

# NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

## IMPLEMENTATION OVERVIEW

This document has been prepared by the National Partnership Agreement on Preventive Health Implementation Working Group and provides an overview of the Agreement's National Implementation Plan 2009-2015, agreed by the following jurisdictions:

- Australian Government;
- Victoria;
- New South Wales;
- Queensland;
- Western Australia;
- South Australia;
- Tasmania
- Australian Capital Territory; and
- Northern Territory.

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## **Introduction**

COAG agreed in November 2008 to a package of reforms aimed at improving the quality and effectiveness of government services across Australia. The National Partnership Agreement on Preventive Health (NPAPH) was funded as part of the package to reform the health system in Australia.

The NPAPH provides \$872 million over six years for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focussing on poor nutrition, physical inactivity, smoking and excessive alcohol consumption (including binge drinking);
- social marketing aimed at obesity and tobacco; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, and to establish the Australian National Preventive Health Agency.

This document provides a brief overview of the NPAPH National Implementation Plan, 2009-2015 agreed by Australian Health Ministers in 2009. The National Implementation Plan will be supplemented by individual jurisdictional plans to support those initiatives to be implemented by the states and territories.

## **Period of Agreement**

The NPAPH commenced on 1 July 2009 and continues to 30 June 2015 or the date of the final reward payment to states and territories for performance against benchmarks.

## **Objectives and Expected Outcomes**

The objectives and expected outcomes for the Agreement are specified in Sections 8-10 of the NPAPH.

The NPAPH aims to address the rising prevalence of lifestyle related chronic disease, by:

- laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll-out of programs supporting healthy lifestyles; and
- supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

Further detailed information on the intended beneficiaries and expected benefits of each initiative is contained in the Section 7 of the National Implementation Plan.

## **Performance Benchmarks and Indicators**

The performance benchmarks are specified in Section 15 of the NPAPH. The performance benchmarks are:

1. increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015;
2. increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015;
3. increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015;
4. increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015;
5. increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015;
6. increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015; and
7. reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

## **Facilitation and Rewards Structure**

Payments to the States and Territories will consist of both facilitation and reward payments (Section 18 of the NPAPH). Payments to States and Territories for the social marketing and enabling infrastructure initiatives will be provided as facilitation payments. Payments to the States and Territories for Healthy Children and Healthy Workers initiatives will be structured as 50 per cent facilitation and 50 per cent reward.

The maximum available funding for each jurisdiction is provided in Appendix A of the National Implementation Plan. The facilitation component for each jurisdiction will be specified in the individual jurisdiction implementation plans for Healthy Children and Healthy Workers once finalised. States and territories will receive partial payment for partial attainment of performance targets, proportionate to their achievements.

## **Reporting Requirements**

As specified in the NPAPH, the states and territories will each provide a detailed report on an annual basis to the Commonwealth against milestones and timelines

within two months of the end of the relevant period. The detailed requirements for this reporting will be agreed through the NPAPH Implementation Working Group.

In addition, states and territories will provide reports outlining their achievement against the performance benchmarks as at 30 June 2013 and 31 December 2014. These reports will be provided within two months of the end of the relevant period.

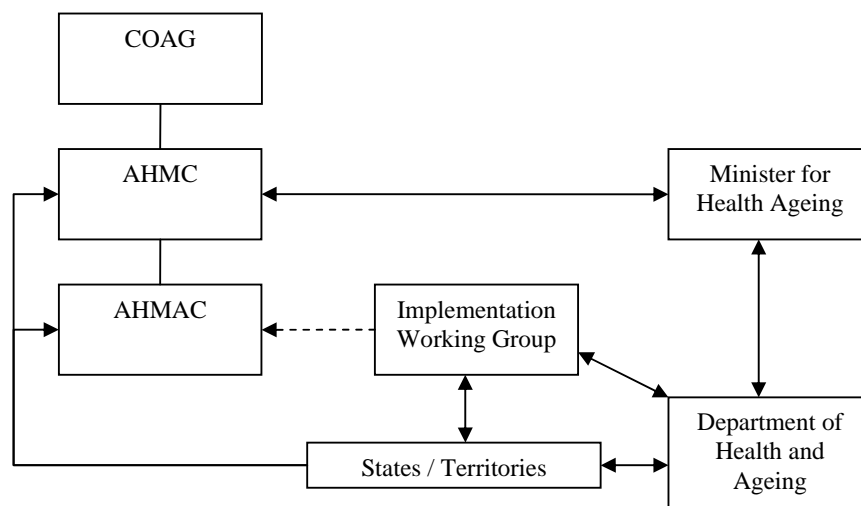
## Evaluation

Evaluation of the NPAPH will occur at two levels. An overarching evaluation will occur through assessing how well a range of performance benchmarks are met and a more detailed evaluation will occur for each initiative under the NPAPH. Further information on initiative level evaluations are provided within the individual implementation plans in Section 7 of the National Implementation Plan.

