round summary for each approach to market provides detailed information on the applicable selection process and more detailed guidelines on the ANFPP.

The approach to market for the first two additional sites has been conducted under the ANFPP Grant Programme Guidelines , dated May 2015 and may also be used in an approach to market for subsequent sites if the IAHP Programme Guidelines are not operational. . The ANFPP Grant Programme Guidelines 2014-15 are superseded by the Indigenous Australians' Health Programme Guidelines.

7) Who is eligible for grant funding?

Unless otherwise specified in the funding round summary for a grant, Part 2, section 2.1 of this document identifies the entity types which are eligible for funding.

Under a closed non-competitive process only the organisations identified, or their subsidiary organisations, are eligible to apply. Subsidiary service providers must provide a letter from the relevant Identified Organisation specifying that the applicant is a subsidiary service provider of the Identified Organisation.

8) What activities and items are eligible for grant funding?

Applications for funding must be consistent with the outcomes and objectives of the Activity as outlined in the *ANFPP Expectations and Requirements*. The following activities are eligible for funding under the Activity:

- structured and sustained regular nurse led home visiting to eligible clients in accordance with the *ANFPP Expectations and Requirements*;
- funding caps (minimum and/or maximum limits) - maximum funding per site[2] is up to $2 million (GST exclusive) per annum;
- minor capital projects to support the ANFPP services might also be eligible:
    - for refurbishments or building modifications up to but not exceeding $150,000 (GST inclusive) in total for the three year period, and
    - for maintenance and repairs to existing premises up to but not exceeding $50,000 (GST inclusive) in total for the three year period.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

[2] Some organisations may host more than one site.

9) What activities and items are not eligible for grant funding?

The following activities and items are not eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises;
- funding of general service delivery;
- retrospective items/activities;
- activities undertaken by political organisations;
- activities which subsidise commercial activities;
- research not specific to the programme; and
- clinical trials.

10) Selection criteria

Applications for funding under the Activity will be assessed against the selection criteria outlined in the funding round summary and application form. Selection criteria for the Activity will address the following themes:

- Activity – how the application aligns with the objectives of the Activity;
- Capacity – the applicant's capacity to deliver the Activity/ies in an effective and efficient manner;
- Outcomes and benefits – the expected outcomes of the Activity/ies; and
- Value for money – the overall value for money offered by the application.

11) Oversubscribed/Undersubscribed

Where the number of suitable applications is greater than the available funding, a third stage of assessment will be conducted to rank suitable applications in order of policy priority.

Where there are insufficient suitable applications received under a funding round, the department may seek to fill any gaps in policy objectives through subsequent or additional funding rounds that may include previously targeted applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement and supplementary conditions will apply to grants funded under this Activity.

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13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. Reporting requirements for the Activity include:

- Annual Activity Work Plans;
- Quarterly progress and fidelity reporting to the ANFPP;
- Expenditure reports; and
- Final report covering the entire period of the Funding Agreement.

Reporting requirements may vary depending on the department's risk assessment of each funding agreement.

Organisations must work in collaboration with the ANFPP Support Service (ANFPPSS) on all aspects of the ANFPP as outlined in the *ANFPP Expectations and Requirements*. The ANFPPSS is essential for the provision of workforce training, data collection, monitoring and reporting on health outcomes and programme fidelity.

14) Performance indicators

Fidelity reporting against the model elements outlined in the *ANFPP Expectations and Requirement.*

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Annexure A2 – Targeted Activities: Tackling Indigenous Smoking Programme

1) Activity summary - Tackling Indigenous Smoking Programme

This Activity will support grant funding for regional tobacco control activities, and a range of national supports for capability development, performance monitoring and evaluation, and leadership and coordination.

Tackling Indigenous Smoking (TIS) Programme funds will be allocated to the following components:

- A competitive targeted grants round followed by open rounds as required will support multi-level approaches to tobacco control that are locally designed and delivered to prevent the uptake of smoking and support smoking cessation among Aboriginal and Torres Strait Islander people.
- a National Best Practice Unit (NBPU) for the TIS Programme will be established through a procurement process, to support funding recipients under the Programme through evidence-based resource sharing, information dissemination, advice and mentoring, workforce development, and monitoring and evaluation.
- Enhancements to existing Quitline services and provision of training for frontline community and health worker Quitskills training will be undertaken through a separate funding process.
- Pilots and associated evaluations to service areas of significant disadvantage associated with high smoking rates will be conducted.

