

# **Indigenous Australians' Health Programme**

## **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, the Health Implementation Plan of the former Stronger Futures in the Northern Territory National Partnership Agreement<sup>1</sup> 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 [GrantConnect website](#)

### 1.1 Programme background

Through the Council of Australian Governments (COAG), the Australian Government committed to seven 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. Studies have found that between one-third and one-half of the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is associated with differences in socio-economic status such as education, employment and income (Booth et al. 2005; DSI Consulting 2009).

### 1.2 Programme objectives and outcomes

The Programme objective is to provide Aboriginal and Torres Strait Islander people with access to effective high quality, comprehensive, culturally appropriate, primary health care services in urban, regional, rural and remote locations across Australia. This includes through Aboriginal Community Controlled Health Services (ACCHSs), wherever possible and appropriate, as well as mainstream services delivering comprehensive, culturally appropriate primary health care.

The Programme seeks to improve:

- the health of Aboriginal and Torres Strait Islander people;
- access to high quality, comprehensive and culturally appropriate primary health care; and

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<sup>1</sup> Only Department of Health administered funding under the former Stronger Futures Health Implementation Plan has been included in the Programme. The new National Partnership Agreement (NPA) on Northern Territory Remote Aboriginal Investment now replaces the NPA on Stronger Futures in the Northern Territory. The new NPA no longer includes references to administered funding, only National Partnership Payments paid directly from the Commonwealth to the Northern Territory Government. Administered funding will continue to be managed by the responsible departments.

- system level support to the Aboriginal and Torres Strait Islander primary health care sector to increase the effectiveness and efficiency of services.

Implementation of the Programme will align with the *[Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 \(Implementation Plan\)](#)* which focusses on systematic service improvement and addressing geographic disparities through more effective and innovative regional arrangements. The Implementation Plan can be found on the department's [Implementation Plan webpage](#).

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 (PHNs) and the regional planning and coordination opportunities they represent. More information about PHNs can be sourced from the department's [Primary Health Networks webpage](#).

### 1.3 Programme activities

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

- **Primary Health Care Services**

Primary Health Care activities include the provision of high quality, comprehensive, culturally appropriate 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 ACCHSs and other mainstream health service providers to deliver high quality, comprehensive and culturally appropriate 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 and social health and suicide prevention within a primary health care setting,
- drug and alcohol use within a primary health care setting,
- sexual and reproductive health,
- health protection, preventive health and health promotion or education,
- blood borne viruses and sexually transmitted infections, and
- chronic diseases such as diabetes, renal disease, cancer, heart disease, respiratory 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 that support the delivery of high quality, comprehensive, culturally appropriate primary health care services to Aboriginal and Torres Strait Islander people and communities, primarily through the construction, repair and/or upgrade of ACCHSs clinics and residential accommodation for clinic staff.

- **Governance and System Effectiveness**

Governance and System Effectiveness supports continued investment in information systems, system support, data, evaluation, continuous quality improvement and measures to strengthen the quality and safety of health care provision to Aboriginal and Torres Strait Islander people in accordance with principles of sound governance, accountability, cultural appropriateness and in line with evidence based best practice.

Activities funded under the Programme must be consistent with the outcomes identified in the Annexures of these guidelines. Information about the specific activities eligible for grant funding is available at [Annexure A](#). Further information on the Programme can be found on the [department's website](#).

Some activities that are not eligible under the Programme may be able to be funded under the Indigenous Advancement Strategy (IAS) through the Department of the Prime Minister and Cabinet. Information on programmes and activities funded under the IAS can be found on the [Indigenous Advancement Strategy webpage](#).

## **1.4 Funding**

The Australian Government has appropriated \$3.292 billion (GST exclusive) over four years for the Programme commencing in 2015-16.

Funds will also be allocated to emerging priorities in Indigenous health, including infrastructure, crisis response, mental health in a primary health care setting, and additional capital works.

Funding for specific grant opportunities will be clarified in the relevant grant opportunity guidelines.

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 and service delivery reporting.

## 2. Eligibility

### 2.1 Who is eligible for grant funding?

The following types of legal entities may be eligible for funding. Some grants may only be available to a subset of the below, 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 consortium 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 grant opportunity to selected applicants, subsidiaries of those applicants may also apply, unless otherwise specified in the relevant grant opportunity guidelines. 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;
- lobbying and activities which support political campaigns or advocacy; and
- activities which subsidise commercial activities.

Funding will also not be provided for activities that:

