

NATIONAL PARTNERSHIP AGREEMENT ON CLOSING THE GAP IN INDIGENOUS HEALTH OUTCOMES

Council of
Australian
Governments

An agreement between

- the **Commonwealth of Australia** and
 - ◆ the State of New South Wales;
 - ◆ the State of Victoria;
 - ◆ the State of Queensland;
 - ◆ the State of Western Australia;
 - ◆ the State of South Australia;
 - ◆ the Australian Capital Territory; and
 - ◆ the Northern Territory of Australia.

This agreement sets out specific action to be taken by the Australian Government and complementary action by State/Territory governments to address the gap in health outcomes experienced by Aboriginal and Torres Strait Islander people.

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

NATIONAL HEALTHCARE AGREEMENT

PRELIMINARIES

1. This National Partnership Agreement has been established to address targets set by COAG for closing the gap in health outcomes between Indigenous and non-Indigenous Australians.
2. This agreement is created subject to the provisions of the *Intergovernmental Agreement on Federal Financial Relations* and should be read in conjunction with that Agreement and subsidiary schedules. In particular, the schedules include direction in respect of performance reporting and payment arrangements.
3. The Parties are committed to addressing the issue of social inclusion, including responding to Indigenous disadvantage. That commitment is embodied in the objectives and outcomes of this agreement. However, the Parties have also agreed other objectives and outcomes - for example, in the National Indigenous Reform Agreement - which the Parties will pursue through the broadest possible spectrum of government action. Consequently, this agreement will be implemented consistently with the objectives and outcomes of all National Agreements and National Partnerships entered into by the Parties.
4. On 2 October 2008, COAG agreed to six ambitious targets for closing the gap between Indigenous and non-Indigenous Australians across urban, rural and remote areas:
 - (a) to close the gap in life expectancy within a generation;
 - (b) to halve the gap in mortality rates for Indigenous children under five within a decade;
 - (c) to ensure all Indigenous four years olds in remote communities have access to early childhood education within five years;
 - (d) to halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade;
 - (e) to halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020; and
 - (f) to halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

Indigenous Australians experience the worst health of any one identifiable cultural group in Australia, as evidenced in research which indicates:

- (g) two fold rate of low birth weight in Indigenous babies;
 - (h) three fold mortality rates among Indigenous 12 – 24 year olds;
 - (i) 12 per cent of the total burden of disease and injury from smoking;
 - (j) 7 per cent of all deaths and 6 per cent of the total burden of disease from alcohol;
 - (k) lower rates of access to acute care investigations and procedures;
 - (l) lower likelihood of being treated for and surviving cancer; and
 - (m) discharge against advice for 25 – 44 year olds up to 30 times more than other Australians.
5. To address these issues, this Agreement is centred on five priority areas: tackling smoking, providing a healthy transition to adulthood, making Indigenous health everyone's business, delivering effective primary health care services and better coordinating the patient journey through the health system.
 6. This Agreement comprises a package of health reforms that are consistent with the evidence, which broadly acknowledges that to overcome Indigenous health disadvantage, a holistic life stage approach is required that builds sustainable social change and embeds system reform. Further, this proposal's effectiveness will be influenced and supported by the successful implementation of other Indigenous initiatives including early childhood reforms, broader health system changes and measures to address the underlying social determinants of poor health. In addition this initiative will support life style changes by individuals, families and communities.
 7. The Agreement recognises all governments need to make a concerted effort to work together, acknowledging the contribution that effective health care can make towards closing the gap. Investment in health care will be complemented by measures designed to maximise the impact of this investment through both prevention and followup, and together produce more sustainable health outcomes for Indigenous people.
 8. This Agreement seeks to realise change in all jurisdictions for all Aboriginal and Torres Strait Islander peoples regardless of whether they live in urban, regional or remote locations.

PART 1 – FORMALITIES

Parties to this Agreement

9. In entering this Agreement, the Commonwealth and the States and Territories recognise that they have a mutual interest in improving outcomes in the area of closing the gap in Indigenous health outcomes and need to work together to achieve those outcomes.

Term of the Agreement

10. This Agreement will commence on 1 July 2009, and will expire on 30 June 2013, or earlier termination as agreed in writing by the Parties.

