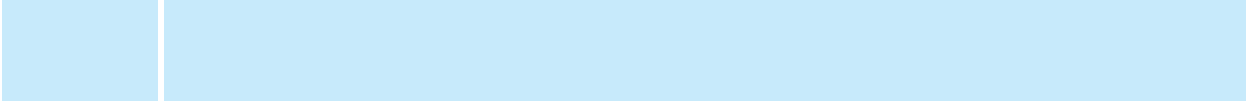


Department of Health and Families

Annual Report 2007-08



On 1 July 2008, the Department of Health and Community Services took on additional functions restructured and changed its name to the Department of Health and Families. However, this Annual Report is presented against the structure of the department as it was during 2007-08.

Purpose of Report

The Department of Health and Families (formerly known as the Department of Health and Community Services) provides and funds health and community services in the Northern Territory. Our work is guided by the priorities of the Northern Territory Government's framework for health and community services for 2004–2009, *Building Healthier Communities* and *Aboriginal Health and Families, Five Year Framework for Action*.

This annual report has been produced in accordance with Section 28 of the *Public Sector Employment and Management Act* and Section 12 of the *Financial Management Act*.

The report highlights the financial situation of our organisation, and the achievements of our services and people. The report is designed to inform Parliament, people who use the department's services, the general public and other stakeholders as well as government and non-government agencies about our service outputs and outcomes for 2007–2008.

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Table of Contents

Letter of Transmittal	1	• Mental Health Services	91
Department of Health and Families at a glance	3	• Alcohol and Other Drugs Services	97
Chief Executive Officer's Foreword	5	Health Services Division	
Chief Health Officer's Report	8	• Community Health Services	105
Strategic Directions, Mission & Organisational Values	11	• Public Health Services	123
Strategic Directions Introduction	12	• Health Research	142
Healthy safe kids in strong families	15	Human Resources	145
Tackling substance abuse and the damage it causes	21	Regional Coordination and Service Map Details	163
Pathways to healthy living in the community	25	Governance	169
Develop a quality, integrated and intelligent service system	33	Chief Finance Officer's Report	195
Reshape and equip our workforce	37	Financial Statements	201
Aboriginal health and families	43	Figures and Tables Index	234
Output Groups Performance Reporting	51	Appendices	
Introduction	52	i. Health Centres	238
Acute Care Division		ii. Capital and Minor Works Program	240
• Acute Services	57	iii. Acronyms	242
Community Services Division			
• Family and Children's Services	75		
• Aged and Disability Services	85		

Dr Chris Burns MLA
Minister for Health
Parliament House
DARWIN NT 0801

The Honourable Malarndirri McCarthy MLA
Minister for Children and Families
Minister for Child Protection
Parliament House
DARWIN NT 0801

Dear Ministers

In accordance with the provisions of Section 28 of the *Public Sector Employment and Management Act* and Section 12 of the *Financial Management Act*, I am pleased to provide you with the Department of Health and Families' (DHF) Annual Report for 2007–08.

The report summarises activities and outcomes during the year against the government's two strategic policy frameworks, *Building Healthier Communities* and *Aboriginal Health and Families - A Framework for Action*. The report has been organised to inform the Parliament, our staff, Territorians and other stakeholders of progress and planned efforts to improve the health and wellbeing of Territorians.

I advise that, in respect of my duties as the Accountable Officer, and to the best of my knowledge and belief:

- a) proper records of all transactions affecting the agency were kept and employees under my control observed the provisions of the *Financial Management Act*, the Financial Management Regulations and Treasurer's Directions. Proper records were kept of transactions undertaken on behalf of the agency by the Department of Corporate and Information Services (DCIS)
- b) procedures within the agency afforded proper internal control. A current description of these can be found in the DHF Accounting and Property Manual which is continuously updated in accordance with the *Financial Management Act*
- c) no indication of fraud, malpractice, major breach of legislation or delegation, major error in or omission from the accounts and records exists other than one case, currently under investigation by the NT Police
- d) in accordance with the requirements of Section 15 of the *Financial Management Act*, the internal audit capacity available to the agency was adequate, and the results of all internal audits were reported to the Audit Committee and the Chief Executive
- e) financial statements included in the Annual Report have been prepared from proper accounts and records and are in accordance with the Treasurer's Directions. All financial reports prepared by DCIS on behalf of DHF were prepared from proper accounts and records
- f) all Employment Instructions issued by the Commissioner for Public Employment have been satisfied
- g) procedures within the agency complied with the requirements of the *Information Act*.