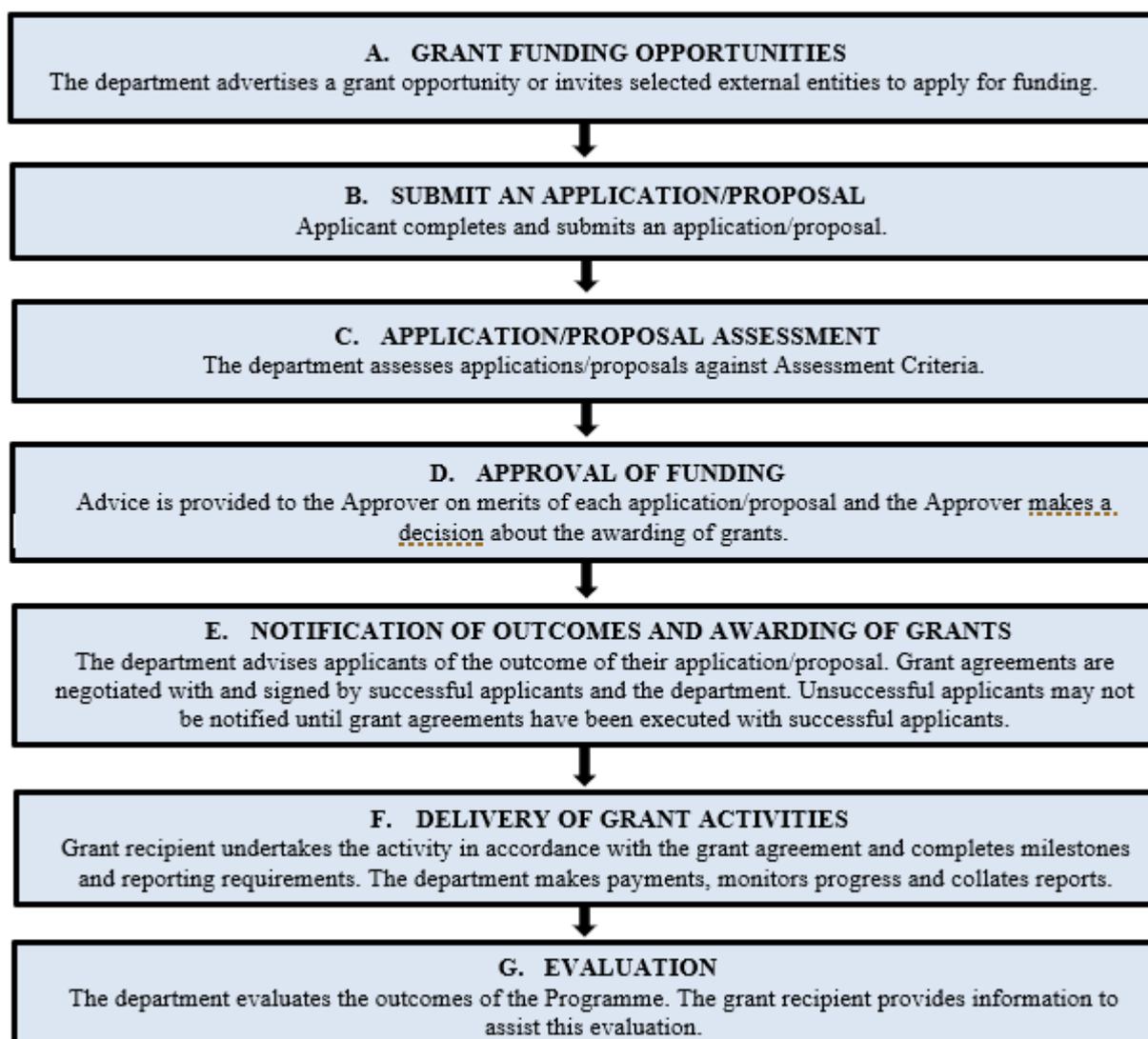
- duplicate existing funded activities;
- or those that are primarily the responsibility of State and Territory Governments; or
- are more appropriately funded through other programmes.

### 3. Grant Application Process

#### 3.1 Overview of application process

All grant opportunities 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 Opportunity Flowchart



#### 3.3 Types of grant opportunities

There are various types of grant opportunities that the department may undertake in order to award grants under the Programme. In selecting the appropriate type of grant opportunity, 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.

In areas of limited market access or specialist requirements (such as high quality, comprehensive, culturally appropriate primary health care and the Australian Nurse Family Partnership Program), the Programme is expected to preference non-competitive rounds. The non-competitive rounds will assess past delivery of services, the maintenance of continuity of care and strong local knowledge. Otherwise the Programme will preference competitive rounds to award grants.

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

#### ***Open competitive grant opportunity***

Open competitive grant opportunities 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 grant opportunity***

Targeted or restricted competitive grant opportunities 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 grant opportunity***

Open non-competitive grant opportunities 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 grant opportunity***

Demand-driven grant opportunities are 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 grant opportunity***

Closed non-competitive grant opportunities are 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.

#### ***One-off and ad-hoc grants***

Provision will be made under the Programme for one-off and ad-hoc grants and emergency responses that meet the outcomes, objectives and priorities of the Programme.

#### ***Procurement***

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

### 3.4 Timing of Grant Opportunities

Specific timeframes for grant opportunity will be provided in the approach to market documentation and will be available on the [GrantConnect website](#). Application periods may vary depending on the complexity and urgency of grants, as well as the type of selection process. This will be expressed in the relevant approach to market documentation.

Table 1 outlines the expected timing of an average grant opportunity.

**Table 1: Indicative timing of an average grant opportunity**

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

Grant Opportunities will be advertised on the [GrantConnect webpage](#). The majority of grant opportunities will be open for six weeks from the advertising date; however application periods may vary depending on the complexity and urgency of grants as well as the type of grant opportunity. Dates and application periods will be confirmed in the documentation for each grant opportunity.

The department may decide to directly advise incumbent grant recipients or other stakeholders that a grant opportunity has been advertised. In such cases, no information will be provided to one potential applicant that is not available to all other potential applicants.

For open grant opportunities, applicants may obtain an application pack from the [GrantConnect webpage](#). For targeted rounds the application pack will be supplied to the applicant via [GrantConnect](#).

