

s22

From: SMITH, Jaye <Jaye.Smith@health.gov.au>
Sent: Monday, 27 March 2017 4:25 PM
To: FLYNN, Elizabeth <Elizabeth.Flynn@health.gov.au>
Cc: s11C s22 @health.gov.au; s11C s22 @health.gov.au; SMITH, Narelle <Narelle.Smith@health.gov.au>
Subject: FW: feedAustralia Proposal [DLM=For-Official-Use-Only]

Fyi noting they want this in the table of names and costs. The title needs to include a childcare reference,

Jaye Smith
 A/g First Assistant Secretary
 Population Health and Sport Division
 s22

From: s11C
Sent: Monday, 27 March 2017 4:05 PM
To: SMITH, Jaye
Cc: FLYNN, Elizabeth
Subject: feedAustralia Proposal [DLM=For-Official-Use-Only]

Jaye,

As discussed a new NPP needs to be generated on the feedAustralia proposal which only recently was provided to the office. MO and the PMO are supportive and for approx. \$1.5m over the forwards would be worthwhile including while we can.

If we can have this ready for tomorrow morning (not for Minister's discussion tonight) but include it in the updated NPP name and cost table for tonight it would be appreciated.

Any questions more than happy to assist.

s11C

s11C
Adviser
Office of the Hon Greg Hunt MP
 Minister for Health
 Minister for Sport
 Federal Member for Flinders
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NATIONAL OBESITY STRATEGY – PUBLIC HEALTH AND CHRONIC DISEASE GRANT PROGRAM

MEETING: 11:00, 23 March 2017, Minister Hunt's Office, M141, Parliament House

ATTENDEES: Jacqueline Daly, Healthy Australia; Luke Wolfenden, Uni of Newcastle; Bruce Billson Lisa Studdert; Nicholas Hudson.

PURPOSE: To agree grant funding for enabling regulatory compliance with dietary guidelines across early childhood, to address the national health crisis from obesity.

OVERVIEW: Obesity is a major health issue, with 60% of adults and 25% of youth overweight or obese, costing \$9b pa. This proposal presents an intervention and prevention program ready for deployment. It has the support of Laureate Prof Nick Talley, Chair, Council of Presidents of Medical Colleges. It aligns with a National Obesity Strategy.

- *feedAustralia* use best available science and technology to combat obesity in early childhood.
- Purpose built for child care, it makes the science of nutrition accessible; supports healthy food provision by service cooks; enables demonstrable compliance with nutrition regulations/guides.
- *feedAustralia* makes real-time data on food provision available for research and review.
- It reduces the burden on child care services in meeting regulations for food provision.
- *feedAustralia* is available at no charge, with self-sustainability arrangements in place.
- Reducing obesity related, preventable mortality and morbidity requires take up and usage of fA.
- One-off grant funding will be used to drive engagement and uptake of the program.
- 85 regional consultations, reaching 3,400 stakeholders nationally, will drive 'ground up' adoption
- Jurisdictional consultations will prosecute the compliance agenda, driving 'top down' adoption (currently less than 5% of child care services meet the National Quality Framework).
- Deployment will reach up 28,000 child care services, 1.5m children and 0.8m parents nationally.
- Consultation outcomes include: behavioural change; establishment of local area communication networks for ongoing dialogue; take-up, user support, and inform scale up and out strategies.
- Reward and recognition will occur through:
 - performance dashboards operating per-region to showcase success;
 - good news stories distributed through identified communication and medical channels;
 - reports to Minister Hunt for broader promotion of success stories in the government's delivery of public health outcomes.
- Three options are costed for one-off funding in the range of \$1m- \$1.8m. The variations reflect 10 and 15 month proposals, with varying support and communication commitments.

GRANT ALIGNMENT

Minister Hunt may make an ad-hoc, one-off grant, under the Public Health and Chronic Disease Grant Program, where the grant funds an eligible activity, addresses the rising burden of chronic disease and improves public health. This proposal meets requirements for a one-off grant as follows:

- it reduces the incidence of preventable mortality and morbidity through national public health initiatives, promotion of healthy lifestyles and approaches covering disease prevention;
- it addresses the rising burden of chronic disease and improves public health
- it meets the activity objectives and outcomes
- Healthy Australia Ltd is an eligible organisation, not-for-profit, with proven capacity
- the proposal represents value for money with a fully costed brake even budget presented.

The proposal is HIGHLY SUITABLE, demonstrating "an exceptional understanding of criterion and associated issues. A highly capable response/solution, with demonstrated experience that significantly exceeds that required to perform the work".

SEE: Attached proposal, Mission statement and costings.



JOINT SUBMISSION
UNIVERSITY OF NEWCASTLE & HEALTHY AUSTRALIA LTD
PUBLIC HEALTH AND CHRONIC DISEASE GRANT PROGRAM
NATIONAL OBESITY STRATEGY

The Hon Greg Hunt MP
Minister for Health

PURPOSE:

To bring forward a non-profit proposal to:

1. address the national health crisis from obesity and reduce the associated \$9 billion pa impact on Australia's health budget;
2. make nationally available for child care services a best-practice technology solution for facilitating regulatory compliance with dietary guidelines, at no charge; and
3. reduce the burden on childcare services in meeting government regulations regarding food service provision.

The University of Newcastle and Healthy Australia Ltd, supported by Laureate Professor Nick Talley, Chair of the Royal Council of Presidents of Medical Colleges, bring forward this proposal to scale up and implement nationally, a technology based infrastructure developed to address obesity in early childhood and facilitate child care services regulatory compliance through the use of innovative digital technology. The technology is known as *feedAustralia*.

feedAustralia, the first of its kind internationally:

- provides real time assessment and feedback of service menus against nutritional, energy and serving size data, to enable services to assess the alignment of foods and drinks provided to children with Australian dietary guidelines;
- proposes food substitutions in instances where menus are not providing healthy foods consistent with guidelines;
- facilitates menu planning, management of food allergies, and enables menu and recipe creation and sharing;
- enables remote access to observe menus, affording family, carers and accreditation/compliance assessors to have performance visibility
- facilitates two way communication between services and stakeholders, such as parents or carers, allowing stakeholders to communicate allergy and food preferences to inform foods provided on menus
- has optional, supply chain functionality which serves to demonstrate purchase of foods provided on menus, and likelihood of consumption; and
- captures usage data that enables behavioural and nutritional analysis over time, including benchmarking and demographic assessment.

feedAustralia is currently deployed in 220 Healthy Australia child care services in over 100 localities nationally (see map below), with reach to 13,000 children and 6,800 parents and carers. Realising this reach through usage requires momentum.



This proposal offers to drive the reach and adoption of *feedAustralia* across Australia's 28,000 child care services, 1.5 million children and 800,000 parents and carers, to equip every community in Australia with resources for early obesity intervention and prevention.

feedAustralia has seen significant investment. Developed over the past 4 years, by a private-public partnership involving a multidisciplinary team of academics from the University of Newcastle and University of Sydney, dietitians, e-health and early childhood experts, technologists and industry representatives, it was developed with the best available evidence, uses contemporary Commonwealth nutrition data sets and is the most advanced system of its kind available to Australia. *feedAustralia* has considerable potential to improve the health of Australians and reduce the health burden of obesity.

This proposal is made under the auspices of your *Public Health and Chronic Disease Grant Program*¹, with alignment to its criteria demonstrated below.

BACKGROUND:

- The public health challenge posed by obesity is one of the biggest facing Australia, with some 60% of adults and 25% of young people overweight or obese, increasing the risk of type 2 diabetes, heart disease, cancer, musculoskeletal disease and costing \$9 billion per annum in health costs and lost productivity.²
- As obesity tracks from childhood into adulthood, strategies to prevent the onset of obesity in young children are recommended by the World Health Organisation and are included in health plans of jurisdictions across Australia
- Poor diet is the primary modifiable risk factor for excessive weight gain. In Australia, recent population surveys of Australian pre-school aged children indicated that only 3% met guideline recommendations for vegetables, 22% met recommendations for fruit and over one third (35%) of total daily energy was consumed from energy dense, nutrient poor foods.
- Childcare settings provide a valuable opportunity to improve child nutrition and prevent child obesity as they provide access to over 60% of Australian children under 5 years, with children that attend full-day services obtaining the majority of their daily energy intake (up to 67%) from foods provided by these services.
- While government regulations require services to provide foods in line with national dietary guidelines, less than 5% of childcare services do so, increasing the risk of excessive weight gain among children in their care.

¹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program>

² AMA Position Statement on Obesity 2016 <https://ama.com.au/positionstatement/obesity-2016>

- The primary impediment to childcare service complying with regulations regarding food provision is the complexity of applying the guidelines given the various nutritional needs, preferences and allergies of children and the time taken to do so.
- The University of Newcastle, and Healthy Australia developed a technology solution that addresses the primary barrier to regulation adherence, by incorporating decision support systems that can perform complex computations to support menu planning. The system is a world first and provides a platform for the simultaneous provision of sustainable support to all childcare services across Australia.³

THE PROPOSAL- ONE-OFF GRANT

The urgent need for action to combat obesity and the availability of a best practice solution for achieving compliance with dietary guidelines, in institutional settings, compels the rapid deployment.

Given the potential, it is reasonable that this proposal for a one-off grant be brought forward for your urgent consideration, to enable *feedAustralia* to be effectively deployed across Australia's child care network with priority.

Maximising the potential benefit to the health of Australians and the health budget, through reach to Australia's 28,000 child care services, 1.5 million children and 800,000 parents and carers, is the primary deliverable from this proposal. Data to inform cost benefit and health research are secondary deliverables.

Grant funding would resource community consultations, targeted promotional media, engagement with State/Territory regulatory compliance bodies, and early user support and onboarding.

Community Consultations

Some 85 key regions⁴ nationally are identified and it is proposed that community consultations be held in each, with representatives from community, services and health sectors targeted for involvement. These consultations would serve to present *feedAustralia*, inform the community of its functionality, demonstrate how nutritional best practice in institutional settings is readily achievable, and deliver a call to action. Further, it would invite participants to bring forward any barriers to access of web based service delivery and to identify the top 5 communication channels for their region ie journals, websites, events. The consultations would identify and establish a network of key stakeholders with whom dialogues of local needs and information distribution can be sustained for ongoing, remote support and communications.

The involvement of all State and Territory health agencies will be sought and communication channels established for ongoing engagement.

Promotion

Core material will be produced for systematic distribution across those channels identified at consultations as having best regional reach. To grow community engagement, provision will be made for distribution of local 'good news stories' reflective of actual changes in obesity levels and the impact on communities and families. A headline promotion will focus on the impact of *feedAustralia* on the compliance of child care services with nutritional guidelines. This 'good news story' presents as a local, state/territory and National report card on the effectiveness of this Federally funded health strategy.

³ The University of Newcastle's research priorities include web-based, organisational systems change intervention for increasing childcare service adherence to dietary guidelines.

⁴ For consultation purposes, regions will reflect geographic area offering best endeavours reach. See Attachment B - Costing Assumptions.

Compliance

All jurisdictions require child care services to meet National Quality Framework standards, including for nutritional meal provision.

Standard 2.2	Healthy eating and physical activity are embedded in the program for children.
Element 2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

With less than 5% compliance, the business case for adoption of *feedAustralia* will be demonstrated to regulators in each State and Territory. Representing a savings measure, through improved efficiency of process, the use for compliance would also drive adoption by services as it would deliver them the efficiency of a single audit mechanism and enable self-assessment and certainty in their standards of operation. *feedAustralia* would be made available at no charge.

Support and Onboarding

Scaleout and adoption requires content and technical support. The University of Newcastle will oversee nutritional support and Healthy Australia Ltd will operate the technical support via a helpdesk. Healthy Australia would further administer the program, operate access controls and manage the data generated by usage, to support current and longitudinal research and analysis.

ASSESSMENT AGAINST GRANT CRITERIA

The one-off grant proposal serves eight Grant Program objectives as follows:

- *Increase the effectiveness and efficiency of the prevention, treatment, control and management of diseases*
 - Deployment of *feedAustralia* will make the science of nutrition accessible in the child care environment. With potential application across institutional settings, early intervention in dietary behaviours will reduce incidence of obesity related disease and support intergenerational behavioural change. As a technology based solution, it can be delivered centrally, to large numbers of services with little incremental cost.
 - This proposal applies research in the nation's best interest through:
 - i. deploying a tool that makes the science of nutrition accessible
 - ii. rapidly upskilling institutions, starting with child care services, to use a technology solution to improve compliance with dietary guidelines
 - iii. demonstrating compliance and behavioural change
 - iv. capturing data for evidence based policy and evaluation, including longitudinal analyses.
- *Develop and enhance effective disease prevention, treatment, control and management measures*
 - *feedAustralia* is a technology tool that enables widespread distribution of applied science to combat obesity through informed dietary habits and visibility of behavioural compliance. Take-up and use of the tool will generate rich data sets that will return an evidence base to inform future measures.
 - A unique aspect of the program is that it provides real time tracking of compliance and the nutritional content of foods provided to children. This enables real time tracking of the nutritional quality of foods in this setting, data which can be used to evaluate the public health impact of the initiative, including changes in food provision and public health nutrition over time. No such system currently exists.

- *Improve quality service provision, increase service capacity and support activities that increase compliance with legislative frameworks*
 - *feedAustralia* is available at no charge to services, was purpose designed for child care, is web based so ubiquitously accessible, fits current child care workflow to limit administrative redundancy.
 - It reduces compliance costs for services with regulatory change embedded in the tool. *feedAustralia*'s analytics perform the compliance assessment of menus and serving sizes against regulated dietary setting, delivering operational efficiencies while improving compliance
 - i. access functionality enables remote compliance and audit by regulators and parents/carers
 - ii. reporting functionality delivers system generated exemption reports.
 - Protocols are in concept stage for scale-out to other institutional settings such as aged care, disability homes, prisons and restaurants.
- *Increase the community's knowledge and awareness of the key risk factors for chronic disease and Non-Communicable Diseases (NCDs) and how individuals can lead healthier lives to address these risk factors*
 - *feedAustralia* delivers real time information on menu compliance with dietary guidelines. Services and parents/carers receive real time feedback on their food choices and suggestions for improvement
 - *feedAustralia* delivers static information and links to support networks.
- *Improve the health of targeted populations that experience health inequalities or social disadvantage including those based on gender, culture, age and disability*
 - *feedAustralia* program makes the science of nutrition accessible at no charge and with 'science made simple'
 - *feedAustralia* is ingredient driven and finds application to meals from any and all cultures.
 - Functionality includes a chat room as an avenue for community engagement and cohesion through food.
- *Develop and implement food and nutrition policy which protects and enhances the health of Australians*
 - The *feedAustralia* program:
 - i. provides real time assessment of meal menus against nutritional, energy and serving size data, to enable services to assess the alignment of foods and drinks provided to children with Australian dietary guidelines
 - ii. proposes food substitutions in instances where menus are not providing healthy foods consistent the guidelines
 - iii. facilitates menu planning, management of food allergies and enables menu creation and sharing
 - iv. enables remote access to observe menus, consumption and weight records for each person, affording family, carers and accreditation/compliance assessors to have performance visibility
 - v. facilitates two way communications between services and stakeholders such as parents or carers allowing stakeholders to communicate allergy and food preferences to inform menus.
- *Inform health policy and/or improve practice through the establishment and use of disease registers, monitoring and surveillance activities, research and the development of evidence based information.*

- The functionality provides for data capture which enables behavioural and nutritional analysis over time, including benchmarking and demographic assessment.
- The data capture functionality serves ongoing national research and evaluation of the benefits of the program and new child obesity initiatives in this setting.
- System generated analysis of compliance with regulatory nutrition settings advances delivery of cost effective monitoring and surveillance activity.

The objects of the proposal align with outcomes and objectives in chronic Conditions Prevention and Management (Annexure A3) and Population Health Improvement (Annexure A6).

[\[http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program\]](http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program)

Why Healthy Australia Ltd?

Healthy Australia Ltd is an Australian registered Charity, whose mission is to benefit Australia by improving health and welfare of families and communities (Attachment A). It works with Federal, State and Local governments, community and experts (Data61/CSIRO/Universities). Healthy Australia Ltd is concerned with professional ethics and bona fides of its partners; regulatory compliance; privacy and security. Healthy Australia will make *feedAustralia* freely available to all Australian child care services. Further, it will work to achieve self-sustainability, for ongoing administration, program maintenance and helpdesk support, through measures that maximise access and use of the program ie a no barriers approach.

Healthy Australia Ltd has demonstrated its commitment to the fight against obesity through its 4-year contribution to date towards this outcome.

Healthy Australia Ltd shares the national objective to:

- increase the effectiveness and efficiency of the prevention, treatment, control and management of diseases; and
- develop and enhance effective disease prevention, treatment, control and management measures.

Healthy Australia Ltd has access to expert technical, policy and governance resources. It has capacity to scale and an established network with scientists (NICTA/CSIRO). It holds the rights to distribute *feedAustralia*.

National Health Strategy

feedAustralia is an important obesity prevention and management solution. Its application to institutional settings such as nursing homes, hospitals, prisons, disability homes holds further potential to impact the obesity led health crisis. As the evidence base from deployment to Child Care sector develops, the case for extended application of *feedAustralia* will likely manifest. Your permission is sought to bring forward the business case for further action in light of the child care sector experience.

RESOURCING:

Your Public Health and Chronic Disease Grant Program, "provides a flexible funding pool to support activities that address the rising burden of chronic disease and improve public health"⁵.

One-off grants

Provision will be made under the Program for one-off grants and emergency payments, provided that they meet the outcomes and objectives of the Program. One-off grants to be determined on an ad-hoc basis, usually by Ministerial decision.

⁵ <http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program>

Grant funding is sought as follows:

	2016-17	2017-18	TOTAL
	\$m	\$m	\$m
Total (without Helpdesk)	0.329	0.760	1.089
Total (Helpdesk Scenario 1)	0.377	0.869	1.246
Total (Helpdesk Scenario 2)	0.517	1.198	1.871

Costing Assumptions are at Attachment B.

This proposal delivers quantifiable savings to child care services through facilitated regulatory compliance, and to regulators through remote and automated compliance processes. State and Territory governments are the beneficiaries of these administrative savings. For example, compliance site visits could be replaced by performance and exemption reporting afforded by *feedAustralia's* analytic functionality. The most significant savings are to Australia's health budget. While hypothecated, these can be quantified.

feedAustralia is the first of its kind globally and is being made available at no charge. There are no competition issues in your support of this proposal.

The grant will be administered by Healthy Australia Ltd, against protocols with the University of Newcastle.

RECOMMENDATIONS:

We recommend that you agree to:

1. an urgent one-off grant to Healthy Australia Ltd for \$1m, over two financial years
2. provision for one-off funding for Helpdesk support in the range of \$0.1m to \$0.6m over two financial years
3. project commencement in April 2017 and
4. our bringing forward, as a 'closed grant opportunity', a proposal to scale out and deploy *feedAustralia* in institutional settings, such as aged care, disability homes, schools, prisons and restaurants, in light of experience from the Child Care Service deployment subject of this proposal.

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14 March 2017



ATTACHMENT A

HEALTHY AUSTRALIA LTD

MISSION:

To benefit Australia by improving the health and welfare of families and communities, through achievement of positive social, cultural and economic outcomes.

PURPOSE:

To serve Australia, through its families and communities, by:

- ❖ making accessible health and welfare social services and impact programs that benefit lives
- ❖ using technology to achieve efficiencies in program and service delivery, to make the best use of scarce resources, and
- ❖ influencing the development of effective policy and delivery of government social services and impact programs.

Our goal is to merit the trust of Australians by acting in their best interests and on their behalf. We do this by:

- ❖ putting the individual first
- ❖ enabling social and cultural diversity through solution design that provides for choice
- ❖ identifying and addressing gaps and opportunities in health and welfare
- ❖ collaborating with community, academics, business and governments to achieve and demonstrate outcomes, including cost benefit and the provision of data for research and planning
- ❖ promoting economic growth and social benefits by helping Australians realise the opportunities of digital technologies to improve their lives

AND

- ❖ keeping it simple.

Our role includes to:

1. deliver Australia expert social services and impact programs that people trust. We do this by:
 - ❖ demonstrating the bona fides of services and programs, including their expert development, deployment, maintenance, and compliance with best practice and laws, including as they change from time to time
 - ❖ making lives easier through regulatory and administrative simplicity
 - ❖ valuing and protecting identity and empowering individuals to do likewise
 - ❖ leveraging data to evidence needs based planning, inform resource allocation and drive outcome analyses
2. empower individuals with voice and opportunity to contribute to service and program creation and delivery. We do this by:
 - ❖ interfacing directly with individuals through service and program delivery
 - ❖ watching, listening and investigating
 - ❖ acting on the individual's behalf and in their best interests
 - ❖ designing and operating services and programs from the individual's viewpoint, including for cost efficiency
 - ❖ using technology to reduce administrative and compliance effort
 - ❖ realising the potential of individuals and sharing responsibility with them.

CULTURE AND VALUES:

We serve national interests by working with professionalism and integrity.

We contribute to national benefit by serving Australian families and communities and empowering Australians to serve themselves.

We value Australia and those that live and work here.

We believe that charities, community organisations, governments, the bureaucracy and others should:

- put individuals first and their bureaucratic processes second
- pause and ask themselves how well they have achieved their objectives
- avoid self-interest, be humble and open to change
- expect individuals to be independent and contribute to their own well-being, to move away from the perceived 'Nanny State'.

We make effective use of resources and are modest in our administrative overheads.

We help those that share our purpose and welcome their help.

We respect our partners and suppliers.

We put outcomes before glory.

OPERATING ENVIRONMENT

Five key factors impact on our environment.

1. Reducing social welfare budgets means we need to achieve more with less, through technology enabled efficiencies, better targeting and greater citizen participation. Greater provision must be made of:
 - a. Web interventions - to extend access and reach to health and welfare programs and services
 - b. data - to inform needs based planning, demonstrate outcomes and quantify cost benefits for prioritisation and waste minimisation
 - c. individuals – to take responsibility for and contribute to their own futures, including for privacy, identity protection and duty of care.
2. Private sector, academics, community based organisations and business, are more agile than governments at planning and service delivery. Greater provision must be made for:
 - a. cross sector collaboration and service delivery
 - b. citizens having a voice (while governments represent citizens, this communication channel is institution and bureaucracy, not citizen driven)
 - c. government agencies engaging respectfully with non-government sectors, by recognising their legitimate right to operate viably and not frivolously giving rise to expenses, barriers or 'taking' of ideas.
3. The Internet enabled information economy brings with it 'misinformation'. The potential of the internet is undermined by lack of curation and trust in content, too much information and vested interests driving search results. Greater provision must be made for communicating the bona fides of content, to establish reliability and reputation and help people navigate and choose content wisely.
4. Identity management is everyone's responsibility. Services and programs must enable and empower individuals to protect themselves. Providers must jealously guard identity and be demonstrably accountable for its management. Governments must establish anti-identity trafficking strategies and remedial practices.

5. Social cohesion, community identity and courtesy face strain. All sectors must contribute to positive social norms and behaviours. Respect breeds respect.

PRIORITIES 2017 – 2018

Healthy Australia's priorities are to make available and drive engagement with the social impact services and programs, to deliver national benefit:

1. Health Programs

feedAustralia - combatting obesity and improving health outcomes.

Actions

- Support the research
 - Systems, data and reporting support.
- Promote the program and drive take up
- Operate the program
 - Consolidate operations - onboarding, content and technical user support.
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes.
 - Contribute to health policy and planning.
- Grow the national benefit
 - Demonstrate the impact on obesity and consequential health outcomes.
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit).
- Achieve self-sustainability

2. Welfare Programs

PROTECT – prevention, intervention and response to domestic violence.

Actions:

- Grow usage
 - Work with governments, police, service providers, community bodies, religious organisations and citizens to grow awareness and usage.
 - Develop, fund and deliver a communications strategy, reflective of the sensitive nature of the program and its purpose.
 - Normalise the making of observation by institutions and the public.
- Expand program capacity and national effectiveness
 - Identify and collaborate with relevant agencies, to enrich data holdings and improve assessment accuracy for targeted response.
 - Remove jurisdictional barriers to national child protection through APIs.
- Operate the Program
 - Consolidate operations - onboarding, content and technical user support.
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes.
 - Contribute to domestic violence policy and planning, including needs based planning for intervention and support strategies.
- Grow the national benefit
 - Demonstrate the impact on welfare outcomes.
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)

- Achieve self-sustainability

Educate – supporting quality early childhood education

Actions:

- Grow usage
 - Partner with child care education experts to ensure Educate delivers best practice, community focused, support for compliance with ACECQA standards and framework for quality education for children in care.
 - Inform the communication strategy.
- Harness efficiencies
 - Work with community partners to secure compliance status for program users.
 - Capture data to inform and evidence policy, planning and outcomes.
- Grow the national benefit
 - Demonstrate the impact on education outcomes.
 - Enhance and develop the program to increase effectiveness and relevance, and be responsive to changing practices.
 - Demonstrate compliance savings.
- Achieve self-sustainability
 - Help community partners to secure sustainability.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

2018

2017

ATTACHMENT B - ASSUMPTIONS

Start Date 1-Apr-17
End Date 31-Jan-18
Healthy Australia achieves self sustainability, for feedAustralia in Child Care Services by 1 February 2018.

Indicative Timetable

Project planning
Scheduling & Mailouts & Bookings
Consultations

April May June July August September October November December January

Metropolitan
Rural
Days
Officers
UoN
HA
Flights
Accommodation
Car
Travel Allowance

Metropolitan	TAS	VIC	NT	NSW/ACT	WA	QLD	SA
2	4	1	1	9	6	5	3
5	10	9	7	8	8	10	9
5	13	8	13	13	12	14	12
1.5	1.9	1.5	1.5	1.5	1.5	1.5	1.5
1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
5	13	13	13	14	15	15	15
6	14	14	14	14	15	15	15

(assumes weekend where no travel home)
(assumes +1 for rural and +2 where no travel home)
(assumes same as accommodation days)

Jurisdiction & Canberra mtgs
Onboarding & Support - service take up estimates

Metropolitan	Flights	Car
1	1	1
1	1	1
700	6450	2000
5%	35	1313
95%	665	24938

(assumes 5% take up following consultations)
(assumes 95% take up when compliance driven)

NSW/ACT Metropolitan Vic Qld Metropolitan Northern & Western
Central Coast Illawarra Shoalhaven
Hunter New England Nepean Blue Mountains
Mid North Coast Northern Sydney
Murrumbidgee South Eastern Sydney
Northern NSW South Western Sydney
Sydney Western Sydney
SubTotal 8

Metropolitan
Northern
East
Southeast
Southwest
West
Central

WA
Metropolitan
Perth
South
Central

SA
Metropolitan
Adelaide Hills
Barossa
Wynne Peninsula
Western South
Far North
Fleurieu & Kangaroo Isl
Limestone Coast
Murray Mallee
Yorke and Mid North

QLD
Metropolitan
Brisbane
South
Central

TAS
Metropolitan
Hobart & South
Lancaster & North

ACT
Metropolitan
Canberra

Rural
Far West
Hunter New England
Mid North Coast
Murrumbidgee
Northern NSW
Southern NSW
Western NSW

Barwon-South West
Gippsland
Grampians
Hume
Loddon Mallee
Central Highlands
Ovens Murray
Goulburn
Great South Coast
Wimmera Southern Mallee

Rural
Far West
Hunter New England
Mid North Coast
Murrumbidgee
Northern NSW
Southern NSW
Western NSW

SubTotal 15

SubTotal 8

WA
Metropolitan
Perth
South
Central

SA
Metropolitan
Adelaide Hills
Barossa
Wynne Peninsula
Western South
Far North
Fleurieu & Kangaroo Isl
Limestone Coast
Murray Mallee
Yorke and Mid North

QLD
Metropolitan
Brisbane
South
Central

TAS
Metropolitan
Hobart & South
Lancaster & North

ACT
Metropolitan
Canberra

Rural
Far West
Hunter New England
Mid North Coast
Murrumbidgee
Northern NSW
Southern NSW
Western NSW

Barwon-South West
Gippsland
Grampians
Hume
Loddon Mallee
Central Highlands
Ovens Murray
Goulburn
Great South Coast
Wimmera Southern Mallee

Rural
Far West
Hunter New England
Mid North Coast
Murrumbidgee
Northern NSW
Southern NSW
Western NSW

SubTotal 15

SubTotal 8

No of attendees per consultation
Invitations \$2
Venue hire & coffee \$500
Collateral (info packs) \$5
Airfares \$700

30 \$5,100 \$6,800 \$8,500
40 \$42,500 \$42,500 \$42,500
10 \$12,750 \$17,000 \$21,250
15 \$73,500 \$73,500 \$73,500

55 85

477	\$	14,114
209	\$	15,133
477	\$	108,436
854	\$	85,993
546	\$	50,339
220	\$	116,741
236	\$	54,115
854	\$	73,708
405	\$	49,944
477	\$	59,445
881	\$	109,390
781	\$	869,485
619	\$	199,778
906	\$	237,781
525	\$	437,558
424	\$	1,197,653
477	\$	14,114
209	\$	15,133
477	\$	108,436
854	\$	85,993
546	\$	50,339
220	\$	116,741
236	\$	54,115
854	\$	73,708
405	\$	49,944
477	\$	59,445
881	\$	109,390
781	\$	869,485
619	\$	199,778
906	\$	237,781
525	\$	437,558
424	\$	1,197,653

NOTES:
Data storage costs of \$100 per person per annum are not reflected in this costing.
Promotion/local community media budget very tight
Consultation schedule should ideally be spread to 14 months and provide for Dec./Jan shutdowns
Where compliance role adopted then Helpdesk support will dramatically increase (see row 25)

Promotion/local community media budget very tight

Where compliance role adopted then Helpdesk support will dramatically increase (see row 25)

Average salary and on-costs (2016-17)

	Senior Admin		Senior Project		Senior Assistant		Executive		Associate		
	Admin officer	Admin Officer	Project Officer	Project Officer	Assistant Director	Assistant Director	Director	Director	HEW5	HEW7	Professor
Salary	\$ 50,586	\$ 57,426	\$ 78,389	\$ 96,625	\$ 113,397	\$ 142,990	\$ 199,307	\$ 199,307	\$ 65,861	\$ 84,302	\$160,000
Oncosts	\$ 15,176	\$ 17,228	\$ 23,517	\$ 28,988	\$ 34,019	\$ 42,897	\$ 59,792	\$ 59,792	\$ 19,758	\$ 25,291	\$48,000
TOTAL	\$ 65,762	\$ 74,654	\$ 101,906	\$ 125,613	\$ 147,416	\$ 185,887	\$ 259,099	\$ 259,099	\$ 85,619	\$ 109,593	\$208,000

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ATTACHMENT B - ASSUMPTIONS

2017

2018

Start Date	End Date
1-Apr-17	30-Jun-18

Healthy Australia achieves self sustainability, for feedAustralia in Child Care Services by 1 February 2018.

Indicative Timetable

Project planning
Scheduling, Mailouts, Bookings, Feedback
Consultants

	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
Indicative Timetable															
Project planning															
Scheduling, Mailouts, Bookings, Feedback															
Consultants															
Metro		TAS	VIC	NT	NSW/ACT	WA	QLD	SA							
Rural	2	2	2	1	3	3	7	4	3	3	3	2	2	4	
Days	5	5	5	3	8	8	9	6	4	0	5	5	4	5	
Officers	5	7	7	4	7	7	7	6	6	6	7	7	6	6	
UoN	15	15	15	15	15	15	15	15	15	15	15	15	15	15	
HA	15	15	15	15	15	15	15	15	15	15	15	15	15	15	
HA Admin	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Flights	1	2	2	2	2	2	3	2	2	2	2	2	2	2	
Accommodation	6	6	6	6	6	6	7	6	6	6	6	7	7	6	
Car	5	5	5	5	5	5	5	5	7	7	0	0	5	5	
Travel Allowance	6	6	6	6	6	6	7	7	8	8	8	7	7	6	
Jurisdiction & canberra migs	1	1	1	1	1	1	3	1	1	1	1	1	1	1	
Flights Car	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Onboarding & Support - service take up estimates															
Services per state	700	6450	6450	6450	6450	6450	10100	10100	3000	3000	5600	2000	2000	2000	(assumes 5%)
Take up - consultation driven	5%	35	358	378	378	378	16768	16768	1033	1033	1313	1313	1313	1313	(assumes 5%)
Take up - compliance/reg driven	95%	665	6793	6793	6793	6793	16768	16768	19618	19618	24938	24938	24938	24938	(assumes 95%)

(assumes weekend where no travel home)
(assumes +1 for rural and +2 where no travel home)
(assumes same as accommodation days)

5% take up when compliance driven)

SA		WA		NT	
Metropolitan	Metropolitan	Metropolitan	Metropolitan	Metropolitan	Metropolitan
6450	10100	3000	5600		
358	883	1033	1313		
6793	16768	19618	24938		

NSW/ACT	Metropolitan	Vic	Metropolitan	Qld	SA	WA	NT	TAS	Metropolitan	ACT	Metropolitan
	Central Coast		Northern & Western		Central	North			Darwin		Canberra
	Illawarra Shoalhaven		Eastern		North	East					
	Nepean Blue Mountains		Southern		South	Southeast					
	Northern Sydney		Central		South	Southwest					
	South Eastern Sydney				West	West					
	South Western Sydney				Metropolitan	Metropolitan					
	Sydney										
	Western Sydney										
Subtotal	8		4		3				1	2	1
	Rural		Rural		Rural	Rural			Rural	Rural	Rural
	Far West		Barwon-South West		Adelaide Hills	Goldfields			Arnhem Land	East Coast	
	Hunter New England		Gippsland		Barossa	Great Southern			Barkly Tableland	Flinders Island	
	Mid North Coast		Grampians		Wyre Peninsula	Kimberley			Central	King Island	
	Murrumbidgee		Hume		Western South	Midwest			Katherine	North West	
	Northern NSW		Loddon Mallee		Far North	Peaky			Top End	West Coast	
	Southern NSW		Central Highlands		Fleurieu & Kangaroo Is	Pilbara			Victoria River		
	Western NSW		Ovens Murray		Limestone Coast	South West					
			Goulburn		Murray Mallee	Wheatbelt					
			Great South Coast		Yorke and Mid North						
			Wimmera Southern Mallee								
			Wide Bay								
Subtotal	7		10		9				6	5	0
TOTAL	15		14		12				7	7	1
Subtotal	15		14		12				7	7	1
Subtotal	15		14		12				7	7	1

	No. of attendees per consultation		
	20	30	40
Invitations	\$2	\$5,100	\$6,800
Venue hire & coffee	\$500	\$42,500	\$42,500
Collateral (info packs)	\$5	\$12,750	\$17,000
Airfares	\$700	\$114,800	\$114,800
Car	\$100	\$8,300	\$8,300
Accommodation	\$175	\$62,300	\$62,300
			\$62,300

TA		\$100	\$ 24,900	\$ 24,900	\$ 24,900	\$ 24,900
Promotion / local community media		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Grant Audit		\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
		2016-17 months	2017-18 months	Annual	2016-17	2017-18
Consultants						
Staff	HIA Ass Director	1.50	2.5	11	\$ 147,416	\$ 46,068
	UoH HEW 7	1.50	2.5	11	\$ 109,593	\$ 34,248
	Sen Admin Officer	1.00	2.5	11	\$ 74,654	\$ 15,553
Admin	Assume 40 participants				\$ 98,880	\$ 230,720
Subtotal					\$ 194,748	\$ 652,540
Management and Administration						
	Exec Director	0.25	3	12	\$ 259,099	\$ 16,194
	Ass Professor	0.10	3	12	\$ 208,000	\$ 5,200
	Director	1.00	3	12	\$ 185,887	\$ 46,416
	Assistant Director	1.00	3	12	\$ 147,416	\$ 38,854
	Sen Admin Officer	0.80	3	12	\$ 74,654	\$ 19,331
	Admin Officer	0.50	3	9	\$ 65,762	\$ 24,064
	Technical Director	0.50	3	12	\$ 185,887	\$ 23,216
	Technical Ass Director	1.00	3	11	\$ 147,416	\$ 36,854
Subtotal					\$ 187,960	\$ 31,337
TOTAL					\$ 382,709	\$ 1,383,877
HELPEDESK Normal take up (Onboarding and support for take up assumptions Row 24)						
	Nutritional Helpdesk	2.00	3	7	\$ 85,619	\$ 42,810
	Technical Helpdesk	2.00	3	7	\$ 101,906	\$ 50,953
Subtotal					\$ 93,763	\$ 218,779
GRAND TOTAL					\$ 476,471	\$ 1,602,656
HELPEDESK High take up (Onboarding and support for take up assumptions Row 25)						
	Nutritional Helpdesk	6.00	3	7	\$ 85,619	\$ 128,479
	Technical Helpdesk	6.00	3	7	\$ 101,906	\$ 152,859
Subtotal					\$ 281,288	\$ 656,338
GRAND TOTAL					\$ 663,996	\$ 2,040,214

NOTES:

Where compliance role adopted then Helpdesk support will dramatically increase (see row 25)

Average salary and on-costs (2016-17)

	Senior Admin		Senior Project		Senior Assistant		Executive		Associate		
	Admin officer	Admin Officer	Project Officer	Project Officer	Assistant Director	Assistant Director	Director	Director	HEW5	HEW7	Professor
Salary	\$ 50,586	\$ 57,426	\$ 78,389	\$ 96,625	\$ 113,397	\$ 142,990	\$ 199,307	\$ 199,307	\$ 65,861	\$ 84,302	\$160,000
Oncosts	\$ 15,176	\$ 17,228	\$ 23,517	\$ 28,988	\$ 34,019	\$ 42,897	\$ 59,792	\$ 59,792	\$ 19,758	\$ 25,291	\$48,000
TOTAL	\$ 65,762	\$ 74,654	\$ 101,906	\$ 125,613	\$ 147,416	\$ 185,887	\$ 259,099	\$ 259,099	\$ 85,619	\$ 109,593	\$208,000

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s22

From: s11C s22 @health.gov.au>
Sent: Monday, 27 March 2017 5:41 PM
To: FLYNN, Elizabeth <Elizabeth.Flynn@health.gov.au>
Subject: FW: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

Some further information if it assists.

s11C

Adviser

Office of the Hon Greg Hunt MP

Minister for Health

Minister for Sport

Federal Member for Flinders

Canberra: 02 6277 7220 | Mobile: s22

s22 @health.gov.au

From: STUDDERT, Lisa
Sent: Monday, 27 March 2017 5:40 PM
To: s11C
Subject: FW: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

From: Jacqueline Daly [<mailto:jacqueline@healthyaustralia.org>]

Sent: Friday, 24 March 2017 7:54 AM

To: STUDDERT, Lisa

Cc: Bruce Billson; luke.wolfenden@newcastle.edu.au

Subject: Fwd: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

Good morning Lisa

Thank you for meeting with us yesterday. Below is the link to the video for your ease of reference.