In conclusion, I believe the department has been able to provide an acceptable balance for Territorians between the demands for service and the resources available.

Yours sincerely



Dr David Ashbridge
30 September 2008

Department of Health and Families at a glance

In one week...

	2005-06	2006-07	2007-08
Average operating expense of the department	\$13.5M	\$15.3M	\$17.03M
Hospital separations	1 776	1 820	1 921
Specialist clinic consultations	2 770	2 900	3 069
Emergency Department attendances	2 120	2 145	2 181
Children participating in Growth and Assessment (GAA) Program	55	60	60
Child harm notifications	55	57	68
Child protection assessments investigated	25	26	31
Child protection notifications substantiated	12	11	14
New clients entering substitute care	4	6	6
Provision of professional support services for frail aged people and people with a disability	110	130	138
Community support services for frail aged people and people with a disability	80	70	85
Community based mental health services	90	90	91
Environmental health activities	210	225	205
Mosquito traps analysed	42	43	46
People admitted to sobering up shelters	360	330	377

Our Vision

Healthy Territorians Living in Healthy Communities.

Our Mission

We promote, protect and improve the health and wellbeing of all Territorians in partnership with individuals and the community.

Chief Executive's Foreword

Chief Executive

Dr David Ashbridge

MBBS, MPH, FAFPHM, DCH, DTM,
MRCGP, Grad Dip Company Directors



With extensive experience in health services in the Northern Territory, Dr David Ashbridge was appointed Chief Executive of the Northern Territory Department of Health and Community Services (now known as Department of Health and Families) in May 2007. David has a long history of service to the department dating back to 1988 when he commenced as a District Medical Officer in the Top End. David has held a number of senior management positions in the department including General Manager Top End Rural, Regional Director Top End Service Network and Assistant Secretary Health Services.

The past year has held many exciting opportunities and developments for the department. The *Little Children are Sacred* report, the government's *Closing the Gap* commitments, replacement of the child protection legislation with a new *Care and Protection of Children Act* and the Australian Government Intervention all come on top of a year in which the demand for services had continued to rise across almost all service sectors of the department. The moves to reorganise the department to give greater emphasis to the needs of Northern Territory families and children is a particular case in point. The department has advanced many reforms and enhancements in this area and these are well described in the section reporting on our efforts to promote healthy safe kids in strong families. I am especially pleased to welcome the Children's Commissioner, Dr Howard Bath and the department looks forward to this contribution to our efforts to look after kids in care.

The report also paints a strong picture of our efforts to improve Aboriginal health and wellbeing in the Northern Territory. Our efforts to grow and mature our partnership with the community controlled health service sector and the Australian Government have increasingly meant that we have been able to improve, focus and optimise the use of resources and consequently the outcomes in this important area. The continuing improvement in life expectancy for Aboriginal women is both reason for some satisfaction, but also reason to ask why we are not seeing the same improvements in the outcomes for Aboriginal men. This is an area that the department will address more deliberately in the coming year and beyond.

The report takes the reader through the journey of the last 12 months, outlining the work and in many cases the changes, these new developments have brought to

the fabric of our services and our staffing. The increased level of activity in the department generally is also reflected in this report.