Delegations

11. The person holding the position of Commonwealth Minister for Health and Ageing is authorised to agree to any implementation arrangements on behalf of the Commonwealth. The Commonwealth will not make reward payments to the States and Territories until an independent assessment by the COAG Reform Council demonstrates that performance benchmarks have been achieved. Facilitation payments will not be paid to any State or Territory until the Minister has approved the implementation arrangements of that State or Territory.
12. The person holding the position of the Minister for Health (or their equivalent) in a relevant State or Territory is authorised to agree to any implementation arrangements on behalf of their State or Territory.

Interpretation

13. Unless otherwise specified, the following terms and definitions are used throughout this Agreement:
 - (a) AHMC: is the Australian Health Ministers' Committee.
 - (b) AHMAC: is the Australian Health Ministers' Advisory Council.
 - (c) Agreement: this Agreement and any attached plans, schedules or annexures.
 - (d) COAG: the Council of Australian Governments (COAG) or any body delegated by COAG to operate on its behalf within the context of this Agreement.
 - (e) Implementation Plan: is a multilaterally agreed plan which includes strategies, outputs, benchmarks, roles and responsibilities, and timeframes for implementation and reporting.
 - (f) Aboriginal or Torres Strait Islander person: is a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community in which he (she) lives.
 - (g) Milestone: a significant event or point in time within the delivery of the objectives of this Agreement.
 - (h) Performance Indicators: the indicators used to monitor the progress towards achievement of the activities as specified in this Agreement and/or the Implementation Plan.

PART 2 – OBJECTIVES, OUTCOMES AND OUTPUTS

Objectives

14. Through this Agreement, the Parties agree to work in partnership to contribute to closing the gap in health outcomes and achieving key goals as agreed by COAG by implementing initiatives under the following five priority areas:
 - (a) Preventive health: to reduce the factors that contribute to chronic disease through: effective anti-smoking campaigns; and integrated alcohol, drug and mental health services.

- (b) Primary health care: to significantly expand access to and coordination of comprehensive, culturally secure primary health care, allied health services and related services.
- (c) Hospital and hospital-related care: to deliver better clinical outcomes through quality, culturally secure hospital and hospital-related services that include rehabilitation, allied health care and transition care case management.
- (d) Patient experiences: to ensure access by Aboriginal and Torres Strait Islander people to comprehensive and co-ordinated health care, provided by a culturally competent health workforce within a broader health system that is accountable for Indigenous health needs, in genuine partnership with the people and communities they target; and to build service reach and influence to re-engage the most vulnerable Indigenous people into mainstream and targeted health services.
- (e) Sustainability: to increase the number of Aboriginal and Torres Strait Islander people in the health workforce, reform and improve the supply of the health workforce generally including the adoption of complementary workplace reforms, create sustainable program and funding models, measure performance and ensure that services are responsive both to national targets and local community needs.

Outcomes

15. The Agreement will contribute to the following outcomes:

Initiative	Expected outcomes for Aboriginal and/or Torres Strait Islander peoples
Tackle smoking – the single biggest killer of Indigenous people	Reduced smoking rate; and Reduced burden of tobacco related disease for Indigenous communities.
Healthy transition to adulthood	Increased sense of social and emotional wellbeing; Reduced uptake of alcohol, tobacco and illicit drugs; Reduced rates of sexually transmissible infections; Reduced hospitalisations for violence and injury; and Reduced excess mortality and morbidity among Aboriginal and Torres Strait Islander men.

Initiative	Expected outcomes for Aboriginal and/or Torres Strait Islander peoples
Making Indigenous health everyone's business	Improved multi-agency, multi-programme and inter-sectoral collaboration and coordination to meet the needs of Indigenous families and communities; Improved access to targeted early detection and intervention programs by high need Indigenous families; Reduced waiting times for health services; and Reduction in early mortality.
Primary health care service that can deliver	Implementation of national best practice standards and accreditation processes for Aboriginal and Torres Strait Islander health services delivering primary health care. Increased uptake of MBS-funded primary health care services by Aboriginal and Torres Strait Islander people; Improved access to quality primary health care through improved coordination across the care continuum, particularly for people with chronic diseases and/or complex needs; and Provision of improved cultural security in services, and increased cultural competence of the primary health care workforce.
Fixing the gaps and improving the patient journey	Reduced average length of stay in the long term; Improved level of engagement between Aboriginal and Torres Strait Islander patients, referred care providers and primary level providers (private or public) to deliver better follow up and referral processes; Improved long term stability in primary provider choice; Improved patient satisfaction with the care and patient journey (based on domains of concern to patients); and Reduced admissions and incomplete treatments for Aboriginal and Torres Strait Islander patients.