We look forward to your further thoughts and of course please contact me if you have any queries.

Kind regards

Jacqui

----- Forwarded message -----

From: **Jacqueline Daly** <jacqueline@healthyaustralia.org>

Date: Tue, Mar 21, 2017 at 10:18 AM

Subject: Re: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

To: "s11C" <s22@health.gov.au>

Cc: Bruce Billson <bruce@hubhello.com>, Luke Wolfenden <Luke.Wolfenden@hnehealth.nsw.gov.au>, Bruce Billson <bbillson@bigpond.net.au>, "HUDSON, Nicholas" <Nicholas.Hudson@health.gov.au>

Good morning Briony

Please find attached:

- 1 page brief
- Full Submission & Healthy Australia Mission Statement (Attachment A)
- Costings (Option 1)
- Video link (we will show the 8 minute video tomorrow as part of our briefing)

<https://vimeo.com/207586998>

password: G5%h23

I understand that our time will be concentrated. Where there is merit, I am available for a pre or post meeting detailed chat with Mr Hudson, where he is not also otherwise committed.

Thank you and we will contact you on arrival.

Regards

Jacqui

Jacqueline Daly
Director of Projects
Healthy Australia Ltd

The Exchange Tower
 Suite 309, 530 Lt Collins St
 MELBOURNE VIC 3000
 P: 0431 570 716

On Mon, Mar 20, 2017 at 7:20 PM, s11C <s22@health.gov.au> wrote:

Hi Jacqui, Bruce and Luke,

Thank you for your efforts in arranging this meeting with Minister Hunt's office to introduce *feedAustralia*.

After a discussion with Lisa Studdert this evening, I can confirm that the meeting is scheduled for 11:30am – 12:00pm this Thursday in the Minister's office.

Unfortunately, Lisa's obligations on a parliamentary sitting day will prevent her from having a full hour's meeting, but she would be delighted to meet for half an hour at 11:30am. Please accept my apologies if there was any miscommunication around the timing.

Please feel free to arrive at the Ministerial entrance at 10:50am, and I will sign you in through security point 10. (Although I don't think Bruce will be requiring my signature.)

All the best, and looking forward to welcoming you on Thursday,

s11C

Receptionist | EA to Chief of Staff

Office of the Hon Greg Hunt MP | Minister for Health | Minister for Sport

Ph: 02 6277 7220 | Mob: s22

s22 @health.gov.au | M1.41, Parliament House, Canberra, ACT 2600

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ATTACHMENT B - ASSUMPTIONS

2017

2018

Start Date 1-Apr-17

End Date 31-Jan-18

Healthy Australia achieves self sustainability, for feedAustralia in Child Care Services by 1 February 2018.

Indicative Timetable

		April	May	June	July	August	September	October	November	December	January
Project planning											
Scheduling & Mailouts & Bookings											
Consultatons	Metro										
			TAS	VIC	NT	NSW/ACT	WA	QLD	SA		
			2	4	1	9	6	5	3		
	Rural		5	10	6	7	8	10	9		
	Days		5	13	8	13	12	14	12		
	Officers	UoN	1.5	1.5	1.5	1.5	1.5	1.5	1.5		
		HA	1.5	1.5	1.5	1.5	1.5	1.5	1.5		
	Flights		1	4	4	5	4	4	4		
	Accommodation		6	14	11	14	15	15	13		(assumes weekend where no travel home)
	Car		5	13	9	8	11	11	10		(assumes +1 for rural and +2 where no travel home)
	Travel Allowance		6	14	11	14	15	15	13		(assumes same as accommodation days)
Jurisdiction & canberra mtgs	Flights		1	1	1	3	1	1	1		
	Car		1	1	1	1	1	1	1		
Onboarding & Support - service take up estimates											
	Services per state		700	6450	400	10100	3000	5600	2000		
	Take up - consultation driven	5%	35	358	378	883	1033	1313	1413		(assumes 5% take up following consultations)
	Take up - compliance/reg driven	95%	665	6793	7173	16768	19618	24938	26838		(assumes 95% take up when compliance driven)

NSW/ACT	Metropolitan	Vic	Metropolitan	Qld	Metropolitan	SA	Metropolitan	WA	Metropolitan	NT	Metropolitan	TAS	Metropolitan	ACT	Metropolitan
	Central Coast		Northern & Western		Gold Coast		Central		North		Darwin		Hobart & South		Canberra
	Illawarra Shoalhaven		Eastern		Metro North		North		East				Lanceston & North		
	Nepean Blue Mountains		Southern		Metro South		South		Southeast						
	Northern Sydney		Central		Sunshine Coast				Southwest						
	South Eastern Sydney				West Moreton				West						
	South Western Sydney								Central						
	Sydney														
	Western Sydney														
SubTotal	8		4		5		3		6		1		2		1
	Rural		Rural		Rural		Rural		Rural		Rural		Rural		Rural
	Far West		Barwon-South West		Cairns & Hinterland		Adelaide Hills		Goldfields		Arnhem Land		East Coast		-
	Hunter New England		Gippsland		Central Queensland		Barossa		Great Southern		Barkly Tableland		Flinders Island		
	Mid North Coast		Grampians		Central West		Wyre Peninsula		Kimberley		Central		King Island		
	Murrumbidgee		Hume		Darling Downs		Western South		Midwest		Katherine		North West		
	Northern NSW		Loddon Mallee		Mackay		Far North		Peel		Top End		West Coast		
	Southern NSW		Central Highlands		North West		Fleurieu & Kangaroo Isl		Pilbara		Victoria River				
	Western NSW		Ovens Murray		South West		Limestone Coast		South West						
			Goulburn		Torees and Cape		Murray Mallee		Wheatbelt						
			Great South Coast		Townsville		Yorke and Mid North								
			Wimmera Southern Mallee		Wide Bay										
SubTotal	7		10		10		9		8		6		5		0
TOTAL	15		14		15		12		14		7		7		1

No of attendees per consultation

Invitations	\$2	\$5,100	\$6,800	\$8,500
Venue hire & coffee	\$500	\$42,500	\$42,500	\$42,500
Collateral (info packs)	\$5	\$12,750	\$17,000	\$21,250
Airfares	\$700	\$ 73,500	\$ 73,500	\$ 73,500

Car	\$100	\$ 7,400	\$ 7,400	\$ 7,400
Accommodation	\$175	\$ 46,200	\$ 46,200	\$ 46,200
TA	\$100	\$ 26,400	\$ 26,400	\$ 26,400
Promotion / local community media	\$15,000	\$15,000	\$15,000	\$15,000
Grant Audit	\$3,000	\$3,000	\$3,000	\$3,000

		2016-17 months	2017-18 months	Annual	2016-17 \$	2017-18 \$	
Consultations							
Staff	HA Ass Director	1.50	2.5	6	\$ 147,416	\$ 46,068	\$ 110,562
	UoN HEW 7	1.50	2.5	6	\$ 109,593	\$ 34,248	\$ 82,195
Admin	Assume 40 participants				\$ 71,340	\$ 166,460	
Subtotal					\$ 151,655	\$ 359,217	\$ 510,872
Mangement and Administration							
	Exec Director	0.10	3	7	\$ 259,099	\$ 6,477	\$ 15,114
	Ass Professor	0.10	3	7	\$ 208,000	\$ 5,200	\$ 12,133
	Director	1.00	3	7	\$ 185,887	\$ 46,472	\$ 108,434
	Assistant Director	1.00	3	7	\$ 147,416	\$ 36,854	\$ 85,993
	Sen Admin Officer	0.80	3	7	\$ 74,654	\$ 14,931	\$ 34,839
	Admin Officer	0.50	3	6	\$ 65,762	\$ 8,220	\$ 16,441
	Technical Director	0.50	3	7	\$ 185,887	\$ 23,236	\$ 54,217
	Technical Ass Director	1.00	3	6	\$ 147,416	\$ 36,854	\$ 73,708
Subtotal					\$ 178,244	\$ 400,878	\$ 579,122
TOTAL					\$ 329,899	\$ 760,095	\$ 1,089,994

HELPDESK Normal take up (Onboarding and support for take up assumptions Row 24)							
	Nutritional Helpdesk	1.00	3	7	\$ 85,619	\$ 21,405	\$ 49,944
	Technical Helpdesk	1.00	3	7	\$ 101,906	\$ 25,477	\$ 59,445
Subtotal					\$ 46,881	\$ 109,390	\$ 156,271
GRAND TOTAL					\$ 376,781	\$ 869,485	\$ 1,246,265
HELPDESK High take up (Onboarding and support for take up assumptions Row 25)							
	Nutritional Helpdesk	4.00	3	7	\$ 85,619	\$ 85,619	\$ 199,778
	Technical Helpdesk	4.00	3	7	\$ 101,906	\$ 101,906	\$ 237,781
Subtotal					\$ 187,525	\$ 437,558	\$ 625,083
GRAND TOTAL					\$ 517,424	\$ 1,197,653	\$ 1,871,349

NOTES:

Data storage costs of \$100 per person per annum are not reflected in this costing.

Promotion/local community media budget very tight.

Consultation schedule should ideally be spread to 14 months and provide for Dec/Jan shutdowns

Where compliance role adopted then Helpdesk support will dramatically increase (see row 25)

s22

From: Flynn, Elizabeth
Sent: Thursday, 30 March 2017 12:25 PM
To: Hudson, Nick
Cc: s11C Southern, Wendy; Smith, Jaye
Subject: feedAustralia [SEC=PROTECTED,DLM=Sensitive:Cabinet]

Hi Nick

I wanted to just let you know that we have been researching the feedAustralia component of the package a little more.

1. In relation to the body "Healthy Australia", it doesn't seem to have an internet presence. If we were to enter a funding agreement for delivery of services, we would need to either ensure it was a legal entity or find some other auspicing body who could be recognised in the funding agreement.
2. In the context that this initiative is to assist child care facilities to be compliant against the relevant quality standards, compliance checking is the responsibility of State and Territories and not the Australian Government.

Our standard procedure is to seek legal advice on all NPPs regarding constitutional risk prior to the coord comment stage. We are currently doing this for our NPPs and I think it is likely that the feedAustralia initiative will be rated as "high risk" because it is a State/Territory responsibility. We may be able to reduce the risk by redesigning the proposal and I wanted to give you a heads up about this possibility.

elizabeth

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s22

From: s11C s22 @health.gov.au>
Sent: Monday, 24 April 2017 3:30 PM
To: FLYNN, Elizabeth <Elizabeth.Flynn@health.gov.au>
Cc: STUDDERT, Lisa <Lisa.Studdert@health.gov.au>
Subject: FW: feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy)
 [SEC=UNCLASSIFIED]

Hi Elizabeth,

Following our conversation this morning, you may recall in the wider HAP we looked to fund the feedAustralia proposal (attached). While we are not proceeding with the full package, would we be able to get some advice, within the current budget process, if we could fund the lower cost option of this proposal?

The benefit of this proposal is that it is ready to go with no lead-in requirements meaning potentially we could utilise existing FY funding. We should change the name to Healthy Food Australia as the office believes the current name is quite appropriate. Again this depends on your advice but at the moment we don't have a food related measure to include in the preventive package announcement and this seems to have merit. Apologies that is quite late but I believe we'd already done some assessment on this one to date.

Happy to discuss.

Regards,
 s11C

s11C
Adviser
Office of the Hon Greg Hunt MP
 Minister for Health
 Minister for Sport
 Federal Member for Flinders
 Canberra: 02 6277 7220 | Mobile: s22
 s22 @health.gov.au

From: Jacqueline Daly [<mailto:jacqueline@healthaustralia.org>]
Sent: Monday, 10 April 2017 9:56 AM
To: STUDDERT, Lisa
Cc: Luke Wolfenden
Subject: Fwd: feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy)
 [SEC=UNCLASSIFIED]

Good morning Lisa

May we impose for an update on your thinking regarding the feedAustralia proposal? I would like to provide Professor Talley and others with an outcome statement from the proposal. .

I appreciate there are always constraints.

Regards

Jacqui

Jacqueline Daly
Director of Projects
Healthy Australia Ltd

The Exchange Tower
 Suite 309, 530 Lt Collins St
 MELBOURNE VIC 3000
 P: 0431 570 716

----- Forwarded message -----

From: **Jacqueline Daly** <jacqueline@healthyaustralia.org>

Date: Fri, Mar 24, 2017 at 7:53 AM

Subject: Fwd: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

To: "STUDDERT, Lisa" <Lisa.Studdert@health.gov.au>

Cc: Bruce Billson <bruce@hubhello.com>, luke.wolfenden@newcastle.edu.au

Good morning Lisa

Thank you for meeting with us yesterday. Below is the link to the video for your ease of reference.

We look forward to your further thoughts and of course please contact me if you have any queries.

Kind regards

Jacqui

----- Forwarded message -----

From: **Jacqueline Daly** <jacqueline@healthyaustralia.org>

Date: Tue, Mar 21, 2017 at 10:18 AM

Subject: Re: Presentation of proposal - feedAustralia (Public Health and Chronic Disease Grant Program - National Obesity Strategy) [SEC=UNCLASSIFIED]

To: "s11C" <[REDACTED]> "s22" <[REDACTED]> <[\[REDACTED\]@health.gov.au](mailto:[REDACTED]@health.gov.au)>

Cc: Bruce Billson <bruce@hubhello.com>, Luke Wolfenden <Luke.Wolfenden@hnehealth.nsw.gov.au>,

Bruce Billson <bbillson@bigpond.net.au>, "HUDSON, Nicholas" <Nicholas.Hudson@health.gov.au>

Good morning s11C

Please find attached:

- 1 page brief

- Full Submission & Healthy Australia Mission Statement (Attachment A)
- Costings (Option 1)
- Video link (we will show the 8 minute video tomorrow as part of our briefing)

<https://vimeo.com/207586998>

password: G5%h23

I understand that our time will be concentrated. Where there is merit, I am available for a pre or post meeting detailed chat with Mr Hudson, where he is not also otherwise committed.

Thank you and we will contact you on arrival.

Regards

Jacqui

Jacqueline Daly
Director of Projects
Healthy Australia Ltd

The Exchange Tower
 Suite 309, 530 Lt Collins St
 MELBOURNE VIC 3000
 P: 0431 570 716

On Mon, Mar 20, 2017 at 7:20 PM, s11C s22 <[REDACTED]>@health.gov.au> wrote:

Hi Jacqui, Bruce and Luke,

Thank you for your efforts in arranging this meeting with Minister Hunt's office to introduce *feedAustralia*.

After a discussion with Lisa Studdert this evening, I can confirm that the meeting is scheduled for 11:30am – 12:00pm this Thursday in the Minister's office.

Unfortunately, Lisa's obligations on a parliamentary sitting day will prevent her from having a full hour's meeting, but she would be delighted to meet for half an hour at 11:30am. Please accept my apologies if there was any miscommunication around the timing.

Please feel free to arrive at the Ministerial entrance at 10:50am, and I will sign you in through security point 10. (Although I don't think Bruce will be requiring my signature.)

All the best, and looking forward to welcoming you on Thursday,

s11C

Receptionist | EA to Chief of Staff

Office of the Hon Greg Hunt MP | Minister for Health | Minister for Sport

Ph: 02 6277 7220 | Mob: s22

s22 @health.gov.au | M1.41, Parliament House, Canberra, ACT 2600

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by the Department of Health and Aged Care

s22

From: s11C s22 @health.gov.au>
Sent: Wednesday, 31 May 2017 12:08 PM
To: FLYNN, Elizabeth <Elizabeth.Flynn@health.gov.au>
Subject: RE: feedAustralia and Reclink proposals [SEC=UNCLASSIFIED]

Great thanks Elizabeth.

s11C

Adviser

Office of the Hon Greg Hunt MP

Minister for Health

Minister for Sport

Federal Member for Flinders

Canberra: 02 6277 7220 | Mobile: s22

s22 @health.gov.au

From: FLYNN, Elizabeth
Sent: Wednesday, 31 May 2017 12:04 PM
To: s11C
Subject: feedAustralia and Reclink proposals [SEC=UNCLASSIFIED]

Hi s11C

I have just signed off on the assessments for feedAustralia and Reclink. They will now be approached and advised by HSN.

Elizabeth Flynn
 Assistant Secretary, Preventive Health Policy Branch
 Population Health and Sport Division
 Ph: 02 6289 7291
 Mob: s22
 Email: elizabeth.flynn@health.gov.au

s22

From: MPF
Sent: Wednesday, 7 March 2018 5:05 PM
To: MPF Program Delivery
Subject: MB18-001015: Info brief- FW: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]
Attachments: feedAustralia Meeting Brief re Richard Temperly (Min Hunt's advier), Feb....docx
Categories: SUE to ACTION

Info brief for PHSD

From: Minister Hunt DLO
Sent: Wednesday, 7 March 2018 5:03 PM
To: MPF
Cc: Minister Hunt DLO
Subject: Info brief- FW: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Could the MO please have an information brief regarding the current grant funding and options for extension into 2018-19.

Due to the MO COB 20 March

s11C

Departmental Liaison Officer

Office for the Hon Greg Hunt MP

Minister For Health

Parliament House Suite M1-41 CANBERRA ACT 2600

T: 02 6277 7220

I acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. I pay my respects to them and to elders both past and present.

From: s11C
Sent: Wednesday, 7 March 2018 4:53 PM
To: Minister Hunt DLO
Subject: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Can I get some information please current grant provided to Feed Australia and some advice/options regarding extending the grant for 18/19

See attached document for further info

s11C

feedAustralia

Meeting Brief

s11C (Senior Adviser, Minister Hunt)

Tuesday 20th February 2018

Meeting Purpose

- Brief s11C on early headline results, progress, impact and potential next steps of the *feedAustralia* program
- Seek to arrange an early meeting with Minister Hunt to make a more formal update/presentation asap.
- Outline 'Stage Two' and ascertain scope/process for further support from the Minister.
- Outline scope to extend *feedAustralia* to the aged care sector and appetite to pursue

Why is this important

- In 2015, NHMRC awarded the University of Newcastle a grant to undertake a randomized trial of *feedAustralia's* web-based menu planning tool as a frontline measure to increase childcare service adherence to dietary guidelines. Some early, mid-analysis findings from this study. Preliminary results suggest some exciting upside to this intervention.
- Minister Hunt provided a \$1.08m grant to roll-out *feedAustralia* nationally as a free obesity intervention for the Childcare sector as a population health/anti-obesity/chronic disease measure. The aim was to improve dietary intake (for long day care centre-based children who receive 2/3rd of their daily intake from service provider), establish better lifelong eating habits from an early age and to support centre cooks as champions of better nutrition.
- In six months, *feedAustralia* has achieved enormous inroads into this sector, creating a platform which will enable thousands of childcare services to access the program from 1st March 2018.
- The grant ends 30th June 2018. Australia needs more time. The stats point to an accelerated uptake of the program if funding is secured for the next 12-months. We also believe there is a major opportunity for the program to be extended directly to parents and the broader carer networks of children.
- On the back of these results and program progress/success to date, Minister Hunt is probably one of the first Health Ministers in Australia's history to invest directly into childcare, for the health of our children's future. This is not short-term goal kicking. It is true legacy. He has done this without fanfare. He has done this knowing that chronic disease in the aged, in the middle aged and in youth comes from the first stages of human life. **We would like to suggest a launch event at Parliament House's only childcare centre before June 30th 2018.**

- Finally, *feedAustralia* is fit for purpose for preventing and treating malnutrition within institutional aged care facilities by ensuring menus are nutritionally adequate and appealing to the taste of each person and by empowering the residents and family to participate in the choices of food they would like to eat, with measured results and education provided back to the family. We think it's time to revisit our *feedAustralia* for Aged Care Social Impact Program proposal submitted late last year.

Key discussion points

1. Early COMET results

- Key results – Double compliance in four categories; 35% uptake in intervention group
- Translating these results to the sector
- COMET grant proposal – stage 2 (post June 30)

2. Third QTR *feedAustralia* program update

- Update on *feedAustralia* program results
- Number of centre registrations due to go live with *feedAustralia* (Mar 1)
- Number of newsletter registrations
- Number of stakeholder engagements
- Number of leadership/information sessions held in conjunction with PHNs
- *feedAustralia* grant proposal – stage 2

3. Dashboarding

4. Canberra launch/announcement (from childcare centre on the hill)

5. New recommended initiatives

- Additional research focused on implementation of *feedAustralia* program
- National nutritional guidelines (serving portions)
- Nationwide parent engagement/leadership program

Next Steps/Requested Action:

1. Set a meeting time/date with Minister Hunt and invite University of Newcastle to present early COMET results
2. Submit *feedAustralia* grant proposal (Stage 2)
3. Submit implementation research grant proposal
4. Resubmit *feedAustralia* for Aged Care Social Impact Program proposal

In Attendance

s11C

Population Health Adviser, Minister Hunt

Richard Amos

feedAustralia Comms Director, MD Royce

--Ends--



JOINT SUBMISSION
UNIVERSITY OF NEWCASTLE & HEALTHY AUSTRALIA LTD

PUBLIC HEALTH AND CHRONIC DISEASE GRANT PROGRAM
NATIONAL OBESITY STRATEGY

The Hon Greg Hunt MP
Minister for Health

PURPOSE:

To bring forward a non-profit proposal to:

1. address the national health crisis from obesity and reduce the associated \$9 billion pa impact on Australia's health budget;
2. make nationally available for child care services a best-practice technology solution for facilitating regulatory compliance with dietary guidelines, at no charge; and
3. reduce the burden on childcare services in meeting government regulations regarding food service provision.

The University of Newcastle and Healthy Australia Ltd, supported by Laureate Professor Nick Talley, Chair of the Royal Council of Presidents of Medical Colleges, bring forward this proposal to scale up and implement nationally, a technology-based infrastructure developed to address obesity in early childhood and facilitate child care services regulatory compliance through the use of innovative digital technology. The technology is known as *feedAustralia*.

feedAustralia, the first of its kind internationally:

- provides real time assessment and feedback of service menus against nutritional, energy and serving size data, to enable services to assess the alignment of foods and drinks provided to children with Australian dietary guidelines;
- proposes food substitutions in instances where menus are not providing healthy foods consistent with guidelines;
- facilitates menu planning, management of food allergies, and enables menu and recipe creation and sharing;
- enables remote access to observe menus, affording family, carers and accreditation/compliance assessors to have performance visibility
- facilitates two way communication between services and stakeholders, such as parents or carers, allowing stakeholders to communicate allergy and food preferences to inform foods provided on menus
- has optional, supply chain functionality which serves to demonstrate purchase of foods provided on menus, and likelihood of consumption; and
- captures usage data that enables behavioural and nutritional analysis over time, including benchmarking and demographic assessment.

feedAustralia is currently deployed in 220 Healthy Australia child care services in over 100 localities nationally (see map below), with reach to 13,000 children and 6,800 parents and carers. Realising this reach through usage requires momentum.



This proposal offers to drive the reach and adoption of *feedAustralia* across Australia's 28,000 child care services, 1.5 million children and 800,000 parents and carers, to equip every community in Australia with resources for early obesity intervention and prevention.

feedAustralia has seen significant investment. Developed over the past 4 years, by a private-public partnership involving a multidisciplinary team of academics from the University of Newcastle and University of Sydney, dietitians, e-health and early childhood experts, technologists and industry representatives, it was developed with the best available evidence, uses contemporary Commonwealth nutrition data sets and is the most advanced system of its kind available to Australia. *feedAustralia* has considerable potential to improve the health of Australians and reduce the health burden of obesity.

This proposal is made under the auspices of your *Public Health and Chronic Disease Grant Program*¹, with alignment to its criteria demonstrated below.

BACKGROUND:

- The public health challenge posed by obesity is one of the biggest facing Australia, with some 60% of adults and 25% of young people overweight or obese, increasing the risk of type 2 diabetes, heart disease, cancer, musculoskeletal disease and costing \$9 billion per annum in health costs and lost productivity.²
- As obesity tracks from childhood into adulthood, strategies to prevent the onset of obesity in young children are recommended by the World Health Organisation and are included in health plans of jurisdictions across Australia
- Poor diet is the primary modifiable risk factor for excessive weight gain. In Australia, recent population surveys of Australian pre-school aged children indicated that only 3% met guideline recommendations for vegetables, 22% met recommendations for fruit and over one third (35%) of total daily energy was consumed from energy dense, nutrient poor foods.
- Childcare settings provide a valuable opportunity to improve child nutrition and prevent child obesity as they provide access to over 60% of Australian children under 5 years, with children that attend full-day services obtaining the majority of their daily energy intake (up to 67%) from foods provided by these services.
- While government regulations require services to provide foods in line with national dietary guidelines, less than 5% of childcare services do so, increasing the risk of excessive weight gain among children in their care.

¹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program>

² AMA Position Statement on Obesity 2016 <https://ama.com.au/positionstatement/obesity-2016>

- The primary impediment to childcare service complying with regulations regarding food provision is the complexity of applying the guidelines given the various nutritional needs, preferences and allergies of children and the time taken to do so.
- The University of Newcastle, and Healthy Australia developed a technology solution that addresses the primary barrier to regulation adherence, by incorporating decision support systems that can perform complex computations to support menu planning. The system is a world first and provides a platform for the simultaneous provision of sustainable support to all childcare services across Australia.³

THE PROPOSAL- ONE-OFF GRANT

The urgent need for action to combat obesity and the availability of a best practice solution for achieving compliance with dietary guidelines, in institutional settings, compels the rapid deployment.

Given the potential, it is reasonable that this proposal for a one-off grant be brought forward for your urgent consideration, to enable *feedAustralia* to be effectively deployed across Australia's child care network with priority.

Maximising the potential benefit to the health of Australians and the health budget, through reach to Australia's 28,000 child care services, 1.5 million children and 800,000 parents and carers, is the primary deliverable from this proposal. Data to inform cost benefit and health research are secondary deliverables.

Grant funding would resource community consultations, targeted promotional media, engagement with State/Territory regulatory compliance bodies, and early user support and onboarding.

Community Consultations

Some 85 key regions⁴ nationally are identified and it is proposed that community consultations be held in each, with representatives from community, services and health sectors targeted for involvement. These consultations would serve to present *feedAustralia*, inform the community of its functionality, demonstrate how nutritional best practice in institutional settings is readily achievable, and deliver a call to action. Further, it would invite participants to bring forward any barriers to access of web based service delivery and to identify the top 5 communication channels for their region ie journals, websites, events. The consultations would identify and establish a network of key stakeholders with whom dialogues of local needs and information distribution can be sustained for ongoing, remote support and communications.

The involvement of all State and Territory health agencies will be sought and communication channels established for ongoing engagement.

Promotion

Core material will be produced for systematic distribution across those channels identified at consultations as having best regional reach. To grow community engagement, provision will be made for distribution of local 'good news stories' reflective of actual changes in obesity levels and the impact on communities and families. A headline promotion will focus on the impact of *feedAustralia* on the compliance of child care services with nutritional guidelines. This 'good news story' presents as a local, state/territory and National report card on the effectiveness of this Federally funded health strategy.

³ The University of Newcastle's research priorities include web-based, organisational systems change intervention for increasing childcare service adherence to dietary guidelines.

⁴ For consultation purposes, regions will reflect geographic area offering best endeavours reach. See Attachment B - Costing Assumptions.

Compliance

All jurisdictions require child care services to meet National Quality Framework standards, including for nutritional meal provision.

Standard 2.2	Healthy eating and physical activity are embedded in the program for children.
Element 2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

With less than 5% compliance, the business case for adoption of *feedAustralia* will be demonstrated to regulators in each State and Territory. Representing a savings measure, through improved efficiency of process, the use for compliance would also drive adoption by services as it would deliver them the efficiency of a single audit mechanism and enable self-assessment and certainty in their standards of operation. *feedAustralia* would be made available at no charge.

Support and Onboarding

Scaleout and adoption requires content and technical support. The University of Newcastle will oversee nutritional support and Healthy Australia Ltd will operate the technical support via a helpdesk. Healthy Australia would further administer the program, operate access controls and manage the data generated by usage, to support current and longitudinal research and analysis.

ASSESSMENT AGAINST GRANT CRITERIA

The one-off grant proposal serves eight Grant Program objectives as follows:

- *Increase the effectiveness and efficiency of the prevention, treatment, control and management of diseases*
 - Deployment of *feedAustralia* will make the science of nutrition accessible in the child care environment. With potential application across institutional settings, early intervention in dietary behaviours will reduce incidence of obesity related disease and support intergenerational behavioural change. As a technology based solution, it can be delivered centrally, to large numbers of services with little incremental cost.
 - This proposal applies research in the nation's best interest through:
 - i. deploying a tool that makes the science of nutrition accessible
 - ii. rapidly upskilling institutions, starting with child care services, to use a technology solution to improve compliance with dietary guidelines
 - iii. demonstrating compliance and behavioural change
 - iv. capturing data for evidence based policy and evaluation, including longitudinal analyses.
- *Develop and enhance effective disease prevention, treatment, control and management measures*
 - *feedAustralia* is a technology tool that enables widespread distribution of applied science to combat obesity through informed dietary habits and visibility of behavioural compliance. Take-up and use of the tool will generate rich data sets that will return an evidence base to inform future measures.
 - A unique aspect of the program is that it provides real time tracking of compliance and the nutritional content of foods provided to children. This enables real time tracking of the nutritional quality of foods in this setting, data which can be used to evaluate the public health impact of the initiative, including changes in food provision and public health nutrition over time. No such system currently exists.

- *Improve quality service provision, increase service capacity and support activities that increase compliance with legislative frameworks*
 - *feedAustralia* is available at no charge to services, was purpose designed for child care, is web based so ubiquitously accessible, fits current child care workflow to limit administrative redundancy.
 - It reduces compliance costs for services with regulatory change embedded in the tool. *feedAustralia*'s analytics perform the compliance assessment of menus and serving sizes against regulated dietary setting, delivering operational efficiencies while improving compliance
 - i. access functionality enables remote compliance and audit by regulators and parents/carers
 - ii. reporting functionality delivers system generated exemption reports.
 - Protocols are in concept stage for scale-out to other institutional settings such as aged care, disability homes, prisons and restaurants.
- *Increase the community's knowledge and awareness of the key risk factors for chronic disease and Non-Communicable Diseases (NCDs) and how individuals can lead healthier lives to address these risk factors*
 - *feedAustralia* delivers real time information on menu compliance with dietary guidelines. Services and parents/carers receive real time feedback on their food choices and suggestions for improvement.
 - *feedAustralia* delivers static information and links to support networks.
- *Improve the health of targeted populations that experience health inequalities or social disadvantage including those based on gender, culture, age and disability*
 - *feedAustralia* program makes the science of nutrition accessible at no charge and with 'science made simple'.
 - *feedAustralia* is ingredient driven and finds application to meals from any and all cultures.
 - Functionality includes a chat room as an avenue for community engagement and cohesion through food.
- *Develop and implement food and nutrition policy which protects and enhances the health of Australians*
 - The *feedAustralia* program:
 - i. provides real time assessment of meal menus against nutritional, energy and serving size data, to enable services to assess the alignment of foods and drinks provided to children with Australian dietary guidelines
 - ii. proposes food substitutions in instances where menus are not providing healthy foods consistent the guidelines
 - iii. facilitates menu planning, management of food allergies and enables menu creation and sharing
 - iv. enables remote access to observe menus, consumption and weight records for each person, affording family, carers and accreditation/compliance assessors to have performance visibility
 - v. facilitates two way communications between services and stakeholders such as parents or carers allowing stakeholders to communicate allergy and food preferences to inform menus.
- *Inform health policy and/or improve practice through the establishment and use of disease registers, monitoring and surveillance activities, research and the development of evidence based information.*

- The functionality provides for data capture which enables behavioural and nutritional analysis over time, including benchmarking and demographic assessment.
- The data capture functionality serves ongoing national research and evaluation of the benefits of the program and new child obesity initiatives in this setting.
- System generated analysis of compliance with regulatory nutrition settings advances delivery of cost effective monitoring and surveillance activity.

The objects of the proposal align with outcomes and objectives in chronic Conditions Prevention and Management (Annexure A3) and Population Health Improvement (Annexure A6).

[<http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program>]

Why Healthy Australia Ltd?

Healthy Australia Ltd is an Australian registered Charity, whose mission is to benefit Australia by improving health and welfare of families and communities (Attachment A). It works with Federal, State and Local governments, community and experts (Data61/CSIRO/Universities). Healthy Australia Ltd is concerned with professional ethics and bona fides of its partners; regulatory compliance; privacy and security. Healthy Australia will make *feedAustralia* freely available to all Australian child care services. Further, it will work to achieve self-sustainability, for ongoing administration, program maintenance and helpdesk support, through measures that maximise access and use of the program ie a no barriers approach.

Healthy Australia Ltd has demonstrated its commitment to the fight against obesity through its 4-year contribution to date towards this outcome.

Healthy Australia Ltd shares the national objective to:

- increase the effectiveness and efficiency of the prevention, treatment, control and management of diseases; and
- develop and enhance effective disease prevention, treatment, control and management measures.

Healthy Australia Ltd has access to expert technical, policy and governance resources. It has capacity to scale and an established network with scientists (NICTA/CSIRO). It holds the rights to distribute *feedAustralia*.

National Health Strategy

feedAustralia is an important obesity prevention and management solution. Its application to institutional settings such as nursing homes, hospitals, prisons, disability homes holds further potential to impact the obesity led health crisis. As the evidence base from deployment to Child Care sector develops, the case for extended application of *feedAustralia* will likely manifest. Your permission is sought to bring forward the business case for further action in light of the child care sector experience.

RESOURCING:

Your Public Health and Chronic Disease Grant Program, “provides a flexible funding pool to support activities that address the rising burden of chronic disease and improve public health”⁵.

One-off grants

Provision will be made under the Program for one-off grants and emergency payments, provided that they meet the outcomes and objectives of the Program. One-off grants to be determined on an ad-hoc basis, usually by Ministerial decision.

⁵ <http://www.health.gov.au/internet/main/publishing.nsf/Content/public-health-chronic-disease-grant-program>

Grant funding is sought as follows:

	2016-17	2017-18	TOTAL
	\$m	\$m	\$m
Total (without Helpdesk)	0.329	0.760	1.089
Total (Helpdesk Scenario 1)	0.377	0.869	1.246
Total (Helpdesk Scenario 2)	0.517	1.198	1.871

Costing Assumptions are at Attachment B.

This proposal delivers quantifiable savings to child care services through facilitated regulatory compliance, and to regulators through remote and automated compliance processes. State and Territory governments are the beneficiaries of these administrative savings. For example, compliance site visits could be replaced by performance and exemption reporting afforded by *feedAustralia's* analytic functionality. The most significant savings are to Australia's health budget. While hypothecated, these can be quantified.

feedAustralia is the first of its kind globally and is being made available at no charge. There are no competition issues in your support of this proposal.

The grant will be administered by Healthy Australia Ltd, against protocols with the University of Newcastle.

RECOMMENDATIONS:

We recommend that you agree to:

1. an urgent one-off grant to Healthy Australia Ltd for \$1m, over two financial years
2. provision for one-off funding for Helpdesk support, in the range of \$0.1m to \$0.6m over two financial years
3. project commencement in April 2017, and
4. our bringing forward, as a 'closed grant opportunity', a proposal to scale out and deploy *feedAustralia* in institutional settings, such as aged care, disability homes, schools, prisons and restaurants, in light of experience from the Child Care Service deployment subject of this proposal.

Professor Luke Wolfenden
University of Newcastle
Luke.Wolfenden@hnehealth.nsw.gov.au
PH: 0412 372 270

Jacqueline Daly
Director of Projects
Jacqueline@HealthyAustralia.org
PH: 0431 570 716

14 March 2017



ATTACHMENT A

HEALTHY AUSTRALIA LTD

MISSION:

To benefit Australia by improving the health and welfare of families and communities, through achievement of positive social, cultural and economic outcomes.

PURPOSE:

To serve Australia, through its families and communities, by:

- ❖ making accessible health and welfare social services and impact programs that benefit lives
- ❖ using technology to achieve efficiencies in program and service delivery, to make the best use of scarce resources, and
- ❖ influencing the development of effective policy and delivery of government social services and impact programs.

