Northern Territory Health Implementation Plan - Extension

NATIONAL PARTNERSHIP ON NORTHERN TERRITORY REMOTE ABORIGINAL INVESTMENT-EXTENSION

PART 1: PRELIMINARIES

1. This Implementation Plan is a schedule to the National Partnership on Northern Territory Remote Aboriginal Investment - Extension and should be read in conjunction with that National Partnership. The objective in the National Partnership is to support safe and healthy communities for Aboriginal and Torres Strait Islander people in the Northern Territory.

2. The outcomes to be achieved under this Implementation Plan include improved health and wellbeing of Aboriginal and Torres Strait Islander children under 16 years in the Northern Territory, with a commitment by the Northern Territory to provide services to children and communities in remote areas through:

    a. an integrated hearing health program; and

    b. an integrated oral health program.

3. The Northern Territory seeks to pursue these aims in partnership with the Commonwealth, the Aboriginal Community Controlled Health Services (ACCHS) sector and the wider community of Aboriginal and Torres Strait Islander people in the Northern Territory.

4. The Parties to this National Partnership recognise that the ACCHS sector is an integral part of primary health care delivery in the Northern Territory, however the ACCHS sector is not party to this. The Northern Territory will work with the Commonwealth throughout the life of this National Partnership to enable effective planning and governance structures that include both governments and the ACCHO sector.

5. Parties to this Implementation Plan also recognise the importance of thorough community engagement in delivering these programs.

PART 2: TERMS OF THIS IMPLEMENTATION PLAN

6. The extension of this Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Aged Care, and the Northern Territory of Australia, represented by the Minister for Health.

7. As a schedule to the National Partnership, the purpose of this Implementation Plan is to provide the public with an indication of how the project is intended to be delivered and demonstrate the Northern Territory's capacity to achieve the outcomes of the National Partnership with regard to improving the hearing and oral health of Aboriginal and Torres Strait Islander children under 16 years of age in the Northern Territory.

8. This Implementation Plan will cease on completion or termination of the National Partnership, including final performance reporting and processing of final payments against performance benchmarks or milestones.

9. This Implementation Plan may be varied by written agreement between the Commonwealth and Northern Territory ministers responsible for it under the overarching National Partnership.

10. 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 the Plan and its full implementation.

PART 3: STRATEGY FOR IMPLEMENTATION OF EXTENSION

Relevant Northern Territory context

11. In developing this Implementation Plan – Extension consideration has been given to relevant Northern Territory context. Key factors, based on hearing and oral health reporting produced by the Australian Institute of Health and Welfare, that have influenced the proposed direction are:

    a. While more than half of the Northern Territory's total population resides in the Darwin Region, the majority of its Aboriginal and Torres Strait Islander population lives outside major regional centres. The health needs of Aboriginal and Torres Strait Islander people living in Northern Territory communities – particularly remote communities – remain critically high. Additional investment is required to improve the Northern Territory health system to meet these needs.

    b. At 30 June 2020, there were an estimated 23,000 Aboriginal and Torres Strait Islander children aged under 16 in the Northern Territory—constituting 41% of its population aged under 16.

    c. Of the Aboriginal and Torres Strait Islander children who received a relevant clinical service in 2020:

        i. between 80% to 88% of children aged 7–10 experienced tooth decay

        ii. children aged 6 years old had on average 5.2 decayed, missing or filled baby teeth

        iii. children aged 15 years old had on average 4.0 decayed, missing or filled permanent teeth.

        iv. 68% of children aged 0–2 and 42% of children aged 16–20 had at least one type of ear condition.

        v. 43% of children who received an audiology services had some form of hearing loss.

d. At December 2020, there were 3,109 Indigenous children and young people on the audiology waiting list and 2,000 children and young people on the waiting list for ENT teleotology services.

e. The level of ear and oral disease necessitates a continued focus on treatments of existing conditions as well as preventive care. Where possible, services will be provided in the community. Investments in integrated care – including preventive services and pathways to secondary and other referred services and specialist care – are needed so Aboriginal and Torres Strait Islander children can access services (including hearing and oral health services).

