

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

Council of
Australian
Governments

An agreement between

- the **Commonwealth of Australia** and
- the **States and Territories**, being:
 - ◆ the State of New South Wales;
 - ◆ the State of Victoria;
 - ◆ the State of Queensland;
 - ◆ the State of Western Australia;
 - ◆ the State of South Australia;
 - ◆ the State of Tasmania;
 - ◆ the Australian Capital Territory; and
 - ◆ the Northern Territory of Australia.

The agreement reforms Australia's efforts in preventing the lifestyle risks that cause chronic disease.

National Partnership Agreement on Preventive Health

PRELIMINARIES

1. This agreement is created subject to the provisions of the *Intergovernmental Agreement on Federal Financial Relations* and should be read in conjunction with that Agreement and subsidiary schedules. In particular, the schedules include direction in respect of performance reporting and payment arrangements.
2. The Parties are committed to addressing the issue of social inclusion, including responding to Indigenous disadvantage. That commitment is embodied in the objectives and outcomes of this agreement. However, the Parties have also agreed other objectives and outcomes - for example, in the National Indigenous Reform Agreement - which the Parties will pursue through the broadest possible spectrum of government action. Consequently, this agreement will be implemented consistently with the objectives and outcomes of all National Agreements and National Partnerships entered into by the Parties.
3. This National Partnership Agreement has been established to address the rising prevalence of lifestyle related chronic diseases, by:
 - (a) 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
 - (b) supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.
4. The Agreement builds on Council of Australian Governments' (COAG) existing Australian Better Health Initiative and the National Reform Agenda's Type 2 Diabetes Initiative, and supplements the National Healthcare Agreement by funding programs that will improve health outcomes and reduce pressure on the health system in the long term. Performance indicators underpinning this Agreement are consistent with performance targets in the National Healthcare Agreement.

PART 1 – FORMALITIES

Parties to this Agreement

5. In entering this Agreement, the Commonwealth and the States and Territories recognise that they have a mutual interest in improving outcomes in the area of preventive health and need to work together to achieve those outcomes.

Term of the Agreement

6. This Agreement will commence as soon as the Commonwealth and one other Party signs the agreement and will expire on 30 June 2015, or the date of the final reward payment to States/Territories for performance against benchmarks. Prior to the expiry of the Agreement, a review will be conducted for the purposes of considering rolling existing funding into the Health SPP. The agreement may also be terminated earlier than June 2015 if agreed in writing by the Parties.

Delegations

7. The person holding the position of Commonwealth Minister for Health and Ageing is authorised to agree to any implementation arrangements on behalf of the Commonwealth. The Commonwealth will not make reward payments to the States and Territories until an independent assessment by the COAG Reform Council demonstrates that performance benchmarks have been achieved. Facilitation payments will not be paid to any State or Territory until the Minister has approved the implementation arrangements of that State or Territory. The person holding the position of the Minister for Health (or their equivalent) in a relevant State or Territory is authorised to agree to any implementation arrangements on behalf of their State or Territory.

PART 2 – OBJECTIVES, OUTCOMES AND OUTPUTS

Objectives

8. Through this Agreement, the Parties commit to:
 - (a) support all Australians in reducing their risk of chronic disease by embedding healthy behaviours in the settings of their pre-schools, schools, workplaces and communities, by instituting programs across smoking, nutrition, alcohol, and physical activity (SNAP) risk factors which mobilise the resources of the private, public and non-government sectors;
 - (b) work with the food supply and the food service sectors towards offering healthy choices and minimising choices high in fat, sugar or salt, and with the sport, recreation and commercial fitness sectors in efforts towards increasing physical activity in the community;
 - (c) support behavioural change with public education by placing on a sustained and adequately resourced footing the national MeasureUP or other agreed social marketing campaigns that will be initiated until 2010 under the Australian Better Health Initiative, and administering this from a dedicated national preventive health agency, in order to alert, inform and educate Australians in the need for healthy lifestyles and in the resources and choices available to them for these purposes;

- (d) similarly supporting behavioural change with a national anti-smoking campaign achieving the evidence threshold of market saturation to effect further lowering of the national daily smoking rate, and also to be managed by the proposed national preventive health agency; and
 - (e) invest in the evidence base necessary for effective prevention by instituting national programs in chronic disease risk factor surveillance, translational research, evaluation, a national collaboration in eating disorders, and a workforce audit, and establishing a national preventive health agency to inform best practice in policy design for preventive health as well as administering national social marketing.
9. The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