### 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 grant opportunity guidelines. 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 must be submitted to the department by the date specified in approach to market documentation and address all of the relevant criteria to be considered for funding. These criteria are outlined in 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 approach to market documentation.

## 4. Assessment of Grant Applications

### 4.1 General assessment principles

All applications for identified funding rounds will be assessed against the following principles. Specific assessment criteria will incorporate these principles and may include additional specialist/specific criteria depending on the services/outcomes to be funded.

- *Delivery of Programme Outcomes* – The proposal must align with one or more of the activities outlined in the Implementation Plan or another Government priority expressed in additional documentation provided by the Department for a specific grant opportunity. Proposals should reflect the [National Indigenous Reform Agreement](#) service delivery principles (see section 5.1);
- *Provision of Culturally Safe Services* – The service provider must be able to demonstrate a history of delivering culturally safe services to Aboriginal and Torres Strait Islander people. Where necessary, the Department will seek expert advice in assessing the provider's claims of culturally safe service provision (see section 4.2);
- *Demonstrated Need* – The proposed activity must meet identified Indigenous health needs, be a continuation of current service provision or address a gap in service provision, in particular targeting a region of unmet need or high Aboriginal and Torres Strait Islander population growth;
- *Demonstrated Effectiveness* – The proposed activity must be responsive, accessible, culturally appropriate and evidenced based, demonstrating a proven effectiveness in improving health outcomes or demonstrate innovation likely to result in improved health outcomes;
- *Capacity to Deliver* – The service provider must be able to demonstrate a history of sound organisational governance and effective culturally safe high quality service delivery, including the ability and experience to successfully plan and apply resources;
- *Risk Management* – The service provider must have undertaken an appropriate risk assessment and developed mitigation strategies for risks associated with the proposed model of service delivery, including risks relating to governance, performance management, issues management, viability and financial management and meeting relevant professional standards;
- *Value for Money* – The proposed activity must represent value with relevant money (further information on value for money can be found at section 4.4); and
- *Engagement and Community Support* – The proposal must demonstrate how the applicant has or will work with and engage the community, in particular Aboriginal and Torres Strait Islander people, local health professionals and residential care providers to ensure culturally safe, high quality, responsive and accessible service provision of the activity.

## **4.2 Assessment of culturally safe service provision**

Under the priority of health enablers, the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#) (pages 14-17) contains the following goal:

- *The health system delivers clinically appropriate care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander people.*

When assessing claims of culturally safe service provision the department may seek external advice to provide the relevant expertise.

## **4.3 How will grant opportunity 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 grant opportunity 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 assessment 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 grant opportunity guidelines, 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 – Assessment Criteria***

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

For competitive grant opportunities, the Assessment Criteria will be assessed against the rating scale in Table 2:

**Table 2: Assessment rating scale (competitive rating scale)**

Rating (for individual criterion)	Score
<b>Excellent</b> – response to this criterion, including all sub-criteria, exceeds expectations. Additional evidence* is available and confirms consistent superior performance against this criterion.	9-10
<b>Good</b> – 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
<b>Average</b> – 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
<b>Poor</b> – 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
<b>Does not meet criterion at all</b> – 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.

For non-competitive processes and one-off grants, the Assessment Criteria will be rated against the scale in Table 3:

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

Rating	Description
<b>Highly Suitable</b>	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.
<b>Suitable</b>	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.
<b>Unsuitable</b>	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.

Specific assessment details will be explained further in grant opportunity guidelines.

#### **4.4 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 and the Australian Government's current health priorities;
- whether the requested grant will achieve something worthwhile that would not occur without the grant;
- 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;
- 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;
- the allocation of grant funds indicated in any indicative budget that forms part of the funding application; and
- the geographic and population coverage of the activity.

#### **4.5 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. Funding approval is at the discretion of the Approver. The Approver is the Minister for Health or their delegate, or the Accountable Authority 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.

#### **4.6 Application outcomes**

##### ***Notification of application outcomes***

The department will advise all applicants of the outcomes 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. Individual grants awarded from the grant opportunity will be reported on GrantConnect no later than 21 calendar days after the grant agreement for the grant takes effect, in accordance with paragraph 5.3 of the *Commonwealth Grants Rules and Guidelines 2017*.

##### ***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.

## 4.7 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, as updated from time to time, the Head Agreement for Multi-Project Funding, the Commonwealth Standard Grant Agreement, the Commonwealth Simple 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 unless agreed by the department. 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 may negotiate with applicants who are recommended for funding with the aim of having grant agreements signed shortly after a decision by the Approver.

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, the relevant grant opportunity guidelines (where applicable) and the obligations contained in the relevant grant agreement, which includes the standard terms and conditions, any supplementary or additional 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 suitably qualified and culturally safe staff 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 the 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 Work Plan as the first deliverable unless otherwise specified in the grant agreement. This will include any detailed reporting requirements. Reporting will be proportional to the complexity, risk and level of funding, taking into account any specific data needs for improving and measuring health outcomes. Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity may include:

- six monthly performance reporting against the Activity Work 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.

The department's grant risk management approach is outlined at <http://www.health.gov.au/internet/main/publishing.nsf/Content/gps-risk-management>

## **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 grant opportunity 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](mailto: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. This must include, in relation to the examples above, conflicts of interest 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](mailto: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 Legislation 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 the Accountable Authority 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 development and implementation of these Guidelines has occurred. Appropriate consultation, including with relevant Aboriginal and Torres Strait Islander bodies, will occur on any significant amendments once the Guidelines have been implemented.