2) Activity outcomes

The Activity aims to contribute to closing the gap in life expectancy within a generation and to halve the gap in mortality rates for children under five within a decade by controlling the most significant risk factor for chronic disease among Aboriginal and Torres Strait Islander people.

The TIS Programme will fund activities to achieve the following outcomes:

- Aboriginal and Torres Strait Islander community involvement in and support for local tobacco control activities;
- increased community understanding of the dangers of smoking and chewing tobacco and the links between tobacco and chronic disease;
- improved knowledge, skills and understanding of the health impacts of smoking and pathways to quitting among workers and community leaders including doctors, teachers, Aboriginal Health Workers, community, sport and recreation, youth and

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AOD workers, nurses and other health professionals, and AMS staff, CEOs and Board members;

- promotion of the benefits of never becoming a smoker for young people;
- reduction in environmental smoke in cars, homes, workplaces and community areas;
- reduction in the amount of passive smoking and tobacco smoked each day;
- improved access to targeted support through clinical/non-clinical services;
- smokers quit and maintain smoking cessation;
- non-smokers continue avoiding uptake;
- improved monitoring, evaluation and sharing best practice for tobacco control activities within Aboriginal and Torres Strait Islander communities; and
- improved evidence on what works to reduce tobacco use within Aboriginal and Torres Strait Islander communities.

3) Activity objectives

The objective of the Activity is to reduce smoking rates among Aboriginal and Torres Strait Islander people delivered by increasing both the number of smokers who choose to quit and the number of people who have never smoked. These outcomes will result in reduced rates of chronic diseases for which smoking is a risk factor.

4) Funding available

Up to $116.8 million (GST exclusive) over 3 years, commencing in 2015-16, has been allocated to this Activity from the grant programme. The duration and value of available grants will be advised in the relevant funding round summary. Funding amounts included in these guidelines are estimates and may change in the course of the budget year as government priorities change.

5) Timing

Table A: Timing of an average funding round (e.g. annually, every three years)

Activity	Time
Application period	2 - 6 weeks
Assessment of applications	3 – 5 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	2 – 4 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

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6) Type of selection process

The first round of grant funding for the Activity will be made available through a targeted competitive funding round. If available funds are not fully allocated through the initial targeted grant round, subsequent open grant rounds could be conducted to improve regional coverage.

Definitions of each type of selection process can be found in Part 3, Section 3.3 of the Programme Guidelines. The funding round summary for each approach to market provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the funding round summary for a grant, Part 2, section 2.1 of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. The activities which are eligible to receive funding may include (but are not limited to):

Regional tobacco control grants:

- Development/tailoring and delivery of locally relevant anti-smoking, health education, and social marketing strategies, campaigns and events.
- Providing information and resources about smoking cessation and delivering brief interventions at events/ workplaces/ gatherings.
- Developing and delivering locally relevant quit support groups.
- Advocating and providing support to organisations to develop and implement smoke-free workplace policies and smoke-free community areas.
- Developing and promoting of role models and recognising of champions/advocates for not smoking and quitting.
- Facilitating access and referral to health services and health checks.
- Facilitating access and referral to Quitline services.
- Facilitating access to, and pathways through, clinical and non-clinical services for behavioural and pharmacological therapies, including counselling and nicotine replacement therapy.
- Building knowledge, skills and understanding of the health impacts of smoking and pathways to quitting among workers and community leaders including doctors, teachers, Aboriginal Health Workers, community, sport and recreation, youth and AOD workers, nurses and other health professionals, and AMS staff, CEOs and Board members
- Building partnerships with local services and government organisations to build tobacco control networks for the region.
- Building and sharing evidence on what works to reduce smoking in Aboriginal and Torres Strait Islander communities

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Programme funding will also be used for a broader range of national supports to:

- Improve monitoring, evaluation and sharing best practice for tobacco control activities within Aboriginal and Torres Strait Islander communities;
- Improve evidence on what works to reduce tobacco use within Aboriginal and Torres Strait Islander communities;
- Build skills of health and frontline workers to offer advice on quitting; and
- Enhance smoking prevention and cessation services to be accessible and appropriate to Aboriginal and Torres Strait Islander people, such as Quitlines.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are not eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises;
- purchase of pharmaceuticals;
- projects and activities that duplicate existing resources or initiatives.
- retrospective items/activities;
- activities undertaken by political organisations;
- activities which subsidise commercial activities; and
- clinical trials.