Our goal is to merit the trust of Australians by acting in their best interests and on their behalf. We do this by:

- ❖ putting the individual first
- ❖ enabling social and cultural diversity through solution design that provides for choice
- ❖ identifying and addressing gaps and opportunities in health and welfare
- ❖ collaborating with community, academics, business and governments to achieve and demonstrate outcomes, including cost benefit and the provision of data for research and planning
- ❖ promoting economic growth and social benefits by helping Australians realise the opportunities of digital technologies to improve their lives

AND

- ❖ keeping it simple.

Our role includes to:

1. deliver Australia expert social services and impact programs that people trust. We do this by:
 - ❖ demonstrating the bona fides of services and programs, including their expert development, deployment, maintenance, and compliance with best practice and laws, including as they change from time to time
 - ❖ making lives easier through regulatory and administrative simplicity
 - ❖ valuing and protecting identity and empowering individuals to do likewise
 - ❖ leveraging data to evidence needs based planning, inform resource allocation and drive outcome analyses
2. empower individuals with voice and opportunity to contribute to service and program creation and delivery. We do this by:
 - ❖ interfacing directly with individuals through service and program delivery
 - ❖ watching, listening and investigating
 - ❖ acting on the individual's behalf and in their best interests
 - ❖ designing and operating services and programs from the individual's viewpoint, including for cost efficiency
 - ❖ using technology to reduce administrative and compliance effort
 - ❖ realising the potential of individuals and sharing responsibility with them.

CULTURE AND VALUES:

We serve national interests by working with professionalism and integrity.

We contribute to national benefit by serving Australian families and communities and empowering Australians to serve themselves.

We value Australia and those that live and work here.

We believe that charities, community organisations, governments, the bureaucracy and others should:

- put individuals first and their bureaucratic processes second
- pause and ask themselves how well they have achieved their objectives
- avoid self-interest, be humble and open to change
- expect individuals to be independent and contribute to their own well-being, to move away from the perceived 'Nanny State'.

We make effective use of resources and are modest in our administrative overheads.

We help those that share our purpose and welcome their help.

We respect our partners and suppliers.

We put outcomes before glory.

OPERATING ENVIRONMENT

Five key factors impact on our environment.

1. Reducing social welfare budgets means we need to achieve more with less, through technology enabled efficiencies, better targeting and greater citizen participation. Greater provision must be made of:
 - a. Web interventions - to extend access and reach to health and welfare programs and services
 - b. data - to inform needs based planning, demonstrate outcomes and quantify cost benefits for prioritisation and waste minimisation
 - c. individuals – to take responsibility for and contribute to their own futures, including for privacy, identity protection and duty of care.
2. Private sector, academics, community based organisations and business, are more agile than governments at planning and service delivery. Greater provision must be made for:
 - a. cross sector collaboration and service delivery
 - b. citizens having a voice (while governments represent citizens, this communication channel is institution and bureaucracy, not citizen driven)
 - c. government agencies engaging respectfully with non-government sectors, by recognising their legitimate right to operate viably and not frivolously giving rise to expenses, barriers or 'taking' of ideas.
3. The Internet enabled information economy brings with it 'misinformation'. The potential of the internet is undermined by lack of curation and trust in content, too much information and vested interests driving search results. Greater provision must be made for communicating the bona fides of content, to establish reliability and reputation and help people navigate and choose content wisely.
4. Identity management is everyone's responsibility. Services and programs must enable and empower individuals to protect themselves. Providers must jealously guard identity and be demonstrably accountable for its management. Governments must establish anti-identity trafficking strategies and remedial practices.

5. Social cohesion, community identity and courtesy face strain. All sectors must contribute to positive social norms and behaviours. Respect breeds respect.

PRIORITIES 2017 – 2018

Healthy Australia's priorities are to make available and drive engagement with the social impact services and programs, to deliver national benefit:

1. Health Programs

feedAustralia - combatting obesity and improving health outcomes.

Actions

- Support the research
 - Systems, data and reporting support.
- Promote the program and drive take up
- Operate the program
 - Consolidate operations - onboarding, content and technical user support.
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes.
 - Contribute to health policy and planning.
- Grow the national benefit
 - Demonstrate the impact on obesity and consequential health outcomes.
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit).
- Achieve self-sustainability

2. Welfare Programs

PROTECT – prevention, intervention and response to domestic violence.

Actions:

- Grow usage
 - Work with governments, police, service providers, community bodies, religious organisations and citizens to grow awareness and usage.
 - Develop, fund and deliver a communications strategy, reflective of the sensitive nature of the program and its purpose.
 - Normalise the making of observation by institutions and the public.
- Expand program capacity and national effectiveness
 - Identify and collaborate with relevant agencies, to enrich data holdings and improve assessment accuracy for targeted response.
 - Remove jurisdictional barriers to national child protection through APIs.
- Operate the Program
 - Consolidate operations - onboarding, content and technical user support.
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes.
 - Contribute to domestic violence policy and planning, including needs based planning for intervention and support strategies.
- Grow the national benefit
 - Demonstrate the impact on welfare outcomes.
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)

- Achieve self-sustainability

Educate – supporting quality early childhood education

Actions:

- Grow usage
 - Partner with child care education experts to ensure Educate delivers best practice, community focused, support for compliance with ACECQA standards and framework for quality education for children in care.
 - Inform the communication strategy.
- Harness efficiencies
 - Work with community partners to secure compliance status for program users.
 - Capture data to inform and evidence policy, planning and outcomes.
- Grow the national benefit
 - Demonstrate the impact on education outcomes.
 - Enhance and develop the program to increase effectiveness and relevance, and be responsive to changing practices.
 - Demonstrate compliance savings.
- Achieve self-sustainability
 - Help community partners to secure sustainability.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

s22

From: MPF
Sent: Thursday, 5 April 2018 1:16 PM
To: MPF Program Delivery
Subject: FW: Redraft - MB18-001015 FW: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Categories: DAVID

Redraft MB18-001015 - PHSD

From: Minister Hunt DLO
Sent: Thursday, 5 April 2018 1:11 PM
To: MPF
Cc: Minister Hunt DLO
Subject: Redraft - MB18-001015 FW: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Good afternoon MPF,

I am assigning this brief back for redraft. The adviser would like some information included in the brief regarding the performance deliverables of the feedAustralia IT program.

cheers

s11C

Departmental Liaison Officer

Office for the Hon Greg Hunt MP
 Minister For Health
 Parliament House Suite M1-41 CANBERRA ACT 2600
 T: 02 6277 7220

I acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. I pay my respects to them and to elders both past and present.

From: s11C
Sent: Wednesday, 4 April 2018 3:38 PM
To: Minister Hunt DLO
Subject: RE: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Can I get some info and how they have performed and what they have delivered if info is available?

s11C

From: Minister Hunt DLO
Sent: Tuesday, 3 April 2018 1:00 PM
To: s11C Minister Hunt DLO
Subject: RE: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

As requested

s11C

Departmental Liaison Officer

Office for the Hon Greg Hunt MP

Minister For Health
Parliament House Suite M1-41 CANBERRA ACT 2600
T: 02 6277 7220

I acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. I pay my respects to them and to elders both past and present.

From: s11C
Sent: Tuesday, 3 April 2018 12:25 PM
To: Minister Hunt DLO
Subject: FW: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

I think I got this hard copy but can you send it through as an electronic copy?

Ta

s11C

From: s11C
Sent: Wednesday, 7 March 2018 4:53 PM
To: Minister Hunt DLO
Subject: Feed Australia grant for 18/19 [SEC=UNCLASSIFIED]

Can I get some information please current grant provided to Feed Australia and some advice/options regarding extending the grant for 18/19

See attached document for further info

s11C

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

s22

From: MPF
Sent: Tuesday, 17 April 2018 3:49 PM
To: MPF Program Delivery
Subject: FW: Redraft MB18-001015 - FW: Final feedAustralia IT Program Stage 2 Funding Proposal: 2018-2020 [SEC=UNCLASSIFIED]
Attachments: Healthy Australia_feedAustralia IT Program_Stage 2 Funding Submission_FINAL 13 April 2018.docx
Categories: SUE to ACTION

Additional info for MB18-001015 - PHSD

From: Minister Hunt DLO
Sent: Tuesday, 17 April 2018 3:43 PM
To: MPF
Cc: Minister Hunt DLO
Subject: Redraft MB18-001015 - FW: Final feedAustralia IT Program Stage 2 Funding Proposal: 2018-2020 [SEC=UNCLASSIFIED]

Good afternoon MPF,

Could you please add this additional information to the PDR for MB18-001015?

The office has requested a redraft of the brief to incorporate the additional information.

Due to the MO COB Tuesday 27 April

Kind regards

s11C

Departmental Liaison Officer

Office for the Hon Greg Hunt MR
 Minister For Health
 Parliament House Suite M1-41 CANBERRA ACT 2600
 T: 02 6277 7220

I acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. I pay my respects to them and to elders both past and present.

From: s11C
Sent: Monday, 16 April 2018 1:35 PM
To: Minister Hunt DLO
Subject: FW: Final feedAustralia IT Program Stage 2 Funding Proposal: 2018-2020 [SEC=UNCLASSIFIED]

Can this be added to the feedaustralia info brief please?

Funding amount and DOH comments.

Ta

s11C

From: Richard Amos [<mailto:richard@royce.com.au>]
Sent: Monday, 16 April 2018 10:57 AM
To: s11C
Cc: Ruby O'Rourke; nicolette.baxter@feedaustralia.org.au
Subject: Final feedAustralia IT Program Stage 2 Funding Proposal: 2018-2020 [SEC=No Protective Marking]

Dear s11C

Please see attached. Sight changes to the attached document, as per the paragraphs below.

Everything else remains the same.

#1: (page 4) Healthy Australia will partner with a university and a philanthropic organisation to develop 'supporting dietary habit transition' guidance material to be included in the support resources embedded in the *feedAustralia* platform. A submission to the NHMRC will also be pursued within this partnership to research the implementation success of a variety of intervention/dietary transition support strategies able to be activated via early childhood education and care services with the engagement and active involvement of families.

#2: (page 8) The *feedAustralia* Project Management (fAPMT), in conjunction with University of Newcastle and HNEPH in its capacity as advisers, will be responsible for governing and directing all of the *feedAustralia* Health Program activity. The grant will be administered by Healthy Australia Ltd, against protocols with the University of Newcastle.

Kind regards,

Richard



RICHARD AMOS

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 Level 9, 53 Queen Street, Melbourne VIC 3000 | www.royce.com.au

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Healthy Australia Stage 2 Funding Proposal Public Health & Chronic Disease Grant Program National Obesity Strategy

The Hon Greg Hunt MP
Minister for Health

PURPOSE

To extend the current Agreement between Healthy Australia and the Commonwealth, as represented by the Department of Health (the Department), for two-years commencing 1st July 2018, to:

- Address the national health crisis from obesity and reduce the associated \$9 billion pa impact on Australia's health budget.
- Continue rollout and rapid take-up nationally of the technology based '*business as usual*' menu planning tool, to facilitate child care services to meet the Australian Dietary Guidelines (ADG) and National Quality Framework (NQF) regulatory compliance and improve health and nutrition outcomes.
- Support implementation of *feedAustralia* by child care services to ensure the majority of these services are able to appropriately deploy the program (i.e. plan and deliver menus) and demonstrate improvement in line with the National Australian Dietary Guidelines regarding food provision in child care.
- Implement integration of *feedAustralia* into national, state and territory regulatory compliance and health education programs/initiatives aimed at assessing, improving and demonstrating how early childhood health and nutrition investment can fulfil longitudinal decrease in Chronic Disease.
- Extend technology uptake currently as the backbone of *feedAustralia* within *childcare kitchens*.
- Extend support and uptake, particularly in remote communities with dietary transition for children with malnutrition and who are overly dependent upon fast food and processed meals.
- Fulfil integration with childcare subsidies to facilitate NHMRC/Heart Foundation/University of Newcastle/Hunter New England Population Health research results which show that adherence to Australian Dietary Guidelines improve if *feedAustralia* was embedded with '*business as usual* CCMS'.

- Initiate an educator and children pedagogy program to associate body knowledge with food choices.
- Launch *feedAustralia* to Australian families, including the application of *feedAustralia* 'know-how' in household meal planning, by reducing the algorithms of institutional meal planning to a family of 4.
- Provide a national dashboard for the *feedAustralia* program.

This proposal for Stage 2 funding supports the delivery of the Government's Preventative Health and Chronic Disease Support primary objectives.

It is specifically designed to strengthen the Government's initial \$1.08 million *feedAustralia* funding by increasing its reach, adoption and impact across Australia's 28,000 child care services, 1.5 million children and 2.1 million plus parents and guardians.

PERFORMANCE

Nearly 1,000 Australian early childhood and education care services are now using *feedAustralia*'s online menu planning tool since program registrations went 'live' on the 1st March 2018. This equates to an adoption rate of approximately 167 new users per week since March 1st.

The rapid uptake of *feedAustralia* is the direct result of the Government's farsighted support of the program and resourcing of policy and information engagement activities.

Over the past nine months, *feedAustralia* has continued to grow off a base of:

- 43 stakeholder consultations - conducted across all States and Territories
- 68 Community Information Session - delivered nationally across PHN regions
- 700 Information Session participants - including 500 early childhood education and care providers and 200 PHN, LHN, Allied Health, Education and Government personnel
- 1,500 subscribers - signed-up to *feedAustralia*'s e-news bulletin
- Targeted promotion of *feedAustralia* - in mainstream, social and sector media, including but not limited to major metro and regional media such as *The Herald Sun* and *Sunday Herald Sun*, ABC Canberra, WIN and Prime 7 News, and ACEQQA Facebook
- Early-user training, support and on-boarding
- A rapidly growing user database - to inform compliance, cost-benefit and behavioural analyses, dashboard reporting and future scientific research
- A suite of promotional and informational materials - such as training 'how to' videos, fact sheets, brochures, posters and pledges
- Institutional early childhood cohorts, such as Goodstart have rapidly engaged, provided public endorsement and actioned national uptake.

Early results from the NHMRC funded University of Newcastle trial study of *feedAustralia* are also encouraging. Analysis of the trial data suggests the program has had a positive impact on child dietary intake.

feedAustralia now has significant momentum, with demonstrable up-take by services and engagement by Australian governments in States and Territories, policy and compliance agencies, sector bodies and standards-attainment organisations.

The purpose of this proposal is to maintain the momentum and build on the public and policy benefits enabled by this free, business as usual, dietary compliance and early obesity intervention and prevention tool.

THE PROPOSAL

Grant funding will resource core activities to significantly increase childcare service meal standards in alignment with the Early Childhood National Quality Framework (NQF) areas:

Standard 2.2

Healthy eating and physical activity are embedded in the program for children;

Element 2.2.1

Healthy eating is promoted and food and drinks provided by the service are nutritious & appropriate for each child.

To achieve this, Healthy Australia will use the extended funding to:

- Engage the child care sector directly
- Provide early user on-boarding, content and business case support services
- Integrate *feedAustralia* into appropriate national, state and territory regulatory compliance and health education programs and initiatives
- Extend the features, benefits and value proposition of *feedAustralia* to parents/families and their carer networks
- Provide national datasets to the Minister's office

SECTOR ENGAGEMENT

Healthy Australia will co-host a series of sector seminars in partnership with a leading peak body throughout Australia (e.g. Early Childhood Australia). The seminars will be used to present the features and benefits of the *feedAustralia* program, demonstrate *feedAustralia* as a chronic disease intervention and health management solution, address specific jurisdictional policy requirements, and provide testimonials, early user case studies and a call-to-action. Seminars will be held again, in each state and territory. Seminars will be recorded and streamed over the web as a service/resource for those unable to attend in person. They will be promoted through PHN communication channels, childcare organisations, State and Territory Governments, ACECQA, allied health partnerships, university partnerships, EDMs, promotional content (e.g. editorials, videos) and social media.

Direct sector engagement will also be facilitated through conference presentations, briefings, meetings and the establishment of a promotional/referrer network of sector stakeholders, which have already been identified in the initial round of consultations.

We will be asking the child care sector to become the new 'Healthy Heroes of Australia', and their children to become 'Little Healthy Heroes'.

A unique feature of the sector is the food handlers, cooks and chefs within each child care service. The establishment and promotion of a national 'Cooks Club' will highlight the important role these unsung heroes play on a daily basis in meeting the nutritional and healthy eating requirements of children and reversing generational chronic disease trends.

Healthy eating habits and nutritional needs of child care centre staff will also be targeted in sector engagement activity with an 'Educator Challenge'.

NATIONAL ON-BOARDING AND SUPPORT

Healthy Australia will provide continued health expertise and technical support for childcare services via a national helpdesk. This will be supplemented by an expanded suite of videos and online resources covering training and professional development needs, business solutions support, enterprise support, FAQs, trouble-shooting and fast facts in the HubWiki. Currently the HubWiki is populated by the Raising Children's Network, funded by DSS, but will open its API to include capacity for Australian governments to provide supporting documentation.

To accelerate the adoption and advocacy of the *feedAustralia* program within the sector, inputting of menus will be offered by Healthy Australia as a free service to centres on an 'as needs basis' (e.g. where there are obvious IT literacy, language issues, etc.)

An early insight from the government/policy agency consultations and service provider information sessions is the potential for the 'support' resources embedded in *feedAustralia* to include local assistance to bring about nutritional change. It was emphasised, particularly during consultations with the NT Government and its health, education and early childhood officials, that the program is of great relevance to not only tackling obesity but also malnutrition and under-nourishment in children. This theme was extended during Queensland consultations and information sessions, as policy experts and service cooks described the challenges of transitioning a child familiar with fast food, processed and package items away from this, dietary habit towards more nutritional options.

feedAustralia incorporates a number of resources that could be extended to include leading and deployable expert advice on how service providers can best support a child identified as under-nourished, or attached to poor eating habits, onto a more nutritional and healthy foods and dietary regime. Healthy Australia will partner with a university and a philanthropic organisation to develop 'supporting dietary habit transition' guidance material to be included in the support resources embedded in the *feedAustralia* platform. A submission to the NHMRC will also be pursued within this partnership to research the implementation success of a variety of intervention/dietary transition support strategies able to be activated via early childhood education and care services with the engagement and active involvement of families.

***feedAustralia* CCSS API**

feedAustralia will continue its mandate for Child Care Subsidy integration based on the NHMRC trial. A national API will be available for all approved CCSS Providers including the Commonwealth Child Care Package to integrate with *feedAustralia*, enabling services to have streamlined 'enrolment, attendance, food preferences, cultural, religious and allergies' automatically populate in real time. This enables services to have risk management in place for children with specific needs, enable direct feedback to families of what the children in childcare are eating on a day to day basis, enable whole of government data return across several departments in the single setting. Most importantly, it will reduce the burden on childcare services with double handling by embedding *feedAustralia* with 'business as usual' child care subsidies.

Research and Data

A six-month, rapid turnaround **implementation research project** will also be commissioned to identify 1) what child care service supervisors report as useful to help them take up and use *feedAustralia* in their services, and 2) gather feedback on the acceptance, usefulness and improvement feedback to the *feedAustralia* program.

Services will be sampled from the myGov website and invited to complete a *feedAustralia* survey. The survey will ask if the child care service had previously heard about *feedAustralia*, where they heard about it, and what type of resource, support (digital and non-digital), endorsement and promotion would be useful in helping them take-up and use the program. It will also identify potential barriers to signing up and regularly using the program.

Detailed surveys will be undertaken with 25 childcare supervisors and cooks who have already used the program to assess the usefulness and acceptability of the program on a five point-Likert scale, as well as additional areas for improvement. The research will also draw upon usage data generated by the 'First 1000' *feedAustralia* users. Implementation research findings will be shared with the sector via direct communication channels.

The Commonwealth and State/Territory Governments will also be provided with real time QA results via a dashboard which feeds into the Minister's dashboard.

INTEGRATION

Healthy Australia will undertake consultations and planning sessions with key national, state/territory health, education and regulatory compliance stakeholders to assess integration opportunities for *feedAustralia* within current chronic disease programs or initiatives aimed at assessing, improving and demonstrating early childhood health and nutrition outcomes. Stage 2 consultations with government stakeholders will inform how *feedAustralia* could align with their goals and how they could utilise *feedAustralia*, to reach policy KPIs, election commitments, simplify processes, increase operational efficiencies and achieve rapid outcomes.

feedAustralia will embrace stakeholders with reporting enhancements on a jurisdiction-specific basis, to support uptake, application and sector efficiencies. Integration with the HubWiki will be opened up for stakeholders, which will aggregate user reader data for the Minister.

Healthy Australia will also work with standards assessment agencies and state-based 'responsible officers' to make *feedAustralia* available as a recommended and support intervention for 1 in 5 services ACECQA identify as either 'moving toward' or 'significant improvement required' in relation to National Quality Framework (NQF) regulatory compliance Standard 2.2.

Education in the 'first1000' days for next generation.

Healthy Australia will initiate a pedagogy program which teaches children about their five vital organs which are critical for health. Stage 1 Grant included basic storytelling of association between food and the body and the need to embed basic anatomy in the 'first1000' days alongside literacy and numeracy. The sector embraced the concept of extending food literacy through body education. The pedagogy program will be called 'Humanatomy' and offer educators and children the capacity to understand the impact of food choices in their body. It will encourage children to comprehend how food moves through the body, form a relationship with their body and 'tune in' to their body as they start activities, such as going outside to play 'what body parts will be used', such as 'my heart will beat faster'. Then associating heart health back to food. The intent is to enable this generation to make informed choices as they grow and are exposed to advertising and consumer pressure. Education will help children understand their framework, their infrastructure and to learn to love it. The Educator Challenge will embrace health literacy in body knowledge also.

INTRODUCTION OF 'feedAustralia Families'

Healthy Australia will address the 33 per cent nutritional intake children receive outside of child care by launching an education initiative aimed at parents, families and carers. As part of *feedAustralia*'s holistic approach to improved nutrition, parents and families will be given the opportunity to access *feedAustralia*'s recipes and participate in specially branded promotions. *feedAustralia Families* will be used as a healthy eating, healthy body awareness/education platform (Humanatomy), and an opportunity to directly collaborate with and talk to parents.

feedAustralia will launch an independent family app on 1st September 2018. The family portal is currently available through the childcare sector, and will be available as a stand-alone for all families in Stage 2.

A suite of *feedAustralia Families* branded support materials will be produced and distributed. This engagement will be supported by the placement of promotional content in targeted 'online and offline' parent/family media. *feedAustralia*'s NGO and commercial partners will be approached to support this initiative.

To support family/parental engagement, relationships with key opinion leaders (KOLs) will be established to activate family awareness of and engagement with *feedAustralia*. An individual offering parental insights and perspectives will be added to the *feedAustralia* Policy Advisory Committee. Services will be supported in their efforts to communicate their commitment to nutritional health and identification of this care imperative to families by the development and deployment of a 'feedAustralia Service/Centre' motif suitable for centre badging and cooks' uniforms.

RESOURCING

Stage 2 Grant funding is sought as follows:

Core Activity	2018-19 \$000 (exc GST)	2019-20 \$000 (exc GST)	TOTAL \$000 (exc GST)
Childcare Sector Engagement ¹	200	150	350
On-boarding & Support ²	150	150	300
Modifications and Govt/Stakeholder Integrations ³ Stage 1 Grant feedback of improvements for services State & Territory Integrations Health Policy, National Guidelines, CCS Integration			
Research Project (6 mth turnaround by Dec 2018) ⁴ University of Newcastle/other on Implementation	60	-	60
Cook's Club Build ⁵	50	40	90
Families Mobile App ⁶	80	70	150
Chronic Disease Education - 5 Vital Organs ⁷ 'Health Hero' & 'Educator Challenge' campaigns	50	100	150
Minister's and National Dashboard ⁸	30	20	50
Project Management ⁹	50	50	100
Promotion/Materials, Travel/Associated costs ¹⁰	170	170	340
TOTAL	840	750	1,590

Notes:

1. Childcare Sector Engagement activities include:
 - Planning and programming of seminars
 - Pre-briefings
 - Logistics
 - Conducting each session
 - Capturing insights and reporting
2. On-boarding and Support activities include:
 - Menu Uploads for Child Care Services
 - Expert and Technical support and ongoing training, 'movement' engagement
3. feedAustralia modifications and Govt/Stakeholder integration activities include:
 - Stage 1 sector feedback on modifications for services assessments
 - Improvements to the system based on assessment priorities
 - Stage 1 State and Territory Govt and Stakeholder feedback assessments
 - Identification and policy alignment mapping
 - Approach and organisation of system integration meetings
 - Attending and reporting on meetings
 - Modification of system in partnership with governments and stakeholders
 - CCS API available for 1st September, 2018 as indicated to sector in Stage 1 Information Sessions.
4. Research of Implementation activities include:
 - UoN/other engagement
 - Mapping of research criteria
 - Research findings supplied to Healthy Australia by 31st January, 2019
5. Cooks Club activities include:
 - Engagement with enterprise cohorts and individual cooks for needs mapping
 - Build of working portal for cooks, trainers and motivators
 - Data capture

5. Families App activities include:

- Engagement of UoN to reduce recipes for 40 children to a family of 4
- System modification
- Provision of app to child care families
- Media engagement

6. Chronic Disease Education activities include:

- Basic pedagogy program mapping
- Materials created
- Healthy Heros and Educator Challenge campaigns designed and implemented
- Media
- Data

7. National Dashboard activities include:

- Top down measurements federal, state/territory, health partner (e.g. Munch and Move LHN coordinator), ACECQA, Enterprise for Services, Service Directors, Service Cooks, Families dashboard mapping
- Build top down

8. Project Management activities include:

- Activity Workplan and Budget
- Establishment of Project Management Team
- Secretariat for Project Management Team

9. Problem identification and mitigation Promotions and Materials activities include:

- Materials - writing, editing, printing (where required), invitations, fact sheets, posters, information kits, powerpoint presentations, banners
- Launches/announcements
- Identification of local media, media approaches, feature stories, radio news release, media monitoring

This proposal delivers quantifiable savings to child care services through facilitated regulatory compliance, and to regulators through remote and automated compliance processes. State and Territory Governments are the beneficiaries of these administrative savings. The most significant savings are to Australia's budget. While hypothecated, these can be quantified. *feedAustralia* is the first of its kind globally and nationally. There are no competition issues in your support of this proposal.

The *feedAustralia* Project Management (fAPMT), in conjunction with University of Newcastle and HNERH in its capacity as advisers, will be responsible for governing and directing all of the *feedAustralia* Health Program activity. The grant will be administered by Healthy Australia Ltd, against protocols with the University of Newcastle.

RECOMMENDATIONS

We recommend that you agree to:

- A grant to Healthy Australia Ltd for \$1.6m, over two financial years.
- Project commencement 1st July 2018

Ruby O'Rourke
CEO, Healthy Australia

13 April 2018

ATTACHMENT A HEALTHY AUSTRALIA LTD

Why Healthy Australia Ltd?

Healthy Australia Ltd is an Australian registered Charity, whose mission is to benefit Australia by improving health and welfare of families and communities. It works with Federal, State and Local governments, community and experts (Data 6/CSIRO/Universities). Healthy Australia Ltd is concerned with professional ethics and bona fides of its partners; regulatory compliance; privacy and security. Healthy Australia will make *feedAustralia* freely available to all Australian child care services. Further, it will work to achieve self-sustainability, for ongoing administration, program maintenance and helpdesk support, through measures that maximise access and use of the program i.e. a no barriers approach.

Healthy Australia Ltd shares the national objective to:

- Increase the effectiveness and efficiency of the prevention, treatment, control, and management of disease; and
- Develop and enhance effective disease prevention, treatment control and management measures

Healthy Australia Ltd has access to expert technical, policy and governance resources. It has capacity to scale and an established network with scientists (NICTA/CSIRO). It holds the rights to distribute *feedAustralia*.

MISSION

To benefit Australia by improving the health and welfare of families and communities, through achievement of positive social, cultural and economic outcomes.

PURPOSE

To serve Australia, through its families and communities by:

- Making accessible health and welfare social services and impact programs that benefit lives
- Using technology to achieve efficiencies in program and service delivery, to make the best use of scarce, and
- Influencing the development of effective policy and delivery of government social services and impact programs

Our goal is to merit the trust of the Australians by acting in their best interests and on our their behalf.

We do this by:

- Putting the individual first
- Enabling social and cultural diversity through solutions design that provides for choice.
- Identifying and addressing gaps and opportunities in health and welfare

- Collaborating with community, academics, business and governments to achieve and demonstrate outcomes, including cost benefit and the provision of data for research and planning
- Promoting economic growth and social benefits by helping Australians realise the opportunities of digital technologies to improve their lives
- Keeping it simple

Our role includes to:

- Deliver Australia expert social services and impact programs that people trust. We do this by: deployment, maintenance, and compliance with best practice and laws, including as they change from time to time
- Making lives easier through regulatory and administrative simplicity
- Valuing and protecting identity and empowering individuals to do likewise
- Leveraging data to evidence needs based planning, inform resource allocation and drive outcome analysis
- Empower individuals with voice and opportunity to contribute to service and program creation and delivery. We do this by:
 - Interfacing directly with individuals through service and program delivery
 - Watching, listening and investigating
 - Acting on the individual's behalf and in their best interests
 - Designing and operating services and programs from the individual's viewpoint, including for cost efficiency
 - Using technology to reduce administrative and compliance effort
 - Realising the potential of individuals and sharing responsibility with them.

CULTURE AND VALUES:

We serve national interests by working with professionalism and integrity.

We contribute to national benefits by serving Australian families and communities and empowering Australians to serve themselves. We value Australia and those that live and work here.

We believe that charities, community organisations, governments, the bureaucracy and others should:

- Put individuals first and their bureaucratic processes second
- Pause and ask themselves how well they have achieved their objectives
- Avoid self-interest, be humble and open to change
- Expect individuals to be independent and contribute to their own well-being, to move away from the perceived 'Nanny State'

We make effective use of resources and are modest in our administrative overheads.

We help those that share our purpose and welcome their help. We respect our partners and suppliers. We put outcomes before glory.

OPERATING ENVIRONMENT

Five key factors impact our environment:

- Reducing social welfare budgets means we need to achieve more with less, through technology enabled efficiencies, better targeting and greater citizen participation. Greater provision must be made of:
 - Web interventions – to extend access and reach to health and welfare programs and services
 - Data – to inform needs based planning, demonstrate outcomes and quantify cost b benefits for prioritisation and waste minimisation
 - Individuals – to take responsibility for and contribute to their own futures, including for privacy, identify protection and duty of care.
- Private sector, academics, community based organisations and business, are more agile than governments at planning and service delivery. Greater provision must be made for:
 - Cross sector collaboration and service delivery
 - Citizens having a voice, while governments represent citizens, this communication channel is institution and bureaucracy, not citizen driven
 - Government agencies engaging respectfully with non-government sectors by recognising their legitimate right to operate viably and not frivolously giving rise to expenses, barriers or 'faking' of ideas
- The Internet enabled information economy brings with it 'misinformation'. The potential of the internet is undermined by lack of curation and trust of content, too much information and vested interests driving search results. Greater provision must be made of communicating the bona fides of content, to establish reliability and reputation and help people navigate and choose content wisely.
- Identity management is everyone's responsibility. Services and programs must enable and empower individuals to protect themselves. Providers must jealously guard identity and be demonstrably accountable for its management.
- Government must establish anti-identity trafficking strategies and remedial practices.
- Social cohesion, community identity and courtesy face strain. All sectors must contribute to positive social norms and behaviours. Respect breeds respect.

PRIORITIES 2018-2020

Healthy Australia's priorities are to make available and drive engagement with the social impact services and programs, to deliver national benefit:

Health Programs

feedAustralia – combatting obesity and improving health outcomes.

Actions

- Support the research
 - Systems, data and reporting support
- Promote the program and drive take up
- Operate the program
 - Consolidate operations – on-boarding, content and technical user support
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes

- Contribute to health policy planning
- Grow the national benefit
 - Demonstrate the impact on obesity and consequential health outcomes
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)
- Achieve self-sustainability

Welfare Programs

Protect – prevention, intervention and response to domestic violence.

Actions:

- Grow usage
 - Work with governments, police, service providers, community bodies, religious organisations and citizens to grow awareness and usage
 - Develop, fund and deliver a communications strategy, reflective of the sensitive nature of the program and its purpose
 - Normalise the making of observation by institutions and the public
- Expand program capacity and national effectiveness
 - Identify and collaborate with relevant agencies, to enrich data holdings and improve assessment accuracy for targeted response
 - Remove jurisdictional barriers to national child protection through APIs
- Operate the Program
 - Consolidate operations – on-boarding, content and technical user support
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes
 - Contribute to domestic violence policy and planning, including needs based planning for intervention and support strategies
- Grow the national benefit
 - Demonstrate the impact on welfare outcomes
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)
- Achieve self-sustainability

Educate – support quality early childhood education

Actions:

- Grow usage
 - Partner with child care education experts to ensure Educate delivers best practice, community focused, support for compliance with ACECQA standards and framework for quality education for children in care
 - Inform the communication strategy
- Harness efficiencies

- Work with community partners to secure compliance status for program users
 - Capture data to inform and evidence policy, planning and outcomes
- Grow the national benefit
 - Demonstrate the impact on education outcomes
 - Enhance and develop the program to increase effectiveness and relevance, and be responsive to changing practices
 - Demonstrate compliance savings
- Achieve self-sustainability
 - Help community partners to secure sustainability

--Ends--

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the Freedom of Information Act 1982
by the Department of Health and Aged Care



Australian Government
Department of Health

UNCLASSIFIED

Information Brief

MB18-001015

Date sent to MO:13/04/2018

To: Minister Hunt

Subject: HEALTHY AUSTRALIA - FEEDAUSTRALIA GRANT FOR 2018-19

Minister Hunt		Date: / /	
Comments:			
Contact Officer:	s11C	Director, Food and Nutrition Policy Section, Preventive Health Policy Branch, Population Health and Sport Division	Ph: (02) s22 Mobile: s22
Clearance Officer:	Alan Philip	A/Assistant Secretary, Health Policy Branch, Population Health and Sport Division	Ph: (02) 6289 7291 Mobile: s22

Key Issues:**Funding**

1. *feedAustralia* is a national technology-based “business as usual” infrastructure that is aimed to facilitate child care services to meet National Quality Framework regulatory compliance.
2. The Department of Health is currently providing funding totalling \$1.09M to Healthy Australia to nationally implement the *feedAustralia* IT program in child care services. This funding ceases on 30 June 2018.

3. Funding for Healthy Australia to deliver the *feedAustralia* program is currently sourced from the Public Health and Chronic Disease Grant Program (PRI025).
4. Healthy Australia has submitted a funding proposal for stage 2 of the implementation of *feedAustralia* (Attachment A).
5. The funding proposal requests a grant for \$1.6M over two financial years (2018-19 and 2019-20) commencing on 1 July 2018.
6. The funding is sought to undertake core activities of stage 2 of *feedAustralia*, including:
 - a. Further childcare sector engagement
 - b. Support activities such as menu uploading and technical support
 - c. Modifications to the program and government/stakeholder integration activities
 - d. Research project on implementation
 - e. Cooks Club virtual portal
 - f. Chronic disease education campaigns to teach children about the five vital organs in the body and healthy food association
 - g. Development of a national dashboard
 - h. Project management on-costs
 - i. Promotion, marketing and campaign materials and activities.
7. Funds from PRI025, for the 2018-19 financial year are mostly committed. There is currently approximately \$1.6M available for all activities in 2018-19 and \$724,000 available for the 2019-20 financial year. However, this figure is constantly changing.
8. If the full requested amount of \$840,000 is provided to Healthy Australia for the 2018-19 financial year, this will leave only approximately \$800,000 to fund all other activities in the next financial year.
9. There are not sufficient funds available in the 2019-20 financial year to support their request for \$750,000.
10. The Department is in discussions with your office regarding funding for a range of programs.

Progress of Healthy Australia program

11. A performance report was received on 17 December 2017 and is at (Attachment B).
12. As part of the funding proposal, Healthy Australia provided an update on the following achievements in the program to date:
 - a. 43 Stakeholder Consultations conducted across all states and territories.
 - b. 68 Community Information Sessions conducted in conjunction with Primary Health Networks (PHNs).
 - c. 700 Information Session participants have attended the Community Information Sessions.
 - d. 1,500 subscribers have signed up to the *feedAustralia* e-new bulletin.
 - e. Nearly 1000 services had registered for the *feedAustralia* program and are now using the *feedAustralia* online menu planning tool.

- f. Targeted promotion of *feedAustralia* - in mainstream, social and sector media, including but not limited to major metro and regional media such as *The Herald Sun* and *Sunday Herald Sun*, ABC Canberra, WIN and Prime 7 News, and ACEQQA Facebook.
 - g. A rapidly growing user database - to inform compliance, cost-benefit and behavioural analyses, dashboard reporting and future scientific research.
 - h. A suite of promotional and informational materials - such as training 'how to' videos, fact sheets, brochures, posters and pledges .
13. The next report due is the draft final report covering the entire activity period. This is expected to be submitted on 17 June 2018.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

Sensitivities:

1. The Victorian Department of Health and Human Services has raised a number of concerns regarding the *feedAustralia* program. These concerns are:
 - a. that there is already a Victorian State government-funded and supported on-line menu assessment and planning tool for long day care services called *FoodChecker*, which must be used if Victorian care services want to meet the Victorian benchmarks set out by the Achievement Program (AP); and
 - b. that there are some issues with the database and background algorithm potentially allowing an unreasonable amount of discretionary foods in a menu.
2. The Department has asked Healthy Australia to step back from promoting and implementing *feedAustralia* in Victoria until these concerns are rectified.
3. The Department is currently liaising with all relevant parties to achieve an outcome for these concerns.