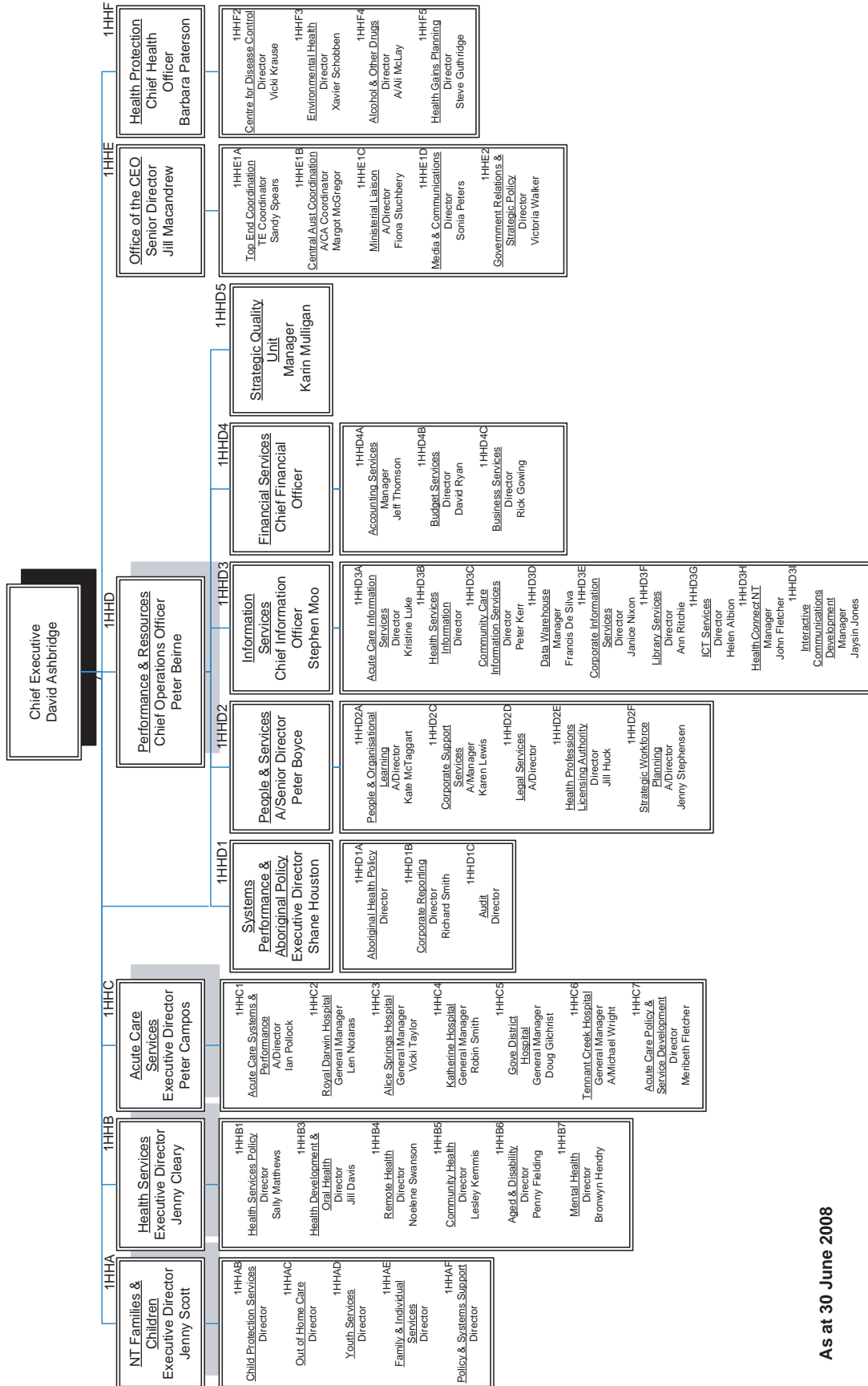
These developments and the increasing demand for services have required policy and services areas of the department to open themselves up to greater reform and innovation than has perhaps been the case in recent years. It is reassuring for Territorians that the quality and scope of the work has not only seen significant enhancement of our focus and effort, but has also in many cases contributed to a growing national appreciation of the complexity in the needs of Territorians. This has had a favourable impact on our relationship with Canberra and has meant that the two governments have been able to work closely together with great effect.

This report provides an accurate picture of the department's performance in these exciting and busy times.



Dr David Ashbridge
Chief Executive

September 2008



As at 30 June 2008

Chief Health Officer's Report

Chief Health Officer

Dr Barbara Paterson
MBChB, DCH, DGM, DRCOG, MRCGP,
MPH, FAFPHM



Barbara is a public health physician with over 18 years experience working in the NT. She started as a District Medical Officer in Katherine and has fulfilled a range of roles including work within the Centre for Disease Control and management, policy and leadership in the area of maternal and child health.

“No man is an island entire of itself...any man's death diminishes me, because I am involved in mankind ...”

John Donne Devotions Upon Emergent Occasions, Meditation XVII.

This past year has been one of substantial and in some instances, momentous, change in the public health landscape not only in the NT, but in the whole of Australia. Here in the Territory, the importance of the *Little Children are Sacred* report and the impact of the Australian Government Intervention (AGI) cannot be understated. The department collaborated over a range of child health and welfare issues as well as significant changes around the management of alcohol, with flow on effects to service delivery. As we look to the next 12 months, we do so with optimism with improvements in service capacity planned due to a significant increase in funding from the Australian Government. There are many factors that contribute to health and ill health and I will focus on using a few examples, showing how we as a department see and understand some of

the determinants of health and wellbeing, and how we see our role in responding to them.