Outputs

16. The objectives and outcomes of this Agreement will be achieved by:

Initiative	Expected outputs	Responsibility
Tackle smoking – the single biggest killer of Indigenous people	Social marketing campaigns to reduce smoking-related harms among Aboriginal and Torres Strait Islander peoples.	Cwth/S/T
	Indigenous specific smoking cessation and support services.	Cwth/S/T
	Continued regulatory efforts to encourage reduction/cessation in smoking.	S/T
	Strategies to improve delivery of smoking cessation services, including nicotine replacement therapy.	Cwth

Initiative	Expected outputs	Responsibility
Healthy transition to adulthood	<p>Create/enhance youth outreach networks to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander peoples.</p> <p>Expand and integrate mental health and substance use services.</p> <p>Expand diversionary activities within the juvenile justice system and provide health and wellbeing checks for young Aboriginal and Torres Strait Islander offenders.</p> <p>Improve the network of family-based alcohol/drug treatment, rehabilitation and support services.</p>	<p>S/T</p> <p>S/T</p> <p>S/T</p> <p>S/T</p>
Making Indigenous health everyone's business	<p>Improve coordination of service delivery for families that have high level of contact with services such as child protection, juvenile justice, corrections, housing and health services.</p>	<p>S/T</p>
Primary health care service that can deliver	<p>Introduce minimum service standards for all organisations providing primary health care services to Aboriginal and Torres Strait Islander populations.</p> <p>Introduce measures that will increase the uptake of MBS-funded primary health care services by Aboriginal and Torres Strait Islander peoples, with approximately 130,000 additional adult health checks being provided over the next four years.</p> <p>Ensure that primary health care services have the capacity to deliver the coordination and continuity of care necessary to meet the needs of Aboriginal and Torres Strait Islander clients.</p> <p>Expand allied health and acute care services to address the increased referrals for coordinated care by primary health care services.</p> <p>Review and refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based regional priorities.</p>	<p>Cwth/S/T</p> <p>Cwth</p> <p>Cwth/S/T</p> <p>Cwth/S/T</p> <p>S/T</p>
Fixing the gaps and improving the patient journey	<p>Workforce strategies developed in partnership with Aboriginal and Torres Strait Islander communities to improve continuity of care and coordination with health services.</p> <p>Strategies to improve the cultural security of services and practice within public hospitals.</p> <p>Improved access to acute care (and sub acute) systems for Aboriginal and Torres</p>	<p>Cwth/S/T</p> <p>S/T</p> <p>S/T</p>

Initiative	Expected outputs	Responsibility
	Strait Islander people.	
	In-hospital care managers provided to coordinate and follow up care transitions.	S/T
	New culturally secure transition care services to address issues of social isolation and/or geographic remoteness, language, health literacy and other social factors established.	S/T
	Transport and accommodation support provided for rural and remote patients and their families.	S/T

PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

17. To realise the objectives and commitments in this Agreement, each Party has specific roles and responsibilities, as outlined below.
18. The Commonwealth and States and Territories will work in partnership to realise the objectives and initiatives made in this Agreement, to deliver the agreed outputs and achieve the agreed outcomes.

Role of the Commonwealth

19. The Commonwealth will have responsibility for the following:
 - (a) As identified in Clause 16 'Outputs.'

Role of the States and Territories

20. The States and Territories will have responsibility for the following:
 - (a) As identified in Clause 16 'Outputs.'

PART 4 – PERFORMANCE BENCHMARKS AND REPORTING

Performance benchmarks and indicators

21. The Commonwealth, the States and Territories agree to meet the following performance benchmarks:
 - (a) List of agreed performance benchmarks will be included in the Implementation Plans to reflect the indicators outlined in Clause 22 below.

Initiative	Performance benchmarks
Smoking	1. Number and key results of culturally secure community education/ health promotion/ social marketing activities to promote quitting and smoke-free environments.