Outcomes

10. The Agreement, consistent with the National Healthcare Agreement performance targets, will contribute to the following medium to long-term outcomes:
- (a) increase the proportion of children and adults at healthy body weight by 3 percentage points within ten years;
 - (b) increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15 per cent within six years;
 - (c) reduce the proportion of Australian adults smoking daily to 10 per cent within ten years;
 - (d) reduce the harmful and hazardous consumption of alcohol; and
 - (e) help assure Australian children of a healthy start to life, including through promoting positive parenting and supportive communities, and with an emphasis on the new-born.

The translation of these outcomes to the six year window of the Agreement is articulated in Part 4 – Performance Benchmarks and Reporting.

Outputs

11. The objectives and outcomes of this Agreement will be achieved by the delivery of the following programs/initiatives:

Healthy children

Initiative: States and Territories funded to deliver a range of programs:

- (a) building on existing efforts currently in place, while adapting them to suit demographic and other factors in play at various sites;
- (b) covering physical activity, healthy eating, and primary and secondary prevention;
- (c) in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, and children and family centres; and
- (d) including family based interventions, settings based initiatives, environmental strategies in and around schools, and breastfeeding support interventions.

Healthy workers

Initiative: States and Territories funded to facilitate delivery of healthy living programs in workplaces:

- (a) focusing on healthy living and covering topics such as physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking cessation;
- (b) meeting nationally agreed guidelines for these topics, and including support for risk assessment and the provision of education and information;
- (c) which could include the provision of incentives either directly or indirectly to employers;
- (d) including small and medium enterprises, who may require support from roving teams of program providers; and
- (e) with support, where possible, from peak employer groups such as chambers of commerce and industry.

Initiative: Commonwealth to develop a national healthy workplace charter with peak employer groups, to conduct voluntary competitive benchmarking, supporting the development of nationally agreed standards of workplace based prevention programs, and national awards for healthy workplace achievements. Commonwealth, in consultation with the States and Territories, may consider taking responsibility for national employers in the future.

Healthy communities

Initiative: Funds will be provided to support the national roll-out of successful and effective community-based physical activity and healthy eating programs:

- (a) including the major initiatives of the national health non-government organisations, such as Heart Moves, Lift for Life and the Heart Foundation's Walking Initiative;
- (b) focusing on disadvantaged populations and those not in the workforce;
- (c) through local government organisations, with states/territories participating in the identification of priority, high needs areas;
- (d) utilising resources currently available through the commercial fitness and weight loss sectors to facilitate the expansion of programs; and
- (e) with support from national level 'soft infrastructure' such as accreditation of programs and service providers, web-based directories, and recruitment strategies through primary health care and other pathways.

Industry partnership

Initiative: Commonwealth, in consultation with the States and Territories, to develop partnerships with relevant industry and non-government sectors to encourage changes in policies and practices.

Social marketing

Initiative: Commonwealth to fund a social marketing campaign to extend and complement the Australian Better Health Initiative campaign, and a national preventive health agency to oversee the campaign.

Initiative: Commonwealth to fund states and territories to complement the national social marketing campaign by providing reinforcing local activities.

Initiative: Commonwealth to fund tobacco social marketing through national level campaigns supported by state/territory funded complementary activities.

Enabling infrastructure

Initiative: Effective implementation and evaluation of the Partnership requires the establishment of 'soft infrastructure' including:

- (a) expansion of the National Nutrition and Physical Activity Survey to include individuals of all ages, Indigenous Australians and bio-medical measures;
- (b) a research fund with the aims of building an evidence base for future preventive health activities and the capacity for future research, and a focus on translational research;
- (c) a workforce audit and strategy to identify any gaps and options to resolve them;
- (d) an Eating Disorders Collaboration, to provide a national focal point for prevention, early intervention and best practice treatment strategies for disordered eating; and
- (e) a national preventive health agency:
 - (i) staffed with population health experts;
 - (ii) with responsibility for providing evidence-based policy advice to health and other ministers interested in preventive health;
 - (iii) tasked with administering social marketing programs and other national preventive health programs which it may be tasked with by Health Ministers;
 - (iv) overseeing surveillance and research activities of a national nature; and
 - (v) with responsibility for stakeholder consultation.
 - (1) Governance of the national preventive health agency will be by agreement of Health Ministers or their delegates.