Alcohol and Tobacco

Two major causes of ill health in the NT, and the rest of Australia, are tobacco and alcohol. Our department has responsibility for the *Tobacco Control Act* and there are substantial changes coming in this Act that will change the smoking “landscape” for the better.

Our responsibility for dealing with smoking goes much further however than just the Act. We will need to work closely with the hospitality industry, with Licensing Regulation and Alcohol Strategy in the Department of Justice (DOJ) and with the community in order to develop the real life responses the changes to the Act require. We will lead by example by introducing a smoke free DHF workplace policy within the next 12 months and liaise with other government departments to encourage them to do the same.

Smoking rates amongst Territorians, in particular Aboriginal Territorians, are much higher than the rest of Australia and smoking is the largest single risk factor in the burden of disease for Aboriginal people. Mainstream smoking campaigns have not been effective in reducing rates in Aboriginal people and we will need to focus more in this critical area if we are to achieve the improvements in life expectancy in Aboriginal communities sought by government and Territory society.

Alcohol is very much a part of our social culture, but it also contributes to a great deal of harm to population health and social order such as road crashes, inter-personal violence and family and social disharmony. We have been and will continue, as always, to work hard on treatment and education programs, but in the past year, we have been working to make a greater contribution with the DOJ and NT Police in the area of alcohol policy.

Alcohol policy today should be about more than the mechanics of regulating the sale of alcohol and needs to be cognizant of and give priority to, the impact on people's health and social order. We are working with our colleagues in DOJ and NT Police in a collaborative approach to the reform of alcohol legislation, a new way forward in program development and perhaps a re-shaping of the role of alcohol in our culture.

Climate Change

In the past year, climate change has become an issue at the very forefront of government and community concern. The NT Government is in the process of developing a climate change strategy for the NT and DHF has an important part to play.

Climate change is not some abstract or non-essential concern with the environment. Unmitigated climate change will have a major impact on the health and wellbeing of all of us. The effects of heat waves, floods, cyclones and fires and the expansion of diseases such as dengue and malaria are of major concern. A study for the Garnaut review estimated that there could be up to 281 heat related deaths in the NT by 2070 compared to 63 by the same time with no climate change.

Energy price increases and reduced rainfall are already leading to more expensive food and food shortages elsewhere in the world, and this may well also occur here. This will have negative effects on nutrition and health, especially of the less well off. Many climate change scenarios are predicted in the absence of action to lead to reductions in national economies. If so, there will be more poor and unemployed people.

All of these will increase stress and have an impact on our mental health, especially for those in farming communities, tourism and the unemployed. Aboriginal people will be particularly susceptible to the effects of climate change due to their existing socio-economic disadvantage. In addition, people in remote communities may be even more affected due to the loss of coastal wetlands, higher temperatures and the higher costs of food and energy compared to urban settings.

However, there are things we can do to reduce carbon emissions that potentially have substantial health benefits and savings. Encouraging people to drive less and ride bicycles and walk to work would have major benefits in reducing obesity, diabetes and heart disease. Reducing the number of cars on the road will reduce road crashes and air pollution. The economic savings of these health benefits could be substantial.

DHF can begin to do its part by reducing our own carbon footprint which is the largest of any government department. Hospitals use an enormous amount of energy and DHF has begun a process of developing alternative energy sources for them. DHF has given a full time task to a person experienced in energy management to lead that process, as well as assisting each division to reduce day to day energy use. All of our staff will need to play their part, as we will need to do in our private lives if we are to meet this challenge to our wellbeing. DHF also has a broader role to play in raising awareness of the full extent of the potential impact of climate change on our day to day health and wellbeing. We need to work with other agencies and bring our public health expertise to the agenda, responding to the many effects of climate change to decrease its impact on current and future generations.

Social Determinants

If we see health in terms of physical, emotional and social wellbeing, then, for the most part, determinants of health or ill health lie outside of the traditional “health domain”. Housing, food, water and education are all well known to have direct and major impacts on health, but so do other things like transport, justice and broader economic policies. In the big cities, think of the impact of transport related pollution on health. In remote and rural locations, access to services including health services is very much affected by transport policy; and road crashes affect us all everywhere. Social disorder and perceptions of not being safe in our communities clearly affect mental health and the occurrence of injury. We know there are strong links between poverty and unemployment and poor health status. Macroeconomic policies have direct effects on physical and mental wellbeing and the degree of social dysfunction, particularly

among the less well off. People suffer when economic circumstances deteriorate, even in rich countries like Australia.