## **8. Taxation implications**

Applicants are responsible for ensuring compliance with appropriate taxation legislative requirements, including the GST and income tax implications of receiving a grant (where applicable). Applicants are advised to seek independent professional advice about their taxation obligations before applying for a grant under the Programme.

For general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the [Australian Taxation Office website](#).

## 9. Glossary of Terms

<b>The Activity</b>	the specific activity or project that is the subject of a grant.
<b>Approach to market</b>	any formal opportunity to apply for grant funding under the Programme.
<b>The Approver</b>	the person with the authority to award funding under the Programme.
<b>Assessment Committee</b>	the panels of assessment staff formed to assess applications for funding.
<b>Compliance requirements</b>	any mandatory requirements around the completion and submission of applications for grants under the Programme.
<b>The department</b>	the Australian Government Department of Health, unless otherwise stated.
<b>Eligibility criteria</b>	the minimum mandatory requirements which applicants must meet in order to qualify for a grant under a grant opportunity.
<b>Financial year</b>	a 12 month period beginning on 1 July of one year and ending on 30 June the following year.
<b>Grant opportunity</b>	any formal opportunity to apply for grant funding under the Programme.
<b>Grant agreement</b>	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.
<b>Grant recipient</b>	an organisation funded by the Commonwealth to deliver a grant activity.
<b>Primary health care</b>	primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. High quality, comprehensive and culturally appropriate primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and

rehabilitation. Definition developed by the Australian Primary Health Care Research Institute (APHCRI).

**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.

**Assessment criteria**

the set of questions against which applicants' suitability to deliver a grant activity will be assessed by the department.

**Assessment process**

the type of grant opportunity used to select grant recipients.

# 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 theme 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 high quality, comprehensive, culturally appropriate primary health care and support for effective primary health care.

### Objectives

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

- 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.
- 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 activities and items eligible to receive funding include:

- **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, improved linkages and collaboration with a range of early childhood services;
- child and adult immunisation;
- health assessments 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 (nKPIs) and other data, including the review and development of this data to ensure their ongoing relevance to the Programme;
  - using patient and service data for planning activities, targeting patient care and reporting and accountability to their respective 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 grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

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

- retrospective items/activities;
- lobbying and activities which support political campaigns or advocacy; and
- activities which subsidise commercial activities.

Funding will **not** be provided for activities that:

- duplicate existing funded activities ;
- are primarily the responsibility of State and Territory Governments; or
- are more appropriately funded through other programs.

### **Performance indicators**

Organisations will be required to report regularly with complete and high quality data against nKPIs that focus on chronic disease risk factors, prevention and management and child and maternal health. Information on the nKPIs, including the list of indicators and their description are available from the [Australian Institute of Health and Welfare website](#).

Organisations will be required to report annually with complete and high quality data against Online Service Reporting (OSR) modules that focus on the services provided, the number of clients seen and contacts made, staff levels and vacancies, service gaps and challenges faced.

The information from the above reporting is aggregated and made available through the Australian Institute of Health and Welfare in the following national reports:

- [National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care national results](#); and
- [Aboriginal and Torres Strait Islander health organisations: Online Services Report](#).

Further information for applicants is at [Annexure A1](#).

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

### **Outcomes**

The outcome of the theme 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 theme are to improve access to primary health care and to improve the capacity of mainstream primary care services to deliver culturally safe services to Aboriginal and Torres Strait Islander people.

The Activities under this theme will assist Aboriginal and Torres Strait Islander community controlled health services and mainstream health service providers to deliver high quality, comprehensive, culturally appropriate 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 Medicare Benefits Scheme (MBS) arrangements including Health Assessments.

### **Activities eligible for grant funding**

The Activities and items eligible to receive funding include:

- Activities aimed at improving and strengthening capacity and access of mainstream primary care to provide culturally safe services to Aboriginal and Torres Strait Islander people. This includes the employment of workers to achieve this Activity.
- Activities aimed at increasing and strengthening the capacity of Aboriginal Community Controlled Health Services (ACCHSs).
- 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 grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

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

- retrospective items/activities;
- lobbying and activities which support political campaigns or advocacy; and
- activities which subsidise commercial activities.

Funding will **not** be provided for activities that:

- duplicate existing funded activities ;
- are primarily the responsibility of State and Territory Governments; or
- are more appropriately funded through other programs.

## **Grant Opportunity**

The grant opportunity will usually be an open competitive grant round, with eligible applications being assessed against the general assessment criteria outlined at [Section 4.1](#) and then prioritised against other eligible applications for the available funding.

## **Performance indicators**

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

## **Targeted Health Activities**

### **Outcomes**

The outcome of the theme 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 and social health and suicide prevention within a primary health care setting,
- drug and alcohol use within a primary health care setting,
- sexual and reproductive health within a primary care setting,
- health protection, preventive health and health promotion or education, and
- chronic diseases such as diabetes, renal disease, cancer, heart disease, respiratory 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 objective of this theme is to improve health outcomes by targeting high prevalence or emerging health conditions in the Aboriginal and Torres Strait Islander population. This will be addressed by funding evidence based health services and health promotion activities. 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;
- Care coordination;
- 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 A2);
- Activities relevant to the Tackling Indigenous Smoking Programme (see separate activity statement at Annexure A3);
- Prevention, detection and management of blood borne viruses and sexually transmitted infections,
- Activities related to the management and treatment of mental and social health, drug and alcohol issues; and
- Health protection, preventive health and health promotion or education activities.

