

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2012, 30/31 May & 1 June 2012

Question: E12-042

OUTCOME 0: Whole of Portfolio

Topic: Flexible Funding

Type of Question: Written Question on Notice

Number of Pages:

Senator: Senator Boyce

- a) How many of the successful grant recipients were already in receipt of Departmental funding?
- b) How many separate funding initiatives have been combined with the new Flexible Fund arrangements?
- c) Are the funds for these initiatives quarantined for these respective initiatives or has that money now gone into a central, competitive pool thereby cancelling earlier government commitments?
- d) What are the policy priorities for each of the flexible funds?
- e) Against what criteria were funding applications assessed?
- f) What was the rationale for the due date for applications being on the last working day before Christmas? Did any assessment of the applications occur between Christmas and New Year?

Answer:

- a) A total of 206 applications were shortlisted to enter into contract negotiations across the six Funds. These applications were submitted by 192 organisations, as some organisations submitted multiple applications. Of these 192 organisations, 137 are already in receipt of funding for programs that were consolidated into a flexible Fund. The breakdown is:

Fund	Shortlisted applications	Number of organisations shortlisted	Shortlisted organisations in receipt of funding from programs consolidated into the Fund
Aged Care Service Improvement and Healthy Ageing Grants Fund	64	56	42
Chronic Disease Prevention and Service Improvement Fund	22	21	7
Communicable Disease Prevention and Service Improvement Fund	10	10	7
Health System Capacity Development Fund	25	25	23
Substance Misuse Prevention and Service Improvement Grants Fund	15	14	10

Substance Misuse Service Delivery Grants Fund	70	66	48
Total	206	192	137

- b) From 1 July 2011, a total of 159 predominantly grants programs were consolidated into 18 new or expanded flexible Funds.
- c) Funding for the 159 existing whole or part programs was consolidated into 18 new flexible Funds, each with their own policy priorities. No program funding was reduced through the consolidation process, with all existing program funding included in the flexible Funds. From 1 July 2011, individuals and organisations in receipt of grant funding for existing ongoing services through one or more of the consolidated programs continued to be funded until 30 June 2012 or until their current agreement(s) expire(d), whichever was later.
- d) The policy priorities for the flexible Funds that have approved guidelines that are publicly available are at Attachment A and can be found on the department's website accessible through www.health.gov.au/flexfunds
- e) Funding under each grant round targeted specific (advertised) priorities. Applicants submitted applications targeting these priorities, which were assessed by the department against the threshold criteria and then the assessment criteria set out below.

Fund	Targeted Priorities	Threshold Criteria	Assessment Criteria
Aged Care Service Improvement and Healthy Ageing Grants Fund	<ul style="list-style-type: none"> • Support activities that promote healthy and active ageing; • Respond to existing and emerging challenges, including dementia care; • Support activities that build the capacity of aged care services to deliver high quality care; • Support activities to assist carers maintain their caring role; • Support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas; • Support people from culturally and linguistically diverse (CALD) backgrounds. 	The organisation has the capacity, expertise and infrastructure to effectively undertake the proposed project to meet the purpose, scope, objectives and outcomes of the Fund	<ul style="list-style-type: none"> • Need. • Applicant's Experience to Deliver the Project. • Project Plan and Budget

Fund	Targeted Priorities	Threshold Criteria	Assessment Criteria
Chronic Disease Prevention and Service Improvement Fund	<ul style="list-style-type: none"> • A - Prevention across the continuum enables a holistic approach towards prevention, with intervention at multiple points. These intervention levels can be broadly grouped into three categories: <ul style="list-style-type: none"> - primary prevention - secondary prevention - tertiary prevention. • B - Early detection and appropriate treatment to support a targeted approach to early detection and appropriate treatment, supporting activities that promote best-practice care and risk factor prevention and management. • C - Integration and continuity of prevention and care by ensuring that people are receiving all the services they need in a timely manner, maximising their health outcomes and enhancing their 'patient journey'. • D - Self management, enabling people with chronic disease to engage in activities that protect and promote health, monitoring and managing symptoms and signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships, and negotiating and adhering to treatment regimens. 	<ul style="list-style-type: none"> • The Applicant's proposed activities must be national in scope. • The Applicant must satisfy the eligibility requirements in clause 6 Part A of the ITA. • The Applicant's proposal must not include items identified in Clause 5 (What will not be funded) of Part A, the ITA. • The Applicant must detail why their project outcomes cannot be met through existing capacity. 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Organisational capacity