As health professionals we can make contributions to the broader elements of health through collaborating with other departments, accessing a great deal of data that can inform policy decisions, knowledge of research and evaluation methods, skills in critical analysis of the evidence and translating evidence into policy. We often hear of the importance of intersectoral collaboration and whole of government approaches, but unfortunately do not see it as often. We should be seeking to work with other domains, with other government departments to develop better policies and programs and better health outcomes. If we are able to add to our skills and ability to see issues from a different perspective and have a willingness to do the work, we can play a leading role and make a real contribution.

In conclusion, DHF will continue to provide the best possible care and treatment, but can play a greater role in helping to address the causes of illness, injury and emotional distress.

Strategic Directions, Mission & Organisational Values

Contents

• Strategic Directions Introduction	12
• Healthy safe kids in strong families.....	15
• Tackling substance abuse and the damage it causes.....	21
• Pathways to healthy living in the community	25
• Develop a quality, integrated and intelligent service system	33
• Reshape and equip our workforce	37
• Aboriginal health and families	43



Northern Territory Government

DHCS Strategic Directions 2007-09



Our Vision

"Healthy Territorians living in Healthy Communities"

Our Mission

We promote, protect and improve the health and well-being of all Territorians in partnership with individuals and the community

What We Value

Respect and cooperation

We respect the unique qualities of each individual, family and community and actively encourage partnerships and positive engagement to improve the quality of life in our community.

Responsibility to Society

All our actions are underpinned by our commitment to ethical practice and as part of that societal duty, DHCS will promote equitable access to our services across all population groups - particularly those with poorer outcomes, who stand to benefit the most.

Pride in our work

We strive for levels of excellence that meet and exceed community expectations and hold ourselves accountable to the highest professional standards in service delivery and ethical practice.

We are here for our clients

The needs of our clients are paramount in the planning, administration and delivery of services to ensure that our entrusted resources are directed towards meeting individual and community needs in the most effective and efficient manner.

Our Themes

Healthy safe kids in strong families

Strengthen child health and well-being through improved service integration that focuses on the family.

Improve our responses to child abuse and family violence.

Tackling substance abuse and the damage it causes

Actively engage in activities aimed at reducing the harm of alcohol abuse across NT communities.

Implement smoking cessation and prevention across the community.

Pathways to healthy living in the community

Improve early identification and prevention of chronic diseases.

Provide coordinated care closer to home.

Develop a quality, integrated and intelligent service system

Build strong relationships with all service providers to attain quality sustainable services.

Reduce the blocks that hinder a client's smooth passage through the service system.

Reshape and equip our workforce

Consolidate the performance management program for all staff.

Provide workforce training and development where it is most needed.

Implement effective measures to attract and retain a skilled workforce.

Efficiently use information and knowledge to support decision making in service delivery, policy and management.

Strategic Directions 2007-09

Strategic Directions 2007-09 outlines the priority areas that the Department of Health and Families will focus on to achieve improved outcomes for all Territorians and sets out a clear way forward for addressing the issues faced by the department. This report does not attempt to incorporate all the work carried out across the department, but has identified key priorities which have an application to many of the divisions. These priorities have been organised within a thematic framework for which individual Executive members take a leadership role in implementation.

Healthy safe kids in strong families

Keeping our children safe and healthy is everyone's business. We will ensure that every opportunity is used to support and strengthen families and communities with the ultimate goal that Territory children will grow up healthy and safe. This will be achieved by providing evidence-based universal child services, coupled with strong support for vulnerable children and families.

Tackling substance abuse and the damage it causes

The issue of substance abuse, particularly alcohol, with the devastating effect this has on entire communities, remains a key priority in the NT. The disruption to families, homes and services will be addressed in a coordinated way across the whole of government. We will actively participate in actions to enable Territorians to reduce the impact of substance abuse and achieve improved health and social outcomes.

Pathways to healthy living in the community

The prevention and management of disease will continue to be a high priority as we strive to reduce pressure on the health system. We will continue to focus on critical life stages, including the early childhood years and people affected by chronic disease and disability. Consumers and professionals will work together to improve care pathways with a focus on providing services closer to home.