## National Partnership Governance

Planning and coordination of implementation arrangements for the NPAPH will be managed by an Implementation Working Group (IWG). The IWG is chaired by the Commonwealth and is comprised of deputy CEOs, or their representative, from all jurisdictions with responsibility for preventive health.

The figure below outlines the governance arrangements for the NPAPH.



## Roles and Responsibilities, Deliverables and Major Agreed Milestones

The following table provides an overview of the roles and responsibilities, deliverables and major agreed milestones articulated in the National Implementation Plan. More detailed information on each initiative is available in the individual initiative implementation plans in Section 7 of the National Implementation Plan.

Initiative	Roles and Responsibilities	Deliverables	Major Agreed Milestones	Dates for Milestones	Available Funding
Healthy Communities	This initiative will be implemented by the Commonwealth. States and territories will be consulted on implementation arrangements.	Grants to local government areas for community based activities. Grants to non-government organisations to provide support activities in local government areas. Quality assurance framework providing accreditation/ registration of programs and services. Web-based information portal.	Pilot local government area grants.	Commenced by March 2010	The total available funding for this initiative is \$72 million from 2009-10 to 2012-13. The Commonwealth will distribute this funding directly to Local Governments.
			Second round grants.	Commenced by January 2011	
			Third round grants.	Commenced by July 2011	
			Quality assurance framework and web-based portal.	Established by December 2010	
Healthy Children (commencing in 2011-12)	This initiative will be implemented by the states and territories. The Commonwealth will facilitate the development of implementation plans and sharing of information.	The deliverables will be specified in individual jurisdictional plans. The National Implementation Plan provides a process for developing the jurisdictional implementation plans.	Jurisdictions to submit implementation plans to the Commonwealth Minister for Health and Ageing for agreement.	September 2010	The total available funding for this initiative is \$325.5 million from 2011-12 to 2014-15.  The maximum available funding for each jurisdiction is specified in Appendix A of the National Implementation Plan.
Healthy Workers (commencing in 2011-12)	This initiative will primarily be implemented by the states and territories. The Commonwealth will implement soft infrastructure to support jurisdictional programs	The deliverables for jurisdictional programs will be specified in implementation plans. The Commonwealth will develop an implementation plan covering the national healthy workplace charter, voluntary competitive benchmarking, and development of nationally agreed standards for workplace based prevention programs.	Jurisdictions to submit implementation plans to the Commonwealth Minister for Health and Ageing for agreement.	September 2010	The total available funding for this initiative is \$294.4 million from 2011-12 to 2014-15. Of this, \$289.4 million will be provided to jurisdictions and \$5 million will be provided for Commonwealth- specific initiatives.  The maximum available funding for each jurisdiction is specified in Appendix A of the National Implementation Plan.

Initiative	Roles and Responsibilities	Deliverables	Major Agreed Milestones	Dates for Milestones	Available Funding
Industry Partnership	This initiative will be implemented by the Commonwealth. A consultative forum with the states and territories will be established to guide the progress of the initiative.	Development of principles for industry engagement. Development of a nutrient profile database. Information sharing conferences with industry, government and research bodies. Improved consistency across government and industry on consumer messaging for healthy eating and drinking. Initiate partnership with the fitness and weight loss industries.	Principles industry engagement.	January 2010	The total available funding for this initiative is \$1 million from 2009-10 to 2012-13. The Commonwealth will be responsible for this funding.
			Nutrient profile database to be completed.	September 2011	
			Information sharing conferences to be held.	June 2011 and December 2012	
			Consumer messaging strategy finalised.	June 2010	
			Consultation with the, fitness and weight loss industries.	Commenced in 2011-12	
National Health Risk Survey	This initiative will be implemented by the Commonwealth.	The Health Risk Survey will provide up-to-date estimates of the prevalence of chronic disease risk factors and some chronic diseases.	Development of survey instruments and sampling methodology.	June 2010	The total available funding for this initiative is \$15 million from 2009-10 to 2012-13. This initiative will be supplemented from other sources including the National Nutrition and Physical Activity Survey Program. The Commonwealth will be responsible for this funding.
			Survey fieldwork to be completed.	September 2011	
			Release of survey results to commence.	January 2012	
			All survey results to be released.	December 2012	