Fund	Targeted Priorities	Threshold Criteria	Assessment Criteria
Communicable Disease Prevention and Service Improvement Fund	<ul style="list-style-type: none"> • Provide funding for education programs and other public health measures/programs on prevention, detection and treatment of BBVs and STIs, to reduce the transmission of, and morbidity and mortality caused by BBVs and STIs and minimize the personal and social impact of BBVs and STIs in accordance with National Strategies for Blood Borne Viruses and Sexually Transmissible Infections 2010-2013. 	<ul style="list-style-type: none"> • Application delivered to the Tender Box by the due date. • Responses to all sections are complete. • If applying as a consortium, letters of support are provided from each organisation. • Declaration is signed. • Organisation's legal status confirmed. EG http://www.abr.business.gov.au/ 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Governance, accreditation and quality assurance
Health System Capacity Development Fund – open grant round	<ul style="list-style-type: none"> • Supporting health, consumer, student and community organisations, including rural and remote organisations, to support policy development and safe, high quality health care systems and services 	<ul style="list-style-type: none"> • Demonstrate activities are national in scope • Demonstrate a national membership and processes in place to represent members • Not-for-profit; community based with focus on representing relevant group 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Organisational capacity
	<ul style="list-style-type: none"> • Supporting targeted research in the field of primary health care, promulgating targeted research and conducting research translation activities to develop a robust evidence base 	<ul style="list-style-type: none"> • Demonstrate Activity cannot be met through alternative mechanism • Demonstrate ability to provide evidence, knowledge and specialised expertise • Demonstrate strong linkages across primary health care system 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Organisational capacity
	<ul style="list-style-type: none"> • Supporting population health improvements through a focus on the social determinants of health, including through national activities in relation to key population groups such as men, women and children 	<ul style="list-style-type: none"> • Demonstrate activities are national in scope • Demonstrate how activity will promote/focus on health improvements of key population group 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Organisational capacity

Fund	Targeted Priorities	Threshold Criteria	Assessment Criteria
Health System Capacity Development Fund – targeted grant round	<ul style="list-style-type: none"> • Supporting health, consumer, student and community organisations, including rural and remote organisations, to support policy development and safe, high quality health care systems and services. 	Applications in the targeted round were deemed to have met the threshold criteria, as these criteria had been built into the Request for Proposal documentation	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Organisational capacity
Substance Misuse Prevention and Service Improvement Grants – open grant round	<ul style="list-style-type: none"> • Prevent substance misuse and promote evidence-based messages about alcohol and other drugs through credible and relevant information campaigns and early intervention activities. • Support other national substance misuse prevention activity arising from the National Drug Strategy. 	<ul style="list-style-type: none"> • The Applicant’s proposed activities must be national in scope 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Governance, accreditation and quality assurance
Substance Misuse Prevention and Service Improvement Grants – targeted grant round	<ul style="list-style-type: none"> • Enhance the capacity of the sector to undertake drug and alcohol research which informs national substance misuse prevention and service improvement efforts. • Provide an evidence base for drug and alcohol policy through targeted data collection particularly in areas of emerging national concern. 	<ul style="list-style-type: none"> • Research or data projects align with the National Drug Strategy 2010-2015 • Applicant's must demonstrate that their activities are national in scope or nationally applicable • Applicant’s must demonstrate ability to produce high quality research and data projects that contribute to evidence that meets peer reviewed standards 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Sustainability • Governance, accreditation and quality assurance