12. The Hearing and Oral Health Programs described in this Implementation Plan will complement other Commonwealth and Northern Territory funded and non-government programs to avoid duplication of services. The programs under this Implementation Plan have links to projects such as those described in Table 1.

Table 1: Links with existing reforms or projects

Activities	Existing reforms or projects	Complementary nature of activities
Hearing Health Program	Northern Territory public audiology services Hearing Assessment Program – Early Ears Ear Health Coordination (AMSANT) EarTrain ear assessment training (TAFE NSW) Primary health care service delivery Rural Health Outreach Fund (RHOF)/ Specialist Outreach Northern Territory (SONT) Medical Outreach Indigenous Chronic Disease Program (MOICDP) Remote Area Health Corp Remote Health Workforce Surge Capacity Program Healthy Ears – Better Hearing, Better Listening (HEBHBL) program, providing Clinical Nurse Consultants ENT Teleotology (CNC ENT) specialised ear health care in collaboration with and supported by ENT specialists to support patients to navigate through the ear health surgical pathway. Specialist care - Northern Territory hospital ear care	The systematic organisation of hearing health services in the Northern Territory involves integrating all available resources to prioritise care to Aboriginal and Torres Strait Islander children and deliver connected pathways of care to communities. Services and work units are organised and deployed as a unified program and significant effort is invested in integrating electronic hearing health clinical data to support consistent shared care. At a community level all outreach hearing health services must work in unison and be delivered in partnership with Aboriginal and Torres Strait Islander communities. The Hearing Health Program under this Implementation Plan will not duplicate services already provided by existing reforms or projects. The Hearing Health Program delivers prevention, audiology, teleotology, clinical leadership, case management, professional / skills development, health promotion, ENT consultation and surgical care, and interfaces directly with primary health care and the hospital system.
Oral Health Program	Northern Territory public dental services Primary health care service delivery Specialist care – Northern Territory hospital dental care Healthy Smiles Training: Oral Health & Fluoride Varnish Training for Health Professionals Remote Area Health Corp Remote Health Workforce Surge Capacity Program	The Oral Health Program delivers preventative and oral health care for Aboriginal and Torres Strait Islander children. Existing Northern Territory funded dental health service system, primary health care system, and specialist services will complement and support the Oral Health Program under this National Partnership to provide a coordinated oral health program for Aboriginal and Torres Strait Islander children. Primary health care services will work to integrate oral health, particularly primary prevention into primary care delivery. Children identified through the Oral Health Program as requiring follow up specialist services will be referred to appropriate specialists in the primary health care and hospital system.

Project information

13. The project elements are:

    a. Hearing health services; and

b. Oral health services.

Estimated costs

14. The financial contribution provided by the Commonwealth to the Northern Territory from 2015-16 to 2021-22 inclusive was $45.313 million.

15. The maximum financial contribution to be provided by the Commonwealth to the Northern Territory from 2022-23 to 2023-24 inclusive is $14.718 million payable in accordance with milestones and performance benchmarks set out in Part 4. All payments are exclusive of GST.

16. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and the Northern Territory retains the flexibility to move funds between components and/or years, as long as outcomes are not affected. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

Table 2: Estimated financial contributions

($ million)	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Total
Hearing Health Program	3.114	3.255	3.402	3.555	3.715	3.882	4.057	4.057	4.057	33.094
Oral Health Program	2.535	2.650	2.769	2.893	3.024	3.160	3.302	3.302	3.302	26.937
Total budget	5.649	5.905	6.171	6.448	6.739	7.042	7.359	7.359	7.359	60.031
Total Cth contribution	5.649	5.905	6.171	6.448	6.739	7.042	7.359	7.359	7.359	60.031

Program logic

17. The way in which these project elements will achieve the outcomes and objectives set out in the National Partnership is detailed in Table 3.