	<ol style="list-style-type: none"> 2. Key results of specific evidence based Aboriginal and Torres Strait Islander brief interventions, other smoking cessation and support initiatives offered to individuals. 3. Evidence of implementation of regulatory efforts to encourage reduction/ cessation in smoking in Aboriginal and Torres Strait Islander people and communities. 4. Number of service delivery staff trained to deliver the interventions.
Healthy transition to adulthood	<ol style="list-style-type: none"> 1. Number of additional health professionals (including drug/alcohol/mental health/outreach teams) recruited and operational in each 6 month period.
Making Indigenous health everyone's business	
Primary health care services that can deliver	<ol style="list-style-type: none"> 1. Number of Indigenous specific health services meeting national minimum standards. 2. Number of Aboriginal and/or Torres Strait Islander people receiving a MBS Adult Health Check 3 Number of new allied health professionals recruited. 4. Increased effort to refocus own purpose outlays in primary care to prioritise core service provision and evidence-based Indigenous health regional priorities. 5. Improved patient referral and recall for more effective health care, and in particular, chronic disease management. 6. Improved/new IT systems operational to support interface between systems used in primary health care sector and other parts of the health system. 7 Evidence of implementation of cultural competency frameworks across the applicable health workforce.
Fixing the gaps and improving the patient journey	<ol style="list-style-type: none"> 1. Number of new case managers / Indigenous Liaison Officers recruited and operational. 2. Number of culturally secure health education products and services to give Indigenous people skills and understanding of preventative health behaviours, and self management of some chronic health conditions. 3. Key results of strategies to improve cultural security of services and practice within public hospitals. 4. Increased percentage of Aboriginal and/or Torres Strait Islander people with a chronic disease with a care plan in place. 5. Percentage of Aboriginal and Torres Strait Islander people participating in rehabilitation programs intended to reduce hospitalisation of people with chronic disease. 6. Increased number of culturally appropriate transition care plans/procedures/best practice guidelines to reduce readmissions by (percentage/proportion). 7. Improved quality of Aboriginal and Torres Strait Islander identification in key vitals and administrative datasets.

Specific targets may be agreed in Implementation Plans.

22. To the extent they contribute to the achievement of objectives and outcomes under the National Healthcare Agreement or contribute to the aggregate pace of activity in progressing COAG's agreed reform agenda, these performance benchmarks may be the subject of analysis and reporting for each State and Territory by the COAG Reform Council with reference to the following performance indicators:

Objective	Initiative/s	Performance indicators
Preventative health	Smoking Healthy transition to adulthood Making Indigenous health everyone's business	Relevant indicators: Incidence/prevalence of important preventable diseases and injury. Proportion of babies born of low birth weight. Teenage birth rate. Risk factor prevalence. Immunisation rates for vaccines in the national schedule. Cancer screening rates (breast, cervical, bowel). Number of women with at least one antenatal visit in the first trimester of pregnancy. Additional indicators: Tobacco smoking during pregnancy. Social and emotional well-being. Health promotion.
Primary health care	Primary health care services that can deliver	Relevant indicators: Access to GPs, dental and primary health care professionals. Proportion of diabetics with HbA1c below 7per cent. Life expectancy (including gap between Indigenous & non-Indigenous). Infant/young child mortality rate (including gap between Indigenous & non-Indigenous). Potentially avoidable deaths. Selected potentially preventable hospitalisations. Additional indicators: Time between GP/specialist visits. Chronic disease management.
Hospital and hospital-related care	Fixing the gaps and improving the patient journey	Relevant indicators: Waiting times for services. Selected adverse events in acute and sub-acute care settings. Unplanned/unexpected readmissions

		<p>within 28 days of surgical admissions.</p> <p>Survival of people diagnosed with cancer (5 year relative rate).</p> <p>Rates of services provided for public and private hospitals per 1,000 weighted population by patient type.</p> <p>Additional indicators:</p> <p>Rates of discharge from hospital against medical advice.</p>
Patient experiences	Fixing the gaps and improving the patient journey	<p>Relevant indicators:</p> <p>Access to services by type of service compared to need.</p> <p>Nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received.</p> <p>Additional indicators:</p> <p>Barriers to accessing care.</p>
Sustainability	Primary health care services that can deliver	<p>Relevant indicators:</p> <p>Indigenous Australians in the health workforce.</p> <p>Additional indicators:</p> <p>Expenditure on health services (including mainstream versus Indigenous -specific).</p> <p>Aboriginal and Torres Strait Islander people in tertiary education for health related disciplines.</p> <p>Recruitment and retention.</p>

Implementation plan

23. The Parties agree that making improvements in Indigenous health requires an integrated approach between governments and engagement with Indigenous Australians.
- (a) Implementation plans which reflect the integrated approach between governments and are informed by engagement with Indigenous Australians will be jointly developed for each jurisdiction to achieve the objectives of this Agreement.
 - (b) The Plan will be reviewed on an annual basis.
 - (c) Amendments to the Plan can be agreed by both parties at any time to accommodate emerging issues.