Background:

FeedAustralia program

The Australian Government Department of Health is providing funding to Healthy Australia totalling \$1.09M for the period 20 June 2017 to 30 June 2018 to nationally implement a technology-based “business as usual” infrastructure, known as *feedAustralia*, to facilitate child care services to meet National Quality Framework regulatory compliance Standard 2.2: “Healthy eating and physical activity are embedded in the program for children”, Element 2.2.1: “Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child”.

The *feedAustralia* program aims to improve dietary intake for long day care centre-based children (who receive two thirds of their daily intake from service providers) establish better lifelong eating habits from an early age and to support centre cooks as champions of better nutrition.

As part of Healthy Australia’s contractual arrangements, community consultations in 85 key regions nationally are being held with representatives from the community, child care services, and state and territory health agencies. Consultations inform the community about the functionality of the *feedAustralia* IT program, demonstrate how nutritional best practice in institutional settings is readily achievable, and deliver a call to action.

Healthy Australia are required to make the *feedAustralia* IT program available to all interested child care service free of charge and present the business case for adoption of the *feedAustralia* IT program to relevant child care quality standard regulators in each state and territory. To support the scale-out and on-boarding of *feedAustralia*, Healthy Australia is also providing and operating technical support via a helpdesk and in collaboration with the University of Newcastle, to ensure that appropriate and adequate nutritional support is provided to child care services using *feedAustralia*.

As part of delivering this program, Healthy Australia has been in consultation with the Australian Government Department of Education and the Australian Children Education and Care Quality Authority (ACECQA), both of which have expressed interest in this initiative. Uptake of the *feedAustralia* program by child care services is completely voluntary.

Facts and Figures

- Australia has the fifth highest rate of obesity for people aged 15 years and over in the Organisation for Economic Co-operation and Development.
- The Burden of Disease study released by the Australian Institute of Health and Welfare (AIHW) in 2016 estimated that at least 31% of the burden of disease in 2011 was preventable, being due to modifiable risk factors. The risk factors causing the most burden were tobacco use, high body mass, alcohol use, physical inactivity and high blood pressure.
- The AIHW have reported that weight is Australia's second biggest risk factor of the health 'burden', accounting for 7%—second behind tobacco, which accounts for 9% of the burden—though this gap has closed in recent years, as the burden of tobacco drops and the burden of obesity rises.
- In 2014-15, the Australian Bureau of Statistics (ABS) National Health Survey showed that:
 - Rates of overweight and obesity in children aged 5 to 17 years were 27.4% in 2014-15, and were similar levels in 2011-12 (25.7%).
 - The Department commissioned the ABS to assess the population's adherence to the recommendations in the Australian Dietary Guidelines through analysis of the data collected in the 2011-12, 2012-13 Australian Health Survey. The ABS reported:
 - 35% of the population's (aged 2+) daily dietary energy came from discretionary foods, such as soft drink, chips or cakes and biscuits.
 - For children (2-18 years), approximately 1% consumed the recommended amount of vegetables.
 - Approximately one-third (31%) of Australians met the recommended serves of fruit.
 - 10% of the population met the recommended serves from the milk, yoghurt, cheese and alternatives food group.
 - Around 14% of Australians met the recommended intake of lean meats and alternatives food group.
 - 30% of the population met the recommended intake of foods from the grains (cereal) food group.

Attachments:

A – Healthy Australia Funding Proposal for 18-19 and 19-20 financial years

B – Healthy Australian performance report for feedAustralia grant December 2017

Healthy Australia Stage 2 Funding Proposal Public Health & Chronic Disease Grant Program National Obesity Strategy

The Hon Greg Hunt MP
Minister for Health

PURPOSE

To extend the current Agreement between Healthy Australia and the Commonwealth, as represented by the Department of Health (the Department), for two-years commencing 1st July 2018, to:

- Address the national health crisis from obesity and reduce the associated \$9 billion pa impact on Australia's health budget.
- Continue rollout and rapid take-up nationally of the technology based '*business as usual*' menu planning tool, to facilitate child care services to meet the Australian Dietary Guidelines (ADG) and National Quality Framework (NQF) regulatory compliance and improve health and nutrition outcomes.
- Support implementation of *feedAustralia* by child care services to ensure the majority of these services are able to appropriately deploy the program (i.e. plan and deliver menus) and demonstrate improvement in line with the National Australian Dietary Guidelines regarding food provision in child care.
- Implement integration of *feedAustralia* into national, state and territory regulatory compliance and health education programs/initiatives aimed at assessing, improving and demonstrating how early childhood health and nutrition investment can fulfil longitudinal decrease in Chronic Disease.
- Extend technology uptake currently as the backbone of *feedAustralia* within *childcare kitchens*.
- Extend support and uptake, particularly in remote communities with dietary transition for children with malnutrition and who are overly dependent upon fast food and processed meals.
- Fulfil integration with childcare subsidies to facilitate NHMRC/Heart Foundation/University of Newcastle/Hunter New England Population Health research results which show that adherence to Australian Dietary Guidelines improve if *feedAustralia* was embedded with '*business as usual* CCMS'.

- Initiate an educator and children pedagogy program to associate body knowledge with food choices.
- Launch *feedAustralia* to Australian families, including the application of *feedAustralia* 'know-how' in household meal planning, by reducing the algorithms of institutional meal planning to a family of 4.
- Provide a national dashboard for the *feedAustralia* program.

This proposal for Stage 2 funding supports the delivery of the Government's Preventative Health and Chronic Disease Support primary objectives.

It is specifically designed to strengthen the Government's initial \$1.08 million *feedAustralia* funding by increasing its reach, adoption and impact across Australia's 28,000 child care services, 1.5 million children and 2.1 million plus parents and guardians.

PERFORMANCE

Nearly 1,000 Australian early childhood and education care services are now using *feedAustralia*'s online menu planning tool since program registrations went 'live' on the 1st March 2018. This equates to an adoption rate of approximately 167 new users per week since March 1st.

The rapid uptake of *feedAustralia* is the direct result of the Government's farsighted support of the program and resourcing of policy and information engagement activities.

Over the past nine months, *feedAustralia* has continued to grow off a base of:

- 43 stakeholder consultations - conducted across all States and Territories
- 68 Community Information Session - delivered nationally across PHN regions
- 700 Information Session participants - including 500 early childhood education and care providers and 200 PHN, LHN, Allied Health, Education and Government personnel
- 1,500 subscribers - signed-up to *feedAustralia*'s e-news bulletin
- Targeted promotion of *feedAustralia* - in mainstream, social and sector media, including but not limited to major metro and regional media such as *The Herald Sun* and *Sunday Herald Sun*, ABC Canberra, WIN and Prime 7 News, and ACEQQA Facebook
- Early-user training, support and on-boarding
- A rapidly growing user database - to inform compliance, cost-benefit and behavioural analyses, dashboard reporting and future scientific research
- A suite of promotional and informational materials - such as training 'how to' videos, fact sheets, brochures, posters and pledges
- Institutional early childhood cohorts, such as Goodstart have rapidly engaged, provided public endorsement and actioned national uptake.

Early results from the NHMRC funded University of Newcastle trial study of *feedAustralia* are also encouraging. Analysis of the trial data suggests the program has had a positive impact on child dietary intake.

feedAustralia now has significant momentum, with demonstrable up-take by services and engagement by Australian governments in States and Territories, policy and compliance agencies, sector bodies and standards-attainment organisations.

The purpose of this proposal is to maintain the momentum and build on the public and policy benefits enabled by this free, business as usual, dietary compliance and early obesity intervention and prevention tool.

THE PROPOSAL

Grant funding will resource core activities to significantly increase childcare service meal standards in alignment with the Early Childhood National Quality Framework (NQF) areas:

Standard 2.2

Healthy eating and physical activity are embedded in the program for children;

Element 2.2.1

Healthy eating is promoted and food and drinks provided by the service are nutritious & appropriate for each child.

To achieve this, Healthy Australia will use the extended funding to:

- Engage the child care sector directly
- Provide early user on-boarding, content and business case support services
- Integrate *feedAustralia* into appropriate national, state and territory regulatory compliance and health education programs and initiatives
- Extend the features, benefits and value proposition of *feedAustralia* to parents/families and their carer networks
- Provide national datasets to the Minister's office

SECTOR ENGAGEMENT

Healthy Australia will co-host a series of sector seminars in partnership with a leading peak body throughout Australia (e.g. Early Childhood Australia). The seminars will be used to present the features and benefits of the *feedAustralia* program, demonstrate *feedAustralia* as a chronic disease intervention and health management solution, address specific jurisdictional policy requirements, and provide testimonials, early user case studies and a call-to-action. Seminars will be held again, in each state and territory. Seminars will be recorded and streamed over the web as a service/resource for those unable to attend in person. They will be promoted through PHN communication channels, childcare organisations, State and Territory Governments, ACECQA, allied health partnerships, university partnerships, EDMs, promotional content (e.g. editorials, videos) and social media.

Direct sector engagement will also be facilitated through conference presentations, briefings, meetings and the establishment of a promotional/referrer network of sector stakeholders, which have already been identified in the initial round of consultations.

We will be asking the child care sector to become the new 'Healthy Heroes of Australia', and their children to become 'Little Healthy Heroes'.

A unique feature of the sector is the food handlers, cooks and chefs within each child care service. The establishment and promotion of a national 'Cooks Club' will highlight the important role these unsung heroes play on a daily basis in meeting the nutritional and healthy eating requirements of children and reversing generational chronic disease trends.

Healthy eating habits and nutritional needs of child care centre staff will also be targeted in sector engagement activity with an 'Educator Challenge'.

NATIONAL ON-BOARDING AND SUPPORT

Healthy Australia will provide continued health expertise and technical support for childcare services via a national helpdesk. This will be supplemented by an expanded suite of videos and online resources covering training and professional development needs, business solutions support, enterprise support, FAQs, trouble-shooting and fast facts in the HubWiki. Currently the HubWiki is populated by the Raising Children's Network, funded by DSS, but will open its API to include capacity for Australian governments to provide supporting documentation.

Healthy Australia will partner with a university and a philanthropic organisation to develop 'supporting dietary habit transition' guidance material to be included in the support resources embedded in the *feedAustralia* platform. A submission to the NHMRC will also be pursued within this partnership to research the implementation success of a variety of intervention/dietary transition support strategies able to be activated via early childhood education and care services with the engagement and active involvement of families.

To accelerate the adoption and advocacy of the *feedAustralia* program within the sector, inputting of menus will be offered by Healthy Australia as a free service to centres on an 'as needs basis' (e.g. where there are obvious IT literacy, language issues, etc.)

An early insight from the government/policy agency consultations and service provider information sessions is the potential for the 'support' resources embedded in *feedAustralia* to include local assistance to bring about nutritional change. It was emphasised, particularly during consultations with the NT Government and its health, education and early childhood officials, that the program is of great relevance to not only tackling obesity but also malnutrition and under-nourishment in children. This theme was extended during Queensland consultations and information sessions, as policy experts and service cooks described the challenges of transitioning a child familiar with fast food, processed and package items away from this, dietary habit towards more nutritional options.

feedAustralia incorporates a number of resources that could be extended to include leading and deployable expert advice on how service providers can best support a child identified as under-nourished, or attached to poor eating habits, onto a more nutritional and healthy foods and dietary regime. Healthy Australia will partner with a university and

a philanthropic organisation to develop 'supporting dietary habit transition' guidance material to be included in the support resources embedded in the *feedAustralia* platform. A submission to the NHMRC will also be pursued within this partnership to research the implementation success of a variety of intervention/dietary transition support strategies able to be activated via early childhood education and care services with the engagement and active involvement of families.

***feedAustralia* CCSS API**

feedAustralia will continue its mandate for Child Care Subsidy integration based on the NHMRC trial. A national API will be available for all approved CCSS Providers including the Commonwealth Child Care Package to integrate with *feedAustralia*, enabling services to have streamlined 'enrolment, attendance, food preferences, cultural, religious and allergies' automatically populate in real time. This enables services to have risk management in place for children with specific needs, enable direct feedback to families of what the children in childcare are eating on a day to day basis, enable whole of government data return across several departments in the single setting. Most importantly, it will reduce the burden on childcare services with double handling by embedding *feedAustralia* with 'business as usual' child care subsidies.

Research and Data

A six-month, rapid turnaround **implementation research project** will also be commissioned to identify 1) what child care service supervisors report as useful to help them take up and use *feedAustralia* in their services, and 2) gather feedback on the acceptance, usefulness and improvement feedback to the *feedAustralia* program.

Services will be sampled from the myGov website and invited to complete a *feedAustralia* survey. The survey will ask if the child care service had previously heard about *feedAustralia*, where they heard about it, and what type of resource, support (digital and non-digital), endorsement and promotion would be useful in helping them take-up and use the program. It will also identify potential barriers to signing up and regularly using the program.

Detailed surveys will be undertaken with 25 childcare supervisors and cooks who have already used the program to assess the usefulness and acceptability of the program on a five point-Likert scale, as well as additional areas for improvement. The research will also draw upon usage data generated by the 'First 1000' *feedAustralia* users. Implementation research findings will be shared with the sector via direct communication channels.

The Commonwealth and State/Territory Governments will also be provided with real time QA results via a dashboard which feeds into the Minister's dashboard.

INTEGRATION

Healthy Australia will undertake consultations and planning sessions with key national, state/territory health, education and regulatory compliance stakeholders to assess integration opportunities for *feedAustralia* within current chronic disease programs or initiatives aimed at assessing, improving and demonstrating early childhood health and nutrition outcomes. Stage 2 consultations with government stakeholders will inform how

feedAustralia could align with their goals and how they could utilise *feedAustralia*, to reach policy KPIs, election commitments, simplify processes, increase operational efficiencies and achieve rapid outcomes.

feedAustralia will embrace stakeholders with reporting enhancements on a jurisdiction-specific basis, to support uptake, application and sector efficiencies. Integration with the HubWiki will be opened up for stakeholders, which will aggregate user reader data for the Minister.

Healthy Australia will also work with standards assessment agencies and state-based 'responsible officers' to make *feedAustralia* available as a recommended and support intervention for 1 in 5 services ACECQA identify as either 'moving toward' or 'significant improvement required' in relation to National Quality Framework (NQF) regulatory compliance Standard 2.2.

Education in the 'first1000' days for next generation.

Healthy Australia will initiate a pedagogy program which teaches children about their five vital organs which are critical for health. Stage 1 Grant included basic storytelling of association between food and the body and the need to embed basic anatomy in the 'first1000' days alongside literacy and numeracy. The sector embraced the concept of extending food literacy through body education. The pedagogy program will be called 'Humanatomy' and offer educators and children the capacity to understand the impact of food choices in their body. It will encourage children to comprehend how food moves through the body, form a relationship with their body and 'tune in' to their body as they start activities, such as going outside to play 'what body parts will be used', such as 'my heart will beat faster'. Then associating heart health back to food. The intent is to enable this generation to make informed choices as they grow and are exposed to advertising and consumer pressure. Education will help children understand their framework, their infrastructure and to learn to love it. The Educator Challenge will embrace health literacy in body knowledge also.

INTRODUCTION OF 'feedAustralia Families'

Healthy Australia will address the 33 per cent nutritional intake children receive outside of child care by launching an education initiative aimed at parents, families and carers. As part of *feedAustralia*'s holistic approach to improved nutrition, parents and families will be given the opportunity to access *feedAustralia*'s recipes and participate in specially branded promotions. *feedAustralia Families* will be used as a healthy eating, healthy body awareness/education platform (Humanatomy), and an opportunity to directly collaborate with and talk to parents.

feedAustralia will launch an independent family app on 1st September 2018. The family portal is currently available through the childcare sector, and will be available as a stand-alone for all families in Stage 2.

A suite of *feedAustralia Families* branded support materials will be produced and distributed. This engagement will be supported by the placement of promotional content in targeted 'online and offline' parent/family media. *feedAustralia*'s NGO and commercial partners will be approached to support this initiative.

To support family/parental engagement, relationships with key opinion leaders (KOLs) will be established to activate family awareness of and engagement with *feedAustralia*. An individual offering parental insights and perspectives will be added to the *feedAustralia* Policy Advisory Committee. Services will be supported in their efforts to communicate their commitment to nutritional health and identification of this care imperative to families by the development and deployment of a '*feedAustralia* Service/Centre' motif suitable for centre badging and cooks' uniforms.

RESOURCING

Stage 2 Grant funding is sought as follows:

Core Activity	2018-19 \$000 (exc GST)	2019-20 \$000 (exc GST)	TOTAL \$000 (exc GST)
Childcare Sector Engagement ¹	200	150	350
On-boarding & Support ²	150	150	300
Modifications and Govt/Stakeholder Integrations ³ <small>Stage 1 Grant feedback of improvements for services State & Territory Integrations Health Policy, National Guidelines, CCS Integration</small>			
Research Project (6 mth turnaround by Dec 2018) ⁴ <small>University of Newcastle/other on Implementation</small>	60	-	60
Cook's Club Build ⁵	50	40	90
Families Mobile App ⁶	80	70	150
Chronic Disease Education - 5 Vital Organs ⁷ <small>'Health Hero' & 'Educator Challenge' campaigns</small>	50	100	150
Minister's and National Dashboard ⁸	30	20	50
Project Management ⁹	50	50	100
Promotion/Materials, Travel/Associated costs ¹⁰	170	170	340
TOTAL	840	750	1,590

Notes:

- Childcare Sector Engagement activities include:
 - Planning and programming of seminars
 - Pre-briefings
 - Logistics
 - Conducting each session
 - Capturing insights and reporting
- On-boarding and Support activities include:
 - Menu Uploads for Child Care Services
 - Expert and Technical support and ongoing training, 'movement' engagement
- feedAustralia* modifications and Govt/Stakeholder integration activities include:
 - Stage 1 sector feedback on modifications for services assessments
 - Improvements to the system based on assessment priorities
 - Stage 1 State and Territory Govt and Stakeholder feedback assessments
 - Identification and policy alignment mapping
 - Approach and organisation of system integration meetings
 - Attending and reporting on meetings
 - Modification of system in partnership with governments and stakeholders

- CCS API available for 1st September, 2018 as indicated to sector in Stage 1 Information Sessions.
- 4. Research of Implementation activities include:
 - UoN/other engagement
 - Mapping of research criteria
 - Research findings supplied to Healthy Australia by 31st January, 2019
- 5. Cooks Club activities include:
 - Engagement with enterprise cohorts and individual cooks for needs mapping
 - Build of working portal for cooks, trainers and motivators
 - Data capture
- 5. Families App activities include:
 - Engagement of UoN to reduce recipes for 40 children to a family of 4
 - System modification
 - Provision of app to child care families
 - Media engagement
- 6. Chronic Disease Education activities include:
 - Basic pedagogy program mapping
 - Materials created
 - Healthy Heros and Educator Challenge campaigns designed and implemented
 - Media
 - Data
- 7. National Dashboard activities include:
 - Top down measurements federal, state/territory, health partner (e.g. Munch and Move LHN coordinator), ACECOA, Enterprise for Services, Service Directors, Service Cooks, Families dashboard mapping
 - Build top down
- 8. Project Management activities include:
 - Activity Workplan and Budget
 - Establishment of Project Management Team
 - Secretariat for Project Management Team
- 9. Problem identification and mitigation Promotions and Materials activities include:
 - Materials writing, editing, printing (where required), invitations, fact sheets, posters, information kits, powerpoint presentations, banners
 - Launches/announcements
 - Identification of local media, media approaches, feature stories, radio news release, media monitoring

This proposal delivers quantifiable savings to child care services through facilitated regulatory compliance, and to regulators through remote and automated compliance processes. State and Territory Governments are the beneficiaries of these administrative savings. The most significant savings are to Australia's budget. While hypothecated, these can be quantified. *feedAustralia* is the first of its kind globally and nationally. There are no competition issues in your support of this proposal.

The *feedAustralia* Project Management (fAPMT), in conjunction with University of Newcastle and HNEPH in its capacity as advisers, will be responsible for governing and directing all of the *feedAustralia* Health Program activity. The grant will be administered by Healthy Australia Ltd, against protocols with the University of Newcastle.

RECOMMENDATIONS

We recommend that you agree to:

- A grant to Healthy Australia Ltd for \$1.6m, over two financial years.
- Project commencement 1st July 2018

Ruby O'Rourke
CEO, Healthy Australia

13 April 2018

ATTACHMENT A HEALTHY AUSTRALIA LTD

Why Healthy Australia Ltd?

Healthy Australia Ltd is an Australian registered Charity, whose mission is to benefit Australia by improving health and welfare of families and communities. It works with Federal, State and Local governments, community and experts (Data 6/CSIRO/Universities). Healthy Australia Ltd is concerned with professional ethics and bona fides of its partners; regulatory compliance; privacy and security. Healthy Australia will make *feedAustralia* freely available to all Australian child care services. Further, it will work to achieve self-sustainability, for ongoing administration, program maintenance and helpdesk support, through measures that maximise access and use of the program i.e. a no barriers approach.

Healthy Australia Ltd shares the national objective to:

- Increase the effectiveness and efficiency of the prevention, treatment, control, and management of disease; and
- Develop and enhance effective disease prevention, treatment control and management measures

Healthy Australia Ltd has access to expert technical, policy and governance resources. It has capacity to scale and an established network with scientists (NICTA/CSIRO). It holds the rights to distribute *feedAustralia*.

MISSION

To benefit Australia by improving the health and welfare of families and communities, through achievement of positive social, cultural and economic outcomes.

PURPOSE

To serve Australia, through its families and communities by:

- Making accessible health and welfare social services and impact programs that benefit lives
- Using technology to achieve efficiencies in program and service delivery, to make the best use of scarce, and

- Influencing the development of effective policy and delivery of government social services and impact programs

Our goal is to merit the trust of the Australians by acting in their best interests and on our their behalf.

We do this by:

- Putting the individual first
- Enabling social and cultural diversity through solutions design that provides for choice.
- Identifying and addressing gaps and opportunities in health and welfare
- Collaborating with community, academics, business and governments to achieve and demonstrate outcomes, including cost benefit and the provision of data for research and planning
- Promoting economic growth and social benefits by helping Australians realise the opportunities of digital technologies to improve their lives
- Keeping it simple

Our role includes to:

- Deliver Australia expert social services and impact programs that people trust. We do this by: deployment, maintenance, and compliance with best practice and laws, including as they change from time to time
- Making lives easier through regulatory and administrative simplicity
- Valuing and protecting identity and empowering individuals to do likewise
- Leveraging data to evidence needs based planning, inform resource allocation and drive outcome analysis
- Empower individuals with voice and opportunity to contribute to service and program creation and delivery. We do this by:
 - Interfacing directly with individuals through service and program delivery
 - Watching, listening and investigating
 - Acting on the individual's behalf and in their best interests
 - Designing and operating services and programs from the individual's viewpoint, including for cost efficiency
- Using technology to reduce administrative and compliance effort
- Realising the potential of individuals and sharing responsibility with them.

CULTURE AND VALUES:

We serve national interests by working with professionalism and integrity.

We contribute to national benefits by serving Australian families and communities and empowering Australians to serve themselves. We value Australia and those that live and work here.

We believe that charities, community organisations, governments, the bureaucracy and others should:

- Put individuals first and their bureaucratic processes second
- Pause and ask themselves how well they have achieved their objectives
- Avoid self-interest, be humble and open to change

- Expect individuals to be independent and contribute to their own well-being, to move away from the perceived 'Nanny State'

We make effective use of resources and are modest in our administrative overheads. We help those that share our purpose and welcome their help. We respect our partners and suppliers. We put outcomes before glory.

OPERATING ENVIRONMENT

Five key factors impact our environment:

- Reducing social welfare budgets means we need to achieve more with less, through technology enabled efficiencies, better targeting and greater citizen participation. Greater provision must be made of:
 - Web interventions – to extend access and reach to health and welfare programs and services
 - Data – to inform needs based planning, demonstrate outcomes and quantify cost b benefits for prioritisation and waste minimisation
 - Individuals – to take responsibility for and contribute to their own futures, including for privacy, identify protection and duty of care.
- Private sector, academics, community based organisations and business, are more agile than governments at planning and service delivery. Greater provision must be made for:
 - Cross sector collaboration and service delivery
 - Citizens having a voice, while governments represent citizens, this communication channels institution and bureaucracy, not citizen driven
 - Government agencies engaging respectfully with non-government sectors by recognising their legitimate right to operate viably and not frivolously giving rise to expenses, barriers or 'taking' of ideas
- The Internet enabled information economy brings with it 'misinformation'. The potential of the internet is undermined by lack of curation and trust of content, too much information and vested interests driving search results. Greater provision must be made of communicating the bona fides of content, to establish reliability and reputation and help people navigate and choose content wisely.
- Identity management is everyone's responsibility. Services and programs must enable and empower individuals to protect themselves. Providers must jealously guard identity and be demonstrably accountable for its management.
- Government must establish anti-identity trafficking strategies and remedial practices.
- Social cohesion, community identity and courtesy face strain. All sectors must contribute to positive social norms and behaviours. Respect breeds respect.

PRIORITIES 2018-2020

Healthy Australia's priorities are to make available and drive engagement with the social impact services and programs, to deliver national benefit:

Health Programs

feedAustralia – combatting obesity and improving health outcomes.

Actions

- Support the research
 - Systems, data and reporting support
- Promote the program and drive take up
- Operate the program
 - Consolidate operations – on-boarding, content and technical user support
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes
- Contribute to health policy planning
- Grow the national benefit
 - Demonstrate the impact on obesity and consequential health outcomes
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)
- Achieve self-sustainability

Welfare Programs

Protect – prevention, intervention and response to domestic violence.

Actions:

- Grow usage
 - Work with governments, police, service providers, community bodies, religious organisations and citizens to grow awareness and usage
 - Develop, fund and deliver a communications strategy, reflective of the sensitive nature of the program and its purpose
 - Normalise the making of observation by institutions and the public
- Expand program capacity and national effectiveness
 - Identify and collaborate with relevant agencies, to enrich data holdings and improve assessment accuracy for targeted response
 - Remove jurisdictional barriers to national child protection through APIs
- Operate the Program
 - Consolidate operations – on-boarding, content and technical user support
 - Capture and make available key data for research, policy, cost benefit and demonstrable outcome purposes
 - Contribute to domestic violence policy and planning, including needs based planning for intervention and support strategies
- Grow the national benefit
 - Demonstrate the impact on welfare outcomes
 - Enhance and develop the program to increase accessibility and ease of access (increased usage increases national benefit)
- Achieve self-sustainability

Educate – support quality early childhood education

Actions:

- Grow usage
 - Partner with child care education experts to ensure Educate delivers best practice, community focused, support for compliance with ACECQA standards and framework for quality education for children in care
 - Inform the communication strategy
- Harness efficiencies
 - Work with community partners to secure compliance status for program users
 - Capture data to inform and evidence policy, planning and outcomes
- Grow the national benefit
 - Demonstrate the impact on education outcomes
 - Enhance and develop the program to increase effectiveness and relevance, and be responsive to changing practices
 - Demonstrate compliance savings
- Achieve self-sustainability
 - Help community partners to secure sustainability

--Ends--

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

feedAustralia **Performance Report**

17 December 2017



The
Department
of Health



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Healthy
AUSTRALIA

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

1.0 Executive Summary:

This performance report covers the period commencing 26 June 2017 to 17 December 2017. As required in Item E.1 of the Funding Agreement, this report provides information on:

- performance against the performance indicators/targets during the reporting period;
- an income and expenditure statement for the reporting period;
- an explanation as to how Healthy Australia is addressing any issues, problems or delays with the Activity identified in a previous Performance Report and an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how it is proposed to address these, and
- the extent to which the aims of the core activities were met during the reporting period.

Statistical Summary

- 36 Stakeholder Consultations conducted across all States and Territories
- 12 Community Information Sessions conducted in conjunction with Primary Health Networks (PHNs)
- 48 Community Information Sessions planned for February and March 2018
- More than 200 services registered for the feedAustralia program
- More than 500 people signed-up to receive the feedAustralia newsletter
- Media coverage achieved:
 - Health Professional Radio – 4 November
 - Numerous suburban and regional/rural radio mentions across the country including the National Indigenous Radio News
 - Prime 7 Wagga – 10 November 2017
 - Sunday Herald Sun – 10 December 2017
- Promoted on Department of Education New Childcare Package Website and through ACECQA social media
- Resources produced:
 - Website
 - Fact Sheets
 - Posters
 - Presentations
 - Information kit
 - Testimonial video
 - 'How to' video
 - Newsletter

Insights:

- The program has been extremely well received at both stakeholder consultations and Community Information Sessions.
- There is an immediate understanding of the program and the benefits it will provide early childhood education and care providers.
- We have received valuable suggestions and insights from the consultations which have been captured in Section 5.1.3 below.
- Strong partnerships are forming with groups including Nutrition Australia, SA Health, Early Childhood Australia, Early Learning and Care Council of Australia, and the Australian Childcare Alliance.
- There is also keen interest from providers including Goodstart and Affinity Education Group

2.0 Performance Against Performance Indicators:

#	PERFORMANCE INDICATOR	TARGET	RESULT
1	Number of community consultations (Consultations and Information Sessions)	85 (from 1 July 2017 to 30 June 2018)	48 undertaken to date
2	Majority of child care services which adopt the feedAustralia Health Program are able to use the program appropriately and advise of improved assessment and ratings towards meeting the National Quality Framework Standard 2.2: Healthy eating and physical activity are embedded in the program for children.	80% of services that have adopted feedAustralia are aware of and able to deploy tools / technology into their 'business as usual' CCMS or equivalent ¹ , to plan and deliver menus that meet the nutritional science compliance benchmarks.	To be assessed after on-boarding commences on 1 March 2018
3	A detailed nutritional science analysis of actual child care service menus, evaluating food types, ingredients and portion size (with embedded allergy parameters) in accordance with the National Dietary guidelines, was undertaken to enhance the criteria specified in the National Quality Framework Standard Element 2.2.1 – "Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child". The results in 'delivered menu' compliance levels was 5%.	50% of all services that are fully implementing feedAustralia via their 'business as usual' CCMS or equivalent ¹ , demonstrate improvement in line with National Dietary Guidelines regarding food provision in childcare as measured via a comprehensive menu assessment.	To be assessed after on-boarding commences on 1 March 2018

¹The research conducted is based on behavioural science and the integration of 'business as usual' activities. As per the contract, the system has been built to seamlessly integrate into the Child Care Management Systems as part of 'business as usual' for childcare services subsidy administration.

3.0 Income and Expenditure Statement:

The following table provides an income and expenditure statement from 26 June 2017 to 17 December 2017.

Due to the majority of information sessions moving into 2018 and an expected increase in consultations in addition to savings made on expenses by using PHN venues and facilities, the budget has been slightly reallocated to reflect these adjustments.

	Jul	Aug	Sep	Oct	Nov	Dec	Total
INCOME	\$ 329,000		\$ 240,667			\$ 240,667	\$ 810,334
EXPENDITURE							
Stakeholder Consultations (36) ¹	\$ 2,000	\$ 17,000	\$ 27,000	\$ 33,000	\$ 21,000	\$ 3,000	\$ 103,000
Community Information Sessions (12) ²		\$ 3,000	\$ 5,000	\$ 28,000	\$ 32,000	\$ 19,750	\$ 87,750
Travel and associated costs for Stakeholder Consultations & Community Information Sessions				\$ 22,135	\$ 22,118	\$ 1,442	\$ 45,695
Compliance, Support & On-boarding							
Promotion and Materials ³	\$ 1,000	\$ 8,000	\$ 5,000	\$ 29,300	\$ 29,954	\$ 24,425	\$ 97,679
Project Governance ⁴	\$ 46,167	\$ 7,667	\$ 7,667	\$ 7,667	\$ 7,667	\$ 17,165	\$ 94,000
	\$ 49,167	\$ 35,667	\$ 44,667	\$ 120,102	\$ 112,739	\$ 65,782	\$ 428,124

Notes:**1. Activities include:**

- Stakeholder identification and mapping
- Approach and organisation of consultation meetings
- Attending and reporting on meetings

2. Activities include:

- PHN identification, liaison, follow-up
- Pre-briefings
- Logistics
- Conducting each session
- Capturing insights and reporting

3. Activities include:

- Materials - writing, editing, printing (where required), invitations, fact sheets, posters, information kits, powerpoint presentations, banners
- National launch
- Identification of local media, media approaches for all PHN locations, feature stories, radio news release, media monitoring
- Testimonial video and "how to" video

4. Activities include

- Activity Workplan and Budget
- Establishment of Project Management team
- Secretariat for Project Management team
- Establishment of National Health Reference Group
- Establishment and activation of Stakeholder Advisory Group
- Problem identification and mitigation

4.0 Problem Identification and Mitigation

4.1 PHN engagement

The response from PHNs has been positive. On the whole the PHNs have been supportive of the community information sessions irrespective of the focus on early childhood education and care providers. However, while many have relationships with providers in their region, some do not. In addition, some have a strong strategic priority to address childhood obesity while for others; it is not an area of focus.

To track PHN engagement, we developed a 'traffic light' system to ensure that we could continue to deliver regional Community Information Sessions even if the PHN was not as engaged.

Green: a partner - cobranded invitations, venue support, dissemination of invitations, and in some cases a speaker at the session.

Amber: a supporter – have not cobranded invitations however have provided support including venue and dissemination of invitations.

Red: unengaged – program not aligned with PHN current priorities. PHN provides minimal support or opts not to engage.

4.2 Timing of Information Sessions

The initial engagement and briefing process with PHNs took longer than anticipated which pushed the first Community Information Session back to November. While numbers for most sessions were encouraging, there were also some sessions in which numbers were very low. After discussion with PHNs and strong feedback that November / December was a very busy time for the sector, with a large number of existing events already in the diary, it was decided that we would run the remaining sessions in February / March 2018. The dates are currently being locked in and all Community Information Sessions are expected to be completed by end March 2018.

4.3 Format of Community Information Sessions

The Community Information Sessions were initially offered in two session formats per PHN region to cater to different audiences. The first was for childhood health, education and social services representatives, regulators and government focused on policy and population health outcomes. The second session was tailored for early childhood education and care providers, chefs, cooks and community organisations.

However, as the sessions progressed, we saw value in the groups being combined to encourage greater cross sector sharing and discussion. As a result, we offered the same session format at two times. We found that, even with the same overall structure, the session can be tailored based on the specific interests and questions of participants, especially the live demonstration.

A number of the sessions were also held outside standard business hours based on initial feedback that this would give the services a better opportunity to attend. However, we found that services frequently preferred the earlier session time. For future sessions, we will continue to offer two times for the sessions in each region, during standard business hours. This will give participants the flexibility to choose the session time most suitable for them and provides a greater opportunity for interested parties to attend.

5.0 Meeting Core Activities:

The following provides an overview of how the program has delivered on the core activities as outlined in Section B.3 of the Funding Agreement.

5.1 Consultations

5.1.1 STAKEHOLDER CONSULTATIONS

Prior to the information sessions, an intensive period of consultations occurred. The Project Team has conducted 36 consultations to date across all states and territories. We have engaged with the Commonwealth Department of Education, Australian Children's Education and Care Quality Authority (ACECQA), Commonwealth, State and Territory regulatory compliance bodies, Government health, education and social service professionals (Commonwealth, State, Territory), peak bodies, universities and service providers.

Appendix A provides a list of all consultations undertaken.

The purpose of the Stakeholder Consultations was to

- inform stakeholders of the program and the activities that fall within this contract;
- seek advice and input into the elements of the program implementation;
- request representation on the Reference and/or Stakeholder Group; and
- set up processes for regular engagement and information sharing.

The process required identifying and analysing all stakeholders nationally and within each jurisdiction. An approach was then made to priority stakeholders and consultation meetings were arranged. An agenda was prepared and notes post consultation were developed to capture feedback, relevant channels and actions.

5.1.2 COMMUNITY INFORMATION SESSIONS

The Project Team has organised Community Information Sessions in seven PHN regions with two sessions offered in each region. Two sessions were unattended with a total of 12 sessions being attended to date. 48 sessions have been scheduled for February / March 2018.

The process required identifying and approaching the local PHN and providing a briefing where required. Details were then confirmed such as date, time and venue, which translated to an invitation for attendees. A presentation was developed as well as a demonstration video and testimonial video.

Attendees included the early childhood education and care sector including service directors, owners, chefs and cooks, allied health professionals, local and state government representatives, community organisations, peak bodies, local health districts and primary health networks. More than 40% of participants have been from childcare services.

The aim of the sessions is to inform early childhood education and care providers, along with local community representatives, about feedAustralia and how it can inspire and support them to achieve better nutritional outcomes for the children in their care.

The sessions provided participants with an opportunity to ask questions, discuss current challenges and learn how feedAustralia can help address these challenges. They also enabled insights to be shared and ideas generated on improvements for the program.

A live demonstration is included as part of the session to allow providers to easily see how feedAustralia can be used and applied in their service. This also enables each session to be tailored to the needs of participants and provides an opportunity to use real life scenarios and examples from the participating services in the demonstration.