Develop a quality, integrated and intelligent service system

The way forward requires new ways of doing things. Our services must work effectively together across the whole service system and be integrated and complementary, so that we can gain the most value from the resources we have. The department will focus on making services sustainable in our community with attention to achievable outcomes through evidence-based best practice.

Reshape and equip our workforce

The key to achieving these improvements is through supporting our workforce. We have dedicated and professional teams, committed to making a difference. Yet, as the world changes around us, we must be able to respond to these challenges. We will support our workforce to develop and enhance the skills, abilities and technology needed to enable new approaches to address the most critical needs in our community.

The theme reports that follow outline some of the significant achievements and developments for 2007–08. Additional information is also contained in the section of this Annual Report on Output Achievements. Together these sections seek to provide Territorians with confidence that the department has addressed its budgetary and program commitments for 2007–08.

Strategic Directions

Theme Report

Healthy safe kids in strong families

Executive Director
Health Services

Ms Jenny Cleary

B App Sci, Post-Grad Dip Dietetics, MPH



Jenny represents the NT on the Australian Population Health Development Principal Committee and has played a key role in implementing the three successful remote area Northern Territory Coordinated Care Trials. Her 20 year career with the department has covered health system reform, primary health care and public health services management across the Territory.

Healthy safe kids in strong families

The building blocks are now in place to make significant change for our children. We know that the best way to support children is within a strong family network and we will continue to develop ways to support and strengthen the capacity of families to care for their children.

We will improve access to integrated services for children and families that focus on critical health and wellbeing needs, in both urban and remote settings. The 'Caring for our Children' reform agenda continues with the introduction of new legislation, the *Care and Protection of Children Act 2007*. The way we provide child protection services through assessment, investigation and intervention will be improved and better coordinated with other agencies operating in the community. We will lead and support informed public debate so that the community shares in the responsibility of protecting our children.

We will implement universal evidence-based maternal and child health programs in urban and remote areas and will develop integrated and collaborative approaches for the delivery of child health development and learning.

We will implement the health and community initiatives of the Northern Territory Government's *Closing the Gap of Indigenous Disadvantage - A Generational Plan of Action* to respond to the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse.

Our priorities

- strengthen child health and wellbeing through improved service integration that focuses on the family
- improve our responses to child abuse and family violence.

We delivered in 2007-08

- Key *Closing the Gap* achievements for the year include:
 - » expanded maternity services to remote area women by increasing the number of outreach midwives and community-based workers in Maternal Child and Youth Health
 - » planned a new model of midwifery care for remote women
 - » developed and began implementing evidence-based best practice maternal and child health programs in urban and remote areas, including:
 - ▶ a caseload Child and Family Health Model in Urban Community Health Centres
 - ▶ standardised routine child health contacts
 - ▶ evaluated the Strong Women, Strong Babies, Strong Culture Program.

- Introduced the *Care and Protection of Children Act* to replace the *Community Welfare Act 1983* resulting in the following outcomes:
 - » the Children’s Commissioner has been appointed
 - » developed a screening authority for child-related employment processes with Northern Territory Police and SAFE-NT
 - » commenced revision of NT Family and Children’s Services (NTFC) child protection policies and practices.
- Further implemented the Caring for Our Children reform.
- Expanded the Child Protection System:
 - » recruited additional child protection and family support workers
 - » established a mobile child protection team.
- Expanded the Child Abuse Taskforce through the recruitment of Family and Children staff and NT Police to investigate the most serious and complex cases of child abuse.
- Developed a child protection quality assurance framework to improve the monitoring and quality of child protection services.
- Expanded the Sexual Assault Referral Centres through recruitment of additional staff and identification of sites to expand facilities in Darwin and Tennant

Creek and progressed the design phase of the Alice Springs site.

- Reviewed Childbirth Education in remote areas and started developing improved resources.
- Completed a review of maternity services across the Northern Territory with a view to improving maternal and child outcomes.
- Under the joint NT-Australian Government Family Violence Partnership Program, trialled a Behaviour Change program, with trained facilitators in remote communities helping local families to break ongoing cycles of violence, abuse and dysfunction.
- Developed a new model and built six women’s safe houses in remote communities.
- Developed a new model and built eight men’s ‘cooling off’ and wellbeing centres.
- Developed new training courses and materials for remote family violence workers on domestic violence.
- Disseminated and implemented departmental *Guidelines on the management of sexual health issues in children and young people*.
- Commenced recruitment of a specialist therapeutic services team as part of the model for residential care for young people at risk.