10) Selection criteria

Applications for funding under the Activity will be assessed against the selection criteria outlined in the funding round summary and application form. Selection criteria for the Activity will address the following themes:

- Ability to Achieve Programme Outcomes
- Capacity to Deliver & Sustain the Programme
- Monitoring and Evaluation
- Budget and Value for Money

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, offers will be made by order of merit.

Where the list of suitable applicants is exhausted and funds remain, a subsequent round may be held to allocate remaining funds and address identified gaps, including regional coverage.

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12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement and supplementary conditions will apply to grants funded under this Activity.

13) Reporting requirements

Grant recipients must provide the department with an Activity Plan as the first deliverable and the reports for an activity containing the information, and at the times and in the manner specified in the grant agreement and as set out in the Activity Plan. Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- six monthly performance reporting against the Activity Plan;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

14) Performance indicators and evaluation

Funded organisations will be required to report regularly against the targets set out within their Activity work plan. Additionally, outputs and outcomes performance indicators will be developed for this Activity in consultation with appropriate experts.

An evaluation by the department will determine how the funded activity contributed to the objectives of the Activity. Funding recipients will be required to provide information to assist in this evaluation for a period of time, as stipulated in the funding agreement, after funding has been provided. The information required will be dependent on the Evaluation and Monitoring Framework being developed for the new TIS Activity. Performance indicators for the reporting on grants will be developed from this Framework in consultation with stakeholders and assistance from the National Best Practice Unit, which will also assist recipients on data collection issues. The overall Activity evaluation will also use this Framework as the basis for seeking any useful additional quantitative and qualitative information. The burden of reporting will be taken into account and where possible existing indicator reporting will be used.

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Annexure A3 – Governance and system effectiveness: National Aboriginal Community Controlled Health Organisation (NACCHO) and state/territory peak bodies

1) Activity summary

The National Aboriginal Community Controlled Health Organisation (NACCHO) and state/territory peak bodies Activity (the Activity) forms part of the Programme.

This Activity will fund organisations to assist Aboriginal community controlled health services (ACCHS) to deliver high quality, comprehensive primary health care services in accordance with principles of sound governance, accountability, cultural appropriateness, and in line with mainstream clinical health care standards.

This will be achieved by providing support across a minimum of four core domains of activity:

- improving system-wide clinical and public health initiatives and business systems;
- improving member organisations' capacity;
- engagement with government and other key stakeholders; and
- building a skilled and sustainable Indigenous health workforce in ACCHS.

The funding for this Activity from 2015-16 to 2017-18 is up to $62 Million (GST exclusive).

2) Activity outcomes

The aim of this Activity is to build the capacity of ACCHS and develop and strengthen the health system in Australia to meet the needs of Aboriginal and Torres Strait Islander people.

3) Activity objectives

This Activity will support ACCHS to deliver high quality primary health care services, and will contribute to the development and implementation of appropriate and effective Aboriginal and Torres Strait Islander health policy.

The objectives of this Activity are to support improvements in core essential health service delivery across the health sector, including specifically in the ACCHS' sector, leading to better outcomes for Aboriginal and Torres Strait Islander people.

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4) Funding available

Up to $62 Million (GST exclusive) over 3 years, commencing in 2015-16, has been allocated to this Activity from the grant programme. Funding agreements for the Activity will be for three years, unless otherwise specified in the relevant Funding Round Summary.

5) Timing

Table A: Timing of an average funding round

Funding rounds will be made available every three years.

Activity	Time
Application period	2 - 6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	2 – 4 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

6) Type of selection process

The bulk of grant funding for the Activity will be made available through closed non-competitive funding rounds.

Definitions of each type of selection process can be found in Part 3, Section 3.3 of the Programme Guidelines. The funding round summary for each approach to market provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Organisations in each state/territory providing support to ACCHS within their jurisdiction, or organisations providing support to ACHHS at a national level as outlined in section 8 below.

8) What activities and items are eligible for grant funding?

The organisation must work with ACCHS and other key stakeholders to support the delivery of primary health care services to Aboriginal and Torres Strait Islander people. Eligible activities will address the following domains and may include, but are not limited to, the following:

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Improving system-wide clinical and public health initiatives and business systems

- assistance and technical advice to the health sector on the provision of comprehensive primary health care for Aboriginal and Torres Islander people, including clinical services, health promotion and prevention, and specific health programme activities;
- assistance and technical advice to the health sector on the use of data, including clinical and population health data, to inform continuous quality improvement (CQI) strategies;
- identification, development and promotion of best practice models and approaches to the delivery of quality health care to Aboriginal and Torres Strait Islander people, including using the Public Health Medical Officer Network to provide clinical leadership;
- participation in national and local networks (clinical and non-clinical) to provide support to the community controlled sector and the wider health sector; and
- support for and promulgation of research into effective approaches to the delivery of health care to Aboriginal and Torres Strait Islander people.

