

PROJECT AGREEMENT FOR THE RHEUMATIC FEVER STRATEGY – SOUTH AUSTRALIA

Council of
Australian
Governments

An agreement between

n the Commonwealth of Australia and
n South Australia

The output of this project will be improved detection, monitoring, and management of acute rheumatic fever and rheumatic heart disease in Aboriginal and Torres Strait Islander communities through a coordinated register and control program.

Project Agreement for the Rheumatic Fever Strategy – South Australia

INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCIAL RELATIONS

PRELIMINARIES

1. This Project Agreement (the 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 its Schedules, which provide information in relation to performance reporting and payment arrangements under the Intergovernmental Agreement on Federal Financial Relations.
2. Australia's Aboriginal and Torres Strait Islander peoples living in remote areas have among the highest rates of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in the world. As a first step towards eradicating these preventable causes of illness and death, this Agreement will support a collaborative effort between the Commonwealth, the National Coordination Unit and South Australia for the delivery of the Rheumatic Fever Strategy (RFS).
3. This Agreement will support the delivery of the RFS in South Australia to improve detection, monitoring and management of acute rheumatic fever and rheumatic heart disease in Aboriginal and Torres Strait Islander communities through coordinated register and control programs.
4. This Agreement complements the work conducted under a multilateral Project Agreement between the Commonwealth and Queensland, Western Australia and the Northern Territory for implementation of the Rheumatic Fever Strategy across the financial years 2012-13 to 2015-16.
5. This Agreement constitutes the entire agreement for this project.

PART 1 – FORMALITIES

Parties to this Agreement

6. This Agreement is between the Commonwealth of Australia (the Commonwealth) and South Australia.

Term of the Agreement

7. This Agreement will commence as soon as the Commonwealth and South Australia sign the Agreement and will expire on 30 June 2016 or on completion of the project, including acceptance of final performance reporting and processing of final payments against milestones, unless terminated earlier or extended as agreed in writing by the Parties.

PART 2 – PROJECT OUTPUT

Output

8. The output(s) of this Agreement will be improved detection, monitoring and management of the infectious disease ARF and the resultant condition RHD through:
 - (a) implementation of a dedicated state wide patient register and recall system for ARF and RHD;
 - (b) implementation of strategies to facilitate improved clinical care including improved delivery of and adherence to secondary prophylaxis antibiotics;
 - (c) promotion of education and training for health care providers, individuals, families and communities; and
 - (d) collection and provision of data for national monitoring and reporting of ARF and RHD and measuring program effectiveness in the detection and management of ARF and RHD.

PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

Role of the Commonwealth

9. The Commonwealth will be responsible for:
 - (a) monitoring and assessing achievement against milestones in the delivery of the RFS under this Agreement to ensure that outputs are delivered within the agreed timeframe;
 - (b) providing a consequent financial contribution to South Australia to support the implementation of this Agreement;
 - (c) providing ongoing policy leadership under the RFS; and
 - (d) providing ongoing support to the RFS National Coordination Unit, including oversight and strategic advice to ensure that the National Coordination Unit meets its objectives.

Role of South Australia

10. South Australia will be responsible for:
 - (a) all aspects of delivering on the project outputs set out in this Agreement;
 - (b) reporting on the delivery of outputs as set out in Part 4 – Project Milestones, Reporting and Payments;
 - (c) working with the Commonwealth and other key stakeholders, including other State governments and the RFS National Coordination Unit, to implement a nationally consistent and collaborative project;
 - (d) promoting the use of the National Coordination Unit education, training and self-management resources to support service delivery and data collection and reporting;
 - (e) establishing mechanisms and infrastructure to enable nationally consistent data collection in alignment with ARF/RHD clinical data set specifications and performance indicators through a central data repository;.

- (f) providing all available and relevant ARF and RHD data as specified by the Commonwealth to the National Coordination Unit and/or directly to the Commonwealth (including the Australian Institute of Health and Welfare), noting that from time to time the National Coordination Unit will also provide the Commonwealth (including the Australian Institute of Health and Welfare) with data provided by South Australia.

Shared roles

- 11. The Parties will contribute to national discussion and collaboration on the ongoing implementation, monitoring and evaluation of the project, particularly through membership of the Jurisdictional Reference Group.
- 12. The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations, by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Agreement, and that the roles of both Parties will be acknowledged and recognised appropriately.

PART 4 – PROJECT MILESTONES, REPORTING AND PAYMENTS

Project Milestones

- 13. The following table summarises the milestones for the project, their relationship to the outputs, expected completion dates, relevant reporting dates and expected payments to be made, once a report certifying that milestones have been met is received and accepted.
- 14. The milestone titled the 'Action Plan' is a flexible document that may be varied over time to accommodate changing circumstances. However, variations to the Action Plan that directly affect the outputs and their achievements are subject to written agreement between the Ministers or their delegates.