- Refocused Homestrength and implemented the Our Family, Our Kids Program to increase family and individual independence with transitional in-home support to vulnerable families.
- FACS delivered 41 workshops to DHF and NGO staff in both Alice Springs and Darwin. These covered a range of areas including child protection and strengths based approaches to working with families.

Additional Initiatives

- Established the new NT Families and Children (NTFC) division, a significant step towards strengthening the Northern Territory Government's response to domestic and family violence, child abuse, sexual assault and youth issues.
- Collaborated with the Department of Employment, Education and Training and the Australian Government in planning for Child and Family Hubs at Yuendumu, Maningrida and Wadeye.
- Completed a High Risk Cases Audit and began implementing all 30 recommendations. Implementation has focused on improving coordinated complex case management.
- Trialled a new under-fives child health check form in five remote communities.
- Developed a Domestic and Family Violence Implementation Plan and currently developing related training materials and package.

- Opened a new birth centre at the Royal Darwin Hospital.

Where we are going in 2008 – 09

- Develop an Integrated Maternity Services Model including:
 - » creating a Clinical Reference Group for Maternity Services to support development of an integrated framework
 - » recruiting two key leadership positions – Director of Obstetric and Maternity Services and a Midwifery Co-Director.
- Implement a continuity model of midwifery care for women from remote areas birthing in Darwin and Alice Springs.
- Commence further provisions of the *Care and Protection of Children Act 2007*, including:
 - » establishing a Review Team to monitor child protection operations under the Act
 - » developing a service for young people who have left care
 - » developing a model for the provision of mediation services
 - » training staff and relevant stakeholders in the provisions of the new Act and providing a public awareness campaign outlining the commencement of child related employment screening by SAFE- NT.
- Build or retrofit additional men's cooling off/well-being centres and additional women's safe houses in remote communities.

- Implement the Domestic and Family Violence Policy with appropriate training throughout the Northern Territory.
- Expand the Primary Health Care workforce through the employment of Aboriginal Community Workers in remote communities throughout the Northern Territory, with a focus on maternal and child health, mental health and substance abuse.
- Continue to develop Out of Home Care options.
- In conjunction with key partners, develop more integrated early childhood care and education services throughout the Northern Territory.
- Begin a three year research partnership with Menzies School of Health Research focusing on child protection.

Strategic Directions

Theme Report

Tackling substance abuse and the damage it causes

Executive Director
NT Families and Children

Ms Jenny Scott
BSW (Hon), MSW, Grad. Cert. PSM



For over 25 years Jenny has held a range of positions in the social work field focusing on child welfare and community services. Her experience includes a range of roles in both Queensland and the Northern Territory. Jenny has previously been Assistant Secretary Community Services, Director Family and Children's Services and Director Services Development Division. She has worked in government and non-government organisations and has been a strong advocate for social work and community welfare education.

Tackling substance abuse and the damage it causes

Substance misuse is a direct contributor to high rates of ill health and harm across the Northern Territory and its impact on the wellbeing of individuals, families and communities cannot be understated.

The Department of Health and Families responds to the harm associated with substance abuse through a range of prevention, early intervention and/or treatment and rehabilitation programs and services. It also supports and administers legislation that controls the use of tobacco, volatile substances, pharmaceuticals and alcohol.

The department also provides a range of intervention and support services that deal with substance misuse and its impact through specialised alcohol and other drug treatment and care services, and through interventions delivered through primary health and community services across the Northern Territory.

Other agencies within the Northern Territory Government also have a major role in relation to substance misuse. The department works closely with these agencies to coordinate policy and services responses.

Our priorities

- to support smoking cessation, through a range of prevention, intervention and control strategies
- to develop and model a comprehensive smoke free policy across the department
- to improve pathways to and opportunities for, treatment and rehabilitation services for people affected by substance abuse
- to support community action to respond to substance misuse at the community level
- to coordinate the department's involvement in strategic approaches to substance misuse, including antisocial behaviour and alcohol management and supply at the Territory and national level.

2007-08 was the first full year of operation of the Substance Abuse Committee with representation from across the department. The committee was formed to provide a forum for joint analysis, planning and action on substance abuse issues and to provide strategic advice to the Executive Leadership Group.