The response to feedAustralia from the Community Information Session participants has been extremely positive. Services value that feedAustralia is available at no cost and the potential it has to improve their menu planning process. They particularly like the access to new recipe ideas, the real-time feedback and ease of demonstrating quality improvement that feedAustralia provides.

A breakdown of attendance at each session is listed below:

PHN Region	Date	Attendees		
		Session 1	Session 2	Total
Western Sydney	Wednesday, 8 November 2017	14	4	18
Murrumbidgee	Thursday, 9 November 2017	4		4
Gold Coast	Tuesday, 14 November 2017	7	2	9
Brisbane North	Wednesday, 15 November 2017	6	6	12
Brisbane South	Thursday, 16 November 2017	21		21
Northern Sydney	Thursday, 30 November 2017	3	3	6
South Western Sydney	Monday, 4 December 2017	20	3	23
Total		75	18	93

5.1.3 INSIGHTS

The feedback and engagement from those consulted has been incredibly positive with nearly all immediately understanding the benefits that the feedAustralia program can provide. A summary of key insights and feedback from the information sessions to date is provided below:

- **Alignment/Working with other programs:** Interest regarding other programs such as Foodchecker (VIC) and Munch n Move (NSW) about how feedAustralia will align with their work and how they can utilise/leverage feedAustralia, especially to simplify their processes and for operational efficiency. In particular, Health Promotion Officers can see significant opportunities in time saving and faster and more accurate evaluation if their services are using feedAustralia.
- **Unique Selling Point/Differentiator:** Participants were very interested in understanding more about what makes feedAustralia unique. They have been especially positive about the nutritional breakdown and the real time feedback related to compliance.

- **State based customisation:** feedAustralia is currently using the NSW based Caring 4 Children guidelines. Participants from other states (Queensland in particular) wanted to understand how feedAustralia could be used /adapted to their specific state guidelines. FeedAustralia is currently working through this and exploring ways to customise the guidelines so they are state specific.
- **Onboarding and ongoing support:** Participants are particularly interested in the on-boarding and ongoing support that will be available to them. An on-boarding and support plan is being developed and will be informed by the results of the current trial as well as feedback from stakeholder consultation and information sessions.
- **Program sustainability:** There were some questions about the ongoing funding of feedAustralia. Given feedAustralia is available free to providers but has a current funding end date of June 30 2018, they wanted some assurance that it would continue to be a free service beyond the June 2018 funding period. feedAustralia has developed a response to provide clarity about the long terms plans for the program.
- **Parent portal:** The parent portal is an important element in feedAustralia's holistic approach to improved nutrition. In most sessions, participants have been positive about the parent portal functionality and see it as a great education platform and opportunity to collaborate with parents. They especially felt the ability for parents to access recipes would be really valued by parents as many services are frequently asked for recipes. On the flip side, a few services have raised concerns that this may result in some parents going into too much detail and 'micro managing' /'over questioning' what their child is eating and creating additional issues and work for them. To help address this concern, as part of the on-boarding process, feedAustralia will provide information to services about how to use this functionality.
- **Use of 'obesity' as a key message:** The obesity message resonated better with some regions and participants than others. There was some resistance to using the term 'obesity' with concerns that referring to an obesity epidemic may have a negative impact. As a result, feedAustralia has reviewed its collateral and language so that there is a greater emphasis on overall healthy eating and improved nutrition.

5.1.4 CHALLENGES AND ACCESS BARRIERS OF WEB BASED SERVICE DELIVERY

Potential access barriers of web based service delivery that have been identified through feedback and discussions in the Consultations and Community Information Sessions include:

- Language
- IT literacy
- Time taken to input own recipes and menus
- Lack of internet access
- Power outages/internet down
- Access to hardware

Additional feedback for consideration includes:

- Services that are isolated/remote may have limited access to fresh foods – and the fresh foods that are available are often quite expensive. Consideration should be given to the ways in which the online menu planning tool can accommodate food substitutions that are frozen and/or dehydrated.
- Noted that the online menu planning tool would need to be conducive to different diets – for example, Queensland has a large Indigenous and Polynesian community and their diets can differ quite significantly.

On-boarding and an ongoing user support plan is being developed to address the identified barriers including a technical support help desk and access to nutritional support. feedAustralia is also currently developing a range of online tutorials to assist with on-boarding. Insights and feedback from the consultations and information sessions, as well as strategies developed during the current trial, will be used to inform the plan.

Further to this, suggestions and new ideas from the Consultations and Information Sessions will be used to inform priorities for the ongoing technical development of the feedAustralia online menu planning tool.

5.1.5 NETWORKS AND CHANNELS

A channels matrix is being developed to capture the key communication and distribution channels that are identified through stakeholder consultations and information sessions for each region. A snapshot of the channels matrix is provided below:

Organisation	Location	Distribution Channels
Federal Department of Education and Training	ACT	The New Childcare Package website, a feedAustralia slide in presentations to the sector, distribution of the feedAustralia brochure
Australian Childcare Alliance	NSW	Webwatch, social media, The Voice, Every Child magazine, Annual conference
Centre for Population Health, Ministry of Health, NSW	NSW	Briefing and mobilising LHD promotion teams
Western Sydney PHN	NSW	Information Session, invitation to network, inclusion in newsletter
ACECQA	NSW	Social media, website, newsletter, networks
Early Childhood and Community Engagement, Department of Education and Training, QLD	QLD	O-Kindy, newsletter and regional emails
Brisbane South PHN	QLD	Have some 650 child care services, including long day care, family day care and crèche. Happy to disseminate information as a trusted source.
Health and Wellbeing Policy Prevention Division, Department of Health QLD	QLD	Have an allied health collaborative and have provided contact details. Will also communicate on our behalf.
Western QLD PHN	QLD	Happy to disseminate materials to GP and allied health networks
Prevention, Population Health and Place, Department of Health and Human Services, VIC	VIC	Newsletter, direct contact with centres
Early Childhood Education Directorate, Department of Education and Training, NSW	NSW	Newsletter
SA Country PHN	SA	Community Advisory Committees and Primary Healthcare Committees across the state. Information sessions. Facebook, monthly newsletters, regional teams to convey the message.
Shadow Minister for Childcare (former), Kate Ellis	SA	Happy to provide a letter to all childcare centres.

5.2 Promotion

A range of communication channels have been engaged and materials developed to build awareness, inform, educate, and promote feedAustralia to target groups, including early childhood education and care providers. A social media strategy and content plan has also been developed that complements other media and engagement activities to communicate the feedAustralia program to key stakeholder groups.

Please see an outline of communication activities and materials below:

Online

- Website: www.feedaustralia.org.au was launched on November 1
- feedAustralia e-news first edition (December 2017)
- Facebook @feedaustraliainitiative
- Twitter @feed_australia

Media

- 4 November 2017 – Radio News Release on feedAustralia launch picked up by 147 stations nationwide
- 4 November 2017 – Health News Australia – online story on feedAustralia launch
- 8 November 2017 – Prime 7 News Wagga Wagga – feedAustralia Information Session
- 10 December 2017 – Sunday Herald Sun (Victorian Print edition) – story on feedAustralia program 'Lettuce Eat Well'
- 10 December 2017 – Sunday Herald Sun (online) – story on feedAustralia program 'Childcare centres given a hand to overhaul menus as research finds many are failing nutrition standard'

Materials

- feedAustralia website
- General Fact Sheet
- Early childhood education and care FAQ
- Posters
- Presentations
- Information Session 'feedAustralia information packs' including the Australian Government's 'The New Child Care Package' brochure
- Testimonial video / 'How to' video

5.3 Compliance, Support and On-boarding

Current communications are focused on educating and informing stakeholders about feedAustralia and the registration process for services to access the feedAustralia online menu planning tool when it becomes available on 1 March 2018.

A comprehensive on-boarding and support plan is being developed and will be informed by the results of the current trial as well as feedback from stakeholder consultation and information sessions.

6.0 Project Governance:

Project Management Team

Healthy Australia, together with University of Newcastle, Hunter New England Population Health, and Royce Communications, form the feedAustralia Project Management Team (fAPMT) and are responsible governing and directing all of the feedAustralia Health Program activity.

There have been five meetings held to date, with the first held on the 10 August with the remainder held on the first Tuesday of every month.

National Health Reference Group

Verbal acceptance of attendance on the national reference group has been received from

Edith Cowan University
The Gut Foundation
Nutrition Australia
Early Childhood Australia
CSIRO
NSW Family Day Care

A draft Terms of Reference has been produced and circulated. A formal invitation to participate is currently being finalised with the first meeting expected to be held in early 2018.

Stakeholder Advisory Group

A network of stakeholders is being developed and will form the Stakeholder Advisory Group. These include representatives from government, community, childcare and early childhood services. A program of activity will be implemented to activate the Stakeholder Advisory Group and gain input and advice on the roll-out of the feedAustralia program.

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7.0 APPENDIX A: LIST OF CONSULTATIONS

Day	Organisation	Organisation Representatives	Location
29 August 2017	Federal Dept of Education and Training	Acting Deputy Secretary, SRO Child Care Reform Implementation	ACT
7 September 2017	Edith Cowan University	Lecturers, School of Medical and Health Sciences	WA
8 September 2017	Australian Childcare Alliance	Vice President	NSW
8 September 2017	Centre for Population Health, Ministry of Health, NSW	Executive Director Director Population Health Clinical Quality and Safety Manager Healthy Children Initiative	NSW
8 September 2017	Western Sydney PHN	Clinical Director Director of Community and Partnerships Development	NSW
8 September 2017	ACECQA	CEO National Education Leader	NSW
20 September 2017	Early Childhood and Community Engagement, Department of Education and Training, QLD	Director Stakeholder and Sector Development Manager Australian Early Development Census, Early Learning Pathways Director Children and Family Programs	QLD
20 September 2017	Brisbane South PHN	GM Commissioned Programs Program Coordinator Early Years and Youth Health Program Manager Child Youth and Family	QLD
20 September 2017	Health and Wellbeing Policy Prevention Division, Department of Health QLD	Director Health and Wellbeing Policy Advanced Nutritionist	QLD
20 September 2017	Brisbane North PHN	Manager Engagement and Planning	QLD
25 September 2017	Western QLD PHN	Executive Manager for Commissioning	QLD
26 September 2017	Office of the Hon Simone McGurk MLA, Minister for Child Protection, Women's Interests, Prevention of Family and Domestic Violence, Community Services, WA	Senior Policy Advisor Early Childhood	WA
26 September 2017	Department of Education, WA	Director Early Childhood Regulation Unit	WA
26 September 2017	WA Shadow Ministry	Shadow Minister for Education and Training, Women's Interests Research Officer	WA
28 September 2017	Gold Coast PHN	Planning and Stakeholder Engagement Program	QLD
6 October 2017	Prevention, Population Health and Place, Department of Health and Human Services, VIC	Acting Manager, System and Improvement	VIC
6 October 2017	Early Childhood and School Education Group, Department of Education and Training, VIC	Policy Manager, Consistent Practice and Support	VIC
9 October 2017	Early Childhood Education Directorate, Department of Education and Training, NSW	Director Regulatory Strategy and Performance	NSW
9 October 2017	North Queensland PHN	Health Promotion Lead	QLD
10 October 2017	Federal Dept of Education and Training	Acting Deputy Secretary, SRO child care Reform Implementation Group Manager, Early Childhood Strategy	ACT
13 October 2017	SA Country PHN	Manager State Partnerships	SA
13 October 2017	Shadow Minister for Childcare (former)	Policy Advisor Childcare, Kate Ellis MP	SA
13 October 2017	Minister for Health TAS	Chief of Staff	TAS

Day	Organisation	Organisation Representatives	Location
17 October 2017	NT Shadow Ministry	Deputy Leader of the Opposition and Shadow Minister for Health Policy Advisor, Health	NT
17 October 2017	NT Minister for Education	Minister Lawler, Minister for Education Advisor, Minister for Education	NT
18 October 2017	Australian Childcare Alliance	CEO	ACT
18 October 2017	ACT Minister for Health and wellbeing	Minister for Health and Wellbeing	ACT
18 October 2017	ACECQA Workshop	National Education Leader, ACECQA CEO NSW Family Day Care	NSW
Friday, 20 Oct 2017	Western NSW PHN	Western NSW PHN Dubbo Family Doctors	NSW
Tuesday, 24 Oct 2017	Nutrition Australia	CEO Program Manager Healthy Eating Advisory Service	VIC
Friday, 3 Nov 2017	Cancer Council Victoria	Prevention Division	VIC
Wednesday, 8 Nov 2017	ELACCA	CEO	NSW
Monday, 13 Nov 2017	ELACCA Health and Safety Working Group	Representatives from the 13 childcare service organisations from across Australia	QLD
Tuesday, 14 Nov 2017	SA Health	SA Health Dept Health and Ageing, SA Health University of South Australia Flinders University	SA
Monday, 27 Nov 2017	Nutrition Australia	CEO Program Manager Healthy Eating Advisory Service	VIC
Friday, 8 Dec 2017	ECU National Group	Edith Cowan University University of SA Deakin University Nutrition Australia	AUS (Virtual)

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feedAustralia

17 December 2017

<input type="checkbox"/>	 	MB18-001015 ▾	MB	INFORMATION BRIEF - Minister Hunt - Feed Australia grant for 18 19	Closed	Noted in the MO. Ready to publish and close	24/05/2018 12:37 PM
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To: Minister Hunt

cc: Minister McKenzie

Subject: **FUNDING FOR NEW CHRONIC CONDITION PROPOSALS**

Critical date: 7 June 2018 – to expedite contractual requirements in the 2017-18 financial year

Recommendation/s:

s22

Signature

s22

Date: 8 JUN 2018

Comments:

Contact Officer:	Elizabeth Flynn	Acting First Assistant Secretary, Population Health and Sport	Ph: (02) 6289 7291 Mobile: s22
Clearance Officer:	Dr Lisa Studdert	Acting Deputy Secretary, Aged Care, Sport & Population Health	Ph: (02) 6289 8406 Mobile: s22

Issues:

1. This submission seeks policy approval to fund chronic condition proposals identified in Attachment A from either the *Public Health and Chronic Disease Grant Program* – Priority 25 (Attachment B) or the *Primary Health Care Development Program* - Priority 27 (Attachment C).

s22

6. Your Office has requested that the provision of 2017-18 funding is considered for the following organisations:

Organisation	Activity
s22	
Healthy Australia	feedAustralia
s22	

s22

Background

Please find following a summary of each of the funding proposals identified.

s22

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Healthy Australia – feedAustralia

(\$840,000 in 2017-18 for activities in 2018-19)

- *feedAustralia* is a national technology-based “business as usual” infrastructure that is aimed to facilitate child care services to meet aspects of the National Quality Framework Early Childhood Education and Care. The *feedAustralia* program aims to improve dietary intake for long day care centre-based children (who receive two thirds of their daily intake from service providers) establish better lifelong eating habits from an early age and to support centre cooks as champions of better nutrition.
- Funding to undertake core implementation activities of stage 2 of *feedAustralia* for 2018-19 is now being provided to continue the rollout and take-up of the database including implementation activities, research and modifications, and support to the childcare sector.

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Attachments:

- A: Chronic condition proposals requiring a funding decision
- B: Public Health and Chronic Disease Grant Program Guidelines – Priority 25
- C: Primary Health Care Development Program Guidelines – Priority 27

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Impact on Rural and Regional Australians:

- The new chronic conditions proposals are intended to have wide reaching benefits across Australia, with some initiatives targeted towards rural and regional Australian populations.

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ATTACHMENT A

Organisation	Purpose	Funding allocation from 2017-18 (GST excl)	Funding from Priority	Decision
s22				
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Healthy Australia	<i>feedAustralia</i> is a national technology-based "business as usual" infrastructure that is aimed to facilitate child care services to meet aspects of the National Quality Framework Early Childhood Education and Care.	\$840,000	Priority 25	Fund Do Not Fund

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Organisation	Purpose	Funding allocation from 2017-18 (CST each)	Funding from Priority	Decision
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Organisation	Purpose	Funding allocation from 2017-18 (GST \$'000)	Funding from Priority	Decision
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Organisation	Purpose	Funding allocation from 2017-18 (GST Exempt)	Funding from Priority	Decision
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Australian Government

Department of Health

**PUBLIC
HEALTH AND
CHRONIC
DISEASE
GRANT
PROGRAM**

Guidelines

April 2016

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1. Program Overview

These guidelines provide an overview of the arrangement for the administration of the Public Health and Chronic Disease Grant Program (the Program).

Note: These guidelines may be varied from time-to-time by the Australian Government as the needs of the Program dictate. Amended guidelines will be published on the Department of Health's website (the department).

1.1 Program background

As part of the 2014-15 Budget, the Australian Government decided to consolidate the Flexible Funds into a smaller number of clearly articulated themed programs to improve alignment to the Government's priorities and directions.

The Program consolidates activities from the Chronic Disease Prevention and Service Improvement Grants Fund, the Health Surveillance Fund, Health Social Surveys Fund and the Health System Capacity Development Fund.

The Australian Government continues its commitment to ensure that there is a reduction in the incidence of preventable mortality and morbidity, including through the national public health initiatives, promotion of healthy lifestyles and approaches covering disease prevention, health screening and palliative care.

1.2 Program outcomes

The Program provides a flexible funding pool to support activities that address the rising burden of chronic disease and improve public health.

1.3 Program objectives

The objectives of the Program are to:

- Increase the effectiveness and efficiency of the prevention, treatment, control and management of diseases, including through screening and palliative care;
- Develop and enhance effective disease prevention, treatment, control and management measures;
- Improve access to high quality palliative care, end of life and advance care planning;
- Improve quality service provision, increase service capacity and support activities that increase compliance with legislative frameworks;
- Increase the community's knowledge and awareness of the key risk factors for chronic disease and Non-Communicable Diseases (NCDs) and how individuals can lead healthier lives to address these risk factors;
- Improve the health of targeted populations that experience health inequalities or social disadvantage including those based on gender, culture, age and disability;
- Address population group issues such as breastfeeding, family planning and reproductive health, men's, women's and children's health;
- Develop and implement food and nutrition policy which protects and enhances the health of Australians; and
- Inform health policy and/or improve practice through the establishment and

use of disease registers, monitoring and surveillance activities, research and the development of evidence based information.

1.4 Funding

The Australian Government has committed up to \$213.3 million (GST exclusive) over 4 years for the Program commencing in 2016-17. The majority of funds have been allocated to Activities under the Program, as indicated in the Annexures the remainder of Program funds will be allocated to these Activities as policy priorities evolve.

Funds appropriated for the purpose of the Program may also be used for the procurement of work directly related to the purpose of the Program, such as evaluation.

Funding amounts specified in forward years are indicative only and may be subject to change.

2. Eligibility

2.1 Who is eligible for grant funding?

The following types of entities may be eligible for funding. Some grants may only be available to a subset of the below types of legal entity or restricted to selected applicants. See the Annexures for further information.

- Incorporated association incorporated under Australian state/territory legislation
- Incorporated cooperative incorporated under Australian state/territory legislation
- Aboriginal corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*
- Organisation established through specific Commonwealth or state/territory legislation
- Company incorporated under the *Corporations Act 2001 (Commonwealth of Australia)*
- Partnership
- Trustee on behalf of a trust
- Individual
- Australian local government body
- Australian state/territory government

The department recognises that, where appropriate, some organisations could form consortia to deliver activities.

Some grants may only be available to selected applicants as dictated by changing policy needs. Where the department restricts a grant opportunity to selected applicants, subsidiaries of those applicants may also apply, unless otherwise specified in the relevant grant opportunity. In such circumstances, subsidiaries will be required to provide proof of their

relationship to the entity that was invited to apply for grant funding.

2.2 What activities are eligible for grant funding?

Activities funded under the Program must be consistent with the outcomes and objectives in section 1 of these guidelines. Information about what specific grants may and may not be used for is available in the Annexure for each activity:

- Cancer Control – Annexure A2
- Chronic Conditions Prevention and Management – Annexure A3
- Family Planning – Annexure A4
- National Palliative Care Projects – Annexure A5
- Population Health Improvement – Annexure A6

2.3 What activities are not eligible for grant funding?

The following types of activities will **not** be funded under the Program:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- delivery of treatment services;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities; and
- clinical trials.

Other exclusions may be specified in the Annexure for each Activity.

3. Grant Application Process

3.1 Overview of application process

All grants grant opportunities will be undertaken in accordance with the [Commonwealth Grants Rules and Guidelines](#) (CGRGs) and will be consistent with the outcomes and objectives of the Program.

3.2 Grant Program Process Flowchart



3.3 Types of selection process

There are a number of types of selection process that the department may undertake in order to award grants under the Program. In selecting the appropriate type of selection process, the department will consider the market for the specific activities to be funded as well as applying proportionality based on the complexity, value and urgency of available grants.

The department may use any of the following types of selection process to award grants under the Program. The Annexures identify the types of selection process that may be used for particular activities.

Open competitive grant opportunities

Open competitive grant opportunities which will open and close to applications on nominated dates, with eligible applications being assessed against the selection criteria and then prioritised against other eligible applications for the available funding.

Targeted or restricted competitive grant opportunities

Targeted or restricted competitive grant opportunities which will open to a small number of potential grant recipients based on the specialised requirements of the granting activity or project under consideration.

Non-competitive open processes

Non-competitive, open processes under which applications may be submitted at any time over the life of the granting activity and are assessed individually against the selection criteria, with funding decisions in relation to each application

being determined without reference to the comparative merits of other applications.

Demand driven processes

Demand-driven processes where applications that satisfy stated eligibility criteria receive funding, up to the limit of available appropriations and subject to revision, suspension or abolition of the granting activity.

Closed non-competitive processes

Closed non-competitive processes where applicants are invited to submit applications for a particular grant and the applications or proposals are not assessed against other applicants' submissions, but assessed individually against other criteria.

One-off grants

Provision will be made under the Program for one-off grants and emergency payments, provided that they meet the outcomes and objectives of the Program.

One-off grants to be determined on an ad-hoc basis, usually by Ministerial decision.

Procurement

Procurement processes will be conducted in accordance with the Commonwealth Procurement Rules and will be independent of any grant processes.

3.4 Timing of Grant opportunities

Application periods may vary depending on the complexity and urgency of grants, as well as the type of selection process. Dates and application periods will be confirmed in the grant opportunity. For further details of the frequency of grant opportunities see the Annexures.

Table 1 outlines the expected timing of an average grant opportunity.

Table 1: Timing of an average grant opportunity

Activity	Timeframe*
Application period	6 weeks
Assessment of applications	3 – 6 weeks
Approval of outcomes of assessment	1-2 week
Award and negotiations of grant agreements	1-3 weeks
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

3.5 How to apply for Grant funding

For open rounds, applicants may obtain an grant opportunity from the department's [Tenders and Grants webpage](#). For targeted rounds the grant opportunity will be supplied to the applicant.

In addition to this Program Guidelines document, the grant opportunity may include the following:

Grant Opportunity

The grant opportunity provides details of each grant being offered, including but not limited to:

- objectives and requirements of the grant;
- activities that are eligible and ineligible for funding;

- additional eligibility requirements;
- opening and closing dates for applications;
- a guide to the amount of funding available for each grant; and
- instructions on how to submit an application for funding.

Application form

The application form gathers information about the applicant and contains the selection criteria upon which applications will be assessed. Applicants should complete and return the application form to the department in accordance with the requirements of the grant opportunity. Submitting an application does not guarantee funding.

Sample grant agreement

The sample grant agreement is comprised of a set of standard terms and conditions, supplementary conditions for each activity as required and a schedule specific to the individual grant. Preferred applicants will be required to sign a grant agreement with the Commonwealth, as represented by the department, before receiving any grant funding. The specific requirements of any grant agreement offered to applicants who are recommended for funding may vary from those in the sample, based on a risk assessment of the applicant and the specific activities to be delivered under the grant.

3.6 Applicant responsibilities

Applicants are responsible for ensuring that their applications are complete and accurate and submitted to the department in accordance with the requirements of the grant opportunity.

Applicants should contact the department immediately if they discover an error in an application after submission. The department may, at its discretion, request clarification or additional information from applicants that does not alter the substance of an application in response to an omission or error of form. However, the department is not bound to accept any additional information, or requests to change submissions, from applicants after the application closing time.

Unless otherwise specified in the grant opportunity, applicants may request clarification information from the department at any time between the grant opportunity open date and last date for questions, as advertised in the grant opportunity.

3.7 Submitting an application

Applications should be submitted to the department by the date specified in the grant opportunity and should meet all the requirements outlined below.

Applications should address all of the relevant criteria to be considered for funding. These criteria are outlined in the grant opportunity. It is important to complete each section of the application form and use the checklist to make sure each requirement has been considered.

Applications must be submitted in English on the official application form as specified in the grant opportunity.

4. Assessment of Grant Applications

4.1 General assessment principles

Applications for funding under the Program will be assessed against the selection criteria outlined in the Annexures. Selection criteria will incorporate the following principles:

- Activity – how the application aligns with the objectives of the Activity;
- Capacity – the applicant's capacity to deliver the activity/ies in an effective and efficient manner;
- Outcomes and benefits – the expected outcomes of the activity/ies; and
- Value with relevant money – the overall value for money offered by the application.

4.2 How will applications be assessed?

The department will establish an Assessment Committee to assess applications and make a recommendation to the Approver on which applicants to fund. The Assessment Committee will be comprised of representatives of the Program policy division, specialist grant application assessors and grant managers. Depending on the volume and complexity of grant applications received, the Assessment Committee may utilise surge capacity to assist with the assessment. The Assessment Committee may also seek input from external advisors to inform the assessment process. Any non-APS personnel involved in the assessment will be treated as agency staff in accordance with Part 1, section 2.8 of the CGRGs.

The selection process is undertaken in two stages.

Stage 1 – Eligibility Criteria and Application Compliance

Each applicant must satisfy all Eligibility Criteria and any application compliance requirements, specified in the relevant grant opportunity, in order to be considered for further assessment. The chairperson of the Assessment Committee will make the final decision on eligibility and compliance.

At the discretion of the Approver, eligibility criteria may be waived where the department receives an insufficient number of suitable applications for grant funding under a grant opportunity or to fill gaps in service provision. The department may also contact applicants to clarify their eligibility, at the discretion of the chair of the Assessment Committee responsible for assessing an application for grant funding.

Stage 2 – Selection Criteria

Only applications that satisfy all Eligibility Criteria (if any) will proceed to Stage 2 and be assessed against the Selection Criteria. Applications will then be assessed to ensure value with relevant money is achieved in line with the outcomes and objectives of the Program.

For open competitive grant opportunities, the Selection Criteria will be assessed against the rating scale in Table 2.

The assessment against the Selection Criteria will be used to identify those applicants with the capability to best meet the policy priorities of the Program, and may include a ranking of applicants.

The department intends to recommend applicants on the principle of giving preference to higher ranked applicants, but the department reserves the right to recommend a lower ranked applicant over a higher ranked applicant where this better reflects the policy priorities of the Program, and provides better value with relevant money.

Applicants should also note that, where the assessment process does not identify a preferred applicant, the department reserves the right to approach and/or broker an arrangement between one or more funding applicants and/or other interested parties.

Table 2: Competitive assessment rating scale

Rating (for individual criterion)	Score
Excellent – response to this criterion, including all sub-criteria, exceeds expectations. Additional evidence* is available and confirms consistent superior performance against this criterion.	9-10
Good – response to this criterion addresses all or most sub-criteria to a higher than average standard. Some additional evidence* is available and confirms good performance against this criterion.	7-8
Average – response against this criterion meets most sub-criteria to an average but acceptable level. Some additional evidence* is available and provides some support for claims against this criterion.	5-6
Poor – poor claims against this criterion, but may meet some sub-criteria. Additional information available may be lacking detail and/or not directly relevant to the criterion.	2-4
Does not meet criterion at all – response to this criterion does not meet expectations or insufficient or no information to assess this criterion. Little or no additional evidence* available.	0-1

*Additional evidence may include specified attachments to the application, previous departmental experience with this applicant, or information from other responses in the application.

For closed non-competitive processes and one-off grants, the Selection Criteria will be rated against the scale in Table 3.

Table 3: Non-competitive assessment rating scale

Rating	Description
Highly Suitable	Demonstrates an exceptional understanding of criterion and associated issues. A highly capable response/solution, with demonstrated experience that significantly exceeds that required to perform the work.
Suitable	Demonstrates a satisfactory understanding of the criterion and associated issues. A mostly capable response/solution, with some experience. May have a minor level of risk associated with the proposal. Panel considers the risk to the Government is manageable.
Unsuitable	Fails to demonstrate an acceptable understanding of the criterion and/or the associated issues. A poor response/solution with minimal to no experience. Significant level of risk associated with the proposal.

Specific assessment details will be explained further in each grant opportunity.

Where the number of suitable applications is greater than the available funding applications will be ranked in order of policy priority.

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4.3 Value with relevant money

All funds provided under the Program for grants and procurement activities are considered relevant money. The Australian Government is required to make proper use of public resources, including achieving value with relevant money. The department considers the following factors in assessing whether a grant will achieve value with relevant money:

- how well the application aligns with the outcomes and objectives of the Program;
- whether the requested grant will achieve something worthwhile that would not occur without the grant;
- the applicant's relevant skills and prior experience delivering similar activities;
- the applicant's past performance in delivering grant activities funded by the Commonwealth;
- referee reports;
- the systems and procedures that the applicant has in place for effectively managing grant funds and achieving objectives;
- the applicant's approach to risk management;
- the quantum of funds requested to deliver the grant activities; and
- the allocation of grant funds indicated in any indicative budget that forms part of the funding application.

4.4 Approval of grant funding

Following an assessment of the applications by the assessment committee, advice will be provided by the committee chair to the funding Approver on the merits of the application/s.

The Approver will consider whether the proposal will make an efficient, effective, ethical and economical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Approver.

The Approver may vary for each grant opportunity under the Program, based on the profile and value of grants, and will be identified in the grant opportunity.

4.5 Application outcomes

Notification of application outcomes

The department will advise all applicants of the outcomes of their applications in writing following a decision by the Approver. Unsuccessful applicants may not be notified until grant agreements have been entered into with the successful applicant/s. Advice to applicants who are recommended for funding will contain details of any specific conditions attached to the funding offer. Funding approvals will also be listed on the department's website.

Feedback on applications

Unsuccessful applicants may request feedback on their applications from the department within a period of two months of being advised of the outcome. The department will provide feedback in writing within one month of receiving a request for feedback.

4.6 Award of grants and contracting arrangement

agreement has been executed with the Commonwealth.

Award of grants is at the sole discretion of the Approver.

Applicants who are recommended for funding will be required to enter into a grant agreement with the Commonwealth (represented by the department) before receiving any grant funding. The department may use the [Department of Health Standard Funding Agreement](#), the [Commonwealth Low Risk Grant Agreement](#) or the Department of Health Capital Works Standard Funding Agreement to fund grants under the Program. The standard terms and conditions for the designated agreement will apply and cannot be changed. The department may apply supplementary conditions to a grant agreement that override standard conditions or add additional conditions, based on the requirements of the specific activity and a risk assessment of the organisation delivering the activity.

There may be specific conditions attached to the funding approval required as a result of the assessment process or the risk rating of an organisation or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

The department will negotiate with applicants who are recommended for funding with the aim of having grant agreements signed shortly after a decision by the Approver.

Applicants will not be considered successful and should not make financial commitments in expectation of receiving funding until a grant

5. Delivery of Grant Activities

5.1 Grant recipient responsibilities

Grant recipients must carry out each activity in accordance with these Program guidelines and the obligations contained in the grant agreement, which includes the standard terms and conditions, any supplementary conditions and the schedule. The schedule will outline the requirements specific to the funded activity.

Grant recipients are responsible for:

- ensuring that the terms and conditions of the grant agreement are met and that the activity is managed in efficient and effective manner;
- ensuring the effective and efficient use of grant funds;
- employing and managing staff required to deliver the activity;
- maintaining contact with the department and advising of any emerging issues that may impact on the success of the activity;
- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- meeting milestones and other timeframes specified in the grant agreement;
- complying with record keeping, reporting and acquittal requirements in accordance with grant agreement;
- participating in activity evaluation as necessary for the period specified in the grant agreement; and
- ensuring that activity outputs and outcomes are in accordance with the grant agreement.

5.2 Grant payments

The department will make payments to grant recipients in accordance with the executed grant agreement. The department's default invoice process is Recipient Created Tax Invoices (RCTI).

5.3 Reporting requirements

Applicants should note that if successful, some details of their Activity/ies (including an activity outline, the applicant's name and the amount of funding awarded) will be made public and posted on the department's website as part of department's legislative reporting obligations under the *Commonwealth Grants Rules and Guidelines*.

Grant recipients must provide the department with the reports for an activity containing the information, and at the times and in the manner specified in the grant agreement. Specific reporting requirements will form part of the grant recipient's agreement with the department.

Default reporting requirements for each activity are listed in the relevant Annexure, however reporting requirements vary depending on the department's risk assessment of each grant recipient. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

5.4 Risk Management

The department is committed to a comprehensive and systematic approach to the effective management of risk, including adverse effects and potential opportunities. Contractual arrangements will be managed in proportion to the level of risk to the Commonwealth. As such, applicants and grant recipients may be subject to a risk management assessment, by the department, prior to the offer of any contractual arrangement and periodically thereafter.

Grant agreements may require supplementary conditions and increased reporting frequency as a result of the department's risk assessment of a grant recipient for the delivery of a specific activity. The department may at any time review this risk assessment and vary the grant agreement to introduce or remove additional requirements. Grant recipients may receive different risk ratings for the delivery of different activities and the requirements of each grant agreement will reflect the risk associated with the delivery of that activity.

Grant recipients are responsible for managing risks to their own business activities and priorities. The department manages risks to Australian Government policy outcomes and relevant money through its management of grants under the Program.

5.5 Program Evaluation

An Evaluation Report may be required as part of the final report to assess the effectiveness of the Activity in delivering the required outputs and deliverables against the performance measures, and

how the Activity has contributed to Program objectives and outcomes. If required, the Evaluation Report should identify the learnings and provide recommendations to improve future delivery of similar activities.

5.6 Branding

All publications related to grants under the Program should acknowledge the Commonwealth as follows:

“This [name of activity] is supported by funding from the Australian Government under the Public Health and Chronic Disease Grant Program.”

6. Probity and Legislation

The Australian Government is committed to ensuring that the process for providing funding under the Program is transparent and in accordance with these guidelines.

6.1 Complaints Process

The department's [Grant and Procurement Complaints Procedures](#) apply to complaints that arise in relation to grant and procurement processes. It covers events that occur between the time the grant opportunity documentation is released to potential applicants and the date of contract execution, regardless of when the actual complaint is made. The department requires that all complaints relating to a grant or procurement process must be lodged in writing.

Any enquiries relating to funding decisions for the Program should be directed to Grant.ATM@health.gov.au.

6.2 Conflict of interest

A [conflict of interest](#) may exist if departmental staff, any member of an advisory panel or expert committee, and/or the applicant or any of its personnel:

- has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a departmental officer;
- has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the

organisation receiving funding under the Program.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the activity or any grant agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to an application for funding, external parties must inform the department in writing immediately. The chair of the assessment committee will be made aware of any conflicts of interest and will handle them in compliance with departmental policies and procedures.

Conflicts of interest for departmental staff will be handled in compliance with the [Australian Public Service Commission policies and procedures](#).

6.3 Privacy - confidentiality and protection of personal information

Each applicant will be required, as part of their application, to declare their ability to comply with the [Privacy Act 1988](#), including the 13 Australian Privacy Principles, and impose the same privacy obligations on any subcontractors they engage to assist with the activity.

The grant agreement will impose obligations on the grant recipient with respect to special categories of information collected, created or held under the grant

agreement. The grant recipient is required to seek the department's consent in writing before disclosing confidential information.

6.4 Freedom of information

All documents in the possession of the department, including those in relation to the Program, are subject to the *Freedom of Information Act 1982* (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its agencies. Under the FOI Act, members of the public can seek access to documents held by the department. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All FOI requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information
Coordinator
FOI Unit
Department of Health
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

For more information about making a freedom of information request for access to documents in the possession of the department, please visit the department's [Freedom of Information webpage](#).

6.5 Legislation and delegation

Australian Public Service staff involved in grants administration are accountable for complying with the [Commonwealth Grants Rules and Guidelines](#) (CGRGs) and other policies and legislation that interact with grants administration.

The Approver is the Minister for Health or the First Assistant Secretary, Population Health and Sport Division or the relevant Branch Head. In approving the award of a grant, the Approver must consider whether the grant activity will make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation. The Approver may require that specific conditions be imposed upon any offer of funding.

7. Consultation

The department has sought feedback from stakeholders with regard to the development of grant Program guidelines and grants administration arrangements. This consultation indicated stakeholder expectations which contributed to the development of the Program and these guidelines.

8. Taxation implications

Applicants are responsible for ensuring compliance with appropriate taxation legislative requirements, including the GST and income tax implications of receiving a grant (where applicable). Applicants are advised to seek independent professional advice about their taxation obligations before applying for a grant under the Program.

For general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the [Australian Taxation Office website](#).