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

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

- retrospective items/activities;
- lobbying and activities which support political campaigns or advocacy; and
- activities which subsidise commercial activities.

Funding will **not** be provided for activities that:

- duplicate existing funded activities ;
- are primarily the responsibility of State and Territory Governments; or
- are more appropriately funded through other programs.

### **Grant Opportunity**

The grant opportunity will usually be an open competitive or a targeted competitive grant round, with eligible applications being assessed against the general assessment criteria outlined at [Section 4.1](#) and then prioritised against other eligible applications for the available funding.

Applicants will be expected to meet the relevant industry and professional standards. Specialist services including counselling and medical services will be required to hold relevant and current accreditation.

Organisations are expected to have knowledge of the needs of the local communities, have existing relationships with community groups and organisations, and have built capacity within the local workforce to deliver the agreed activity.

### **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**

### **Outcomes**

The objective of this theme 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 aims to support the improvement of health outcomes for Aboriginal and Torres Strait Islander people through better access to health services.

### **Objectives**

The objectives of the capital works theme 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 by addressing emergency repairs, urgent maintenance and upgrade issues that affect the safety and accessibility of Aboriginal community controlled primary health care 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;
- providing project management support to organisations funded for capital projects and ensuring appropriate use of Commonwealth funds; and
- addressing the need for emergency repairs, urgent maintenance and upgrade issues that affect the safety and accessibility of Aboriginal community controlled primary health care clinics and residential staff facilities.

### **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 residential staff facilities, 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:

- ACCHSs to repair, maintain and conduct minor upgrades to improve the accessibility and quality standards of remote primary health care clinics and residential staff facilities;
- emergency repairs to clinics and/or residential staff facilities to address urgent safety and/or access issues;
- priority maintenance of clinics and/or residential staff facilities to address safety and/or access issues;
- minor upgrades to clinics and/or residential staff facilities to address safety and/or access issues;
- general repairs that contribute to improving clinic and residential staff facilities 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).

Primary health care clinics and residential staff facilities for the purposes of the Activity are defined as buildings and premises that are:

- non-government owned;
- managed by an ACCHSs; and
- used for primary health care service delivery and/or primary health care staff and resources.

Some grant opportunities under both Activities may target a subset of these activities. In such cases the grant opportunity guidelines 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 [Section 2.3](#) 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;
- clinical trials;
- maintenance and upgrade projects already specifically funded by State, Territory or Commonwealth agencies or other organisations;

- maintenance or upgrades on buildings or structures owned by the State or Territory governments;
- 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**

ACCHSs receiving primary health care funding to deliver clinical services under the Programme, their subsidiaries and organisations under their auspices are eligible for capital works and service maintenance funding. The Department will engage a National Infrastructure Project Facilitator to oversee works, provide expert advice to both the department and the organisation and report on progress of capital works projects.

### **Grant Opportunity**

The grant opportunity will usually be a targeted or restricted competitive grant round, with eligible applications being assessed against the general assessment criteria outlined at [Section 4.1](#) and then prioritised against other eligible applications for the available funding.

### **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 Governance and System Effectiveness theme 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 theme is to support continued investment in information systems, system support, data, evaluation, continuous quality improvement and measures to strengthen the quality and safety of health care provision to Aboriginal and Torres Strait Islander people. The theme will enable ACCHSs 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 national Key Performance Indicators (nKPIs), Northern Territory Aboriginal and Health Key Performance Indicators (NT AHKPIs) and Online Service Report (OSR) data component:

- The continued development of the OCHREStreams and NT AHKPI systems in consultation with the Aboriginal community controlled health sector;
- Consultation with Aboriginal community controlled health service boards on the reports they would like to receive from these systems that will assist them in their role;
- Ongoing maintenance and development of the OCHREStreams and NT AHKPI systems;
- Ongoing maintenance and development of relevant data warehouses for storage, cleaning and analysis of collected data; and
- Production of public reports utilising the nKPI, NT AHKPI and OSR data collected including data analysis, stakeholder consultation and provision of relevant data files.

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 ACCHSs 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 CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015-2025 component:

- Activities to support the implementation National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015-2025.

Evaluation of the Indigenous Australians' Health Programme component:

- Development of an overarching framework for the evaluation and monitoring of the Programme; and
- Implementation of the IAHP Evaluation Framework and its component parts.

For the Activity relevant to support of the ACCHS sector see the separate activity statement at [Annexure A4](#).

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

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

- retrospective items/activities;
- lobbying and activities which support political campaigns or advocacy; and
- activities which subsidise commercial activities.

Funding will **not** be provided for activities that:

- duplicate existing funded activities ;
- are primarily the responsibility of State and Territory Governments; or
- are more appropriately funded through other programs.

### **Grant Opportunity**

The grant opportunity will usually be a targeted competitive grant round, with eligible applications being assessed against the general assessment criteria outlined at [Section 4.1](#) and then prioritised against other eligible applications for the available 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 – Primary Health Care Services

## 1. Activity summary

This activity funds the provision of high quality comprehensive, culturally appropriate primary health care to improve the health outcomes for Aboriginal and Torres Strait Islander people.