Improving member organisations' capacity and capability

- assistance and advice to member organisations to build strong governance, business and clinical arrangements, including the identification, development and promotion of best practice models and supporting continuous quality improvement activities;
- assistance and advice to member organisations in developing and establishing best practice clinical governance and service delivery models;
- assistance and technical advice on Information Technology and Management (including HR systems, Patient Information Recall Systems, other data collection systems, eHealth and Telehealth), administration and other management functions integral to the overall achievement of service outcomes for member organisations;
- identification of data collection challenges (specifically for the nKPI reporting and use for CQI) being experienced by members and development of potential solutions to overcome such challenges;
- assistance and advice to member organisations on participation in national programmes (including the Medicare Benefits Schedule and achieving or maintaining health care and organisational accreditation under relevant standards);
- supporting implementation of eHealth initiatives; and
- assistance in developing peer support networks across member organisations to share learning, improve practice and streamline activities.

Engagement with government and other key stakeholders

- advice and input to the development and implementation of health policies and programs at the national, state/territory and/or local level;
- develop and cultivate relationships and linkages with government agencies, peak bodies, health service providers and other key stakeholders to support the delivery of

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comprehensive and culturally appropriate health services to Aboriginal and Torres Strait Islander people;

- advice and assistance to mainstream health, peak and other organisations to increase Aboriginal and Torres Strait Islander peoples' access to health services and culturally appropriate care;
- collaboration with governments, health organisations, sector and professional peaks, university and research bodies and/or community organisations to advance research and practice in health care for Aboriginal and Torres Strait Islander people; and
- participation in relevant advisory groups/committees and consultations at the national, state/territory and/or local level.

Building a skilled and sustainable workforce (including education and training)

- assistance with human resource and recruitment strategies, including recruitment, retention and professional development of suitably qualified staff;
- identification of workforce recruitment and retention issues within member organisations and the development and implementation of strategies to respond to these issues;
- identification of skill strengths and gaps within the membership workforce and implementation of strategies to address gaps;
- initiatives to encourage and support Aboriginal and Torres Strait Islander people to enter and remain in the health workforce; and
- advice and/or education and training for mainstream health organisations on culturally appropriate and high quality care for Aboriginal and Torres Strait Islander people.

Some funding rounds may target a subset of these activities. In such cases the funding round summary will identify which activities are eligible for funding.

9) What activities and items are <u>not</u> eligible for grant funding?

The following activities and items are <u>not</u> eligible for funding under the Activity:

- Capital works, such as the purchase of any land, the purchase or construction of a complete new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works.

10) Selection criteria

Applications for funding under the Activity will be assessed against the selection criteria outlined in the funding round summary and application form. Selection criteria for the Activity will focus on the following areas:

- Explain how the Activity will be delivered in the region and provide an overview of your service delivery/business model including staffing and administrative arrangements

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- Demonstrate the capacity of your organisation to implement the project in the proposed timeframe detailing organisational and staffing
- Outline the key activities you will undertake and how these will meet the objectives and outcomes of the programme

11) Oversubscription/undersubscription

Where the value of suitable applications is greater than the available funding, a third stage of assessment will be conducted to rank suitable applications in order of policy priority.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the Department. The default reporting requirements for the Activity include:

- an activity work plan;
- a six monthly performance report;
- expenditure reports; and
- a final report.

Reporting requirements may vary depending on the Department's risk assessment of each funding agreement.

14) Performance indicators

Performance indicators will be included in the funding round summary as below:

Indicator 1: Support to member organisations to make better use of data to improve service planning and delivery

Indicator 2: Support to ACCHSs to achieve/maintain accreditation

Indicator 3: Support to ACCHSs to implement CQI activities

Indicator 4: Leadership and support provided to members to strengthen governance

Indicator 5: Leadership and support provided to members to strengthen clinical governance

Indicator 6: Members supported to improve and maintain information systems

Indicator 7: Engagement with government and other key stakeholders on policy a programme priorities – contribution of expertise and advice

Indicator 8: Contribution to national workforce strategy specific for ACCHSs workforce

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