Fund	Targeted Priorities	Threshold Criteria	Assessment Criteria
Substance Misuse Service Delivery Grants Fund	<ul style="list-style-type: none"> • Supporting non-government drug and alcohol treatment services • Assisting Indigenous communities to provide service delivery • Supporting those services targeting Aboriginal and Torres Strait Islander people • Supporting people from culturally and linguistically diverse (CALD) backgrounds 	<ul style="list-style-type: none"> • The expertise and experience of key personnel, including their role and the amount of time they will commit to the project. • The capacity of the organisation to implement the project in the proposed timeframe. • The organisation's current infrastructure and capacity to deliver the project in the selected State or Territory, including details of existing services provided by the organisation. • The organisation's past history in developing and successfully implementing projects and services. 	<ul style="list-style-type: none"> • Need • Capacity to deliver the project • Organisational capacity • Sustainability • Value for money

f) The department provided applicants with a six-week period to prepare applications for funding under the flexible Funds. It was not considered to be of benefit to applicants to have a grant round open over the Christmas / New Year period and the department did not expect applicants to be developing submissions over this period. The assessment of applications by the department commenced on the first working day in the new year.

Aged Care Service Improvement and Healthy Ageing Grants Fund

Broadly, the Fund's primary objective is to strengthen the capacity of the health and aged care sectors to deliver high quality aged care, and to promote healthy ageing by targeting the following priority areas:

- Support activities that promote healthy and active ageing;
- Respond to existing and emerging challenges, including dementia care;
- Support activities that build the capacity of aged care services to deliver high quality care;
- Support activities that provide information and support to assist carers maintain their caring role;
- Support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas; and
- Support people from culturally and linguistically diverse (CALD) backgrounds.

Aged Care Workforce Fund

The Fund aims to improve the quality of aged care by developing the skills of the aged care workforce through:

- Knowledge transfer;
- Capacity building; and
- Innovation and reform.
- This will be achieved through:
 - Facilitation of a range of training, education and supports;
 - Delivering initiatives that support and facilitate collaborations between the aged care, training, education and research sectors;
 - Targeted workforce training and development strategies for priority target groups, specifically
 - Aboriginal and Torres Strait Islander people and services in rural and remote areas; and
 - Responding to emerging issues and support the introduction of innovative practices in aged care.

The best available evidence and research will inform the implementation of these initiatives.

Chronic Disease Prevention and Service Improvement Fund

The objective of the Fund is to support targeted action related to chronic disease prevention and service improvement, particularly within the primary care and community sectors to:

- Reduce the incidence of preventable mortality and morbidity;
- Maximise the wellbeing and quality of life of individuals affected by chronic disease from initial diagnosis to end of life;
- Reduce the pressure on the health and hospital system including aged care; and
- Support evidence-based best practice in the prevention, detection, treatment and management of chronic disease.

The following priority areas have been identified to achieve the Fund's objectives and translate its key principles into practice:

- a) Prevention across the continuum
- b) Early detection and appropriate treatment
- c) Integration and continuity of prevention and care
- d) Self management

Communicable Disease Prevention and Service Improvement Grants Fund

The Fund enables the Australian Government to better support activities that promote awareness and prevention of BBVs and STIs among Australians, and that promote appropriate treatments, education and management for BBVs and STIs. In addition the Fund will ensure that Australia is provided with appropriate structures to deliver a safe blood supply and the on-going availability of quality assurance programs for medical laboratories that provide associated testing services. The Fund priorities will take account of the aims and objectives contained in nationally agreed strategies bearing on BBVs and STIs, and other relevant guidelines and Australian Government health policies such as the HIV and viral hepatitis testing policies.

The Fund will reduce red tape, provide increased flexibility to respond to emerging issues and changing priorities, and fund delivery of sound value for money, high quality and evidence based activities.

The Fund will target the following priorities:

- provide funding for education programs and other public health measures/programs on prevention, detection and treatment of BBVs and STIs, to reduce the transmission of, and morbidity and mortality caused by BBVs and STIs and minimize the personal and social impact of BBVs and STIs in accordance with National Strategies
- provision of appropriate quality assurance programs for laboratories using in-vitro diagnostic devices for infections including, but not limited to, HIV and viral hepatitis, so that the Australian public can have confidence in testing services provided in Australia and that any deficiencies are rapidly identified and remedial action taken, and
- support for services that ensure the accuracy and reliability of tests on all blood and plasma donations prior to release by the Australian Red Cross Blood Service, to ensure that the Australian blood supply is free from BBVs.