## 2. Activity outcomes

The outcome of Primary Health Care funding is access for Aboriginal and Torres Strait Islander people to effective, culturally appropriate health care services in urban, regional, rural and remote locations. This Activity contributes to closing the gap in life expectancy within a generation and to halving the gap in mortality rates for Indigenous children under five within a decade.

## 3. Activity objectives

The objectives of the Primary Health Care Activity are to enable Aboriginal and Torres Strait Islander people to receive primary health care that they need, when and where they need it, to support Aboriginal and Torres Strait Islander people to better manage their health conditions in the community and prevent disease and hospitalisation, and to provide the supporting infrastructure to facilitate health care organisations to provide effective and efficient care.

## 4. Funding available

Funding of approximately \$1.9 billion, over four years from 2015-16 to 2018-19 to deliver high quality, comprehensive, culturally appropriate primary health care services. These funding figures are indicative only and are subject to change to meet emerging Government priorities. The duration and value of available grants may be advised in the relevant grant opportunity.

## 5. Timing

*Table A: Timing of an average grant opportunity*

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

## 6. Type of grant opportunity

The grant opportunity may be an open competitive grant round, with eligible applications being assessed against the assessment criteria outlined (see 10, below) and then prioritised against other eligible applications for the available funding.

## 7. Who is eligible for grant funding?

Applications are encouraged from a wide range of non-government and government entities that have demonstrated strong financial accountability for the use of government funds and have no previous record or history of non-compliance with contractual obligations.

The applicant's legal status must be one of the following:

- 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 *Corporations Act 2001* (Commonwealth of Australia);
- Partnership;
- Trustee on behalf of a trust;
- Australian Local government body; or
- Australian State/Territory government.

The department recognises that, where appropriate, some organisations could form consortia or partnerships to deliver activities. If submitting a joint application for funding or submitting on behalf of a consortium / collaboration, a member entity or a newly created entity must be appointed as the lead entity. Only the lead entity will enter into and be responsible for any subsequent contractual relationship with the department.

## 8. What activities and items are eligible for grant funding?

The activities and items eligible to receive funding include:

- **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, improved linkages and collaboration with a range of early childhood services;
- child and adult immunisation;
- health assessments 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 nKPIs and other data;
  - using patient and service data for planning activities, targeting patient care and reporting and accountability to their respective 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.

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

In addition to the activities listed in [Section 2.3](#) of the Programme Guidelines, the following activities and items are not eligible for funding under the Primary Health Care Services Activity:

- social and emotional wellbeing counsellors;
- specialised drug and alcohol support services;

- surgical procedures (not including minor GP surgical procedures);
- hospital-based emergency care and/or medical evacuations;
- projects and activities that duplicate existing resources or initiatives;
- major capital projects; and
- research projects.

This is not an exhaustive list and other activities may not be funded at the discretion of the Approver.

## **10. Assessment criteria**

The assessment criteria for primary health care activities may include the following:

- Provide a detailed description of the activities your organisation will undertake and explain how the activities align with the objectives of the Primary Health Care Activity.
- Provide details of your organisation's capacity and experience in successfully delivering similar activities within budget and planned timeframes including details of proposed governance arrangements throughout the grant funding period.
- Explain how your organisation will measure the effectiveness of its grant Activity in contributing to the outcomes and objectives of the Primary Health Care Activity.
- Outline how your organisation will identify and manage risks to the effective delivery of services under the grant Activity, including those relating to:
  - governance;
  - performance management;
  - issues management;
  - viability;
  - financial management; and,
  - cultural accountability.
- If the Primary Health Care Activity in the region you are applying for was previously undertaken by another organisation, provide a high level establishment and transition plan that demonstrates how your organisation will ensure Primary Health Care service continuity, including details of tasks and milestones with indicative timeframes. If you are currently delivering this Activity in the region you are applying for, answer N/A.
- Identify the region and communities for service delivery and demonstrate your organisation's understanding of the health needs, both existing and emerging, of Aboriginal and Torres Strait Islander people in the communities to be serviced under the grant Activity.
- Provide details of how your organisation will involve local Aboriginal and Torres Strait Islander people in the design and delivery of the Primary Health Care Activity.
- Describe any efficiencies that your organisation can achieve in relation to delivery of the Activity. If you are applying for funding in multiple regions or for both Primary Health Care and New Directions (e.g. staffing efficiencies and shared administration costs).

The Approver for this funding is the First Assistant Secretary for Indigenous Health Division. The Approver considers whether the application will make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

## **11. Oversubscribed/Undersubscribed**

In the event that the grant opportunity is oversubscribed, applications will be shortlisted against the value with relevant money considerations in [Section 4.4](#) of the Programme Guidelines.

Where there are insufficient suitable applications received under a funding round, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

## **12. Contractual arrangements**

Successful applicants will be required to enter into a Funding Agreement or Deed of Variation to an existing Funding Agreement with the Commonwealth (represented by the department).

The Schedule to the Funding Agreement will provide a detailed description of the activity/ies to be provided. These details will be based on the information provided in the application and negotiations between successful applicants and the department.

The first payment of funding to the successful applicants will occur in accordance with the executed Schedule to the Funding Agreement.

## **13. Reporting requirements**

Specific reporting requirements will form part of the department's grant agreement with successful applicants, and may include:

- National Key Performance Indicator (nKPI) – six monthly;
- Online Services Report (OSR) – annually;
- Statement of income and expenditure – six monthly;
- Performance report against Activity Work Plans – six monthly; and
- Final report – at end of funding period.