Table 3: Program logic

Activity	Outputs	Outcomes	Objectives
Hearing Health Program	An integrated, coordinated and culturally safe Hearing Health Program for Aboriginal and Torres Strait Islander children which includes: • Audiology and specialist services working with primary health care services to provide appropriate care. • Clinical Nurse Specialists Hearing Health (CNSHH) [formerly known as Child Hearing Health Coordinators] using a case management approach to oversee the treatment of children with a prioritised need for care by	Improved health of Aboriginal and Torres Strait Islander children through: • reducing the prevalence and incidence of ear disease among Aboriginal and Torres Strait Islander children in the Northern Territory; • reducing the severity and impact of ear disease on the health and wellbeing (particularly improving the hearing health status) of Aboriginal and Torres Strait Islander	Safer and healthier remote Aboriginal communities in the Northern Territory.

Activity	Outputs	Outcomes	Objectives
	linking primary health services with specialist resources. • Hearing health prevention and education activities for families on how to prevent and manage ear disease, using culturally appropriate communication methods.	children in the Northern Territory; and • improving the hearing of children who are in a treatment pathway.	
Oral Health Program	An integrated, coordinated and culturally safe oral health program for Aboriginal and Torres Strait Islander children which will deliver: • Preventive oral health services including fluoride varnish, fissure sealants by working with primary health care services and other stakeholders. • Healthy Smiles Oral health training package, a preventive oral health program, will be held across the Northern Territory for remote primary health care sector staff. • Clinical oral health care provided by oral health professionals.	Improved health of Aboriginal and Torres Strait Islander children through: • reducing the prevalence and incidence of oral health problems among Aboriginal and Torres Strait Islander children in the Northern Territory; and • reducing the severity and impact of oral health problems on the health and wellbeing of Aboriginal and Torres Strait Islander children in the Northern Territory.	Safer and healthier remote Aboriginal communities in the Northern Territory.

Risk management

18. A risk management plan is in place. Risks have been actively identified, entered into a risk log and categorised in terms of impact and likelihood.

PART 4: PERFORMANCE AND REPORTING ARRANGEMENTS

Performance benchmarks

19. Payment will be made to the Northern Territory upon meeting performance targets, as set out in Table 4. Table 4 contains both historical performance requirements for the period 2015-16 to 2021-22 and new requirements for the extension arrangements covering the period 1 July 2022 to 30 June 2024.

20. Activity under this Implementation Plan will be reported in line with the timeframes set out in Table 5. Payments will be made based on financial years (2022-23 to 2023-24).

Table 4: Performance indicators and benchmarks - Hearing and Oral Health Program

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Hearing Health Service Delivery Measures											
Hearing Health Performance Measure 1 Occasions of audiology service per annum by locational spread of services.	*2,452 services in 2016* *1,700 services in 2017* *1,751 services in 2018* *1,896 services in 2019* *1,772 services in 2020*	1,700 audiology checks per annum including by community and identifying the spread across urban, remote and very remote communities across the Northern Territory.	0.467	1.302	1.361	0.391	1.486	1.553	0.325	1.600	1.600
Hearing Health Performance Measure 2 Number of children receiving complex case management services from Clinical Nurse Specialists working with primary health care services.	*1,156 services in 2016* *830 services in 2017* *848 services in 2018* *1,008 services in 2019* *926 services in 2020*	Coordination services for 700 children per annum provided by Clinical Nurse Specialists Hearing Health.	0.467	1.302	1.361	0.391	1.486	1.553	0.325	1.600	1.600
Hearing Health Performance Measure 3 Delivery of hearing health preventative program, including hearing health promotion/training, community-based Hearing Health Prevention Program, and employment of Indigenous staff.	2014 data: 1) 48 hearing health promotion or training services/activities 2) 1 community receiving community-based Hearing Health prevention program (in partnership with community organisations)	Program implemented with the following indicators: **2015:** 1) 50 preventative hearing health promotion or training services/activities. 2) 3 communities receiving community-based Hearing Health prevention programs. 3) 2 FTE Indigenous staff employed. **2016:** 1) 55 preventative hearing health promotion or training services/activities. 2) 6 communities receiving community-based Hearing Health prevention programs. 3) 7 FTE Indigenous staff employed.	0.310	0.651	0.680	0.283	0.743	0.776	0.162	0.857	0.857

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
	3) 1 full time equivalent (FTE) Indigenous staff member employed	**2017:** 1) 60 preventative hearing health promotion or training services/activities. 2) 10 communities receiving community-based Hearing Health prevention programs. 3) 8 FTE Indigenous staff employed. **2018:** 1) 60 preventative hearing health promotion or training services/activities. 2) 12 communities receiving community-based Hearing Health prevention programs. 3) 9 FTE Indigenous staff employed. **2019-2021:** 1) 60 preventative hearing health promotion or training services/activities. 2) 16 communities receiving community-based Hearing Health prevention programs. 3) 10 FTE Indigenous staff employed. **2022**[1]**:** 1) 15 preventative hearing health promotion or training services/activities. 2) 4 communities receiving community-based Hearing Health prevention programs. 3) 2 FTE Indigenous staff employed. The Northern Territory will also provide a plan for the delivery of the balance of services to 30 June 2022 with this reporting.								

[1] Hearing Health Performance Measure 3 targets for 2022 are lower than previous years, as they are reported on as at 31 March 2022, so represent 25% of annual service delivery.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
		1 July 2022- 30 June 2023: 1) At least 60 preventative hearing health promotion or training services/activities. 2) At least 16 communities receiving community-based Hearing Health prevention programs. 3) At least 10 FTE Indigenous staff employed. **1 July 2023 to 30 June 2024:** 1) At least 60 preventative hearing health promotion or training services/activities. 2) At least 16 communities receiving community-based Hearing Health prevention programs. 3) At least 10 FTE Indigenous staff employed.									
Hearing Health Outcome Measures											
Hearing Health Outcome Measure 1 The proportion of children tested who are found to have moderate or severe conductive hearing impairment.	11% of children tested in period 2007-2011	**Progress Report 1[2]:** Less than 11% of all children tested between July 2012 and June 2015 **Progress Report 2:** Less than 10% of children tested between July 2015 and December 2018 **Progress Report 3:** Less than 7.5% of children tested between January 2019 and December 2021	0.374	-	-	0.498	-	-	0.649	-	-
Hearing Health Outcome Measure 2 The proportion of children aged 0-5 and 6-15 years that have received an audiology check or CHHC service who are found to have Chronic Suppurative Otitis Media (CSOM).	1) 14% of children (0-5 years) tested in period 2007-2011 2) 11% of children (6-15 years)	1) **Progress Report 1:** 15% or less of children tested between July 2012 and June 2015 **Progress Report 2:** 14% or less of children tested between July 2015 and December 2018 **Progress Report 3:** 7% or less of children tested between January 2019 and December 2021	1) 0.187 2) 0.187	-	-	1) 0.498 2) 0.498	-	-	1) 0.649 2) 0.649	-	-

[2] Progress Report 1 for Hearing Health Outcome Measures 1-4 refer to activities undertaken under the former National Partnership on Stronger Futures in the Northern Territory.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
	tested in period 2007-2011	2) **Progress Report 1:** 12%[3] or less for children tested between July 2012 and June 2015 **Progress Report 2:**11% or less for children tested between July 2015 and December 2018 **Progress Report 3:** 7% or less of children tested between January 2019 and December 2021									
Hearing Health Outcome Measure 3 The proportion of children aged 0-5 and 6-15 years that have received an audiology check or CHHC service who are found to have dry perforation.	1) 10% of children (0-5 years) tested in period 2007-2011 2) 17% of children (6-15 years) tested in period 2007-2011	1) **Progress Report 1:** 9% or less of children tested between July 2012 and June 2015 **Progress Report 2:** 8% or less of children tested between July 2015 and December 2018 **Progress Report 3:** 5% or less of children tested between January 2019 and December 2021 2) **Progress Report 1[4]:** 18% or less of children tested between July 2012 and June 2015 **Progress Report 2:** 17% or less of children tested between July 2015 and December 2018 **Progress Report 3:** 9% or less of children tested between January 2019 and December 2021	1) 0.187 2) 0.187	-	-	1) 0.498 2) 0.498	-	-	1) 0.649 2) 0.649	-	-

[3] Hearing Health Outcome Measure 2, (2) Progress Report 1 is a small increase on the baseline as the introduction of Teleotology and integrated surgical pathways meant more children with CSOM who were school age, were anticipated to use services.

[4] Hearing Health Outcome Measure 3, (2) Progress Report 1 is a small increase on the baseline as the introduction of Teleotology and integrated surgical pathways meant more children with dry perforation who were school age, were anticipated to use services.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Hearing Health Outcome Measure 4 The rate of improvement in hearing for children who are in a treatment pathway.	1) 46% of children (0-4 years) in a treatment pathway had improved hearing in the period 2007-2011 2) 55% of children (5-15 years) in a treatment pathway had improved hearing in the period 2007-2011	1) **Progress Report 1:** at least 46% of children who are tested between July 2012 and June 2015. 2) **Progress Report 1:** at least 55% of children who are tested between July 2012 and June 2015.	1) 0.187 2) 0.187	-	-	-	-	-	-	-	-
Hearing Health Outcome Measure 5 [5] Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	1) Coverage by regions (number of outreach trips) between July 2012 and June 2015, including an overview of the integrated program scheduling principles that support equitable service delivery. 2) Demand for audiology service by region at 1 July 2012 and 30 June 2015, including qualitative detail on the methodologies for: a. targeting Child Hearing Coordination (case management) and audiology services to highest need; and b. determining demand for audiology service by region at 1 July 2012 and 30 June 2015.	0.374	-	-	-	-	-	-	-	-
		Total[6]	**3.114**	**3.255**	**3.402**	**3.555**	**3.715**	**3.882**	**4.057**	**4.057**	**4.057**

[5] Hearing Health Outcome Measure 5 reports on the Northern Territory's service delivery regional coverage, and demand for services at a regional level, under the former National Partnership on Stronger Futures in the Northern Territory. As this National Partnership ceased at the end of 2014-15, this is a final, one-off report.

[6] Some totals may not add up due to rounding of individual payments.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Oral Health Service Delivery Measures											
Oral Health Performance Measure 1 Occasions of service per annum by clinical and preventative service types and locational spread of services.	*6,614 services in 2016* *4,274 services in 2017* *3,886 services in 2018* *4,780 services in 2019* *4,500 services in 2020* *2021 target = 3,600*	3,600 occasions of clinical service per annum[7] by community identifying the spread across urban, remote and very remote communities across the Northern Territory (excluding fluoride varnish).	1.268	1.390	2.144	1.809	2.451	2.612	2.152	2.660	2.660
Oral Health Performance Measure 2 Number of fluoride varnish applications per annum.	*5,269 services in 2016* *5,267 services in 2017* *6,429 services in 2018* *6,815 services in 2019 (target reduced from 7,206)* *5,485 services in 2020* *(target reduced from 8,380)* *2021 target = 9,553*	At least 5750 fluoride varnish applications per annum.[8]	0.254	0.265	0.277	0.289	0.302	0.316	0.330	0.400	0.400

[7] For the purpose of this Implementation Plan, an "occasion of service" is defined as the service provided to a patient by one operator on a single visit. Within each occasion of service, multiple service activities – for example: preventative or restorative services, tooth extraction, diagnostic services or assessments, orthodontic and periodontic services, oral health education, dental hygiene advice and diet advice – may occur. Australian Dental Association (ADA) item codes are used to denote each single item of examination, consultation or treatment (including preventive, restorative and surgical).