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9. Glossary of Terms

the Activity	means the specific activity or project that is the subject of a grant.
grant opportunity	means any formal opportunity to apply for grant funding under the Program.
the Approver	means the person with the authority to award funding under the Program.
Assessment Committee	means the panels of assessment staff formed to assess applications for funding.
compliance requirements	means any mandatory requirements around the completion and submission of applications for grants under the Program.
the department	means the Australian Government Department of Health, unless otherwise stated.
Eligibility Criteria	means the minimum mandatory requirements which applicants must meet in order to qualify for a grant under a grant opportunity.
financial year	means a 12 month period beginning on 1 July of one year and ending on 30 June the following year.
grant agreement	means a contractual arrangement between a grant recipient and the Commonwealth, as represented by the department, including the terms and conditions of the department's Standard Funding Agreement, any supplementary conditions and the schedule for a specific activity.
grant recipient	means an organisation funded by the Commonwealth to deliver a grant activity.
the Program	means the Public Health and Chronic Disease Grant Program.
relevant money	means money standing to the credit of any bank account of the Commonwealth or a corporate Commonwealth entity or money that is held by the Commonwealth or a corporate Commonwealth entity.
selection criteria	means the set of questions against which applicants' suitability to deliver a grant activity will be assessed by the department.
selection process	means the method from the list in Part A, section 1.1 used to select grant recipients.

ANNEXURE A1 – PUBLIC HEALTH AND CHRONIC DISEASE PROCUREMENT

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1) Activity summary

The Public Health and Chronic Disease Procurement Activity (the Activity) forms part of the Program.

The Activity contributes to the Program's objectives by procuring projects that contribute to the reduction in the incidence of preventable mortality and morbidity including:

- national public health initiatives;
- promotion of healthy lifestyles and approaches covering disease prevention and health screening; and
- disease control/management, including palliative care.

2) Activity outcomes

The Activity aims to support the Program outcome to address the rising burden of chronic disease and improve public health throughout the life course.

3) Activity objectives

The objectives of the Activity are to:

1. Inform health and food standards policy and improve practice through the development, collection, application and dissemination of data and evidence based information (including through use of disease registers and monitoring and surveillance activities) and the development, dissemination, promotion and application of evidence based guidelines.
2. Support stakeholder engagement and secretariat activities for projects that aim to achieve the Program's objective including the development and review of strategies, guidelines and frameworks to support activities in the Program.
3. Support Australian Health Ministers' Advisory Council (AHMAC) or Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) projects which support the Program's objectives.
4. Support to undertake Evaluation of the Program and Activities.

4) Timing

Procurement of services will occur throughout the year to support activities as needed.

5) Type of selection process

Procurement of services will be undertaken in line with the requirements of Commonwealth Procurement Rules.

6) What activities and items will be procured?

Examples of activities and items which may be procured under the Program include:

Support evidence based policy and practice:

Inform health and food standards policy and/or improve practice through:

- the establishment and use of disease registers, monitoring and surveillance activities for priority conditions including cervical cancer, breast cancer, injuries, asthma and linked respiratory diseases and diabetes;
- observing and examining the quality and robustness of clinical service options, and patient education and awareness vehicles, that are utilised by patients in the treatment and management of chronic conditions;
- collection, analysis and interpretation of cross-sectional population health data (self-reported and objective) to understand the health status, attitudes and behaviours of the population, and population sub-groups of interest;
- collection, analysis and interpretation of longitudinal data (self-reported and administrative) to better understand trends and environmental and social influences on male and women's health status, attitudes and behaviours;
- collation, analysis and reporting of population health research and data to inform policy development or assess the efficacy of population health programs;
- the establishment of high-quality infrastructure and methodologies to support health social survey implementation;
- ensuring that data collection and research activities give consideration to the social determinants of health and health inequalities;
- supporting the dissemination and application of data and information collected under the Program to suit a wide range of stakeholders' needs including the translation of research into health practice, messaging and clinical care; and
- support the development, dissemination promotion and application of evidence based guidelines for clinicians and the public, such as food and dietary guidelines (including nutrient reference values), physical activity guidelines, or clinical practice guidelines.

Support stakeholder engagement in policy and strategy development and quality monitoring:

- stakeholder engagement and linkages across programs;
- support for the development, coordination and review of strategies, guidelines and frameworks to support activities in the Program;
- secretariat activities including for the National Cervical Screening Program Quality and Safety Monitoring Committee and the Standing Committee on Screening; and
- support projects undertaken by Portfolio agencies that meet the objectives of the Program for example funding Cancer Australia to undertake work to reduce the impact of cancer on the community.

Support AHMAC or Forum Projects:

- support for AHMAC or the Forum projects including the COAG Improving Cancer Care Initiative National Cancer Referral Protocols and related Cancer Australia projects.

Other activities that meet the objectives of the Program:

- support to undertake evaluation of the Program or Activities; and
- production and distribution of public health and chronic disease related resources and support material.

ANNEXURE A2 – CANCER CONTROL

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1) Activity summary

The Cancer Control Activity (the Activity) forms part of the Program.

The Activity contributes to the Program's objectives by:

- Supporting activities or projects that assist the control of all cancers across the cancer control continuum that is: from prevention, early detection and screening, to treatment, care and survivorship.

2) Activity outcomes

The Activity aims to improve Australia's capacity to control cancer through evidence-based interventions across the cancer control continuum.

3) Activity objectives

The objectives of the Activity are to:

1. Support projects and events that will improve cancer control.
2. Support projects and activities that will improve cancer outcomes.
3. Support projects and activities that can improve understanding, uptake and provision of cancer control initiatives including effective cancer control pathways.
4. Support projects and activities which enhance cancer survivorship.

4) Funding available

Up to \$17.738 million (GST exclusive) over four years, commencing in 2016-17, has been allocated to this Activity from the Program. These funding figures are indicative only and are subject to change as the department reacts to emerging Government priorities. The duration and value of available grants will be advised in the relevant grant opportunity.

5) Timing

Table A: Timing of an average grant opportunity

Grant opportunities may be made available every three years.

Activity	Timeframes*
Application period	6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

6) Type of selection process

Eligible organisations are able to apply for funding through open competitive, targeted competitive or closed non-competitive grant opportunities. Targeted competitive rounds may be used to address gaps in policy objectives and address emerging priorities as identified by Government. Closed non-competitive rounds may also be used to build on existing activities.

Definitions of each type of selection process can be found in [Part A, section 3.3](#). The grant opportunity provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity for a grant, [Part A, section 2.1](#) of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. The following activities and items are eligible to receive funding.

Targeted activities to enhance cancer control where evidence supports interventions:

- development of new treatment models/care pathways for cancer care and control;
- training of health workers or others to implement or better manage cancer control programs;
- investigation and development of new service models to improve efficient use of health resources or health workforce for cancer care and control; and
- support for partnership projects to improve cancer control – for example through Australian Health Ministers' Advisory Council or joint activities with other government and non-government stakeholders.

Activities designed to improve cancer outcomes:

- projects to improve cancer outcomes, for particular groups or tumours;
- projects to reduce unwarranted variation in outcomes for cancer; and
- work with health professionals to translate new evidence into clinical practice.

Activities which will increase participation in cancer control measures and programs:

- development and/or dissemination of information which supports participation in cancer prevention, screening, early detection of cancer and/or self-management of cancers;
- activities that will improve understanding and lead behaviour change for better cancer control;
- activities that improve knowledge and understanding of effective methods of cancer control; and
- activities that build capacity of the health system to improve cancer control.

Activities which will improve cancer survivorship:

- provision of evidence-based information for patients, carers and families that will improve survivorship; and
- support for patients, carers and families facing cancer treatment and survivorship.

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are not eligible for funding under the Activity:

- funding for treatment of individuals with cancer will not be funded by this activity. For example surgery, chemotherapy, pharmaceuticals and radiotherapy;
- capital grants;
- retrospective activities;
- activities which subsidise commercial activities;
- clinical trials; and
- lobbying and activities which support political parties or campaigns.

10) Selection criteria

Applications for funding under the Activity will be assessed against selection criteria based on the following questions:

1. Demonstrate how you will implement and deliver the Activity. Your response should address:
 - the key tasks your organisation will undertake to meet the objectives of the Activity; and
 - how you will optimise the uptake and/or impact of the Activity.
2. Outline the key risks or issues that may be encountered in undertaking the Activity and propose strategies or measures to mitigate their impact on the delivery of the Activity.
3. Discuss how you will ensure that the proposed approach to delivering the Activity reflects a collaborative approach. Your response should address the following:
 - details of the strategy for key stakeholder engagement, communication and existing or proposed network(s);
 - existing linkages that are in place that assist in the delivery of the activity; and
 - any proposed or new linkages that will be established to implement the activity.
4. How will the grant continue to benefit the Australian people beyond the funding period?
5. Outline the geographic area / target group you will reach and demonstrate how the Activity will address otherwise unmet needs within that area / group.

6. Complete the attached Budget template and outline the specific components of your organisation's resource requirements to undertake the Activity.
7. Summarise how your organisation will measure how it is achieving the Activity outcomes identified in selection criterion 1. Your response should address:
 - how you will monitor the uptake and/or impact of the Activity; and
 - any strategies you intend to implement to ensure your organisation achieves the activity outcomes.
8. Demonstrate how your organisation's governance, management structure, workforce and facilities will enable effective delivery, monitoring and management of the Activity.
9. Detail your previous experience in delivering similar activities and discuss example/s that demonstrate your past performance in delivering activity objectives and outputs.

Applicants may be required to address specific policies or strategies as part of their response. These questions will be included in the Grant Opportunity / Application Form.

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, suitable applications will be ranked in order of policy priority.

Where there are insufficient suitable applications received under a grant opportunity, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the [Standard Funding Agreement](#) will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

Grant recipients may also be required to report against a mixture of quantitative and qualitative performance indicators which measure how well the grant activities contribute to the objectives of the Activity and the outputs required in the individual grant agreement. Specific performance indicators with agreed performance targets will be included in the grant agreement.

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by the Department of Health and Aged Care

ANNEXURE A3 – CHRONIC CONDITIONS PREVENTION AND MANAGEMENT

This document has been released under
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by the Department of Health and Aged Care

1) Activity summary

The Chronic Condition Prevention and Management Activity (the Activity) forms part of the Program. The Activity contributes to the Program's objectives by supporting projects which address the rising burden of chronic conditions.

For the purposes of this Activity, chronic conditions are defined as conditions that:

- have complex and multiple causes;
- usually have a gradual onset, although they can have sudden onset and acute stages;
- occur across the lifecycle, but generally becoming more prevalent with older age;
- can compromise quality of life, cause physical limitations and disability;
- are long term and persistent, leading to a gradual deterioration of health; and
- while not usually immediately life threatening, are the most common and leading causes of premature mortality.

Chronic conditions, as described in the context of this Program, will cover illnesses commonly covered under alternative terminology such as 'chronic diseases', 'non-communicable diseases', and 'long-term health conditions' as well as the various risk factors and protective behaviours that commonly affect a range of diseases such as overweight, obesity and physical activity.

2) Activity outcomes

The Activity aims to reduce the incidence of preventable mortality and morbidity caused by chronic conditions.

3) Activity objectives

The objectives of the Activity are to:

1. Increase the community's awareness, knowledge and understanding of the risk factors and protective factors of chronic conditions.
2. Increase the effectiveness and efficiency of the prevention, treatment, control and management of chronic conditions through the quality improvement of health services.
3. Inform health policy and/or improve practice through the use of disease registers, monitoring and surveillance activities and development of evidence based information.
4. Improve the quality of program and service provision, and increase capacity especially for targeted population groups.
5. Identify and address the community's health and health promotion needs through an evidence-based approach.

4) Funding available

Up to \$19.263 million (GST exclusive) over four years, commencing in 2016-17, has been allocated to this Activity from the Program. These funding figures are indicative only and are

subject to change as the department reacts to emerging Government priorities. The duration and value of available grants may be advised in the relevant grant opportunity.

5) Timing

Table A: Timing of an average grant opportunity

Grant opportunities may be made available every three years.

Activity	Timeframes*
Application period	6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

6) Type of selection process

Eligible organisations are able to apply for funding through open competitive, targeted competitive or closed non-competitive grant opportunities. The bulk of grant funding for the Activity will be made available through open competitive grant opportunities. Targeted competitive rounds may be used to address gaps in policy objectives and to address emerging priorities as identified by Government. Targeted competitive and closed non-competitive rounds may be used to build on existing activities.

Definitions of each type of selection process can be found in [Part A, section 3.3](#). The grant opportunity provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity for a grant, [Part A, section 2.1](#) of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. The following activities and items are eligible to receive funding under each of the priority areas:

Raise community awareness and provide information:

- community awareness campaigns addressing chronic conditions and associated risk factors and protective behaviours with a particular emphasis on activities that are aimed at high risk and/or special population groups; that address knowledge and/or skills gaps, health values, attitudes and/or behaviours; or that encourage primary or secondary prevention;
- identify preventive health and health promotion needs through an evidence-based approach that encompasses research and formative and outcome evaluation.
- development, provision and maintenance of support mechanisms, in online, telephone and print formats, including where appropriate, chronic conditions support group vehicles;
- person-centred approaches to managing chronic conditions, including activities that support patient self-management practices;
- activities that develop, promote and disseminate guidelines and approaches to addressing risk factors for chronic conditions; and
- maintaining web-based information relating to chronic conditions and responding to queries relating to these conditions.

Develop & enhance clinical care:

- best practice models for the prevention, treatment, control and management of conditions including pilot projects where appropriate;
- measures directed at improving the quality and efficiency of health services or use and dispensing of medicines including the development and/or review of guidelines for use by health professionals as well as activities that seek to identify and quantify benchmarks for clinical practice;
- promote health research and disseminate information to the health sector and the community via online, post, telephone or other innovative technology methods;
- activities that enable early detection of at risk individuals of chronic health conditions. (e.g. health checks and screening to assess a person's medical condition);
- support for the translation of research into clinical care; and
- development and improvement of medical treatments and patient care pathways and/or prevention control and management practices.

Inform health policy and/or improve practice through the use of disease registers, monitoring and surveillance activities and development of evidence based information:

- activities which engage stakeholders in the development of health policy in relation to prevention, treatment and control of conditions and the provision of health services;
- sponsor activities that promote population health policy, research and best practice implementation of health services;
- collecting and interpreting data for the purpose of informing Government, health professionals and the public, as well as for improving clinical processes;
- developing and publishing reports and web-based material relating to chronic conditions; and
- monitoring the effectiveness of programs including prevention, early detection and condition management approaches & reporting on data.

Improve the health of targeted populations:

- provide support to individuals affected by, or at risk of, chronic conditions with an emphasis on population cohorts over-represented in conditions prevalence (e.g. Aboriginal and Torres Strait Islanders), groups by service/treatment access factors (e.g.

remote populations and/or persons most prominently impacted by chronic conditions (e.g. the elderly);

- fund activities that provide opportunities to conduct health checks, disseminate relevant health information on chronic condition risk factors, protective measures and/or appropriate clinical management approaches;
- train health professionals including Aboriginal health workers and support agencies regarding identifying and addressing specific health issues;
- develop advice and provide programs for targeted populations where gaps in response rates and effectiveness are impacting on improvements in health outcomes;
- provide advice and develop programs for targeted population groups to assist with reducing health inequalities; and
- develop and implement activities aimed at addressing key risk factors and morbidities and that support primary and secondary prevention across a range of conditions (e.g. physical activity for the elderly).

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are **not** eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- delivery of diagnosis and treatment services;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities; and
- clinical trials.

10) Selection criteria

Applications for funding under the Activity will be assessed against selection criteria based on the following questions:

1. Demonstrate how you will implement and deliver the Activity. Your response should address:
 - the key tasks your organisation will undertake to meet the objectives of the Activity; and
 - how you will optimise the uptake and/or impact of the Activity.
2. Outline the key risks or issues that may be encountered in undertaking the Activity and propose strategies or measures to mitigate their impact on the delivery of the Activity.

3. Discuss how you will ensure that the proposed approach to delivering the Activity reflects a collaborative approach. Your response should address the following:
 - details of the strategy for key stakeholder engagement, communication and existing or proposed network(s);
 - existing linkages that are in place that assist in the delivery of the activity; and
 - any proposed or new linkages that will be established to implement the activity.
4. How will the grant continue to benefit the Australian people beyond the funding period?
5. Outline the geographic area / target group you will reach and demonstrate how the Activity will address otherwise unmet needs within that area / group.
6. Complete the attached Budget template and outline the specific components of your organisation's resource requirements to undertake the Activity.
7. Summarise how your organisation will measure how it is achieving the Activity outcomes identified in selection criterion 1. Your response should address:
 - how you will monitor the uptake and/or impact of the Activity; and
 - any strategies you intend to implement to ensure your organisation achieves the activity outcomes.
8. Demonstrate how your organisation's governance, management structure, workforce and facilities will enable effective delivery, monitoring and management of the Activity.
9. Detail your previous experience in delivering similar activities and discuss example/s that demonstrate your past performance in delivering activity objectives and outputs.

Applicants may be required to address specific policies or strategies as part of their response. These questions will be included in the Grant Opportunity / Application Form.

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, suitable applications will be ranked in order of policy priority.

Where there are insufficient suitable applications received under a grant opportunity, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

Grant recipients may also be required to report against a mixture of quantitative and qualitative performance indicators which measure how well the grant activities contribute to the objectives of the Activity and the outputs required in the individual grant agreement. Specific performance indicators with agreed performance targets will be included in the grant agreement.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Ageing

ANNEXURE A4 – FAMILY PLANNING

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

1) Activity summary

The Family Planning Activity (the Activity) forms part of the Program.

The Activity contributes to the Program's objective to *address population health issues such as breastfeeding, family planning and reproductive health, men's, women's and children's health* by supporting projects that address the reproductive health and fertility management of individuals (men, women and couples) through activities such as public education and professional development, and monitoring of emerging evidence, to inform new policy directions and program development.

2) Activity outcomes

The Activity aims to address family planning and reproductive health issues to allow individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births through the use of contraceptive methods and the prevention and treatment of involuntary infertility.

3) Activity objectives

The objectives of the Activity are to:

1. Increase community awareness and knowledge of issues relevant to family planning and reproductive health.
2. Improve the quality of service provision within the sector including to special population groups.
3. Promote health research that is related to general family planning matters and its use across the sector and in policy development.

4) Funding available

Up to \$4.071 million (GST exclusive) over four years, commencing in 2016-17, has been allocated to this Activity from the Program. These funding figures are indicative only and are subject to change as the department reacts to emerging Government priorities. The duration and value of available grants may be advised in the relevant grant opportunity.

5) Timing

Table A: Timing of an average Grant Opportunity

Grant opportunities may be made available every three years.

Activity	Timeframes*
Application period	6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

6) Type of selection process

Eligible organisations are able to apply for funding through open competitive, targeted competitive or closed non-competitive grant opportunities. The grant funding for the Activity will be made available through a targeted competitive round.

Definitions of each type of selection process can be found in [Part A, section 3.3](#). The grant opportunity provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity for a grant, [Part A, section 2.1](#) of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. All activities under the Family Planning Activity **must** have a national focus or potential for national application and be evidence based. Activities **must** also complement the variety of Australian Government initiatives focussing on pregnancy and parenting support, sexual health and men's and women's health.

The following activities and items are eligible to receive funding under the Family Planning Activity:

Health Promotion and Community Education:

- development and dissemination of community health promotion resources delivered through innovative technology for access nationally;
- provision of advice on general family planning options;
- activities that focus on reproductive health across the life course;

- activities including (but not limited to) the prevention of Sexually Transmitted Infections associated with infertility; and
- development of content and delivery of targeted support, education and training programs to specific population groups, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people in rural and regional Australia and people living with a disability.

Improved Service Standards:

- development and delivery of professional development activities for health professionals involved in family planning, including doctors, nurses, allied health professionals, Aboriginal Health Workers, teachers and other education professionals, and community development professionals via the web or other innovative technology delivery systems; and
- activities such as the development of Guidelines aimed at ensuring clinical service standards are of a high quality and are comparable across organisations.

Promote Health Research:

- synthesis of current family planning research and data;
- activities that focus on building and consolidating alliances with family planning related research programs; and
- identification of current and emerging reproductive health trends and activities from national data and other sources of information including clinical and service delivery data, where available, and dissemination of this information to relevant parties.

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are **not** eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- delivery of diagnosis and treatment services;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities;
- clinical trials;
- duplication of existing activities, including direct provision on an individual basis of support and advice to women and families;
- activities that solely focus on STI prevention;
- activities promoting family planning options that are not sufficiently evidence based;
- subsidising profits of a commercial entity;
- core organisational operating costs (excluding staff);
- acquisition of formal, tertiary qualifications for individuals; and
- research projects.

10) Selection criteria

Applications for funding under the Activity will be assessed against selection criteria based on the following questions:

1. Demonstrate how you will implement and deliver the Activity. Your response should address:
 - the key tasks your organisation will undertake to meet the objectives of the Activity; and
 - how you will optimise the uptake and/or impact of the Activity.
2. Outline the key risks or issues that may be encountered in undertaking the Activity and propose strategies or measures to mitigate their impact on the delivery of the Activity.
3. Discuss how you will ensure that the proposed approach to delivering the Activity reflects a collaborative approach. Your response should address the following:
 - details of the strategy for key stakeholder engagement, communication and existing or proposed network(s);
 - existing linkages that are in place that assist in the delivery of the activity; and
 - any proposed or new linkages that will be established to implement the activity.
4. How will the grant continue to benefit the Australian people beyond the funding period?
5. Outline the geographic area / target group you will reach and demonstrate how the Activity will address otherwise unmet needs within that area / group.
6. Complete the attached Budget template and outline the specific components of your organisation's resource requirements to undertake the Activity.
7. Summarise how your organisation will measure how it is achieving the Activity outcomes identified in selection criterion 1. Your response should address:
 - how you will monitor the uptake and/or impact of the Activity; and
 - any strategies you intend to implement to ensure your organisation achieves the activity outcomes.
8. Demonstrate how your organisation's governance, management structure, workforce and facilities will enable effective delivery, monitoring and management of the Activity.
9. Detail your previous experience in delivering similar activities and discuss example/s that demonstrate your past performance in delivering activity objectives and outputs.

Applicants may be required to address specific policies or strategies as part of their response. These questions will be included in the Grant Opportunity / Application Form.

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, suitable applications will be ranked in order of policy priority.

Where there are insufficient suitable applications received under a grant opportunity, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

Grant recipients may also be required to report against a mixture of quantitative and qualitative performance indicators which measure how well the grant activities contribute to the objectives of the Activity and the outputs required in the individual grant agreement. Specific performance indicators with agreed performance targets will be included in the grant agreement.

ANNEXURE A5 – NATIONAL PALLIATIVE CARE PROJECTS

This document has been released under
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by the Department of Health and Aged Care

1) Activity summary

The National Palliative Care Projects Activity (the Activity) forms part of the Program.

The Activity contributes to the Program's objectives by:

- funding national projects that improve access to high quality palliative care for all Australians as they require it;
- enhancing the quality of palliative care service delivery; and
- providing support for people who are dying, their families and carers.

2) Activity outcomes

The Activity aims to improve the quality of palliative care service delivery in Australia.

3) Activity objectives

The objectives of the Activity are to support nationally focussed projects to:

1. Improve the quality of and access to palliative care service skill development for service providers.
2. Improve the quality of palliative care service delivery in community and acute care settings.
3. Build and enhance research and data collection capacity within the palliative care sector.
4. Strengthen understanding and increase uptake of advance care planning.
5. Improve knowledge within the palliative care sector and community awareness of palliative care.
6. Improve collaboration and linkages between the Commonwealth and State and Territory Governments' palliative care activities.
7. Improve the collation and dissemination of palliative care information across the sector.

4) Funding available

Up to \$32 million (GST exclusive) has been allocated to this Activity over two years, from 2014-15. A further \$61.759 million (GST exclusive) over four years has been allocated to this Activity commencing 2016-17 from the Program. These funding figures are indicative only and are subject to change as the department reacts to emerging Government priorities. The duration and value of available grants will be advised in the relevant grant opportunity.

5) Timing

Table A: Timing of an average grant opportunity

Grant opportunities may be made available every three years.

Activity	Timeframes*
Application period	6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	1 – 2 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

6) Type of selection process

Eligible organisations are able to apply for funding through open competitive, targeted competitive or closed non-competitive grant opportunities. The bulk of grant funding for the Activity will be made available through open competitive grant opportunities. Targeted competitive rounds may be used to address gaps in policy objectives and to address emerging priorities as identified by Government. Targeted competitive and closed non-competitive rounds may be used to build on existing activities.

Definitions of each type of selection process can be found in [Part A, section 3.3](#). The grant opportunity provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity for a grant, [Part A, section 2.1](#) of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. The following activities and items are eligible to receive funding:

- service provider skills development through education and training for frontline health providers;
- service delivery improvement in community and acute care settings;
- research and data collection that contributes to building and enhancing capacity within the palliative care sector;
- advance care planning activities that strengthen understanding among health workers and the community and increase patient uptake;

- knowledge building and awareness activities that improve sector knowledge and community awareness;
- activities that promote collaboration and co-ordination across the palliative care sector; and
- collation and distribution of palliative care information across the sector.

Funding proposals will only be considered from organisations that have the capacity to deliver 'national' activities that can demonstrate opportunities to positively impact on palliative care service delivery. 'National' is defined as the capacity to deliver the proposed activity (for which funding is being sought) in/for each State and Territory at the commencement of the funding agreement.

Funding applications that include collaboration and coordination with other national palliative care projects, State and Territory governments, and existing activities are supported.

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are not eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- funding of palliative care service delivery;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities; and
- clinical trials.

10) Selection criteria

Applications for funding under the Activity will be assessed against selection criteria based on the following questions:

1. Demonstrate how you will implement and deliver the Activity. Your response should address:
 - the key tasks your organisation will undertake to meet the objectives of the Activity; and
 - how you will optimise the uptake and/or impact of the Activity.
2. Outline the key risks or issues that may be encountered in undertaking the Activity and propose strategies or measures to mitigate their impact on the delivery of the Activity.

3. Discuss how you will ensure that the proposed approach to delivering the Activity reflects a collaborative approach. Your response should address the following:
 - details of the strategy for key stakeholder engagement, communication and existing or proposed network(s);
 - existing linkages that are in place that assist in the delivery of the activity; and
 - any proposed or new linkages that will be established to implement the activity.
4. How will the grant continue to benefit the Australian people beyond the funding period?
5. Outline the geographic area / target group you will reach and demonstrate how the Activity will address otherwise unmet needs within that area / group.
6. Complete the attached Budget template and outline the specific components of your organisation's resource requirements to undertake the Activity.
7. Summarise how your organisation will measure how it is achieving the Activity outcomes identified in selection criterion 1. Your response should address:
 - how you will monitor the uptake and/or impact of the Activity; and
 - any strategies you intend to implement to ensure your organisation achieves the activity outcomes.
8. Demonstrate how your organisation's governance, management structure, workforce and facilities will enable effective delivery, monitoring and management of the Activity.
9. Detail your previous experience in delivering similar activities and discuss example/s that demonstrate your past performance in delivering activity objectives and outputs.

Applicants may be required to address specific policies or strategies as part of their response. These questions will be included in the grant opportunity / Application Form.

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, suitable applications will be ranked in order of policy priority.

Where there are insufficient suitable applications received under a grant opportunity, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports;
- a face to face presentation to the department; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

Grant recipients may also be required to report against a mixture of quantitative and qualitative performance indicators which measure how well the grant activities contribute to the objectives of the Activity and the outputs required in the individual grant agreement. Specific performance indicators with agreed performance targets will be included in the grant agreement.

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ANNEXURE A6 – POPULATION HEALTH IMPROVEMENT

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

1) Activity summary

The Population Health Improvement Activity (the Activity) forms part of the Program.

The Activity contributes to the Program's objectives by supporting projects that improve population health throughout the life course.

2) Activity outcomes

The Activity aims to reduce the incidence of preventable mortality and morbidity caused by health inequalities and specific population group health issues.

3) Activity objectives

The objectives of the Activity are to:

1. Increase the community's awareness, knowledge and understanding of population group health issues such as reproductive health, breastfeeding, children, men's and women's health.
2. Inform health policy and/or improve practice through the use of evidence based information about specific population group health issues.
3. Improve the health of targeted populations that experience health inequalities or social disadvantage including those based on gender, culture, age and disability.

4) Funding available

Up to \$28.466 million (GST exclusive) over four years, commencing in 2016-17, has been allocated to this Activity from the Program. These funding figures are indicative only and are subject to change as the department reacts to emerging Government priorities. The duration and value of available grants may be advised in the relevant grant opportunity.

5) Timing

Table A: Timing of an average grant opportunity

Grant opportunities may be made available every three years.

Activity	Timeframes*
Application period	6 weeks
Assessment of applications	3 – 6 weeks after closing
Approval of outcomes of assessment	3– 4 weeks after assessment
Award and negotiation of grant agreements	1 – 3 weeks after approval
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

6) Type of selection process

Eligible organisations are able to apply for funding through open competitive, targeted competitive or closed non-competitive grant opportunities. The bulk of grant funding for the Activity will be made available through open competitive grant opportunities. Targeted competitive rounds will be used to address gaps in policy objectives and to address emerging priorities as identified by Government. Closed non-competitive rounds may also be used to build on existing activities.

Definitions of each type of selection process can be found in [Part A, section 3.3](#). The grant opportunity provides detailed information on the applicable type of selection process.

7) Who is eligible for grant funding?

Unless otherwise specified in the grant opportunity for a grant, [Part A, section 2.1](#) of this document identifies the entity types which are eligible for funding.

8) What activities and items are eligible for grant funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. The following activities and items are eligible to receive funding under each of the priority areas:

Raise community awareness and provide information on population group health issues:

- community awareness campaigns addressing health conditions with a particular emphasis on activities that are aimed at high risk and/or special population groups; that address knowledge/or skills gaps, health values, attitudes and/or behaviours; or that encourage primary or secondary prevention;
- identify preventive health and health promotion needs through an evidence-based approach that encompasses research, formative and outcome evaluation; and
- development, provision and maintenance of information and support mechanisms, in online, telephone and print formats, including where appropriate support groups.

Inform health policy and/or improve practice through the use of evidence based information:

- activities which engage stakeholders in the development of health policy in relation to prevention, treatment and control of disease and the provision of health services;
- sponsor activities that promote population health policy, research and best practice implementation of health services;
- collecting and interpreting data for the purpose of informing Government and health professionals for the improvement of clinical processes, and the public by publishing reports on the internet;
- developing and publishing reports, curriculum and web-based material about health issues relating to specific populations; and
- monitoring the effectiveness of programs including prevention, early detection and disease management approaches and reporting on data.

Improve the health of targeted populations:

- fund activities to targeted population groups that provide opportunities to conduct health checks, disseminate relevant health information including on protective measures and/or appropriate clinical management approaches;
- train health professionals and support agencies to identify and address specific health issues within specified population groups;
- develop advice and provide programs for targeted populations to address gaps in response rates and improve the effectiveness of existing activities; and
- provide advice and develop programs to targeted population groups to assist with reducing health inequalities.

Some grant opportunities may target a subset of these activities. In such cases the grant opportunity will identify which activities are eligible for funding.

9) What activities and items are not eligible for grant funding?

The following activities and items are not eligible for funding under the Activity:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- funding of treatment services;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities; and
- clinical trials.

10) Selection criteria

Applications for funding under the Activity will be assessed against selection criteria based on the following questions:

1. Demonstrate how you will implement and deliver the Activity. Your response should address:
 - the key tasks your organisation will undertake to meet the objectives of the Activity; and
 - how you will optimise the uptake and/or impact of the Activity.
2. Outline the key risks or issues that may be encountered in undertaking the Activity and propose strategies or measures to mitigate their impact on the delivery of the Activity.
3. Discuss how you will ensure that the proposed approach to delivering the Activity reflects a collaborative approach. Your response should address the following:
 - details of the strategy for key stakeholder engagement, communication and existing or proposed network(s);
 - existing linkages that are in place that assist in the delivery of the activity; and
 - any proposed or new linkages that will be established to implement the activity.

4. How will the grant continue to benefit the Australian people beyond the funding period?
5. Outline the geographic area / target group you will reach and demonstrate how the Activity will address otherwise unmet needs within that area / group.
6. Complete the attached Budget template and outline the specific components of your organisation's resource requirements to undertake the Activity.
7. Summarise how your organisation will measure how it is achieving the Activity outcomes identified in selection criterion 1. Your response should address:
 - how you will monitor the uptake and/or impact of the Activity; and
 - any strategies you intend to implement to ensure your organisation achieves the activity outcomes.
8. Demonstrate how your organisation's governance, management structure, workforce and facilities will enable effective delivery, monitoring and management of the Activity.
9. Detail your previous experience in delivering similar activities and discuss example/s that demonstrate your past performance in delivering activity objectives and outputs.

Applicants may be required to address specific policies or strategies as part of their response. These questions will be included in the Grant Opportunity / Application Form.

11) Oversubscription / undersubscription

Where the number of suitable applications is greater than the available funding, suitable applications will be ranked in order of policy priority.

Where there are insufficient suitable applications received under a grant opportunity, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

12) Contractual arrangements

Successful applicants will be required to enter into a grant agreement with the Commonwealth (represented by the department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

13) Reporting requirements

Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports; and

- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

Grant recipients may also be required to report against a mixture of quantitative and qualitative performance indicators which measure how well the grant activities contribute to the objectives of the Activity and the outputs required in the individual grant agreement. Specific performance indicators with agreed performance targets will be included in the grant agreement.

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by the Department of Health and Aged Care



Australian Government
Department of Health

**PRIMARY HEALTH
CARE
DEVELOPMENT
PROGRAM**

Guidelines

December 2016

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the Freedom of Information Act 1982
by the Department of Health and Aged Care

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1. Program Overview

These guidelines provide an overview of the arrangement for the administration of the Primary Health Care Development Program (the Program).

Note: These guidelines may be varied from time-to-time by the Australian Government as the needs of the Program dictate. Amended guidelines will be published on the Department's website at: www.health.gov.au

1.1 Program Background

As part of the 2014-15 Budget, the Australian Government consolidated the Flexible Funds into a smaller number of clearly articulated, themed programs to improve alignment to the Government's priorities and directions.

The Program consolidates activities from the:

- former Chronic Disease Prevention and Service Improvement Grants Fund;
- Primary Health Networks;
- former Single Point of Contact for Health Information Advice and Counselling Fund; and
- Health Care Homes Program.

These Guidelines provide the mechanism for the department to implement the objectives listed in the Portfolio Budget Statements for Outcome 2, Program 2.5 - Primary Health Care Quality and Coordination.

Funding for each Activity is outlined in Section 1.4

The Australian Government is committed to providing access to comprehensive primary and mental health care services for all Australians, including Aboriginal and Torres Strait Islander people and those living in rural and remote locations. This is achieved through primary health networks, first point of call services for the prevention, diagnosis and treatment of ill-health and improved collaboration of information and health services for the management of chronic and complex conditions.

1.2 Program Outcomes

The Program provides funding to support activities that improve access to quality primary health and medical services in the community.

1.3 Program Objectives

The objectives of the Program are:

- Continued improvement in general practice, allied health and other activities that will increase capacity, enhance quality care and improve access and health outcomes for patients;
- Improved access to the range and choice of medical and health care services available to target population groups including children, disadvantaged groups, Indigenous populations, and people in regional, rural and remote locations;
- Improved coordination and integration of primary and ambulatory health care;
- Enhanced education, training opportunities, and dissemination of information aimed at improving the quality and efficacy of primary health care services;
- Provision of innovative and cost-effective health and medical care, accurate advice and information about health, illness and available services, to assist people in caring for themselves and their families;
- Provision of the use of current and emerging interactive communication technology such as telephone advice lines, interactive websites and video conferencing, including telehealth;
- Supporting the establishment of the Health Care Home model to provide continuity of care, coordinated services and a team-based approach to care of the patient; and
- Improved collaboration of health information and services to assist people living with complex and chronic conditions to help maintain good health.

1.4 Funding

The Australian Government has committed \$1,456.3 million (GST exclusive) over 4 years for the Program commencing in 2016-17. Of this funding:

1. Primary Health Network: \$1,157.788 million;
2. Health Information, Advice and Counselling Services Network: \$163.162 million;
3. Primary Health Collaboration and Complex Conditions: \$25.462 million; and
4. Health Care Homes: \$111.293 million.

The figures under each Activity over the forward estimates are subject to change with government priorities.

The Minister for Health will be responsible for setting and reviewing priorities for the Program and approving the allocation of funding against these priorities.

Funds appropriated for the purpose of the Program may also be used for the procurement of work directly related to the purpose of the Program, such as evaluation.

2. Eligibility

2.1 Who Is Eligible For Grant Funding?

Unless otherwise specified in the relevant grant opportunity(s), the following types of entities may be eligible for funding. Some grants may only be available to a subset of the below types of legal entity or restricted to selected applicants. Any restrictions will be identified by the Department in the grant opportunity documentation.

- Incorporated association or cooperative incorporated under Australian state/territory legislation
- Aboriginal corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*
- Organisation established through specific Commonwealth or state/territory legislation
- Company incorporated under the *Corporations Act 2001 (Commonwealth of Australia)*
- Partnership
- Trustee on behalf of a trust
- Individual
- Australian local government body
- Australian state/territory government

The Department recognises that, where appropriate, some organisations could form consortia to deliver activities.

Where the Department restricts a funding round to selected applicants, subsidiaries of those applicants may also apply, unless otherwise specified in the relevant grant opportunity document. In such circumstances, subsidiaries will be required to provide proof of their relationship to the entity that was invited to apply for grant funding.

2.2 What Activities Are Eligible For Grant Funding?

Program Activities must be consistent with the outcomes and objectives in section 1 of these guidelines. Information about what specific grants may and may not be used for is available in the Annexures.