Initiative	Roles and Responsibilities	Deliverables	Major Agreed Milestones	Dates for Milestones	Available Funding
Social Marketing - <i>MeasureUp</i>	This initiative will be implemented jointly by the Commonwealth and the states and territories. The Commonwealth will implement the extension of the national <i>Measure Up</i> campaign. Jurisdictions will implement local level activities to support the national campaign.	Extension of the existing Australian Better Health Initiative (ABHI) funded campaign <i>Measure Up</i> , with two major bursts of advertising in spring and autumn each financial year. Targeted programs to address the needs of high-risk groups. The deliverables for local level activities to commence in 2010-11 will be specified in jurisdictional implementation plans.	ABHI funded activities to continue.	2009-10 with advertisements going to air in Spring 2009 and Autumn 2010	The total available funding for this initiative is \$59 million from 2009-10 to 2012-13. Of this, \$18 million will be provided to states and territories for local level activities. The funding for each jurisdiction is specified in Appendix A of the National Implementation Plan.
			Formative research for the new advertising campaign to be completed.	December 2009	
			Jurisdictions to submit implementation plans to the Commonwealth Minister for Health and Ageing for agreement.	March 2010	
			Development of new advertisements to be completed.	June 2010	
Social Marketing – Tobacco	This initiative will be implemented by the Commonwealth.	Undertake research and develop a marketing strategy. Develop and implement campaign advertising material.	Research completed to inform the marketing strategy.	March 2010	The total available funding for this initiative is \$61 million from 2009-10 to 2012-13.
			Marketing strategy developed.	June 2010	
Enhanced State and Territory Surveillance	This initiative will be implemented by the states and territories. The Commonwealth will provide national leadership and support through the development and promotion of national data standards, performance indicators and reporting protocols.	Collect and report on agreed performance indicators. Implement surveillance systems using the nationally agreed methodology.	Jurisdictions to prepare baseline data for the performance indicators.	December 2009	The total available funding for this initiative is \$10 million from 2009-10 to 2012-13. The funding for each jurisdiction is specified in Appendix A of the National Implementation Plan.
			Jurisdictions to commence work to enhance surveillance systems.	January 2010	
			Provide reports within two months of the reporting periods specified in the Agreement – June 2013 and December 2014.	August 2013 and February 2015	

Initiative	Roles and Responsibilities	Deliverables	Major Agreed Milestones	Dates for Milestones	Available Funding
Workforce Audit and Strategy	The Commonwealth will oversee the audit and development of a strategy in consultation with the states and territories.	Conduct an audit of the workforce available to support the activities under the NPAPH. Develop a medium to long term national preventive health workforce strategy.	Final audit report is to be distributed.	30 June 2010	The total available funding for this initiative is \$0.5 million from 2009-10 to 2010-11.
			Development of the strategy to commence.	July 2010	
Australian National Preventive Health Agency and Research Fund	The Agency will be established by the Commonwealth. Once operational, the Agency's triennial strategic plan and annual operating plan will be agreed through Australian Health Ministers' Conference.	The Agency will be established to: <ul style="list-style-type: none"> <li>provide evidence based policy advice to health and other ministers interested in preventive health;</li> <li>administer social marketing programs and other preventive health programs as tasked by Health Ministers;</li> <li>oversee surveillance and research activities of national nature; and</li> <li>undertake stakeholder consultation.</li> </ul>	Legislation to establish the Agency to be passed in the Spring sittings.	August to November 2009	The total available funding for this initiative is \$17.6 million for the Agency and \$13 million for the Research Fund from 2009-10 to 2012-13.  The Workforce Audit and Strategy and the Social Marketing activities will be managed by the Agency once established.
			Agency to be operational.	First quarter 2010	
			Development of a strategy for other initiatives to be transitioned to the Agency.	April 2010	
			Agency to establish the Research Fund once operational.	April to June 2010	
Eating Disorders Collaboration	This initiative will be implemented by the Commonwealth in consultation with the states and territories.	A national evidence-based framework for eating disorders. Build a collaboration of experts. Develop and implement a national strategy to communicate messages to schools, media and health service providers.	Announcement of lead organisation for the collaboration.	March 2010	The total available funding for this initiative is \$3 million from 2009-10 to 2012-13.
			Evidence-based framework to be finalised.	June 2010	
			Communication strategy developed.	June 2010	