Where possible, these activities will take into account the specific needs of Aboriginal and Torres Strait Islander people and rural and remote Australian communities.

Health Surveillance Fund

The fund enables the Australian Government to better support activities that improve the detection, prevention and awareness of communicable and chronic diseases, and provide information and analysis to assess the efficacy of population health programs. Key drivers for the fund include the National Blood Borne Viruses and Sexually Transmitted Infections Strategies 2010-2013, the National Drug Strategy 2010-2015, the National Chronic Diseases Strategy 2005, the National Injury Prevention and Safety Promotion Plan: 2004-2014, International Health Regulations 2005, the National Health Security Act, 2007 and the National Health Security Agreement 2008. Future priorities will be informed by the outcome of the Communicable Disease Strategy to be completed in 2012.

The fund will target the following priority areas:

- Public Health Research such as :
 - epidemiological analysis and social, clinical and translational research into blood borne viruses and sexually transmitted infection
 - surveys to inform policy and interventions in relation to such issues as drugs and alcohol
- Public Health Data Collection, Reporting and Registries such as:
 - data collation, analysis and reporting to provide information for assessing the efficacy of population health programs including the social determinants of health and health inequalities
 - national injury surveillance
 - antimicrobial resistance
 - the national poisons register

- the Australian Creutzfeldt-Jakob Diseases Registry
- Disease Surveillance and Monitoring such as:
 - enhanced surveillance of priority communicable disease to inform public health response and support evidence-based preventive health policy development
 - monitoring, analysis and reporting of cases of priority chronic diseases such as asthma and linked respiratory diseases, and diabetes
 - observing and examining the quality and robustness of clinical service options, and patient education and awareness vehicles, that are utilised by patients in the treatment and management of their diabetic conditions

Health System Capacity Development Fund

The Fund's primary objective is to build an understanding of the health needs of population groups and approaches to addressing those needs that strengthen primary prevention in Australia.

The Fund's priorities are:

- supporting health, consumer, student and community organisations, including rural and remote organisations, to support policy development and safe, high quality health care systems and services;
- supporting targeted research in the field of primary health care, promulgating targeted research and conducting research translation activities to develop a robust evidence base; and
- supporting population health improvements through a focus on the social determinants of health, including through national activities in relation to key population groups such as men, women and children.

Practice Incentives for General Practices Fund

The Fund Priorities have been designed to reflect current national health priorities and may be adapted over time to adequately address emerging health needs.

Incentive payments to general practices and GPs will be made to support the following Priorities (in alphabetical order):

- *Chronic disease management*
To encourage general practices and GPs to better manage patients with a chronic disease. The existing PIP incentives that fall under this Priority are the PIP Asthma Incentive and the PIP Diabetes Incentive.
- *Practice capacity and infrastructure*
To support general practices and GPs to make quality infrastructure improvements including encouraging practices to keep up to date with the latest developments in eHealth. The existing PIP incentives that fall under this Priority are the PIP eHealth Incentive, the PIP Quality Prescribing Incentive and the PIP Teaching Incentive.
- *Primary health care for Aboriginal and Torres Strait Islander peoples and other disadvantaged groups*
To encourage general practices to better manage the clinical care of Aboriginal and Torres Strait Islander patients, and other disadvantaged groups. The existing PIP incentive that falls under this Priority is the PIP Indigenous Health Incentive.
- *Primary health care for older Australians*
To support general practices and GPs to provide quality care for older Australians including those in Commonwealth-funded Residential Aged Care Facilities, and those with dementia. The existing PIP incentive that falls under this Priority is the PIP Aged Care Access Incentive.
- *Primary health care in rural Australia*
To support general practices and GPs in rural and remote Australia in providing quality primary care. The existing PIP incentives that fall under this Priority are the PIP Procedural GP Payment and the PIP Rural Loading.