2.3 What Activities Are Not Eligible For Grant Funding?

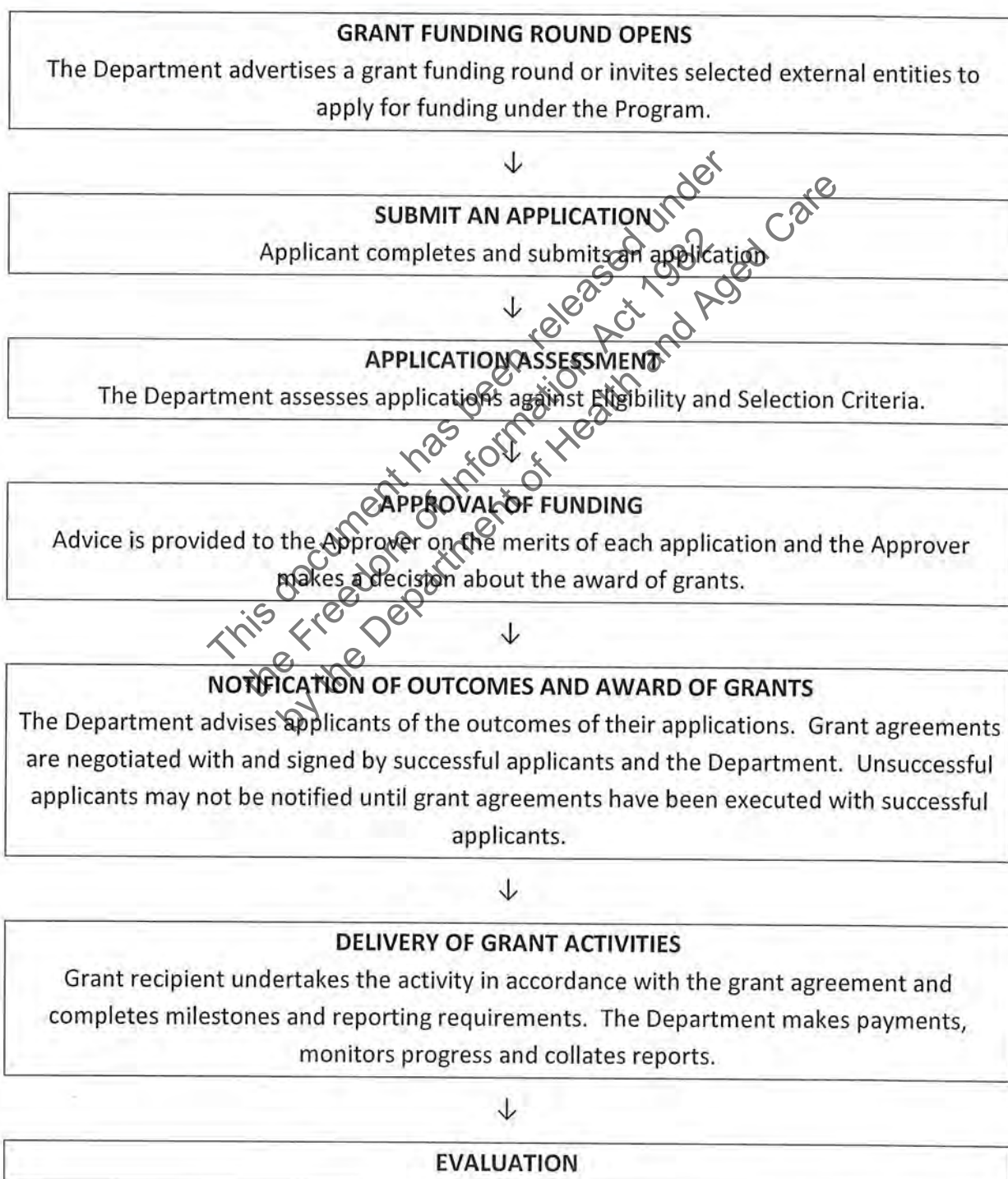
Excluded activities are specified under the Annexures. Funding will also not be provided for activities that duplicate existing funded activities or those that are primarily the responsibility of State and Territory Governments or more appropriately funded through other programs.

3 Grant Application Process

3.1 Overview Of Application Process

All grant opportunities will be undertaken in accordance with the [Commonwealth Grants Rules and Guidelines](#) (CGRGs) and will be consistent with the outcomes and objectives of the Program.

3.2 Grant Program Process Flowchart



The Department evaluates the outcomes of the Activity. The grant recipient provides information to assist this evaluation.

3.3 Types of Selection Processes

When deciding on the appropriate type of selection process, the Department will consider the market for the specific activities to be funded, as well as applying proportionality based on the complexity, value and urgency of available grants.

The Department may use any of the following types of selection process to award grants under the Program:

Open competitive funding rounds

Open competitive funding rounds which will open and close to applications on nominated dates, with eligible applications received during an application period to be assessed against the eligibility and selection criteria, and then prioritised against other eligible applications for the available funding.

Targeted or restricted competitive funding rounds

Targeted or restricted competitive funding rounds which will be open to a small number of potential grant recipients, based on the specialised requirements of the granting activity or projects under consideration.

Closed non-competitive processes

Closed non-competitive processes where applicants are invited to submit applications for a particular grant, and the applications or proposals are not assessed against other applicants' submissions, but assessed individually against other criteria.

Ad-hoc/Unsolicited proposals

Provision will be made under the Program for ad-hoc or unsolicited proposals, provided that they meet the outcomes and objectives of the Program.

The proposal would be to meet a specific need, often due to urgency or other circumstances. The proposal will be assessed by the Department via a direct selection process to ensure it meets the aims and objectives of the Program.

The Department has no obligation to accept an unsolicited proposal. Should the Department decide that it would be appropriate to accept an unsolicited proposal, it will notify the applicant in writing. Acceptance of an unsolicited proposal by the Delegate does not guarantee funding.

The Department will assess unsolicited proposals in accordance with these Program Guidelines. Any decisions by the Department regarding the funding or non-funding of an unsolicited proposal will be final.

3.4 Timing Of Grant Funding Rounds

Table 1 outlines the expected timing of an average open competitive funding round.

Table 1

Activity	Timeframe*
Application period	6 weeks
Assessment of applications	3 – 6 weeks
Approval of outcomes of assessment	1-2 weeks
Award and negotiations of grant agreements	1-3 weeks
Notification to unsuccessful applicants	After execution of grant agreements

* Timeframes are indicative only.

3.5 How To Apply For Grant Funding

For open rounds, applicants may obtain an application pack from the [Department's Tenders and Grants webpage](#). For targeted rounds, the application pack will be supplied to the applicant.

In addition to this document, the application pack may include the following:

Grant Opportunity

The Grant opportunity documentation provides details of each grant being offered, including but not limited to:

- objectives and requirements of the grant;
- activities that are eligible and ineligible for funding;
- additional eligibility requirements;
- opening and closing dates for applications;
- a guide to the amount of funding available for each grant; and
- instructions on how to submit an application for funding.

Application Form

The application form gathers information about the applicant and contains the selection criteria upon which applications will be assessed. Applicants should complete and return

the application form to the Department in accordance with the requirements of the grant opportunity. Submitting an application does not guarantee funding.

Sample Grant Agreement

The Sample Grant Agreement found on the Departmental website comprises a set of standard terms and conditions, supplementary conditions for each activity as required and a schedule specific to the individual grant. Preferred applicants will be required to sign a grant agreement with the Commonwealth, as represented by the Department, before receiving any grant funding. The specific requirements of any grant agreement offered to applicants who are recommended for funding may vary from those in the sample, based on a risk assessment of the applicant and the specific activities to be delivered under the grant.

3.6 Applicant Responsibilities

Applicants are responsible for ensuring that their applications are complete and accurate and submitted to the Department in accordance with the requirements of the grant opportunity.

Applicants should contact the Department immediately if they discover an error in an application after submission. The Department may, at its discretion, request clarification or additional information from applicants that does not alter the substance of an application in response to an omission or error of form. However, the Department is not bound to accept any additional information, or requests to change submissions, from applicants after the application closing time.

Unless otherwise specified in the grant opportunity, applicants may request clarification information from the Department at any time between the funding round open date and last date for questions as advertised in the grant opportunity.

3.7 Submitting An Application

Applications should be submitted to the Department by the date specified in the approach to market documentation and should meet all the requirements outlined below.

Applications should address all of the relevant criteria to be considered for funding. These criteria are outlined in the approach to market documentation. It is important to complete each section of the application form and use the checklist to make sure each requirement has been considered.

Applications must be submitted on the official application form as specified in the grant opportunity documentation.

4 Assessment of Grant Applications

4.1 General Assessment Principles

Where the Department invites Applications for funding under the Program, they will be assessed against the selection criteria and activities outlined in the Annexures A 1-4.

Selection criteria will incorporate the following principles:

- Activity – how the application aligns with the objectives of the Activity;
- Capacity – the applicant's capacity to deliver the activity/ies in an effective and efficient manner;
- Outcomes and benefits – the expected outcomes of the activity/ies; and
- Value with relevant money – the overall value for money offered by the application.

4.2 How Will Applications Be Assessed?

The Department will establish an Assessment Committee to assess applications and make a recommendation to the Approver on which applicants to fund. The Approver would generally be the First Assistant Secretary (FAS) or an appropriate Departmental delegate.

The Assessment Committee will be comprised of representatives of the program policy division, specialist grant application assessors and grant managers. The Assessment Committee may also seek input from external advisors to inform the assessment process. Any non-APS personnel involved in the assessment will be treated as agency staff in accordance with Part 1, section 2.8 of the Commonwealth Grants Rules and Guidelines.

The selection process is undertaken in two stages:

Stage 1 – Eligibility Criteria and Application Compliance

To be considered for further assessment, applications must first satisfy all Eligibility Criteria and any application compliance requirements, as specified in the relevant grant opportunity document. The chairperson of the Assessment Committee will make the final decision on eligibility and compliance.

At the discretion of the Approver, eligibility criteria may be waived where the Department receives an insufficient number of suitable applications for grant funding under a funding round or to fill gaps in service provision. The Department may also contact applicants to clarify their eligibility, at the discretion of the chair of the Assessment Committee responsible for assessing an application for grant funding.

Stage 2 – Selection Criteria

Only applications that satisfy all Eligibility Criteria (if any) will proceed to Stage 2 and be assessed against the Selection Criteria. Applications will then be assessed to ensure value with relevant money is achieved in line with the outcomes and objectives of the Program.

For open competitive funding rounds, the Selection Criteria will be assessed against the rating scale in Table 1. For closed non-competitive funding rounds, the Selection Criteria will be assessed against the rating scale in Table 2.

The assessment against the Selection Criteria will be used to identify those applicants with the capability to best meet the policy priorities of the Program, and may include a ranking of applicants.

Where the assessment process does not identify a preferred applicant, the Department reserves the right to approach and/or broker an arrangement between one or more funding applicants and/or other interested parties.

Table 1: Competitive assessment rating scale

Rating (for individual criterion)	Score
Excellent – response to this criterion, including all sub-criteria, exceeds expectations. Additional evidence* is available and confirms consistent superior performance against this criterion.	9-10
Good – response to this criterion addresses all or most sub-criteria to a higher than average standard. Some additional evidence* is available and confirms good performance against this criterion.	7-8
Average – response against this criterion meets most sub-criteria to an average but acceptable level. Some additional evidence* is available and provides some support for claims against this criterion.	5-6
Poor – poor claims against this criterion, but may meet some sub-criteria. Additional information available may be lacking detail and/or not directly relevant to the criterion.	2-4
Does not meet criterion at all – response to this criterion does not meet expectations or insufficient or no information to assess this criterion. Little or no additional evidence* available.	0-1

*Additional evidence may include specified attachments to the application, previous Departmental experience with this applicant, referee reports or information from other responses in the application.

For closed non-competitive processes and one-off grants, the Selection Criteria will be rated against the scale in Table 2.

Table 2: Non-competitive assessment rating scale

Rating	Description
Highly Suitable	Demonstrates an exceptional understanding of criterion and associated issues. A highly capable response/solution, with demonstrated experience that significantly exceeds that required to perform the work.
Suitable	Demonstrates a satisfactory understanding of the criterion and associated issues. A mostly capable response/solution, with some experience. May have a minor level of risk associated with the proposal. Panel considers the risk to the Government is manageable.
Unsuitable	Fails to demonstrate an acceptable understanding of the criterion and/or the associated issues. A poor response/solution with minimal to no experience. Significant level of risk associated with the proposal.

Specific assessment details will be provided in each application pack.

If the number of suitable applications requires more funding than is available, the Department may rank applications in order of relevance to its current policy priorities.

4.3 Value With Relevant Money

All funds provided under the Program for grants and procurement activities are considered relevant money. The Australian Government is required to make proper use of public resources, including achieving value with relevant money. This principle applies to grant and procurement activities under this Program.

The Department may consider the following factors in assessing whether a grant will achieve value with relevant money:

- whether the requested grant will achieve something worthwhile that would not occur without the grant;
- the applicant's past performance in delivering grant activities funded by the Commonwealth;
- the systems and procedures that the applicant has in place for effectively managing grant funds and achieving objectives;
- the quantum of funds requested to deliver the grant activities; and
- the allocation of grant funds indicated in any indicative budget that forms part of the funding application.

4.4 Approval Of Grant Funding

Following an assessment of the applications by the Assessment Committee, advice will be provided by the committee chair to the Funding Approver on the merits of the application/s. The Approver will consider whether the proposal will make an efficient, effective, ethical and economical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Approver.

The Approver for each funding round may vary under the Program, based on the profile and value of grants, but would generally be the First Assistant Secretary or the designated Assistant Secretary.

4.5 Application Outcomes

Notification of application outcomes

The Department will advise all applicants of the outcomes of their applications in writing following a decision by the Approver.

Unsuccessful applicants may not be notified until grant agreements have been entered into with the successful applicant/s.

Advice to applicants who are recommended for funding will contain details of any specific conditions attached to the funding offer. Funding approvals will also be listed on the Department's website.

Feedback on applications

Unsuccessful applicants may request feedback on their applications from the Department within six months of being advised of the outcome.

The Department will provide feedback in writing within one month of receiving a request for feedback.

4.6 Awarding Of Grants And Contracting Agreement

Award of grants is at the sole discretion of the Approver.

Applicants who are recommended for funding will be required to enter into a grant agreement or contract with the Commonwealth (represented by the Department) before receiving any grant funding.

The Department may use the [Department of Health Standard Funding Agreement](#), the [Commonwealth Low Risk Grant Agreement](#) or the Department of Health Capital Works Standard Funding Agreement to fund grants under the Program.

The standard terms and conditions for the designated agreement will apply and cannot be changed. The Department may apply supplementary conditions to a grant agreement that override standard conditions or add additional conditions, based on the requirements of the specific activity and a risk assessment of the organisation delivering the activity.

There may be specific conditions attached to the funding approval required as a result of the assessment process or the risk rating of an organisation or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations. The Department will negotiate with applicants who are recommended for funding with the aim of having grant agreements signed shortly after a decision by the Approver.

Applicants will not be considered successful and should not make financial commitments in expectation of receiving funding until a grant agreement has been executed with the Commonwealth. Activities that involve the contracting of services will be undertaken in accordance with the [Commonwealth Procurement Rules 2014](#) and will be for purposes that are consistent with the aims, objectives and priorities of the Program.

5 Delivery of Grant Activities

5.1 Grant Recipient Responsibilities

Grant recipients must carry out each activity in accordance with these Program guidelines and the obligations contained in the grant agreement, which includes the [standard terms and conditions](#), any supplementary conditions, and the schedule. The grant agreement schedule will outline the requirements specific to the funded activity.

Grant recipients are responsible for:

- ensuring that the terms and conditions of the grant agreement are met and that the activity is managed in efficient and effective manner;
- ensuring the effective and efficient use of grant funds;
- employing and managing staff required to deliver the activity;
- maintaining contact with the Department and advising of any emerging issues that may impact on the success of the activity;
- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- complying with record keeping, reporting and acquittal requirements in accordance with grant agreement;

- participating in activity evaluation as necessary for the period specified in the grant agreement; and
- ensuring that activity outputs and outcomes are in accordance with the grant agreement.

5.2 Grant Payments

The Department will make payments to grant recipients in accordance with the executed grant agreement. The Department's default invoice process is Recipient Created Tax Invoices (RCTI).

5.3 Reporting Requirements

Applicants should note that if successful, some details of their Activity/ies (including an activity outline, the applicant's name and the amount of funding awarded) will be made public and posted on the Department's website as part of Department's legislative reporting obligations under the *Commonwealth Grants Rules and Guidelines*.

Grant recipients must provide the Department with the reports for an activity containing the information, and at the times and in the manner specified in the grant agreement. Specific reporting requirements will form part of the grant recipient's agreement with the Department.

The Department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

5.4 Risk Management

The Department is committed to a comprehensive and systematic approach to the effective management of risk, including adverse effects and potential opportunities. Contractual arrangements will be managed in proportion to the level of risk to the Commonwealth. As such, applicants and grant recipients may be subject to a risk management assessment, by the Department, prior to the offer of any contractual arrangement and periodically thereafter.

Grant agreements may require supplementary conditions and increased reporting frequency as a result of the Department's risk assessment of a grant recipient for the delivery of a specific activity. The Department may at any time review this risk assessment and vary the grant agreement to introduce or remove additional requirements. Grant recipients may receive different risk ratings for the delivery of different activities and the requirements of each grant agreement will reflect the risk associated with the delivery of that activity.

Grant recipients are responsible for managing risks to their own business activities and priorities. The Department manages risks to Australian Government policy outcomes and relevant money through its management of grants under the Program.

5.5 Program Evaluation

An Evaluation Report may be required as part of the final report to assess the effectiveness of the Activity/ies in delivering the required outputs and deliverables against the performance measures, and how the Activity/ies has contributed to Program objectives and outcomes. If required, the Evaluation Report should identify the learnings and provide recommendations to improve future delivery of similar activities.

5.6 Branding

All publications related to grants under the Program should acknowledge the Commonwealth; requirements are individually defined in Annexures A1-4.

6 Probity and Legislation

The Australian Government is committed to ensuring that the process for providing funding under the Program is transparent and in accordance with these guidelines.

6.1 Complaints Process

The Department's Grant and Procurement Complaints Procedures apply to complaints that arise in relation to grant and procurement processes. It covers events that occur between the time the grant opportunity document is released to potential applicants and the date of contract execution, regardless of when the actual complaint is made. The Department requires that all complaints relating to a grant or procurement process must be lodged in writing.

Any enquiries relating to funding decisions for the Program should be directed to Grant.ATM@health.gov.au.

6.2 Conflict Of Interest

A conflict of interest may exist if Departmental staff, any member of an advisory panel or expert committee, and/or the applicant or any of its personnel:

- has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a Departmental officer;
- has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the organisation receiving funding under the Program.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the activity or any grant agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to an application for funding, external parties must inform the Department in writing immediately. The chair of the assessment committee will be made aware of any conflicts of interest and will handle them in compliance with Departmental policies and procedures.

Conflicts of interest for Departmental staff will be handled in compliance with the [Australian Public Service Commission policies and procedures](#).

6.3 Privacy - Confidentiality And Protection Of Personal Information

Each applicant will be required, as part of their application, to declare their ability to comply with the [Privacy Act 1988](#), including the 13 Australian Privacy Principles, and impose the same privacy obligations on any subcontractors they engage to assist with the activity.

The grant agreement will impose obligations on the grant recipient with respect to special categories of information collected, created or held under the grant agreement. The grant recipient is required to seek the Department's consent in writing before disclosing confidential information.

6.4 Freedom Of Information

All documents in the possession of the Department, including those in relation to the Program, are subject to the [Freedom of Information Act 1982](#) (the FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its agencies. Under the FOI Act, members of the public can seek access to documents held by the Department. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All FOI requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
 FOI Unit
 Department of Health
 GPO Box 9848
 CANBERRA ACT 2601

By email: foi@health.gov.au

For more information about making a freedom of information request for access to documents in the possession of the Department, please visit the Department's [Freedom of Information webpage](#).

6.5 Legislation and Delegation

Australian Public Service staff who are involved in grants administration are accountable for complying with the [Commonwealth Grants Rules and Guidelines](#), and other policies and legislation that interact with grants administration.

The Approver is the Minister for Health, the First Assistant Secretary, or the relevant Branch Head. In approving the award of a grant, the Approver must consider whether the grant activity will make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation. The Approver may require that specific conditions be imposed upon any offer of funding.

7 Consultation

The Department may consult with grant funding recipients to seek feedback on its processes, and/or inform the development of future funding rounds.

8 Taxation Implications

Applicants are responsible for ensuring compliance with appropriate taxation legislative requirements, including the GST and income tax implications of receiving a grant (where applicable). Applicants are advised to seek independent professional advice about their taxation obligations before applying for a grant under the Program.

For general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the [Australian Taxation Office website](#).

9 Glossary of Terms

the Activity	means the specific activity or project that is the subject of a grant or procurement process.
approach to market	means any formal opportunity to apply for grant funding under the Program.
the Approver	means the person with the authority to award funding under the Program.
Assessment Committee	means the panels of assessment staff formed to assess applications for funding.
compliance requirements	means any mandatory requirements around the completion and submission of applications for grants under the Program.
the Department	means the Australian Government Department of Health, unless otherwise stated.
Eligibility Criteria	means the minimum mandatory requirements which applicants must meet in order to qualify for a grant under a funding round.
financial year	means a 12 month period beginning on 1 July of one year and ending on 30 June the following year.
funding round	means any formal opportunity to apply for grant funding under the Program.
grant agreement	means a contractual arrangement between a grant recipient and the Commonwealth, as represented by the Department, including the terms and conditions of the Department's Standard Funding Agreement, any supplementary conditions and the schedule for a specific activity.
grant recipient	means an organisation funded by the Commonwealth to deliver a grant activity.
the Program	means the Primary Health Care Development Program.
relevant money	means money standing to the credit of any bank account of the Commonwealth or a corporate Commonwealth entity or money that is held by the Commonwealth or a corporate Commonwealth entity.
selection criteria	means the set of questions or principles against which applicants' suitability to deliver a grant activity will be assessed by the Department.

Annexure A1 –Primary Health Networks

PHN Annexure – refer to separate PDF files.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health and Aged Care

Annexure A2 –Health Information, Advice and Counselling Services Networks

A2.1 Activity Summary

The Health Information, Advice and Counselling Services Networks (the Network) forms part of the Primary Health Care Development Program (the Program).

The Network is an Australian Government initiative administered by the Department of Health. The Network provides healthcare information, advice and counselling services that are, or will be, provided by selected service providers, including Healthdirect Australia Ltd (HDA).

A2.2 Activity Outcomes

The outcomes of the Activity are:

- People and carers being able to better care for themselves and their families;
- Improved access to accurate advice and information about health and illness related issues;
- Improved access to local health and community services; and
- Improved health literacy and care within the home.

A2.3 Activity Objectives

The Activity aims to:

- deliver to the Australian community, health advice, information and support through multiple communication channels, including telehealth, face-to-face and through emerging online interactive communication technologies such as social media. This reflects the rapidly evolving technologies enabling greater connectivity and ease of use;
- support Australians to make informed decisions over their health and the ways they access medical and health related services. Support will include guiding each consumer to use the most appropriate health service for their needs, based on their location and the availability of local health services;
- provide access to expert advice and support for health professionals outside of standard business hours and / or in areas where there is no general practitioner or other specialist support available;
- manage the pressure on the health care system, particularly public hospital emergency departments, by reducing avoidable demand on face-to-face health care services and by steering people to the right care, in the right place, at the right time, whilst safeguarding patient safety;

- improve access to health practitioners through increased use of telehealth and video-conferencing, particularly for appointments outside of normal business hours, people living with chronic and complex conditions and those living in rural and remote areas; and
- improve access to health services by marginalised and special needs groups, Indigenous people and people from culturally and linguistically diverse (CALD) background through targeted and responsive technology solutions.

A2.4 Funding Available

The Australian Government has allocated \$163.162 million for this grant activity over four years starting from 1 July 2016 to 30 June 2020.

This amount over the forward estimates is subject to change according to government priorities.

A2.5 Who Is Eligible For Grant Funding?

Entity's eligible to apply under this funding activity are listed in Section 2.1 of these guidelines.

Previously, an agreement by the Council of Australian Governments (COAG), the Australian Government and state and territory governments agreed to jointly fund a number of telehealth services provided through HDA under this Activity. .

HDA is a public company limited by shares, established and jointly funded by the Australian Government and the governments of the Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania and Western Australia to deliver healthcare information, advice and counselling services.

The Australian Government may also use the Program to solely fund other services through the Network. In such instances, the Australian Government may elect to fund service providers other than HDA to manage those services on its behalf. The Department recognises that, where appropriate, some organisations could form consortia to deliver activities. A list of services that may be provided through the Network is outlined in Section A2.6

A2.6 What Activities And Items Are Eligible For Grant Funding?

The Minister for Health will be responsible for setting and reviewing priorities for the Network and approving the allocation of funding against these priorities. Selected service providers will then be funded to provide health advice, support and counselling services to the Australian community. These services may include, but are not limited to:

- Symptom Checker – An online tool that can guide people towards the most appropriate care for their stated symptoms. It can serve a large number of people simultaneously for a relatively low cost;
- Nurse Telephone Triage – A registered nurse-operated 24/7 telephone triage service, allowing the public to obtain health triage advice and information, and direction to the most appropriate health service for their needs;
- After-Hours GP Helpline – Providing GP telephone advice and diagnostic services. This service is available to Australian communities who do not have access to face-to-face GP services outside of business hours;
- Pregnancy, Birth and Baby Helpline – A helpline and online information service for people seeking advice about pregnancy, childbirth, and parenting from birth to five years of age; and
- Other additional health information, advice or counselling services as directed by the Australian Government.

A2.7 What Activities And Items Are Not Eligible For Grant Funding?

Activities and items that are not eligible for grant funding will be determined on a case by case basis by the Australian Government and/or HDA shareholders.

A2.8 Overview of the Application Process

All grant opportunities will be undertaken in accordance with the [Commonwealth Grants Rules and Guidelines](#) (CGRGs) and will be consistent with the outcomes and objectives of the Program.

A2.9 Selection Process

Funding available under the Network will be disbursed through either:

- Direct-source funding to HDA; or
- Via restricted or open competitive funding rounds.

Under this Activity, the Department expects to provide the majority of funding for activities through open closed competitive selection processes or unsolicited adhoc proposals. A

closed competitive selection process will be used due to the limited number of service providers in the specified area of expertise.

The grant opportunity document for each approach to market will provide detailed information on the type of selection process that will apply.

A2.9 Timing Of A Grant Funding Round

Unless otherwise specified in the relevant grant opportunity document, the timeframe in the Table 1 in Section 3.4 of these guidelines will apply.

Application periods may vary depending on the complexity and urgency of grants, as well as the type of selection process. Dates and application periods will be confirmed in the grant opportunity document for each funding round.

A2.10 How To Apply For Grant Funding

For information on how to apply, refer to Section 3.5 of these guidelines.

A2.11 Process For Oversubscription Or Undersubscription Of Grant Funding Opportunities

In the event that the funding round is oversubscribed, applications will be shortlisted against the value with relevant money considerations in Section 4.3 of these guidelines. Where there are insufficient suitable applications received under a funding round, the Department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

A2.13 Contractual Arrangements

Contractual arrangements to administer the funding will be specified in a grant agreement/s established between the Australian Government and the selected service provider.

Existing contractual arrangements to administer the funding provided previously to HDA under the Single Point of Contact for Health Information Advice and Counselling Fund are specified in a number of funding agreements and/or Service Definition Management Orders (SDMOs) established between the Australian Government and HDA. This includes an Umbrella Funding Agreement (UFA) and a number of other relevant agreements. These contracts provide for a range of health advice and counselling services to be delivered on behalf of the HDA shareholders.

SDMOs are utilised to define the delivery of services under the UFA or other grant agreements with the relevant provider. These documents define the service/s and funding to be provided, governance framework being applied, reporting requirements, and other contract details.

A2.14 Reporting Requirements

Specific reporting requirements form part of agreement/s with the Department and selected service providers. The reporting requirements for the Activity may include:

- an Activity work plan;
- operational reports at regular intervals as agreed (monthly, quarterly, annually);
- user surveys;
- qualitative and quantitative monitoring and reporting;
- safety and quality reporting;
- annual and monthly financial reports;
- independently audited financial statements;
- a final report for funding acquittal purposes; and
- other ad hoc reports as required.

The Department continues to assess any risks posted by the performance of selected service providers to the Department during the life of the agreement/s, and reporting requirements/funding levels may be adjusted accordingly.

The Department is responsible for assessing the information provided in progress reports and monitoring the performance of selected service providers. Performance reports may contain but are not limited to the following:

- milestones or other outcomes completed during the reporting period;
- a summary of the data stipulated in the grant agreement;
- a response to the performance indicators listed below;
- a summary of any issues, problems or delays with the Activity and how the grant recipient is addressing them; and
- the extent to which the Aims and Objectives have been met.

Due to the broad nature of the work conducted, and the changing nature of priorities under this work stream, the specific requirements for progress reporting will be contained within the individual grant agreements.

A2.15 Performance Indicators

To assist the Department to assess whether the Activity outcomes have been achieved, grant recipients will be required to meet or exceed minimum service standards and requirements.

Due to the broad nature of the services provided, and the changing nature of priorities under this program, the specific requirements for performance indicators will be contained within the grant agreement, statement of works, SDMO, or progress reporting templates, but may include some or all of the following:

- user satisfaction rating for the service provided;

- number of complaints received;
- average time to answer calls;
- call abandonment rates;
- proportion of calls where a 'long wait' message is activated;
- instances of service downtime (web/telephone outages); and
- monitoring and evaluation of calls for quality assurance and training.

A2.16 Branding

Program branding is a requirement and must be applied as directed by the Department or as specified under the activity grant agreements or contracts.

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the Freedom of Information Act 1982
by the Department of Health and Aged Care

Annexure A3 – Primary Health Collaboration and Complex Conditions

A3.1 Activity Summary

The Primary Health Collaboration and Complex Conditions activity (the Activity) forms part of the Primary Health Care Development Program (the Program).

The Activity aims to help people living with chronic and complex conditions maintain good health and quality of life by supporting primary health care organisations and health care providers to improve care and collaboration.

A3.2 Activity Outcomes

The outcomes of the Activity are:

- Improved patient outcomes through better management of chronic and complex conditions through integrated, multidisciplinary team based care;
- Improved protocols, procedures and service delivery methods to increase efficiency within primary health care organisations and care providers;
- Better use of evidence based research and data to support best practice care through the development and implementation of guidelines and policy advice;
- Enhanced clinical reporting and functionality (for example, data cleaning to produce valid registers and reports);
- Development of proactive, population based care initiatives in local communities;
- Increase knowledge about health care and health services amongst patients, carers and families; and
- Strengthening health care professionals' knowledge and capacity to manage chronic and complex conditions through education and training.

A3.3 Funding Available

The Australian Government has allocated \$25.462 million for this grant activity over four years starting from 1 July 2016 to 30 June 2020.

This amount over the forward estimates is subject to change with government priorities.

A3.4 Who Is Eligible For Grant Funding?

Entity's eligible to apply under this grant funding activity are listed in Section 2.1 of these guidelines.

A3.5 What Activities And Items Are Eligible For Grant Funding?

Applications for funding should be consistent with the outcomes and objectives of the Activity. Some funding rounds may target a subset of these activities. In such cases the

grant opportunity documentation will identify which activities are eligible for funding. These activities may include but not limited to:

- Improving models of primary health care that support better outcomes for patients;
- Support activities that enhance health care professionals capacity and improve access to primary care programs and services;
- Improvements to primary health care infrastructure to increase capacity and functionality;
- Supporting engagement with the primary health sector (including allied health networks) to improve case management and patient outcomes;
- Improving management, protocols, procedures and service delivery methods for complex and chronic conditions to increase efficiency and improve patient outcomes; and
- Increase education and training of primary healthcare professionals to strengthen knowledge and the capacity to manage chronic and complex conditions.

A3.6 What Activities And Items Are Not Eligible For Grant Funding?

The following types of activities will **not** be funded under the Program:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- the purchase or repair of equipment or motor vehicles;
- retrospective items/activities;
- lobbying and activities which support political parties or campaigns;
- activities which subsidise commercial activities; and
- clinical trials.

A3.7 Overview Of The Application Process

All grant opportunities will be undertaken in accordance with the [Commonwealth Grants Rules and Guidelines](#) (CGRGs) and will be consistent with the outcomes and objectives of the Program.

A3.8 Selection Process

The Department expects to fund the majority of Primary Health Collaboration and Complex Conditions activities through closed competitive selection processes or unsolicited adhoc proposals. The Department reserves the right where specific expertise is required to funding other service providers. A closed competitive selection process may be used due to the limited number of service providers in the specified area of expertise.

The Department reserves the right to use any of the selection processes found in Section 3.3

of these guidelines.

Definitions of each type of selection process can be found in Section 3.3 of these guidelines. The grant opportunity documentation for each approach to market provides detailed information on the applicable type of selection process.

A3.9 Timing of Grant Opportunity(s)

Unless otherwise specified in the relevant grant opportunity document, the timeframe in the Table 1 in Section 3.4 of these guidelines will apply.

Application periods may vary depending on the complexity and urgency of grants, as well as the type of selection process. Dates and application periods will be confirmed in the grant opportunity document.

A3.10 How To Apply For Grant Funding

For information on how to apply, refer to Section 3.5 of these guidelines.

A3.11 Process For Oversubscription Or UnderSubscription Of Grant Funding Opportunities

In the event that the funding round is oversubscribed, applications will be shortlisted against the value with relevant money considerations in Section 4.3 of these guidelines. Where there are insufficient suitable applications received under a funding round, the department may seek to fill any gaps in policy objectives through targeted approaches to selected applicants.

A3.12 Selection Criteria

Applicant will be assessed against the selection criteria outlined in the grant opportunity documentation and application form. Selection criteria for the Activity may include the following:

- Outcomes and Benefits – how the application aligns with the objectives of the Activity – for example to improve patient outcomes.
- Impact – Will the activity result in a positive result for the community? For example, will the application result in improved patient outcomes, or improve efficiency within primary healthcare organisations?
- Capacity – the applicant's capacity to deliver the Activity in an effective and efficient manner. For example, the Department may look at previous performance by the applicant in grant management.
- Demonstrated Need - is the application addressing a need in the community that would otherwise be unmet?

- Approach – Has the applicant clearly described their proposed approach for meeting the objectives of the Program?
- Innovative Ideas – Is the application a new idea, or based on a previous program or grant?
- Competition – Is another organisation delivering a similar service, or are other grants directing funding into this area of healthcare?

A3.13 Contractual Arrangements

Successful applicants will be required to enter into a grant agreement or contract with the Commonwealth (represented by the Department). The terms and conditions of the Standard Funding Agreement will apply to grants funded under this Activity.

A3.14 Reporting Requirements

Specific reporting requirements will form part of each funded organisation's agreement with the Department. The reporting requirements for the Activity may include:

- an Activity work plan;
- six monthly performance reporting;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the Department's risk assessment of each grant. Risk assessments may be reviewed by the Department at any time during the life of the agreement and reporting requirements may be adjusted accordingly.

The Department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients. Performance reports may contain the following:

- milestones or other outcomes completed during the reporting period;
- a summary of the data stipulated in the grant agreement;
- a summary of any issues, problems or delays with the Activity and how the grant recipient is addressing them; and
- the extent to which the Aims and Objectives have been met.

A3.15 Performance Indicators

To assist the Department to assess whether the Activity outcomes have been achieved, grant recipients and contractors will be required to report against Quantitative and Qualitative performance indicators to be developed in the performance reports for the Activity. These could include, for example:

Quantitative

- Achievement of minimum numbers of participants and/or number of education, training, or awareness raising opportunities;
- Adoption of new collaborative methods by primary health care organisations;
- Development of primary health care related guidelines, procedures and manuals; and
- Development of evidence based policy and procedures.

Qualitative

- Compliance with any relevant standards and processes;
- Improved confidence in integrated multidisciplinary team-based care models by health professionals;
- Strengthened community/patient health care, professional knowledge, and capacity;
- Confidence in evidence based research, data collection and policies developed; and
- Patient satisfaction responses.

A3.16 Branding

All publications related to grants under the Program should acknowledge the Commonwealth as follows:

“This [name of activity] is supported by funding from the Australian Government under the Primary Health Care Development Program”

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Annexure A4 – Health Care Homes

HCH Annexure – refer to separate PDF files.

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s22

From: MGC
Sent: Wednesday, 6 March 2019 10:31 AM
To: MGC
Subject: MC19-003783 - O'Rourke

Categories: Beckett to action

MC19-003783

****URGENT** M response and MIR required.**

Minister	HUNT	Action	Minister Reply
Division	PHSD	Milestones	
Portfolio Agency - email required?	No	ELECTORATE MAIL	No
Linked PDRs		MGC team	/Prog Del

Allocations use only: JJ

From: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>
Sent: Wednesday, 6 March 2019 10:19 AM
To: MGC <MGC@health.gov.au>
Cc: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>
Subject: Highly urgent M response and attached - due COB today MIR: feedAustralia Contract and Funding [SEC=UNOFFICIAL]

Good morning

Could we please have an urgent M response with an attached MIR (quick issues brief, as referred by the Minister below) on the topic.