## **14. Performance indicators**

Organisations will be required to report regularly with complete and high quality data against national Key Performance Indicators (nKPIs) that focus on chronic disease risk factors, prevention and management and child and maternal health. Information on the nKPIs, including the list of indicators and their description are available from the [Australian Institute of Health and Welfare website](#).

Organisations will be required to report annually with complete and high quality data against Online Service Reporting (OSR) modules that focus on the services provided, the number of clients seen and contacts made, staff levels and vacancies, service gaps and challenges faced. The [On-line Services report \(OSR\) Data Collection Instrument 2015-16](#) is available on the AIHW [webpage](#).

# Annexure A2 – Targeted Activities: Australian Nurse Family Partnership Program<sup>2</sup> (ANFPP)

## 1. Activity summary

The Australian Nurse Family Partnership Program (ANFPP) (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;
- greater 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](#).

## 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.

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<sup>2</sup> The term 'Australian Nurse Family Partnership Program' is used in accordance with the defined terms in a licence agreement with the University of Colorado

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

Funding for these activities is included in the Annexure A1 – Primary Health Care. The duration and value of available grants will be advised in the relevant grant opportunity.

#### 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 grant opportunity 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

#### 6. Type of grant opportunity

The type of grant opportunity is subject to government policy priorities. The grant funding for the Activity will be awarded to successful applicants by undertaking any of the following approaches to market:

- an open competitive grant opportunity; or
- targeted or restricted competitive grant opportunity; or
- a closed non-competitive grant opportunity.

Under any of the above approaches, an Expression of Interest (EOI) may form a component of the grant opportunity.

Definitions of each type of grant opportunity can be found in [Section 3.3](#) of these Programme Guidelines. The grant opportunity guidelines for each approach to market provides detailed information on the applicable assessment process and a more detailed guide on the ANFPP.

## 7. Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity guidelines for a grant, [Section 2.1](#) of these Programme Guidelines identifies the entity types which are eligible for funding.

Under a closed non-competitive grant opportunity, 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<sup>3</sup> 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 grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

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

In addition to the activities listed in [Section 2.3](#) of the Programme Guidelines, the following activities and items are not eligible for funding under the ANFPP 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 or evaluations not specific to the programme; and
- clinical trials.

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<sup>3</sup> Some organisations may host more than one site.

## **10. Assessment criteria**

Applications for funding under the Activity will be assessed against the assessment criteria outlined in the grant opportunity guidelines and application form. Assessment 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 grant opportunity, the department may seek to fill any gaps in policy objectives through subsequent or additional grant opportunities 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.

## **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*.

# **Annexure A3 – 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 Programme (TIS) 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 will be established through a procurement process, to support funding recipients under TIS through evidence-based resource sharing, information dissemination, advice and mentoring, workforce development, and monitoring and evaluation.
- Programme Evaluation and Monitoring which will include the design of an evaluation and monitoring framework to be used for the development of local and national performance indicators for grant reporting and to guide overall TIS 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.
- Targeted projects 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.

TIS 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 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 \$161.1 million (GST exclusive) over 4 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

### 6. Type of grant opportunity

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

Definitions of each type of grant opportunity can be found in [Section 3.3](#) of these Programme Guidelines. The grant opportunity guidelines for each approach to market provides detailed information on the applicable type of selection process.

## **7. Who is eligible for grant funding?**

Organisations, and their subsidiaries, which participated in the Regional Tackling Smoking and Healthy Lifestyle Teams programme will be invited to apply. The rationale for this is that these organisations were originally identified as being best placed to deliver the TIS in their region through a consultation process involving state and territory governments, National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates, the primary health sector and Indigenous Health Partnership forums in each jurisdiction. Targeted organisations are expected to have knowledge on the needs of their local communities, have existing relationships with community groups and organisations, and have built capacity within the local workforce to deliver the new TIS Activity. Targeting these organisations should minimise disruption to smoking prevention and cessation activities for Aboriginal and Torres Strait Islander communities.

Additional organisations may be invited to apply at the discretion of the Minister for Health.

## **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.

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?**

In addition to the activities listed in [Section 2.3](#) of the Programme Guidelines, the following activities and items are not eligible for funding under TIS:

- 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; and
- activities which subsidise commercial activities.

## **10. Assessment criteria**

Applications for funding under the Activity will be assessed against the assessment criteria outlined in the grant opportunity and application form. Assessment 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.

## **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 Work 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 Work 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 Work 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.

# Annexure A4 – Governance and System Effectiveness: Sector Support

## 1. Activity summary

This Activity will fund organisations to assist:

- Aboriginal Community Controlled Health Services (ACCHSs) 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; and
- mainstream health services and the wider health system to better meet the needs of Aboriginal and Torres Strait Islander clients.

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

- enhancing the delivery of high quality, comprehensive culturally appropriate primary health care to Aboriginal and Torres Strait Islander people by building system-wide clinical and public health initiatives;
- enhancing the organisational capacity of ACCHSs to provide essential, high quality comprehensive primary health care and health promotion activities and business systems;
- engaging with the Commonwealth, state and territory governments and other key stakeholders to provide advice on behalf of the Aboriginal and Torres Strait Islander health sector to achieve better health outcomes; and
- building the capacity of the Indigenous health workforce and assisting mainstream health organisations to better meet the health needs of Aboriginal and Torres Strait Islander people.