Reporting

24. Oversight of this Agreement will be the responsibility of the AHMC through AHMAC, and annual reports will be provided to COAG.

25. The Commonwealth, States and Territories will each provide a detailed report on an annual basis to each other and Aboriginal and Torres Strait Islander organisations against the benchmarks and timelines, as detailed in the Implementation Plan. Reports against these benchmarks will provide a summary of activity in relation to the agreed outputs to complement national reporting against the performance benchmarks and indicators outlined in clauses 21 and 22 above to be compiled from national data collections.
26. The reports will be provided within 3 months of the end of the relevant period, or as otherwise specified in the agreed Implementation Plan.
27. Reporting requirements under this National Partnership should be read in conjunction with the provisions in Schedule C to the *Intergovernmental Agreement on Federal Financial Relations*.

PART 5 – FINANCIAL ARRANGEMENTS

28. The total cost to all governments of the measures proposed under this National Partnership Agreement is \$1.58 billion. Of this, some \$805.5 million is proposed as measures funded through Commonwealth Own Purpose Expenses, and \$771.5 million from States/Territories Own Purpose Expenses.

Table: Total by initiative

INITIATIVE	2009-10	2010-11	2011-12	2012-13	Total for FEs
Primary care service that delivers	85.28	148.92	240.18	305.37	779.75
Fixing the gaps and improving the patient journey	99.21	107.47	108.69	113.43	428.80
Making Indigenous health everyone's business (* no Commonwealth funding)	11.93	13.01	13.37	14.47	52.77
Tackle smoking	16.41	44.12	61.83	76.33	198.69
Healthy transition to adulthood (*no Commonwealth funding)	22.64	30.66	31.45	32.20	116.95
Total Cost	235.47	344.17	455.52	541.79	1576.95

29. The total funding available each year is outlined at Attachment A1. Each State and Territory has developed costings for activity in their own jurisdiction independently (Attachment A2).

PART 6 – GOVERNANCE ARRANGEMENTS

Dispute resolution

30. Any Party may give notice to other Parties of a dispute under this Agreement.
31. The relevant delegates will attempt to resolve any dispute in the first instance.
32. If a dispute cannot be resolved between the relevant delegates, it may be escalated to relevant Ministerial Council for consideration.
33. If a dispute cannot be resolved by the relevant Ministerial Council, it may be referred by a Party to COAG for consideration.

Review of the Agreement

34. The Agreement will be reviewed in 2012-13 with regard to progress made by the Parties in respect of achieving the agreed outcomes.

Variation of the Agreement

35. The Agreement may be amended at any time by agreement in writing by all the Parties and under terms and conditions as agreed by all the Parties.
36. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

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

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

The Honourable Kevin Rudd MP
Prime Minister of the Commonwealth of Australia
March 2009

Signed *for and on behalf of the State of New South Wales by*

The Honourable Nathan Rees MP
Premier of the State of New South Wales
December 2008

Signed *for and on behalf of the State of Queensland by*

The Honourable Anna Bligh MP
Premier of the State of Queensland
February 2009

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

The Honourable Mike Rann MP
Premier of the State of South Australia
December 2008

Signed *for and on behalf of the Australian Capital Territory by*

Jon Stanhope MLA
Chief Minister of the Australian Capital Territory
December 2008

Signed *for and on behalf of the State of Victoria by*

The Honourable John Brumby MP
Premier of the State of Victoria
December 2008

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

The Honourable Colin Barnett MP
Premier of the State of Western Australia
December 2008

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

The Honourable Paul Henderson MLA
Chief Minister of the Northern Territory of Australia
December 2008

ATTACHMENT A1

Total cost of implementing reform by Commonwealth, State and Territory	2009-10	2010-11	2011-12	2012-13	TOTAL
Commonwealth	82.69	157.24	247.56	317.97	805.46
New South Wales	41.52	43.44	46.70	48.72	180.38
Victoria	14.19	14.40	14.48	14.90	57.97
Queensland	12.34	44.84	50.74	54.30	162.22
Western Australia	19.74	31.10	32.42	34.18	117.43
South Australia	6.29	12.30	16.00	19.30	53.89
Tasmania	1.55	1.78	2.20	2.45	7.98
ACT	5.35	3.47	3.47	3.47	15.75
Northern Territory	51.81	35.61	41.96	46.50	175.87
Total cost all Jurisdictions	235.47	344.17	455.52	541.79	1576.95