If the recently prepared info brief that Richard refers to is tailored enough then please include that information but please put it on an MIR template, I don't want send the previous brief as if to say 'you've seen this'.

The M response and accompanying brief are due 4pm today – please email to DLOs, no need for hard copy at this stage.

Jess

Jessica Pratt
 Departmental Liaison Officer

Office of the Hon Greg Hunt MP
 Minister for Health
 E: Minister.Hunt.DLO@health.gov.au
 T: 02 6277 7220 | M: s22

Direct line: 02 6277 s22

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s11C @health.gov.au>
Sent: Wednesday, 6 March 2019 10:05 AM
To: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>
Subject: FW: feedAustralia Contract and Funding [SEC=UNOFFICIAL]

Hi Jess

See request from Minister below.

Can the Department please include the recently prepared info brief on the topic please

Ta

s11C

From: Hunt, Greg (MP) <Greg.Hunt.MP@aph.gov.au>
Sent: Tuesday, 5 March 2019 10:32 PM
To: s11C @health.gov.au>
Subject: Fwd: feedAustralia Contract and Funding [SEC=No Protective Marking]

Hi s11C

I thought we gave them a significant sum of funding.

Can I get a QIB and a draft reply by COB tomorrow please.

Sent from my iPad

Begin forwarded message:

From: Ruby O'Rourke <ruby@healthyaustralia.org>
Date: 4 March 2019 at 3:42:08 pm AEDT
To: "Hunt, Greg (MP)" <greg.hunt.mp@aph.gov.au>
Subject: feedAustralia Contract and Funding

Hi Greg,
 The last email exchange was that you were going to speak to Dan Tehan about feedAustralia. You said you knew how important it is. But I didn't hear back from you, except that the Dept of Education advisor 'Brooke' had a meeting with my team in October and cursly informed us that the Department had no appetite for feedAustralia.

Then I hear through Richard Temperley that Education have cited incorrect assertions that we wanted feedAustralia mandated into Education. We never stated this, at any point.

I then get a letter from Education last week stating that I stated that the Minister Dan Tehan agreed for feedAustralia to be integrated into CCS. I never stated that ever. And furthermore that the CoS was of the understand that the Department made no

commitments either.

The issue is that because I came and met you with Bruce Bilson some years ago, you took a program that you may not have ordinarily met with a small person like me about directly. You said to me at the time, and wanted your picture taken in front of the flag, saying you'd like me to do media with you.

Then Bruce Bilson was castigated about a contract with the Franchise Council while still under parliamentary salary. This was mitigated through an internal enquiry which found no intent from Bruce to misinform the parliament. The problem with that is that Bruce also worked for HubHello, whereby he assured our lawyers through contracting and work of 12 months, that he was working for Franchise Council for free as Chair. He had a duty to disclose other earnings. He not only did not disclose the \$75k, he told us he was working for free so he could keep his hand in the franchise world, and his brand.

Why do I say this? Because, after Bruce was exposed from colleagues in Liberal Party as he said, I had the ABC contact me to discuss Bruce's employment with us. I rang Paul Fletcher and discussed this at the time, and he advised me to say 'no comment'. I did that. I did not betray the trust of Paul, or the party, even though I felt very annoyed that Bruce had also been dishonest with me. I carried the silence on behalf of the team.

Since that event that was completely down to Bruce's own behaviour, you stopped communicating with me, and also reversed on your enthusiasm for an announcement with me for feedAustralia. I was a casualty of Bruce's misbehaviour, and your distancing yourself of both me and feedAustralia since that.

There was no other reason for the sudden change in the enthusiasm from you, and the genuine excitement at the feedAustralia opportunity for you as minister for healthy children and so many Australian families.

In my contract with Health, there is a clause which requires me to pursue the mandate of integration with the Department of Education's CCS. The Department of Education had for years prior, collaborated through different parties during the build of feedAustralia, during the process of demonstrating National Benefit and the requirement for collaboration with the Department. In fact, the Department of Education in 2018 told me through David Atkins that he met with Health's head of Population Health on feedAustralia and both agreed the project was beneficial for both. In fact David Atkins said to me he spoke with Lisa and 'she told me what they wanted out of feedAustralia, and I told her what we wanted out of feedAustralia, and we both agreed it was of mutual benefit'. David rang me to tell me this. Please feel free to confirm.

Since the new Child Care Package, my reputation in my small business has suffered irreparable damage. And it cost me time and effort in redirection for feedAustralia, as Malcolm was ousted and the Minister for Education was changed. In fact, Bruce and I met with Simon Birmingham in 2017 and he agreed to make feedAustralia part of CCS, as well as the child protection system Protect. In fact he asked us to help him with CCS, 'and I will help you with your programs'.

I had meeting after meeting with Bruce and Scott Morrison, Bruce and Tudge, Bruce and Christian Porter, Bruce and you, Bruce and Sezelja, Bruce and Simon Birmingham etc whereby activities were agreed. In fact Christian Porter even got us

to provide him with analysis of parents who were drinking or taking drugs, from the child protection program, for the Centrelink benefits test. Then Bruce gets in trouble and feedAustralia and PROTECT are no longer on the agenda nor are the prior activities any further acknowledged. All I cared about was the benefit to children, yet, I have been dragged into the politics of perception because of the cronyism that is currently being called out. I didn't know that Bruce getting meetings with you all would be considered favouring the inside.

The issue I have is that I have a contract with Health, which has been paid for, to deliver certain outcomes, one of which is to pursue the integration with Education. Education have time and again misled the new minister, since I made a formal complaint to Simon Birmingham about the Department just weeks before Dan Tehan took over. Education have caused brand damage to feedAustralia with Health, because since then, we have had threats of non funding continuance from Health, due to reputational damage I am giving to Education.

At what point does the government stand up for small business, charities and individuals who are only pursuing what they are given mandate to pursue. At what point does the Dept of Health help a contractor resolve the matter with Education, rather than expect that the contractor needs to manage the disparity between Health's expectations and Education's resistance. Why am I stuck in the middle of what is clearly a department to department (so whole of government issue) to resolve? Why did the Dept of Health sign a second contract regarding the mandate for feedAustralia in Education if there was no common knowledge that Education were agreeable to integrating.

Why do the Australian families have to suffer because of the behaviours of government, when all I have done is ask for reasonable due diligence and support.

Once again, I am stuck in a rut. Being told before Christmas that we were going to be a champion for the Minister for Healthy Children and the \$3m at \$1pchild for families was a great joint announcement for yourself and Bridget McKenzie, and the feedAustralia research was a great joint announcement for Health and Education.

Further there was the Obesity Summit, which we were supposed to headline act, prior to the mid march announcement. I was cancelled on the day of the Obesity Summit while Bridget McKenzie mocked filling not feeding.

None of this is acceptable behaviour. It is subversive and has been completely mismanaged from you and from the Dept of Education. It is unfair, and leaving me hanging out to dry. It is unjust and playing to reputational control rather than behaving in a transparent and moral way.

I might be someone who isn't willing to accept the money and be quiet, because I want to see outcomes for children, which I truly believed you did too. But your lack of support and isolation is like domestic violence. Give me no air to breathe, while still needing to fulfill a contract you wanted, and supported, including twice assessing the activity plans for integration into Education. Why have I had to do this alone. This is a comedy of errors whereby I am a casualty of knowing Paul Fletcher who introduced me to Bruce Bilson, who introduced me to you, who gave us a contract and then dumped on me, as Bruce brought negative attention to access to ministers and I happened to be attached to that.

Child obesity and domestic violence/child abuse prevention failure is the end game

of politics protecting itself, instead of caring how you treat other people like me who are so small you can just blow and I dissolve to a non event.

I am very upset with you Greg. Stating today you won't do the announcement for feedAustralia yet again, is the biggest disappointment, as you string us along waiting for confirmation of the new funding again. This is domestic violence, how it perpetrates, but from the authority in the relationship. Because I work my arse off and deliver with feedAustralia. I work my arse off and deliver because I care about the children more than my own status. I challenged the Dept of Education because they have misled and behaved in unconscionable ways that have hurt children at risk, children's health, families survival, services and small business survival. They have acted with impunity. I expected you would and were so much better than that Greg. I truly believed you when I sat in your office. I truly thought you were a very smart guy who genuinely got the legacy you were building for children's health.

I will challenge what I perceive to be corruption or misleading the public. If all this ends, I am certainly going to release that Victoria was able to persuade the Commonwealth to be anticompetitive, which is a crock of crap. That in of itself, has caused the sustainability of feedAustralia to be in peril, because it is the second largest state in the country, for childcare numbers. You cut us off from promoting in that state, and we accept your position on the basis of continued funding for the program.

There is no mismanagement on my part. Simply challenging the diplomatic course of playing the game to sustain funds. Government should not have that much control, it is not accountable to Australians. This behaviour is coercive, duplicitous, selfish, harmful to Australian's and not the sort of thing that any handshake could say was worth of honour.

If you just think for one minute about what situation you have put me in, with regards to managing the outcomes of a contract that involves two discreet portfolios, yet under the same organisation called Commonwealth Government, you will certainly see what a difficult and potentially explosive problem I've been charged with. If this went to audit, I am certain there would be questions of 'why did Health sign that contract if this was not checked as achievable'.

Secondly, if probity examined this, I think there would be a clear problem of the Bruce Bilson access. If feedAustralia is stopped because of all these things, this is worse. You must demonstrate the program has benefit, and not demonstrate that your decisions are based on the unfortunate situation I have been place in the middle of.

If you do stop the program after being told it was all steam ahead before Christmas, then it will seem prejudicial based on the complaint from Education and the cronyism issues of the original funding of feedAustralia.

I think feedAustralia is a vital opportunity for you, and I want you to believe I have been loyal and positive for you and for your ingenious legacy for children's health moving into adulthood. I'd also like to see that you won't be dictated to by Education, which seems that from Richard's comments that 'the reputational damage to Education' may mean feedAustralia cannot be funded further.

We like Richard Temperley, however this is co-ersion. This is completely the behaviour that Education push onto other people. I don't believe Richard was

intending to be coercive, but it certainly placed a lot of stress and guilt onto me, knowing that if I continue to hold the Dept of Education to account, then millions of families will likely miss out on the health care they deserve.

What do you want me to do Greg? Just lie down and say 'yes, treat me and the rest of Australia with abuse'. How can I do that, having come from a lifetime of powerful people abusing their authority for personal advantage? How can I do that, having my identity discounted for the sake of protecting the identity of you and ministerial colleagues? Why is my name foresaken, when I didn't put myself in the situation of Bruce misbehaving, and I didn't expect to be in the middle of Health and Education with a contract that Health and Education should have sorted out and confirmed prior to signing.

I am just as human as you. I have a child too, as a single mother. I have a good initiative and I have a chess board of players I don't know how to navigate.

Even the dragging of this causes us incredible stress because Nutrition Australia are telling everyone we have no continued funding, the Victorian Government won't let us promote there, under this contract, so we are limited in sustainability management, and our relationships with the states were all notified of the ongoing Commonwealth engagement.

Just do the right thing please... and launch feedAustralia and fund it as was discussed, so we can actually deliver a program that is sustainable and we get a chance to go beyond managing commonwealth portfolios as a major activity.

Getting funded from underspend on the 30th day of June does not provide us with much leeway to exercise outcomes in a well managed way. We need certainty Greg.

Greg, denying me any transparency or comprehension, does not help me in anyway feel that there is goodwill here. And that being the case, left with 4 months out, tell me, how do I address the public, the election, the ombudsman, the sector, the other parties, the states with the story of feedAustralia's demise. How do I even address putting a pricing model on this, when it is a Commonwealth sponsored program. How do I tell the states that you changed your mind. And how do we get any momentum at any time, if along the way, we don't tell the story of Government sustainability, hence our continued pressure of the government to be honest with us so we can be transparent with the people.

There it is. As straight up as you like. I would like for you to committ to the program based on it's bona fides and the \$4m the government has spent building it over the last 6 years, and the \$2m your department has spent getting it up to speed for each state, and territory and promoting it. What's the point of all that, if you dump it because I have represented a personal challenge to the government's reputation by exposure of Bruce and accountability of Education. I don't know that any reason is going to pass any pub test. And all you can do is continue to suffocate me until I either pass out, or take this public at further and great personal cost.

Either way, you should and must do what is right for Australia, not for your or your party's personal gain. I beg you to be an honourable man. I expect you to be as I believed in you enough to work my guts out and fight a fight, that you should have had, not me.

Ruby O'Rourke

CEO Healthy Australia

We are part of Humanity, let's contribute to our Legacy

Important - This email and any attachments may be confidential. If received in error, please contact us and delete all copies. Before opening or using attachments check them for viruses and defects. Regardless of any loss, damage or consequence, whether caused by the negligence of the sender or not, resulting directly or indirectly from the use of any attached files our liability is limited to resupplying any affected attachments. Any representations or opinions expressed are those of the individual sender and not any companies connected to the individual sender.

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MINISTERIAL INFORMATION REQUEST

MC19-003783

Date Sent to MO: 06/03/19

MINISTER: Minister Hunt

Issue: UPDATE ON HEALTHY AUSTRALIA Ltd. (feedAUSTRALIA PROGRAM)

Response:

Key Issues:

Funding agreement

1. The Government funded Healthy Australia Ltd from 2017-2019 to implement a technology-based platform (feedAustralia) online menu planning tool aimed to support child care services to provide meals to better meet the Australian Dietary Guidelines.
2. The program is available to early childhood and education care services who voluntarily choose to access it. The program is not mandatory.
3. Since registrations commenced on 1 March 2018, at least 800 Australian early childhood and education care services have started using the feedAustralia tool and over 1,800 services are registered for the program.

Current situation

4. On 4 March 2019, Ms Ruby O'Rourke, CEO of Health Australia Ltd contacted Minister Hunt's office via email requesting continuity of funding to enable the feedAustralia program to continue to be implemented. Ms O'Rourke also expresses concern about Department of Education limiting the implementation of the activities which Healthy Australia has been funded to deliver in relation to integration of software platforms.
5. It is understood there were some initial discussions between Healthy Australia and the Department of Education about the potential to integrate the feedAustralia into the Department of Education's Child Care Subsidy Scheme to allow information such as children's age, dietary requirements, and allergies etc. to link between the software.
6. The Department of Education has since advised that the feedAustralia program cannot be integrated into the Child Care Subsidy scheme.
7. The feedAustralia software can still operate without integration with the Child Care Subsidy scheme. There is no barrier to the feedAustralia tool being rolled out to services which have expressed a need for it.
8. State and territory health departments also provide menu planning guidelines and benchmarks based on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating to assist child care services to plan menus.
9. The grant agreement with Healthy Australia ends on 31 December 2019 (activities within the grant end on 30 June 2019). s47C

Ms O'Rourke's lobbying

10. During January and February 2019, Ms O'Rourke undertook a 46 day hunger strike protest and social media campaign to raise awareness on the need to improve nutrition in early child care centres in Australia. Ms O'Rourke claimed 95% of child care services do not adhere to the Australian Dietary Guidelines.
11. Ms O'Rourke called on the Government to mandate healthy meals in regulated services, including child care centres; and to integrate the feedAustralia program into the Child Care Subsidy scheme.

12.

s47C

Background:**Current Funding Agreement with Healthy Australia**

- The current funding agreement with Healthy Australia for \$840,000 (GST exclusive), which was executed on June 2018. The funding was paid out of the 2017-18 financial year for implementation for the 2018-19 financial year.
- It is expected that Healthy Australia will engage with appropriate representatives to promote uptake and usage of the program.
- The Department is satisfied Healthy Australia has met the objectives under the funding agreement, including engaging with the Department of Education. There is one progress report outstanding under the agreement, due 31 October 2019.
- The Department of Education does not have a contractual agreement with Healthy Australia Ltd to mandate healthy food compliance in child care centres.

Early Childcare Standards

- The Department of Health has no role in mandating food quality standards relating to child care centres.
- The Australian Children's Education & Care Quality Authority (ACECQA) is an independent national authority to assist governments in implementing the National Quality Framework for children's education and care, which sets out requirements for healthy eating and nutrition in early childhood education and care services.
- Standards required for early childcare centres, including nutrition, are set through state based law, which are regulated by state regulators.
- A National Quality Standard requires all child care services to actively promote healthy eating and provide adequate, nutritious food for early childhood (0-5 years) based on the Australian Dietary Guidelines and taking into account a child's growth and development needs and specific cultural, religious or health requirements.

Australian Dietary Guidelines

- Data from the Australian Health Survey (2011-12) (most recent data available) indicates that less than one percent of 2-3 year olds met the recommended 2½ serves of vegetables and legumes/beans per day. Around half of children in this age group consumed the recommended 1 serve of fruit per day*.

- The Department of Health recognises the need to promote healthy eating for all Australians, and has supported feedAustralia in its efforts to help address the rising burden of chronic disease and improve the health of children.
- The Department of Health also recognises the importance of childcare centres in providing meals for young children in care and ensuring that childcare centres are provided with tools to assist in aligning menus to the Australian Dietary Guidelines.

***Source(s):** *Australian Health Survey: Consumption of food groups from the Australian Dietary Guidelines, 2011–12*

Budget/Financial Implications:

- The Department of Health has provided Healthy Australia Ltd with funding of \$1.929 million (GST Exclusive) to implement the feedAustralia program in childcare centres as follows:

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Total Amount	\$ 1,929,000	\$ 192,900	\$ 2,121,900

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Minister **Hunt**

PDR Number **MC19-003783**

Issue **feedAustralia Contract and Funding**

Contact Officer **Tiali Goodchild**
02 6289 7318
s22

Clearance Officer **Lyndall Soper**
02 6289 8406
s22

Division/Branch **Population Health and Sport**

Adviser/DLO Comments:

**Return for
Redraft** ☐

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s47C

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s22

From: MGC
Sent: Monday, 25 March 2019 5:16 PM
To: MGC Program Delivery
Subject: FW: MC19-003783 additional information [SEC=OFFICIAL]

Categories: SARAH

MC19-003783 additional information - PHSD

From: Minister Hunt DLO
Sent: Monday, 25 March 2019 5:02 PM
To: Minister Hunt DLO; MGC
Subject: RE: MC19-003783 additional information [SEC=UNOFFICIAL]

I'm not too sure why MC19-003783 is ready for publication and has been since 5 March – there is no signed copy uploaded.

I don't think it's been actually signed. Is it possible to change the status to redraft?

Jess

Jessica Pratt
 Departmental Liaison Officer

Office of the Hon Greg Hunt MP
 Minister for Health
 E: Minister.Hunt.DLO@health.gov.au
 T: 02 6277 7220 | M: s22
 Direct line: 02 6277 s22

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: Minister Hunt DLO
Sent: Monday, 25 March 2019 5:00 PM
To: MGC
Cc: Minister Hunt DLO
Subject: MC19-003783 additional information [SEC=UNOFFICIAL]

Good afternoon

The Department prepared an MIR/brief to accompany MC19-003783.

The Minister's comments are "Please hold letter. What is the Department's advice on and possibility of extending for one more year on the same basis?"

I will send back the PDR and PHSD can decide how they would like to this to be logged, whether it's a formal linked info brief to MC19-003783 or happy to update the MIR.

Grateful for the additional advice by COB Friday 29 March.

Thanks,
Jess

Jessica Pratt
Departmental Liaison Officer

Office of the Hon Greg Hunt MP
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E: Minister.Hunt.DLO@health.gov.au
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s22

From: MGC
Sent: Tuesday, 26 March 2019 2:59 PM
To: MGC Program Delivery
Subject: FW: MC19-003783 additional information [SEC=OFFICIAL]

For appropriate action.

Thanks

s11C

From: Minister Hunt DLO
Sent: Tuesday, 26 March 2019 1:58 PM
To: MGC
Cc: SOPER, Lyndall ; Minister Hunt DLO
Subject: RE: MC19-003783 additional information [SEC=UNOFFICIAL]

Hi MGC

I have discussed MC19-003783 with the CoS and no further action is required, please disregard the below email.

Could you please send MC19-003783 back to the MO and we will ask the Minister to review next week as we will need to respond to close the loop.

Thanks,
 Jess

Jessica Pratt
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12 s47C

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Minister **Hunt**

PDR Number **MC19-003783**

Issue **feedAustralia Contract and Funding**

Contact Officer **Tiali Goodchild**
 02 6289 7318
 s22

Clearance Officer **Lyndall Soper**
 02 6289 8406
 s22

Division/Branch **Population Health and Sport**

Adviser/DLO Comments:

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12. s47C

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The Hon Greg Hunt MP
Minister for Health

Ref No: MC19-003783

Ms Ruby O'Rourke
 Chief Executive Officer
 Healthy Australia
 Suite 309
 530 Little Collins Street
 MELBOURNE VIC 3000

1 APR 2019

Dear Ms O'Rourke

I refer to your email of 4 March 2019 concerning the grant agreement between my Department and Healthy Australia Ltd which aims to support implementation of the feedAustralia online menu planning tool in early childcare centres in Australia.

I understand the grant agreement between my Department and Healthy Australia provides funding to support Healthy Australia to pursue opportunities to integrate the feedAustralia software into the Child Care Subsidy Scheme (CCSS) software. While I appreciate there was some initial discussion on the potential for this software integration, I am advised the Department of Education cannot integrate the feedAustralia program into the CCSS software. I appreciate the strong efforts you have made to pursue the opportunity for software integration and consider that you have fulfilled the requirement in relation to this aspect of the grant agreement.

I do not consider this limits the potential for feedAustralia to support early childcare centres in Australia to provide meals that meet the Australian Dietary Guidelines. I understand the feedAustralia software can still operate without integration with the CCSS software and there is no barrier to the feedAustralia software being rolled out to services which have expressed a need for it. I appreciate Healthy Australia's continued support in assisting Australian children to eat well and acknowledge your efforts in rolling out the feedAustralia program to over 1,800 early childcare centres which have registered for the program.

As you are aware, the current grant period for feedAustralia ends in December 2019. I am satisfied that Healthy Australia has broadly met the aims of the grant, noting that two progress reports are still pending to my Department. I wish you well with the remaining activities under the agreement and the continued rollout of feedAustralia.

Thank you for writing on this matter.

Yours sincerely

Greg Hunt

s22

From: s11C
Sent: Thursday, 4 July 2019 3:50 PM
To: MGC Program Delivery
Cc: s11C
Subject: RE: MC19-0010281 FW: feedAustralia [SEC=OFFICIAL]

Categories: s11C

Hi s11C

As discussed please see below advice from Minister's office not to call Healthy Australia.

Kind regards

s11C

From: s11C <s22@health.gov.au>
Sent: Tuesday, 2 July 2019 5:22 PM
To: GOODCHILD, Tiali <Tiali.Goodchild@health.gov.au>
Cc: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>; PHSD Coords <phsd.coords@health.gov.au>; Preventive Health Coordination <Preventive.Health.Coordination@health.gov.au>; SOPER, Lyndall <Lyndall.Soper@health.gov.au>; s11C <s22@health.gov.au>
Subject: RE: feedAustralia [SEC=OFFICIAL]

Brief to include

- Overview of funding breakdown and the purpose of funding
- The nature of FeedAustralia as a private business
- The issue Ruby has had with Education and the response Minister Hunt provided
- A suggested way forward for future funding given there are other providers in this space

s11C

From: s11C
Sent: Tuesday, 2 July 2019 5:20 PM
To: GOODCHILD, Tiali <Tiali.Goodchild@health.gov.au>
Cc: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>; PHSD Coords <phsd.coords@health.gov.au>; Preventive Health Coordination <Preventive.Health.Coordination@health.gov.au>; SOPER, Lyndall <Lyndall.Soper@health.gov.au>; s11C <s22@health.gov.au>
Subject: RE: feedAustralia [SEC=OFFICIAL]

Yes that's fine

Please progress the brief to the Minister as discussed.

Ta

s11C

From: GOODCHILD, Tiali <Tiali.Goodchild@health.gov.au>
Sent: Tuesday, 2 July 2019 5:11 PM
To: s11C <s22@health.gov.au>

Cc: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>; PHSD Coords <phsd.coords@health.gov.au>; Preventive Health Coordination <Preventive.Health.Coordination@health.gov.au>; SOPER, Lyndall <Lyndall.Soper@health.gov.au>; s11C [REDACTED] s22 [REDACTED] @health.gov.au>
Subject: FW: feedAustralia [SEC=OFFICIAL]

Hi s11C [REDACTED]

Thanks for the discussion on feedAustralia today and advising that you do not want us to call Ruby O'Rourke and instead just to send her a holding response whilst we progress a brief with options to Minister Hunt.

T

From: s11C [REDACTED] s22 [REDACTED] @health.gov.au>
Sent: Monday, 1 July 2019 5:49 PM
To: GOODCHILD, Tiali <Tiali.Goodchild@health.gov.au>
Subject: RE: feedAustralia [SEC=OFFICIAL]

Ta.

We can chat tomorrow.

s11C [REDACTED]

Sent with BlackBerry Work (www.blackberry.com)

From: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>
Sent: Sunday, 30 June 2019 4:12 PM
To: PHSD Coords <phsd.coords@health.gov.au>
Subject: FW: feedAustralia [SEC=OFFICIAL]

Hello,

The Minister has requested that the Department please call Ruby O'Rourke and discuss this issue. Could this please happen?

It would be great if I could be informed when it has.

Many thanks!

Kind regards,

Helen Pope
 Departmental Liaison Officer

Office of the Hon Greg Hunt MP
 Minister for Health
 T: 02 6277 7220

From: Hunt, Greg (MP) <Greg.Hunt.MP@aph.gov.au>
Sent: Sunday, 30 June 2019 12:01 PM
To: Minister Hunt DLO <Minister.Hunt.DLO@health.gov.au>
Subject: Fwd: feedAustralia [SEC=No Protective Marking]

1. Interim reply thanking warmly please.
2. Department to please call to discuss with Ruby
3. Department to then prepare me a brief with options.

At

Sent from my iPad

Begin forwarded message:

From: "Ruby O'Rourke" <ruby@healthyaustralia.org>
Date: 24 June 2019 at 5:37:30 pm AEST
To: "Hunt, Greg (MP)" <greg.hunt.mp@aph.gov.au>
Subject: feedAustralia

Hi Greg,
 Congratulations on your re-election.

I understand that 2018 was a challenging year for all members of the LNP, with changes of leadership and departments needing to sustain their momentum.

Unfortunately, this also gives rise to opportunity within departments to tell new ministers what they want the minister to know and that can have impact on third parties with agreements. This certainly occurred in relation to feedAustralia.

I understand the nature of self preservation and compromise. I have in fact had many years of building a framework and government funding, which could not have occurred if what we collaboratively created did not excel.

As you are starting afresh, with the disruption of leadership tensions behind you all, I am sure it is a relief when the party can pull together for the sake of outcomes for the country.

I am asking that you can continue engagement with feedAustralia based on the same premise.

We need refunding urgently, so that the sustainability of the program is not disrupted from the sector and state government's perspective. We were informed prior to Christmas that the refunding was confirmed and we met with the Dept of Health feedAustralia managers to inform them. Since then, the Dept of Education issue got in the way.

I would like to finalise what was agreed to prior to Christmas, so we can have an ongoing, positive relationship, which can benefit children. We need to sustain the funding as agreed and I ask you to do this for the kids, whereby you request it, I would be willing to stand aside. Our country would get nothing achieved if everyone held onto grudges of those who have challenged us.

And while I have been incredibly disappointed in the co-ordination of the portfolios in the Education matter and the disruption of the change of leaders not helping continuance, I am still asking you to do the right thing by the scientists who have

poured years into this program, the sector who have trusted the program and the government to deliver it, the universities who have engaged across Australia and the State Governments who are actively engaged to the point of agreements being made (on the basis of continued federal funding).

feedAustralia itself is the only program internationally which has the basis of science which can be utilised for nutrition benefit in regulated environments. It still remains a world first.

The program is the only practical initiative that the Cwlth reported on, in the government's Obesity Submission.

Lastly, the issues of sustainability have been challenging because the Department have constrained feedAustralia from being available in Victoria (the second largest child care state) and the complexity of providing it for free. Both these items make any sustainability model difficult. We need to work on a sustainability model together, because it is not feasible to have both constraints and sustainability working with highly successful outcomes.

Can you please refund the program as was fairly expected in the last 6mths and please Greg, I have been knocked about substantially from a massive organisation where no one has any personal responsibility to outcomes. This is why people like me fight hard, because we have so much at stake for those we build things for, and for dignity of our work.

I am conflicted on you, as you might have seen on facebook Christmas Day. I posted to you that you will always hold the legacy of feedAustralia and for that I will applaud you as I did. But I was so disappointed in the bail out when Education decided to tell porkies to their new minister, and you backed them. feedAustralia is something you funded, right back in 2012. You as Innovation minister. Under no circumstances could this funding have occurred if we didn't have Education buy in.

Either way, I am now going to the ombudsman about Education in this matter. I would like to hope that we (you and I) can get back on track with a positive new 3 year term, so that feedAustralia and Australia's children and families can benefit from both our investment over the last 7 years. And that the science doesn't end up on the shelf. I am ready to go forward very positively and I hope you will give me the chance that we all need when we have had challenging politics we are part of.

kind regards
 Ruby O'Rourke
 CEO Healthy Australia

We are part of Humanity, let's contribute to our Legacy

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**The Hon Greg Hunt MP
Minister for Health
Minister Assisting the Prime Minister for the
Public Service and Cabinet**

Ref No: MC19-010281

Ms Ruby O'Rourke
CEO of Healthy Australia
Suite 309 Exchange Tower
530 Little Collins Street
MELBOURNE VIC 3000

24 JUL 2019

Dear Ms O'Rourke

I refer to your correspondence of 1 July 2019 concerning further funding for the feedAustralia IT program, and offering your congratulations on my reappointment as Minister for Health.

Thank you for your congratulations on my reappointment, I am honoured and humbled to be sworn in again as the Minister for Health in the Morrison Government.

The role of Minister for Health comes with enormous responsibility because health is a matter which concerns us all – as individuals, as families and as a community. As such, I appreciate the importance of good nutrition for our children.

I will consider the issues that you raise in your email and be in contact in due course.

I thank you again for your ongoing support and look forward to continuing to work with you to deliver on our commitment to strengthen the world's best health system now and into the future.

Yours sincerely

Greg Hunt



Australian Government
Department of Health

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Ministerial Submission – Standard
MS19-001037 Version (1)
Date sent to MO:13/08/2019

To: Minister Hunt

cc: Minister Colbeck

Subject: Funding options for nutrition program for children

Critical date: 27 August 2019, to enable a timely response to be sent to the CEO of Healthy Australia regarding any future funding arrangements.

Recommendations:

1. Agree to one of the following options:

- 1. Open competitive grant opportunity for a children's nutrition program (recommended option)**
- 2. Further funding provided to Healthy Australia to continue to implement its feedAustralia program**

1. Agree / Not agree/Please discuss

2. Agree/Not agree/Please discuss

Signature

Date: 14/8/19

Media Release required? NO

Comments:

This document has been released under the Freedom of Information Act 1982 by the Department of Health and Aged Care

Contact Officer:	Lyndall Soper	A/g First Assistant Secretary Population Health & Sport Division	Ph: (02) 6289 8406 Mobile: s22
Clearance Officer:	Lisa Studdert	Deputy Secretary, Population Health, Sport & Aged Care Royal Commission Taskforce	Ph: (02) 6289 4003 Mobile: s22

Issues:

- 1.** A funding agreement with Healthy Australia Ltd is in place until 29 February 2020. The funding agreement provided \$1.9 million (GST exc) for Healthy Australia to implement 'feedAustralia', an online menu planning tool aimed to support child care services to provide meals to better meet the Australian Dietary Guidelines.
- 2.** Ms O'Rourke, Chief Executive Officer of Healthy Australia, contacted your office on 1 July 2019 to request further funds, and further outlined her concerns with the lack of integration with the Child Care Subsidy Scheme (CCSS) and challenges with sustainability due to restrictions in implementing feedAustralia in Victoria.

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Ms O'Rourke advised that she intends to progress the CCSS software integration issue with the ombudsman. A holding response to Ms O'Rourke was provided (MC19-010281). Ms O'Rourke emailed your office on 24 July 2019 seeking continued support for feedAustralia (MS19-011850). A response to Ms O'Rourke will be provided following your decision in relation to this submission.

3. The Department views there are two possible options moving forward:
 1. An open competitive grant opportunity be undertaken to test the market for a children's nutrition program, the Department has received a number of approaches from other organisations with similar programs in this space. Healthy Australia would be welcome to apply for this grant opportunity; or
 2. Provide further funding to Healthy Australia to continue its implementation of the feedAustralia IT program.
4. The Department recommends option one, further funding to be provided for a children's nutrition program aimed at childcare services which is broad enough to provide the opportunity to other quality programs. There are other market players that could provide a similar program including Nutrition Australia, Healthy School Lunches program and the Stephanie Alexander Kitchen Garden Foundation. An open competitive grant opportunity will allow the alignment with the nutrition actions identified in the National Action Plan for Children and Young People: 2020 to 2030. Funding of up to \$800,000 (GST exc) per annum is recommended.
5. Should you agree to option one, we suggest you write to Ms O'Rourke to advise her that no further funding would be provided under the current process and that an open grant opportunity will be undertaken. Whilst Ms O'Rourke will be disappointed with this approach, Healthy Australia can submit a proposal to be considered in this process.
6. Should you agree to option two, Healthy Australia can continue its implementation of the feedAustralia IT program in child care centres and undertake additional feedAustralia initiatives. s47C
7. s47C
8. Should you agree to option one, the Department will prepare a response to Ms O'Rourke advising that an open competitive grant opportunity will be progressed.

Background:

- The Department of Education has advised that the feedAustralia program cannot be integrated into the CCSS to allow information such as children's age, dietary requirements, and allergies to link between the software systems. The Department of Education does not have the authority to mandate healthy food compliance in childcare centres nor does it have a contractual agreement with Healthy Australia.
- The feedAustralia software can still operate without integration with the CCSS.
- State and territory health departments also provide menu planning guidelines and benchmarks based on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating to assist child care services to plan menus.
- The Government of Victoria has concerns that the feedAustralia program does not meet some areas of the Victorian *Menu Planning Guidelines for long day care*.

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Victoria has a free website www.foodchecker.heas.health.vic.gov.au that assists day care services with meal planning. It is the Victorian Government's preference that Victorian long day care facilities use this website and not feedAustralia.

- On 4 March 2019, Ms Ruby O'Rourke wrote to you to request continuity of funding. Ms O'Rourke also expressed concern that the feedAustralia software was not being integrated into the Department of Education's CCSS software. Ms O'Rourke also raised these concerns with Minister Tehan's office.
- You responded on 1 April 2019 (MC19-003783) informing Ms O'Rourke that whilst there was some initial discussion on the potential for software integration, the Department of Education cannot integrate the feedAustralia program into the CCSS software and that Healthy Australia has fulfilled its requirement in relation to this aspect of the grant agreement.

Attachments:

Attachment A – Further information on the existing funding Agreement with Healthy Australia and the Early Childcare Standards.

Consultations:

Health has consulted with the Department of Education on the issues associated with the feedAustralia program over the course of the funding agreement.

Sensitivities

- In January 2019, Ms O'Rourke commenced a 46 day hunger strike protest and social media campaign (Facebook and Twitter) to raise awareness and to call on the Australian Government to better regulate and improve nutrition in early childcare centres in Australia. Ms O'Rourke is likely to publicly voice her concerns if further funding is not provided to Healthy Australia.
- On 22 July 2019, Healthy Australia emailed its contacts (including the Department of Health) stating that your office confirmed funding for two additional feedAustralia initiatives over the next three years and outlined the proposed work (such funding has not been confirmed).

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Attachment A

Current Funding Agreement with Healthy Australia

- The Government has funded \$1.929 million (GST exclusive) from 2016-17 to 2017-18 for Healthy Australia Ltd to implement feedAustralia, an online menu planning tool aimed to support child care services to provide meals to better meet the Australian Dietary Guidelines. The yearly funding is as follows:

Financial Year	Funding Amount GST Exclusive	Funding Amount GST component	Total GST Inclusive
2016-2017	\$ 329,000.00	\$ 32,900.00	\$ 361,900.00
2017-2018	\$ 760,000.00	\$ 76,000.00	\$ 836,000.00
2017-2018*	\$ 840,000.00	\$ 84,000.00	\$ 924,000.00
Total Amount	\$ 1,929,000	\$ 192,900	\$ 2,121,900

* Funds provided in 2017-18 for use in the 2018-19 financial year.

- The funding agreement was recently extended until 29 February 2020 to allow for activities to cease in October 2019 and a report be provided by February 2020. No additional funds were attached to this extension.
- The feedAustralia program is available to early childhood and education care services who voluntarily choose to access it, the program is not mandatory. Since registrations commenced on 1 March 2018, at least 800 Australian early childhood and education care services have started using the feedAustralia tool and over 1,800 services are registered for the program.
- The Department has no role in mandating food quality standards relating to child care centres.

Early Childcare Standards

- The Australian Children's Education & Care Quality Authority (ACECQA) is an independent national authority to assist governments in implementing the National Quality Framework for children's education and care, which sets out requirements for healthy eating and nutrition in early childhood education and care services.
- Standards for early childcare centres, including nutrition, are implemented through state based laws.
- A National Quality Standard requires all child care services actively promote healthy eating and provide adequate, nutritious food for early childhood (0-5 years) based on the Australian Dietary Guidelines and taking into account a child's growth and development needs and specific cultural, religious or health requirements.