

Implementation Plan for Healthy Kids Check

NATIONAL PARTNERSHIP AGREEMENT ON HEALTH SERVICES

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Health Services and should be read in conjunction with that Agreement. The objective in the National Partnership is to commit to improving the health and wellbeing of Australians through delivering high quality health services.
2. The objective of the Healthy Kids Check Initiative is to strengthen the linkages between the MBS Healthy Kids Check and state-funded child health services, and to further promote the provision of and uptake of health assessment services to children about to enter the school system.
3. The Healthy Kids Check Initiative provides an opportunity to:
 - provide children with a basic health check to see if they are healthy, fit and ready to learn when they start school;
 - provide parents with information and advice on healthy habits for life for children; and
 - link parents and children to the primary health care system.
4. Definitions used in this Implementation Plan include:
 - 4.1. 4 year old child health assessment – is a term that covers the equivalent child health assessment provided to children over the age of 3 years and under the age of 5 years by a State or Territory (State) funded service.
 - 4.2. Suitably qualified health professional – is a term that covers health professionals suitably qualified under State requirements.

TERMS OF THIS IMPLEMENTATION PLAN

5. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing and each State represented by the Minister for Health (or Minister responsible for administering their 4 year old child health assessments).
6. This Implementation Plan will cease on completion of the project as specified in this Implementation Plan, including the acceptance of final performance reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
7. This Implementation Plan may be varied by written agreement between the Ministers.

8. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the States is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
9. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to this Implementation Plan.

PROJECT OBJECTIVE

10. The objective in this Implementation Plan is to further promote the provision of, and to increase the uptake of the State delivered 4 year old child health assessments.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

11. The Commonwealth is responsible for reviewing the States' performance against the project's performance benchmarks specified in this Implementation Plan and providing any consequential financial contribution to the State for that performance.
12. The Commonwealth will provide a total of \$3,690,000 in funding over two financial years (2010-2011 to 2011-2012) to assist the States to undertake activities that are complementary to the objectives of the Healthy Kids Check Initiative, including the delivery of the State 4 year old child health assessments.

Role of the States

13. The State is responsible for all aspects of project implementation, including:
 - (a) fully funding the project, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the project in a timely and professional manner in accordance with this Implementation Plan;
 - (c) meeting all conditions including providing reports in accordance with this Implementation Plan;
 - (d) engage in activities that support the uptake of the State 4 year old child health assessments; and
 - (e) that suitably qualified health professionals provide the State 4 year old child health assessment.

PERFORMANCE REPORTING AND FINANCIAL ARRANGEMENTS

14. The maximum financial contribution to be provided by the Commonwealth for the project is \$2,301,205 over two years as set out in Table 1, and payable in accordance with performance benchmarks as listed below. The distribution of the funding between States is on a per capita basis and includes a base allocation of \$50,000 to deal with regional differences.

Table 1: Maximum Commonwealth funding available

Healthy Kid Check Initiative	2010-11	2011-12	TOTAL
Victoria	\$358,290	\$381,206	\$739,496
Queensland	\$370,185	\$382,667	\$752,852
South Australia	\$143,336	\$151,128	\$294,464
Tasmania	\$93,549	\$97,422	\$190,971
Australian Capital Territory	\$67,676	\$68,412	\$136,088
Northern Territory	\$92,702	\$94,632	\$187,334
Total	\$1,125,738	\$1,175,467	\$2,301,205

15. Payments will be made on acceptance by the Commonwealth of progress against performance benchmarks over a two year period.
16. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

Performance Benchmarks

17. To qualify for continued funding under this Implementation Plan, States must demonstrate:
- 17.1. that they have undertaken the activities which complement the objective of this project; and
 - 17.2. an improvement in the provision and uptake of the 4 year old child health assessments provided by the State as a result of this project's funding.

BUDGET

18. The overall project budget is set out in Table 2.

Table 2: Percentage of project budget for each State and Territory

Expenditure item	2010-11 Funding	2011-12 Funding
(i) Meeting required performance benchmarks for Year 1 – Progress Report 1	100%	
(ii) Meeting required performance benchmarks for Year 2 – Final Report		100%
TOTAL	100%	100%

Notes:

19. Having regard to the estimated costs of projects specified in the overall project budget, the States 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, the States bear all risk should the costs of a project exceed the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects cost-effectively and efficiently.

REPORTING ARRANGEMENTS

20. The State will provide Project Reports to the Commonwealth to demonstrate its achievement of performance benchmarks.

21. Progress and Final Project Reports will contain the following information:

- a) a description of activities carried out by the State to undertake their 4 year old child health assessments against the performance benchmarks; and
- b) the number of additional 4 year old child health assessments provided by suitably qualified health professionals during the reporting period.

22. Reports and Plans will be due according to the following schedule:

Table 3: Schedule of Reports

Progress Report 1	1 June 2011
Final Report	1 June 2012

23. The Final Project Report will be a stand-alone document that covers financial years 2010-11 to 2011-12, and can be used for public information dissemination purposes regarding the project and must:

- a) describe the conduct, benefits and outcomes of the project as a whole;
- b) evaluate the project, including assessing the extent to which the objective in this Implementation Plan has been achieved and explaining why any aspects were not achieved; and

- c) include a discussion of any other matters relating to the project, limited to the minimum necessary for the effective assessment of performance, which the Commonwealth notifies the State should be included in the Final Project Report at least 30 days before it is due.