Initiative: States and territories to implement a complementary system of more frequent health, nutrition and physical activity monitoring surveys, with leadership from the national preventive health agency. This data will be provided for national aggregation and analysis in accordance with Minimum Data Sets and reporting protocols.

PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

12. To realise the objectives and commitments in this Agreement, each Party has specific roles and responsibilities, as outlined below.

Role of the Commonwealth

13. The Commonwealth will have responsibility for developing the soft infrastructure to support workplace-based programs for healthy living (including a national guidelines, a charter and national awards), managing the roll-out of community-based programs, developing

partnerships with relevant industry sectors, establishing the national preventive health agency and supporting its roles around social marketing, surveillance, research, and the workforce audit and strategy.

Role of the States and Territories

14. The States and Territories will have responsibility for delivering a range of programs to children through settings such as pre-schools, schools and child care centres, workplace-based programs to encourage healthy lifestyles, managing the delivery of local level social marketing activities to support national level activities for healthy living, providing services to complement and support national level tobacco campaigns, and supporting the expansion of local level surveillance capacity.

PART 4 – PERFORMANCE BENCHMARKS AND REPORTING

Performance benchmarks and indicators

15. The Commonwealth, the States and Territories agree to meet the following performance benchmarks:
 - (a) 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.
 - (b) 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.
 - (c) 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.
 - (d) 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.
 - (e) 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.
 - (f) 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.
 - (g) 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.
 - (h) performance against benchmarks will be assessed at two time points: June 2013 and December 2014.
16. The baseline for these benchmarks will be the last available data at June 2009.

17. To the extent they contribute to the achievement of objectives and outcomes under the National Healthcare Agreement or contribute to the aggregate pace of activity in progressing COAG's agreed reform agenda, these performance benchmarks may be subject to analysis and reporting for each State and Territory by the COAG Reform Council with reference to the following performance indicators, being the proportion of:
- children and adults at healthy bodyweight;
 - children and adults meeting the national guidelines for fruit and vegetable consumption;
 - children and adults meeting the national guidelines for physical activity; and
 - Australians smoking daily.
18. Payments to States and Territories for the Healthy children and Healthy workers programs will be structured as 50 per cent facilitation and 50 per cent reward. Payments to the States and Territories for the social marketing and enabling infrastructure programs will be provided as facilitation payments, and will not be subject to a reward structure. The following table outlines the facilitation and reward structure of the initiatives covered in this Agreement for the six years 2009-10 to 2014-15:

Program	Initiative	Facilitation (\$m)	Reward (\$m)
Healthy children	State and territory programs	162.76	162.76
Healthy workers	State and territory workplace programs	144.71	144.71
Social marketing	Local level initiatives for MeasureUP	18	
Enabling infrastructure	State and territory Computer Aided Telephone Interviews	10	

19. Performance against benchmarks for healthy children and healthy workers will be assessed as at June 2013 and December 2014. Of the funds available for reward payments (50 per cent of Healthy children and Healthy workers), 20 per cent will be paid against June 2013 achievement of benchmarks and 30 per cent against December 2014 achievement of benchmarks.
20. States and Territories will receive partial payment for partial attainment of performance targets, with partial payments proportionate to achievement. For example, a jurisdiction will receive 50 per cent of the reward payment for a move half way to the target.

Implementation plan

21. The Parties will agree an Implementation Plan to achieve the objectives of this Agreement. The Plan will be reviewed by the Parties on an annual basis.
- The Commonwealth will maintain the Plans and provide updated Plans to the States and Territories following reviews.
 - The Plans will include the timelines for achieving the performance benchmarks, including phased achievement of performance benchmarks where appropriate.

- (c) Amendments to the Plan can be requested by a State or Territory at any time, to accommodate emerging issues. These amendments will be agreed with the Commonwealth and the other Parties.