The funding for this Activity from 2015-16 to 2017-18 is up to \$62 million (GST exclusive). This funding may be provided directly by the Commonwealth or by a third party.

## 2. Activity outcomes

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

## 3. Activity objectives

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

- supporting improvements in core essential health service delivery across the health sector;
- strengthening integration between the ACCHS sector and mainstream health services to improve referral pathways for the patient journey across the health sector;

- strengthening governance and effectiveness of the ACCHS sector including supporting ACCHSs to provide assessable, responsive, high quality comprehensive, culturally appropriate primary health care services; and
- contributing to the development and implementation of appropriate and effective Aboriginal and Torres Strait Islander health policy.

#### 4. Funding available

Up to \$101.5 million (GST exclusive) over 4 years, commencing in 2015-16, has been allocated to this Activity from the grant programme.

#### 5. Timing

*Table A: Timing of an average grant opportunity*

Grant opportunities 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 grant opportunity

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

Definitions of each type of grant opportunity can be found in [Section 3.3](#) of the Programme Guidelines. The grant opportunity guidelines 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 grant opportunity guidelines for a grant, the primary recipients of closed non-competitive grant opportunity will be:

- Aboriginal Community Controlled Health Services (ACCHSs); and
- mainstream health services that are equipped to better meet the needs of Aboriginal and Torres Strait Islander clients.

#### 8. What activities and items are eligible for grant funding?

The organisation must work with key stakeholders to support the delivery of high quality, comprehensive, culturally appropriate 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:

*Improving system-wide clinical and public health initiatives*

- Provide assistance and technical advice to the health sector on the provision of high quality, comprehensive, culturally appropriate primary health care for Aboriginal and Torres Islander people, including clinical services, health promotion and prevention, population health activities and specific health programme activities.
- Provide assistance and technical advice to the health sector on the use of data, including clinical and population health data, to inform planning and continuous quality improvement (CQI) strategies.
- Identify, develop and promote tools, resources and strategies including best practice models and approaches to the delivery of quality health care to Aboriginal and Torres Strait Islander people and use the Public Health Medical Officer Network to provide clinical leadership;
- Participate/facilitate national and local networks (clinical and non-clinical) to provide support to the ACCHS sector and the wider health sector.
- Support and disseminate research into effective approaches to the delivery of health care to Aboriginal and Torres Strait Islander people.

*Improving ACCHSs' capacity and capability (including effective business systems)*

- Provide assistance, advice, support and/or training (or facilitate networks to support this) to build strong governance and business systems, including the identification, development and promotion of best practice models and guidelines in governance and service delivery.
- Provide assistance, advice and/or support (or facilitate networks to support this) on Information Technology (including human resource systems, patient information recall systems, eHealth, Telehealth and other relevant data collection systems), administration and other management functions integral to the overall achievement of service outcomes for ACCHSs.
- Provide assistance, advice and/or training (or facilitate networks to support this) to build strong clinical systems, including the identification, development and promotion of best practice models and guidelines for clinical governance and supporting CQI activities.
- Provide assistance and advice (or facilitate networks to support this) on participation in national programmes (for example the Medicare Benefits Schedule, the Practice Incentives Programme, and achieving or maintaining health care and organisational accreditation under relevant standards).
- Develop support networks across the ACCHS sector (nationally, jurisdictionally and regionally) to share learning, improve practice and streamline activities.

*Engagement with government and other key stakeholders*

- Contribute to the development and implementation of health policies and programmes at the national, state/territory and/or local level including participating in policy development networks/committees across state/territory jurisdictions.

- Develop and cultivate relationships and linkages with government agencies, peak bodies, health service providers and other key stakeholders to support the delivery of high quality, comprehensive and culturally appropriate health care to Aboriginal and Torres Strait Islander people.
- Provide 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.
- Collaborate 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.
- Contribute expertise and advice to 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)*

- Provide assistance/advice with human resource and recruitment strategies, including recruitment, retention and professional development of suitably qualified staff.
- Identify workforce recruitment and retention challenges within ACCHSs and the development and implementation of strategies to respond to these issues.
- Identify strengths and gaps of skills within ACCHSs' workforce and implementation of strategies to address gaps.
- Develop initiatives, including educational resources and tools and education and training, to encourage and support Aboriginal and Torres Strait Islander people to enter and remain in the health workforce.
- Provide 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 grant opportunities may target a subset of these activities. In such cases the grant opportunity guidelines will identify which activities are eligible for funding.

## **9. What activities and items are not eligible for grant funding?**

Unless otherwise specified in the grant opportunity guidelines, [Section 2.3](#) of these Programme Guidelines identifies the restrictions for funding.

## **10. Assessment criteria**

Applications for funding under the Activity will be assessed against the assessment criteria outlined in the grant opportunity guidelines and application form. Assessment criteria for the Activity will focus on the following areas:

- Explain how the Activity will be delivered in the local, regional, state or national service areas and provide an overview of the proposed service delivery/business model including staffing and administrative arrangements.
- Demonstrate the capacity of the organisation to implement the project in the proposed timeframe detailing organisational and staffing arrangements.

- Outline the key activities the organisation will undertake and how these will meet the objectives and intended 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 and budget;
- 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 for the National Programme will be outlined in any grant opportunity guidelines.