Total additional cost of implementing the reforms by Initiative	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	85.28	148.92	240.18	305.37	779.75
Fixing the gaps and improving the patient journey	99.21	107.47	108.69	113.43	428.80
Making indigenous health everyone's business	11.93	13.01	13.37	14.47	52.77
Tackle smoking	16.41	44.12	61.83	76.33	198.69
Healthy transition to adulthood	22.64	30.66	31.45	32.20	116.95
All Jurisdictions total	235.47	344.17	455.52	541.79	1576.95

ATTACHMENT A2

NSW	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	5.97	8.29	11.55	13.57	39.38
Fixing the gaps and improving the patient journey	23.80	23.80	23.80	23.80	95.20
Making indigenous health everyone's business	5.25	5.25	5.25	5.25	21.00
Tackle smoking	0.90	0.50	0.50	0.50	2.40
Healthy transition to adulthood	5.60	5.60	5.60	5.60	22.40
Total	41.52	43.44	46.70	48.72	180.38

VIC	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	6.99	7.77	8.35	8.77	31.88
Fixing the gaps and improving the patient journey	2.30	2.30	2.30	2.30	9.20
Making indigenous health everyone's business	1.00	0.80	0.30	0.30	2.40
Tackle smoking	2.30	1.93	1.93	1.93	8.09
Healthy transition to adulthood	1.60	1.60	1.60	1.60	6.40
Total	14.19	14.40	14.48	14.90	57.97

QLD	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	8.04	24.10	28.42	30.23	90.79
Fixing the gaps and improving the patient journey	1.62	14.39	15.64	15.75	47.40
Making indigenous health everyone's business	0.32	0.98	0.92	0.99	3.20
Tackle smoking	1.37	1.95	2.15	3.50	8.97
Healthy transition to adulthood	0.99	3.42	3.62	3.83	11.86
Total	12.34	44.84	50.74	54.30	162.22

WA	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	4.70	9.03	10.13	11.49	35.35
Fixing the gaps and improving the patient journey	3.55	6.17	5.49	5.37	20.58
Making indigenous health everyone's business	2.34	2.41	2.48	2.56	9.78
Tackle smoking	1.40	1.60	1.95	2.00	6.95
Healthy transition to adulthood	7.75	11.90	12.36	12.77	44.78
Total	19.74	31.10	32.42	34.18	117.43

SA	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	2.03	3.88	6.78	9.18	21.87
Fixing the gaps and improving the patient journey	1.56	3.20	3.20	3.20	11.16
Making indigenous health everyone's business	0.50	1.00	1.80	2.70	6.00
Tackle smoking	0.90	1.62	1.62	1.62	5.76
Healthy transition to adulthood	1.30	2.60	2.60	2.60	9.10
Total	6.29	12.30	16.00	19.30	53.89

TAS	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	1.05	1.05	1.05	1.05	4.19
Fixing the gaps and improving the patient journey	0.24	0.47	0.89	1.14	2.75
Making indigenous health everyone's business	0.17	0.17	0.17	0.17	0.68
Tackle smoking	0.07	0.07	0.07	0.07	0.26
Healthy transition to adulthood	0.02	0.02	0.02	0.02	0.10
Total	1.55	1.78	2.20	2.45	7.98

ACT	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	0.57	0.69	0.69	0.69	2.62
Fixing the gaps and improving the patient journey	2.76	0.76	0.76	0.76	5.04
Making indigenous health everyone's business	0.82	0.82	0.82	0.82	3.26
Tackle smoking	0.20	0.20	0.20	0.20	0.80
Healthy transition to adulthood	1.01	1.01	1.01	1.01	4.02
Total	5.35	3.47	3.47	3.47	15.75

NT	2009-10	2010-11	2011-12	2012-13	TOTAL
Primary care service that delivers	13.94	17.05	22.22	25.63	78.84
Fixing the gaps and improving the patient journey	31.40	11.74	12.09	12.46	67.69
Making indigenous health everyone's business	1.54	1.59	1.63	1.68	6.44
Tackle smoking	0.56	0.73	1.37	1.95	4.61
Healthy transition to adulthood	4.37	4.50	4.64	4.78	18.29
Total	51.81	35.61	41.96	46.50	175.87