

Schedule E

Rheumatic Fever Strategy

NATIONAL PARTNERSHIP AGREEMENT ON SPECIFIED PROJECTS

PRELIMINARIES

1. This Schedule will support the delivery of improved detection, monitoring, and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Aboriginal and Torres Strait Islander and other high risk communities through coordinated disease register and control programs. This Agreement will support a collaborative effort between the Commonwealth and States for delivery of the Rheumatic Fever Strategy (RFS).
2. It continues the previous Schedule E to the Project Agreement on Specified Projects (Queensland, Western Australia, South Australia and the Northern Territory), which supported delivery of the RFS from 2012-13 to 2016-17.

FORMALITIES

Parties to this Schedule

3. This Schedule is between the Commonwealth and Queensland, Western Australia, South Australia and the Northern Territory (the States).

Term of this Schedule

4. This Schedule will commence as soon as the Commonwealth and one other Party sign it and will expire on 30 June 2021 or on completion of the project, including 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 OUTPUTS

Outputs

5. The outputs of this Schedule will be improved detection, monitoring and management of ARF and RHD through:
 - (a) improved clinical care, including improved delivery of and adherence to secondary prophylaxis antibiotics;
 - (b) provision of education and training for health care providers, individuals, families and communities;
 - (c) collection and provision of agreed data annually to the Australian Institute of Health and Welfare (AIHW) for national monitoring and reporting of ARF and RHD and measuring program effectiveness in the detection and management of ARF and RHD;
 - (d) maintenance of a dedicated state-wide patient register and recall system for ARF and RHD.

ROLES AND RESPONSIBILITIES

6. To realise the outputs in this Schedule, each Party has specific roles and responsibilities in addition to those in the Agreement, as outlined below.

Role of the Commonwealth

7. The Commonwealth agrees to be accountable for the following additional roles and responsibilities:
 - (a) monitoring and assessing achievement against milestones in the delivery of the RFS under this Schedule to ensure that outputs are delivered within the agreed timeframes;
 - (b) providing ongoing policy leadership under the RFS, including establishing an RHD Steering Committee within six months of the signing of this Agreement and convening other ad hoc meetings with the States and key stakeholders as required; and
 - (c) conducting a review of the RFS, including the outputs delivered under this Agreement.

Role of the States

8. The States agree to be accountable for the additional following roles and responsibilities:
 - (a) delivery of program outputs as specified in the Schedule;
 - (b) reporting on the delivery of outputs as set out in the Performance Monitoring and Reporting section;
 - (c) collaborating with Menzies/Rheumatic Heart Disease Australia (RHDA) on the development of required educational resources and using the educational, training and other resources to support service delivery;
 - (d) working with the AIHW to establish and maintain nationally consistent data collection systems, in alignment with agreed ARF/RHD specifications, which improve the scope, quality, frequency and timeliness of data collection;
 - (e) providing all agreed ARF and RHD data to the AIHW annually as specified by the Commonwealth in accordance with the terms of the National Health Information Agreement, noting that from time to time the AIHW will provide the Commonwealth with data supplied by the States;
 - (f) updating existing State Action Plans to cover the term of this Schedule (2017-18 to 2020-21) within two months of the signing this Agreement; and
 - (g) collaborating with the Commonwealth in a review of the RFS and outputs delivered under this Agreement.

Shared roles

9. Under this Schedule the Commonwealth and the States will be jointly responsible for:
 - (a) contributing to national discussion and collaboration on the ongoing implementation and monitoring of the project, particularly through the RHD Steering Committee (refer clause 7(b)) and other ad hoc meetings convened by the Commonwealth; and
 - (b) participating in data and clinical committees established by the AIHW.

PERFORMANCE MONITORING AND REPORTING

10. The States will provide performance reports in accordance with Table 1 during the operation of the Schedule, which will describe the actual performance of the States against the milestones. The Commonwealth will make the payment subject to the annual performance report demonstrating the relevant milestone has been met.

11. Annual performance reports will cover:
 - (a) number of patients listed on the ARF/RHD register including:
 - i. number of cases of ARF diagnosed, broken down by demographics of age, location and Indigenous status; and
 - ii. number of cases of RHD diagnosed, broken down by demographics of age, location and Indigenous status.
 - (b) number, proportion and geographical location of health centres providing data to the ARF/RHD register;
 - (c) number and nature of training sessions provided to health staff on the use of the register;
 - (d) number and type of education sessions provided to individuals, families, communities and health staff on ARF/RHD;
 - (e) number and proportion of patients scheduled to receive penicillin injections, including:
 - i. proportion of ARF/RHD patients who receive greater than or equal to 80% of their scheduled injections; and
 - ii. proportion of ARF/RHD patients who receive less than 50% of their scheduled injections.

Table 1: Performance requirements, reporting and payment summary

| Outputs | Milestones | Report due | Payment |
|---|---|---------------|---|
| The improved detection, monitoring and management of ARF and resultant RHD in accordance with clause 5 of this Schedule | Demonstration of progress against the outputs of this Schedule from 1 January 2017 to 31 December 2017 including the data specified in clause 11, and updated Action Plans in accordance with clause 8(f) | 23 April 2018 | Qld: \$911,000 WA: \$911,000 SA: \$396,000 NT: \$911,000 |
| | Demonstration of progress against the outputs of this Schedule from 1 January 2018 to 31 December 2018 including the data specified in clause 11, and updated Action Plans in accordance with clause 8(f) | 23 April 2019 | Qld: \$925,000 WA: \$924,000 SA: \$402,000 NT: \$925,000 |
| | Demonstration of progress against the outputs of this Schedule from 1 January 2019 to 31 December 2019 including the data specified in clause 11, and updated Action Plans in accordance with clause 8(f) | 23 April 2020 | Qld: \$938,000 WA: \$939,000 SA: \$408,000 NT: \$939,000 |
| | Demonstration of progress against the outputs of this Schedule from 1 January 2020 to 31 December 2020 including the data specified in clause 11, and updated Action Plans in accordance with clause 8(f) | 23 April 2021 | Qld: \$953,000 WA: \$952,000 SA: \$415,000 NT: \$952,000 |

FINANCIAL ARRANGEMENTS

12. The Commonwealth's and the States' estimated financial contribution to this project, including through National Partnership payments to the States paid in accordance with *Schedule D — Payment Arrangements* of the IGA FFR, are shown in Table 2.

Table 2: Estimated financial contributions

| (\$ million) | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Total |
|--|--------------|--------------|--------------|--------------|-----------------------------|
| Estimated total budget | 3.129 | 3.176 | 3.224 | 3.272 | 12.801^(a) |
| Less estimated National Partnership Payments | 3.129 | 3.176 | 3.224 | 3.272 | 12.801 |
| Balance of non-Commonwealth contributions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

^(a) In addition to the estimated financial contributions in Table 2, the Commonwealth will provide funding of \$6 million over four years from 2017-18 through the Indigenous Australians Health Programme to support the expansion of the RFS into preventative activities.

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

Signed for and on behalf of the Commonwealth of Australia by

The Honourable Greg Hunt MP

Minister for Health

Date:

Signed for and on behalf of the State of Queensland by

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

The Honourable Dr Steven Miles MP

Minister for Health

Date:

The Honourable Roger Cook MLA

Minister for Health

Date:

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

Signed for and on behalf of the Northern Territory by



The Honourable Stephen Wade MLC
Minister for Health

Date: 9 July 2018

The Honourable Natasha Fyles MLA

Minister for Health

Date: