Indigenous Health 2014-15 Budget – Questions and Answers

Q: What is the commitment in the forward estimates for specific Indigenous health programmes? And how does this compare to previous years?

Overall funding levels for Indigenous health will continue to grow over the next four years. From 2014-15 to 2017-18, the Government will invest $3.1 billion\(^1\) in Indigenous specific health programmes and activities - an increase of over $500 million compared to 2009-10 to 2012-13. This doesn’t include funding provided through Medicare and access to pharmaceuticals through the PBS.

Q: What are the savings?

While there has been a small initial reduction (through the Budget) in the Indigenous health allocation to streamline and rationalise programmes, funding will continue to grow over the next four years. The small reductions have been identified from non-essential health services and are in response to inefficiencies and underspends that this government has identified. [$121.8 million over 5 years]

Core, front-line primary health care services for Aboriginal and Torres Strait Islander people have not been affected by this initial reduction.

Q: What will happen to these savings?

This Government is committed to the development of more sustainable and viable services. Through the Budget, the Government will expand activity in the key areas of child and maternal health, and improved chronic disease prevention and management.

These are key priority areas to close the gap and achieve health equality between Indigenous and non-Indigenous Australians.

As part of this funding the Government is expanding programmes that have demonstrated their effectiveness in improving health outcomes, including:

- $94 million to expand efforts to improve child and maternal health through Better Start to Life which was announced in the Budget; and
- $36.2 million to expand the Healthy for Life programme into a further 32 Aboriginal community controlled health organisations to improve management of chronic disease.

Indigenous people in remote NT will also have access to essential services through the $11.9 million re-investment, from 2015-16 for Indigenous primary health care.

\(^1\) Budget 2014-15, Budget Related Paper Number 1.10 p.112
\(^2\) Budget 2014-15, Budget Related Paper Number 1.10 p.112
service delivery amongst high needs populations in the Northern Territory and to enable some regions to move to community control.

Q: Who will benefit from expansion of programmes announced in the Budget?

Aboriginal and Torres Strait Islander children and their families and those at risk of and experiencing chronic conditions will benefit from the Indigenous health Budget measures. New services will be provided all over the country, including in remote parts of the Northern Territory.

Better Start to Life will improve early childhood outcomes through the:
- $54 million expansion, from 2015-16, of New Directions from 85 to 137 sites (52 additional sites overall) to ensure more Indigenous children are able to access effective child and maternal health programmes; and
- $40 million expansion, from 2015-16, of the evidence-based Australian Nurse Family Partnership Programme from 3 to 13 sites (10 additional sites overall) to provide targeted support to high needs Indigenous families in areas of identified need.

In addition, realignment of funding will drive improved care for people with chronic conditions through the expansion of Healthy for Life, with $36.2 million from 2015-16, focusing on child and maternal health and chronic diseases, to a further 32 Aboriginal community controlled health organisations overall.

Through this Budget measure Indigenous people in remote NT will have increased access to essential services through the $11.9 million re-investment, from 2015-16 for Indigenous primary health care service delivery amongst high needs populations in the Northern Territory and to enable some regions to move to community control.

Indigenous Australians’ Health Programme and Better Start to Life approach

Q: What will be the impact of the creation of the new Indigenous Australians’ Health Programme?

From 1 July 2014, the Indigenous Australians’ Health Programme (the Programme) will be established, consolidating four existing funding streams: primary health care base funding; child and maternal health programmes; Stronger Futures in the Northern Territory (Health); and the Aboriginal and Torres Strait Islander Chronic Disease Fund.

Q: Will this generate more reporting and workload for services?

The commencement of this measure will align with the rollout of the new Standard Funding Agreement to all organisations funded by the Department of Health, including Aboriginal community controlled health organisation.

There will be reductions in reporting requirements by funded organisations rated as low risk to the Department.
Indigenous Health 2014-15 Budget – Questions and Answers

Q: When will the new Better Start to Life activity start?

From 1 July 2015 the new approach will commence.

Q: What is Better Start to Life?

The new Better Start to Life approach will help ensure more Aboriginal and Torres Strait Islander children are healthy and ready for school by expanding investment in child and maternal health programmes in the critical early years of life.

Better Start To Life will improve early childhood outcomes through the:
- $54 million expansion, from 2015-16, of New Directions from 85 to 137 sites (52 additional sites overall) to ensure more Indigenous children are able to access effective child and maternal health programmes; and
- $40 million expansion, from 2015-16, of the evidence-based Australian Nurse Family Partnership Programme (ANFPP) from 3 to 13 sites (10 additional sites overall) to provide targeted support to high needs Indigenous families in areas of identified need.

Q: How will the Government decide where to expand the new child and maternal health programmes?

Mothers and Babies (New Directions) services expansion: sites will be identified through a detailed analysis of demographic data, existing service delivery and maternal and child health indicators.

The Australian Nurse Family Partnership Programme (ANFPP) will be targeted to areas of very high need, informed by other issues such as the requirement for strong organisational capacity to implement complex programmes.

Tackling Indigenous Smoking Programme

Q: What is the impact of the review on the Tackling Indigenous Smoking programme?

Expansion of the Tackling Smoking measure will be paused while a review is undertaken to ensure it is being implemented efficiently. Service delivery for this measure will continue throughout the review process, with a pause on recruitment.

Q: Why is a review of the Tackling Indigenous Smoking Programme being undertaken?

Tobacco related illness is estimated to cost the Australian economy $31.5 billion each year. Tobacco smoking is the most preventable cause of ill health and early death among Indigenous Australians, and smoking is responsible for around one fifth of deaths among Indigenous Australians.

The Government is committed to ensuring that programmes to address high rates of smoking are based on the most up-to-date evidence, and are delivered in a way that is appropriate, effective and efficient. The review will provide recommendations to
Government on the best way to achieve this in the Tackling Indigenous Smoking programme.

**Q: Who will undertake the Review of the Programme?**

This is yet to be determined and is a decision for Government. The Department will identify existing review and evaluations (like the publicly available sentinel site review) to feed into this process.

**Q: When will the Review be undertaken/ complete?**

The review will be undertaken in the second half of 2014.

**Q: How will teams be affected?**

Where teams are already in place these will continue to operate out in communities while the Review is underway. While the Review is underway there is a pause on recruitment, which means that no unfilled positions can be filled and if workers leave during the Review their positions will not be replaced.

Future directions for the Tackling Indigenous Smoking Programme, including workforce requirements, will be a decision of Government following the completion of the review.

**Q: What opportunities are there to influence programme design and priorities, now and in the future?**

The Department welcomes stakeholder views and evidence associated with improved outcomes. Consultation will be a component of the review process.

**Q: What will happen after the Review is complete?**

The outcomes of the review will inform a decision by Government on the future of the programme. Depending on the timing of decisions, transition to the new arrangements will commence ready for reconfigured programme operations from 1 July 2015.

**Medicare Locals and Indigenous health funding**

**Q: Will Indigenous health funding previously held by Medicare Locals now return to ACCHOs?**

Decisions about the future of Indigenous health funding currently provided to Medicare Locals will be made during 2014-15, in time for implementation from 1 July 2015. Continuity of support for Indigenous Australians currently accessing services through Medicare Locals will be a key factor considered in this process.
Q: When will ACCHOs get to bid for these funds?

Decisions about the future of funding for Indigenous health, currently provided to Medicare Locals, will be made during 2014-15 in time for implementation from 1 July 2015.

Q: What is happening with Care Coordination and Supplementary Services (CCSS) funding previously held by Medicare Locals?

Medicare Locals will continue to administer the CCSS Programme in 2014-15. Arrangements beyond 30 June 2015 will be considered in the context of the Indigenous Australians’ Health Programme.

Q: What is happening with the funding for the Improving Indigenous Access to Mainstream Primary Care Programme, which provides funding to Medicare Locals?

The Medicare Locals will continue to receive funding for Indigenous Health Project Officers and Aboriginal and Torres Strait Islander Outreach Workers under this Programme in 2014-15. Arrangements beyond 30 June 2015 will be considered in the context of the Indigenous Australians’ Health Programme.

State and Territory Partnerships and Engagement

Q: Will the Government offer a new National Partnership Agreement with the States on Closing the Gap?

On 13 December 2013 COAG decided to streamline national partnership agreements, resulting in a decision not to continue work on the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

The Government continues to be committed to closing the gap in Indigenous health outcomes and will continue to work productively with the States and Territories through SCOH, AHMAC and Indigenous Partnership Forums.

Q: What is happening about the health components of the Indigenous Early Childhood Development NPA?

Funding for states and territories to deliver teenage sexual and reproductive health and young parent support services (Element 2 of the NPA) is being provided for a further year. During this year an evaluation of the programme will be undertaken prior to Government considering further funding.

Funding allocation methodology

Q: What is the funding methodology?

This Government has decided to introduce a new funding allocation methodology for all Indigenous health grant funding which will be implemented from 2015-16 and
transitioned over a number of years. This will ensure investments are directed to areas of need, priorities and population growth, and deliver the most effective outcomes.

Q: Will the funding methodology take money from some organisations and redistribute it to others?

The new funding allocation methodology will be transitioned over time to ensure growth funds that are available for allocation can be reasonably managed and resources are best used in accordance with need and capacity.

Q: When will the Department consult on the methodology?

The Department has been consulting since 2012 and will plan the next stages of the process and engage with the consultation group and stakeholders.