Reporting

22. The States and Territories will each provide a detailed report on an annual basis to the Commonwealth against milestones and timelines to be detailed in the Implementation Plan.
23. The reports will be provided within two months of the end of the relevant period, or as otherwise specified in the agreed Implementation Plan.
24. The States and Territories will provide reports outlining performance against 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. Performance against December 2014 benchmarks will be extrapolated to June 2015 using available data.
25. Reporting requirements under this National Partnership should be read in conjunction with the provisions in Schedule C to the Intergovernmental Agreement on Federal Financial Relations.

PART 5 – FINANCIAL ARRANGEMENTS

Funding

26. The maximum amount of funding available to the States and Territories in total will be:
- (d) 2009-10 — \$2.5 million in facilitation payments;
 - (e) 2010-11 — \$8.5 million in facilitation payments;
 - (f) 2011-12 — \$74.5 million in facilitation payments;
 - (g) 2012-13 — \$136.0 million in facilitation payments;
 - (h) 2013-14 — \$62.5 million in facilitation payments and \$123.0 million in reward payments;
and
 - (i) 2014-15 — \$51.5 million in facilitation payments and \$184.5 million in reward payments.
27. The distribution of this maximum funding between the States and Territories will be as set out in the Implementation Plan. In general, payments are distributed to States and Territories on a per capita basis.
28. The Commonwealth will receive funds for Commonwealth Own Purpose Expenses, as follows:
- (a) 2009 10 — \$15.1 million;
 - (b) 2010-11 — \$58.5 million;
 - (c) 2011-12 — \$70.8 million;
 - (d) 2012-13 — \$82.3 million;
 - (e) 2013-14 — \$1.25 million; and

- (f) 2014-15 — \$1.25 million.

Payment schedule

29. The Commonwealth will make facilitation payments to States and Territories on 1 July 2009, 1 July 2010, 1 July 2011, 1 July 2012, 1 July 2013 and 1 July 2014.
30. The Commonwealth will receive Commonwealth Own Purpose Expenses payments on 1 July 2009, 1 July 2010, 1 July 2011, 1 July 2012, 1 July 2013 and 1 July 2014.
31. The Commonwealth may make reward payments to the States and Territories in 2013-14 and 2014-15 (in line with reporting periods) reflecting the achievement of key benchmarks identified in this Agreement, and outlined in the Implementation Plan. The COAG Reform Council will provide an independent assessment of whether predetermined milestones and performance benchmarks have been achieved before a reward payment is made.

PART 6 – GOVERNANCE ARRANGEMENTS

Dispute resolution

32. Any Party may give notice to other Parties of a dispute under this Agreement.
33. The relevant delegates will attempt to resolve any dispute in the first instance.
34. If a dispute cannot be resolved between the relevant delegates, it may be escalated to the relevant Ministerial Council for consideration.
35. If a dispute cannot be resolved by the relevant Ministerial Council, it may be referred by a Party to COAG for consideration.

Review of the Agreement

36. The Agreement will be reviewed in 2014-15 with regard to progress made by the Parties in respect of achieving the agreed outcomes.

Variation of the Agreement

37. The agreement may be amended at any time by agreement in writing by all the Parties and under terms and conditions as agreed by all the Parties.
38. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

The Parties have confirmed their commitment to this agreement as follows:

Signed *for and on behalf of the Commonwealth of Australia by*

The Honourable Kevin Rudd MP
Prime Minister of the Commonwealth of Australia
January 2009

Signed *for and on behalf of the State of New South Wales by*

The Honourable Nathan Rees MP
Premier of the State of New South Wales
December 2008

Signed *for and on behalf of the State of Queensland by*

The Honourable Anna Bligh MP
Premier of the State of Queensland
December 2008

Signed *for and on behalf of the State of South Australia by*

The Honourable Mike Rann MP
Premier of the State of South Australia
December 2008

Signed *for and on behalf of the Australian Capital Territory by*

Jon Stanhope MLA
Chief Minister of the Australian Capital Territory
December 2008

Signed *for and on behalf of the State of Victoria by*

The Honourable John Brumby MP
Premier of the State of Victoria
December 2008

Signed *for and on behalf of the State of Western Australia by*

The Honourable Colin Barnett MP
Premier of the State of Western Australia
December 2008

Signed *for and on behalf of the State of Tasmania by*

The Honourable David Bartlett MP
Premier of the State of Tasmania
December 2008

Signed *for and on behalf of the Northern Territory by*

The Honourable Paul Henderson MLA
Chief Minister of the Northern Territory of Australia
December 2008