- *Prevention and early detection*

To encourage general practices and GPs to undertake activities that focus on early detection and prevention of disease. The existing incentive programs that fall under this Priority are the GPII and the PIP Cervical Screening Incentive.

Regionally Tailored Primary Health Care Initiatives Through Medicare Locals Fund

The objective of the Fund is to help make it easier for all Australians to access the right health care at the right time, through the provision of funding to Medicare Locals to improve the availability, appropriateness, coordination and integration of primary health care in their local community.

To achieve this objective, the Fund priorities are to:

1. promote, facilitate, and improve access to appropriate primary health care services;
2. support primary health care providers and organisations to deliver safe, high quality services to consumers;
3. encourage and promote innovative responses to health needs and priorities, including health promotion and prevention measures, use of evidence-based strategies, the robust evaluation of activities, and the sharing of learnings;
4. assist primary health care providers and organisations with the uptake and integration of new technologies, such as e-health and tele-health initiatives, to improve the delivery, safety and quality of health services;
5. support the development and implementation of primary health care initiatives that are appropriately targeted to meet the needs of a range of identified client groups, and reflect engagement with, and the support of, client groups for these initiatives; and
6. provide education, training, and other support for Medicare Locals to build their capacity over time to deliver on their strategic objectives.

Indemnity Insurance Fund

Broadly, the Fund's primary objective is to streamline the administration of existing Government schemes with the following priorities:

- Promote stability of the medical indemnity insurance industry - to ensure the ongoing stability of the medical indemnity insurance industry, the department will continue to monitor the operations and activities of medical indemnity insurers;
- Keep premiums affordable for doctors - a stable and competitive medical indemnity industry assists in keeping medical indemnity premiums affordable for doctors;
- Ensure availability of professional indemnity insurance for eligible midwives – the Government has contracted an insurer, Medical Insurance Group Australia, to provide professional indemnity insurance to eligible midwives.

Substance Misuse Prevention and Service Improvements Grants Fund

The Fund's primary objective is to support prevention of substance misuse and to promote service improvement within the drug and alcohol and related sectors.

The Fund's specific priority areas are:

- Enhance the capacity of the sector to undertake drug and alcohol research which informs national substance misuse prevention and service improvement efforts;
- Provide an evidence base for drug and alcohol policy through targeted data collection particularly in areas of emerging national concern;
- Support the development of national policy through providing support for national advocacy and representation of the drug and alcohol sector;
- Prevent substance misuse and promote evidence based messages about alcohol and other drugs through credible and relevant information campaigns and early intervention activities; and
- Support other national substance misuse prevention activity arising from the National Drug Strategy.

Substance Misuse Service Delivery Grants Fund

- Supporting non-government drug and alcohol treatment services to deliver quality, evidence based services and build capacity to effectively identify and treat coinciding mental illness and substance misuse (comorbidity) through activities such as workforce training, front line service delivery, education, development of partnerships with the broader health sectors, and dissemination of best practice policies and procedures that support the identification and management of clients experiencing comorbidity;
- Assisting Indigenous communities to provide service delivery in alcohol and other drug treatment through delivery of an Indigenous alcohol and other drug workforce; improving health outcomes through education programs; and developing quality evidence based and culturally secure resources around substance misuse for Indigenous communities;
- Supporting those services targeting Aboriginal and Torres Strait Islander people to increase the effectiveness of, and access to, drug and alcohol treatment and rehabilitation services, including those in rural and remote areas;
- Reducing the prevalence and impact of petrol sniffing by continuing to support the supply of low aromatic fuel to existing sites and expanding the roll out to sites in the Top End of the Northern Territory, East Kimberley in Western Australia and Gulf of Carpentaria and Cape York regions of Queensland;
- Supporting people from culturally and linguistically diverse (CALD) backgrounds, including improving the capacity of treatment services to deliver culturally appropriate care, and providing people from CALD backgrounds with access to treatment services; and
- Supporting the development and implementation of a range of social marketing campaigns.