[8] Benchmarks have been reduced to 25% based on the Northern Territory's reported capability and capacity, including due to the effects of the COVID-19 pandemic.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Oral Health Performance Measure 3 Number of fissure sealants per annum.	*8,506 services in 2016* *7,695 services in 2017* *6,927 services in 2018* *6,266 services in 2019* *4,187 services in 2020* *2021 target = 2,500*	At least 1,500 fissure sealants per annum.[9]	0.507	0.265	0.348	0.289	0.271	0.232	0.242	0.242	0.242
Oral Health Outcome Measures											
Oral Health Outcome Measure 1 Percentage of communities receiving a dental service.	Number of communities receiving dental service in 2015.	75% of all communities across Northern Territory (excluding the major centres: Darwin, Katherine, Nhulunbuy and Alice Springs) receive a dental service within each calendar year as demonstrated through the schedule for delivery of services provided to the Commonwealth by 1 March each year. This will detail the communities anticipated to be visited in the current calendar year and communities visited in the previous calendar year.	-	0.166	-	0.181	-	-	0.206	-	-
Oral Health Outcome Measure 2 Prioritisation of preventive services.	Proportion of preventive services delivered within total occasions of service for 2015.	At least 50% of total items of service are preventive services.	-	0.166	-	0.325	-	-	0.372	-	-

[9] The declining number of fissure sealants is due to the one-time only application of fissure sealants per tooth as well as clinicians determining the most appropriate clinical treatment.

			Payment $ millions								
Performance indicators	**Baseline data**	**Performance benchmarks**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Oral Health Outcome Measure 3[10] Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	1) Coverage by regions (number of outreach trips) between July 2012 and June 2015, including an overview of the integrated program scheduling principles that support equitable service delivery. 2) Demand for service by region at 1 July 2012 and 30 June 2015.	-	0.133	-	-	-	-	-	-	-
		Total[11]	**2.535**	**2.650**	**2.769**	**2.893**	**3.024**	**3.160**	**3.302**	**3.302**	**3.302**

[10] Oral Health Outcome Measure 3 reports on the Northern Territory's service delivery regional coverage, and demand for services at a regional level, under the former National Partnership on Stronger Futures in the Northern Territory. As this National Partnership ceased at the end of 2014-15, this is a final, one-off report.

[11] Some totals may not add up due to rounding of individual payments.

Reporting

21. The Northern Territory will report against the agreed Health Performance Measures listed in Table 4 every 12 months during the operation of the National Partnership extension, as outlined in Table 5.

22. Annual performance reporting under the Hearing and Oral Health Programs will be facilitated by the continuation of the current data collection services managed by the Australian Institute of Health and Welfare.

Table 5: Reporting timeframes for Hearing and Oral Health Programs

Reporting period	Data submission due date
Hearing and Oral Health Program	
Progress Report 1: 1 July 2012 to 30 June 2015	1 May 2016
Progress Report 2: 1 July 2015 to 31 December 2018	1 March 2019
Progress Report 3: 1 January 2019 to 31 March 2022 (The Northern Territory will also provide a plan for the delivery of the balance of to 30 June 2022 with this reporting.)	1 May 2022
Progress Report 4: 1 July 2022 to 31 December 2022	1 March 2023
Progress Report 5: 1 January 2023 to 31 March 2024	1 May 2024

Sign off

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

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

Signature Natasha **Date** 27 SEP 2022

The Hon Natasha Fyles MLA
Chief Minister, Minister for Health

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

Signature **Date** 16/8/2022

The Hon Mark Butler MP
Minister for Health and Aged Care