Table 1: Milestones, reporting and payment summary

Output	Milestone(s)	Date due	Reporting Period	Payment
<p>Implementation of a dedicated state wide patient register and recall system for ARF and RHD.</p> <p>Implementation of strategies to facilitate improved clinical care including improved delivery of and adherence to secondary prophylaxis antibiotics.</p> <p>Promotion of education and training for health care providers, individuals, families and communities.</p> <p>Collection and provision of data: for national monitoring and reporting of ARF and RHD; and measuring program effectiveness in the detection and management of ARF and RHD.</p>	Acceptance by the Commonwealth of an Action Plan covering each reporting period including 12 monthly targets for each output	01/06/2014	Action Plan due within 7 days of execution of Project Agreement	\$0.367m
	Acceptance by the Commonwealth of a 12 month performance report for the reporting period including 12-monthly targets for each output, and data demonstrating the achievement of those targets (refer to clause 29b for details)	01/06/2015	01/05/2014 to 30/04/2015	\$0.414
	Acceptance by the Commonwealth of a 12 month performance report for the reporting period including 12-monthly targets for each output, and data demonstrating the achievement of those targets (refer to clause 29b for details)	01/06/2016	01/05/2015 to 30/04/2016	\$0.395m

Reporting arrangements

15. South Australia will provide performance reports in accordance with the above table during the operation of the Agreement. Each performance report is to contain the following information:
 - (a) a description of actual performance of South Australia in the period to date against the Action Plan targets
 - (b) confirmation that data has been collected and submitted in accordance with paragraphs 10(e), 10(f) and 29(b) of this agreement.
16. If South Australia does not achieve one or more performance milestones in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Project Agreement, the Commonwealth may provide a partial payment to South Australia.
 - (a) The Commonwealth will only make a partial payment if South Australia is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance milestones but for those circumstances.

PART 5 – FINANCIAL ARRANGEMENTS

17. The Commonwealth will provide a total financial contribution to South Australia of \$1.176m in respect of this Agreement. All payments are GST exclusive.
18. The Commonwealth's funding contribution will not be reduced where South Australia secures funding from other activity partners through innovative and collaborative partnerships.
19. The Commonwealth's estimated financial contribution to the operation of this Agreement, including through National Partnership payments to the States paid in accordance with Schedule D — Payment Arrangements of the Intergovernmental Agreement on Federal Financial Relations, are shown in Table 2.
20. A payment will be made once a year following the Commonwealth's acceptance of a performance report completed in accordance with *Schedule D – Payment Arrangements* of the Intergovernmental Agreement on Federal Financial Relations, are shown in Table 2.

Table 2: Estimated financial contributions

(\$ million)	2013-14	2014-15	2015-16	Total
Estimated total budget	\$0.367	\$0.414	\$0.395	\$1.176
Less estimated National Partnership Payments	\$0.367	\$0.414	\$0.395	\$1.176
Balance of non-Commonwealth contributions	\$0	\$0	\$0	\$0

21. Having regard to the agreed estimated costs of projects specified in a Project Agreement, South Australia will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the project. Similarly, South Australia bears all risk should the costs of a project exceed the agreed estimated project costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects costs effectively and efficiently.

PART 6 – GOVERNANCE ARRANGEMENTS

Enforceability of the Agreement

22. The Parties do not intend any of the provisions of this Agreement to be legally enforceable. However, that does not lessen the Parties' commitment to this Agreement.

Variation of the Agreement

23. The Agreement may be amended at any time by agreement in writing by either Party.
24. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

Delegations

25. The Commonwealth Minister may delegate the assessment of performance against milestones and the authorisation of related project payments to senior Commonwealth officials, having regard to the financial and policy risks associated with those payments.

Dispute resolution

26. Either Party may give notice to the other Party of a dispute under this Agreement.
27. Officials of relevant Parties will attempt to resolve any dispute in the first instance.
28. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers and if necessary, the Health Council.

Interpretation

29. For the purposes of this Agreement:

Data Collection

- (a) ARF/RHD clinical data set specifications and performance indicators are as agreed by the Jurisdictional Reference Group and published on the National Coordination Unit website at www.rhdaustralia.org.au.
- (b) During implementation of the Project, South Australia will provide data, as specified below, for each reporting period to the best of its ability. At the end of the Project Period, it is expected that the State will have capacity to provide, at a minimum, the following data:
- Number of patients listed on the ARF/RHD register, including:
 - number of cases of ARF diagnosed, broken down by demographics of age, location and Indigenous status; and
 - number of cases of RHD diagnosed, broken down by demographics of age, location and Indigenous status.
 - Number, proportion and geographical location of health centres providing data to the ARF/RHD register.
 - Number and nature of training sessions provided to health staff on the use of the register.
 - Number and type of education sessions provided to individuals, families, communities and health workers on ARF/RHD.

- Number and proportion of patients scheduled to receive penicillin injections, including:
 - proportion of ARF patients who receive greater than or equal to 80% of their scheduled injections; and
 - proportion of ARF patients who receive less than 50% of their scheduled injections.
- (c) Data collected by the Commonwealth will be published periodically in reports produced by the Australian Institute of Health and Welfare.

Jurisdictional Reference Group

- (d) The Jurisdictional Reference Group, established in 2009 through the RFS National Coordination Unit, consists of representatives of the National Coordination Unit the Commonwealth, Queensland, Western Australia and the Northern Territory. The Jurisdictional Reference Group provides policy, technical and service delivery advice to its members. On signing of this Agreement, South Australia will be formally invited to join the Jurisdictional Reference Group.
- (e) The National Coordination Unit is funded under the Rheumatic Fever Strategy and is known as RHD Australia. The purpose of the National Coordination Unit is to coordinate efforts to support the monitoring and treatment of ARF and RHD, including the establishment of a national data collection system and extensive staff training and patient education.

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

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

The Honourable Peter Dutton MP
Minister for Health

Date: _____

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

The Honourable Jack Snelling MP
Minister for Health

Date: _____

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

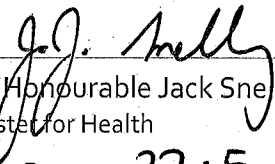
*Signed for and on behalf of the Commonwealth
of Australia by*



The Honourable Peter Dutton MP
Minister for Health

Date: 27 May 2014

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



The Honourable Jack Snelling MP
Minister for Health

Date: 22.5.14