We delivered in 2007-08

- Tendered action research focusing on the Arnhem region to support strategies to reduce smoking and alcohol during pregnancy.
- Produced a screening tool to identify harmful use of alcohol and tobacco during pregnancy.

- Promoted the Smarter Than Smoking campaign targeting young people across the Northern Territory.
- Provided Freshstart training to increase the number of accredited Quit facilitators in the NT.
- Funded a small grants program to support smoking prevention activities in remote communities.
- Implemented comprehensive tobacco interventions and controls, including cessation, smoke free policies, education and community action in select remote communities.
- Funded a research partnership between the Department of Health and Families, the Department of Justice and the Menzies School of Health Research to provide for improved evidence and evaluation relating to substance misuse in the Territory.

Additional Initiatives

The Australian Government Intervention (AGI) directly affected the availability and the service response to alcohol locally. The department provided strategic advice on potential service impacts and was involved in service delivery to support the alcohol measures in the AGI through the following:

- two hospital beds were funded in both Katherine and Tennant Creek Hospital to provide for medically managed withdrawal from alcohol. These beds were supported by additional clinical staff on site
- the provision of clinical expertise in withdrawal management and the development of supporting clinical protocols was undertaken in all regional centres
- DHF employed a Clinical Director to support a range of professional development activities to support the alcohol and other drug workforce established through the AGI
- advised on the rollout of additional Australian Government services and positions to support alcohol and other drug treatment and rehabilitation
- supported the monitoring and evaluation of services provided by alcohol and other drug workforce funded under the AGI.

Where we are going in 2008-09

- Contribute to legislative reform of the *NT Liquor Act* and the *Alcohol Court Act* in partnership with the Department of Justice and the NT Police.
- Implement government's commitment to amend and strengthen the *Tobacco Control Act*.
- Develop strategies to streamline the administration and clinical processes in the *Volatile Substance Abuse Prevention Act*.
- Develop an NT specific evidence base to document the harms and impacts of alcohol misuse in the community.
- Expand the remote community workforce to support alcohol and other drugs interventions through primary health care services.

- Introduce comprehensive smoke free policies, including support for smoking cessation across all departmental services and facilities.
- Improve clinical care in alcohol and other drug services, through a range of professional development activities and the development and dissemination of practice and operational guidelines.

Strategic Directions

Theme Report

Pathways to healthy living in the community

Executive Director
Acute Care Services

Mr Peter Campos
Dip Acctng, B Bus,
CPA, ACHSE



Peter has held senior positions within the health industry since 1975 including significant experience in financial management and health system reform as well as involvement with the Australian Society of Certified Practising Accountants.

Pathways to healthy living in the community

Improving services for people with chronic diseases and disabilities is a key focus of the department. To improve the health and wellbeing of people with chronic diseases we will strengthen our efforts in prevention and coordinated care. For people living with disabilities we will enhance services and implement strategies to respond to the findings of the Northern Territory Disability Services Review. For the elderly we will progress improvement to community aged care and increase respite, accommodation and day program services.

We will quantify the problems we face with chronic diseases such as renal disease and work with our key partners to provide appropriate care and intervention. We will implement strategies coordinated with other government agencies to bring about a reduction in the high level of injury in the Northern Territory population and the burden this places on families and those living with resultant serious disability.

Pathways for healthy living in the community will be our priority for adults vulnerable through chronic disease or disability and the community as a whole.

Our priorities

- improve early identification and prevention of chronic diseases
- provide coordinated care closer to home.

We delivered in 2007-08

Establish and implement new service initiatives in consultation with stakeholders:

- funding agreement signed between Northern Territory and Australian Governments for the Northern Territory to manage the construction and service development of the Radiation Oncology Unit. Royal Adelaide Hospital selected as the future operator of the service on the Royal Darwin Hospital campus
- Cancer Network, which includes Regional Cancer Groups and access to multi-disciplinary care, was commenced across the Northern Territory, involving government and non-government organisations and consumers
- Genetics Health Queensland contracted to provide visiting Genetic services. Visits to Darwin, Gove and Alice Springs have been undertaken
- planning for service development through clinician led Clinical Reference Groups in Palliative Care, Rehabilitation, Renal, Surgical and Aero Retrievals, which have provided strategic outcomes:
 - » \$0.2M for palliative care has increased staffing for bereavement, occupational therapy and volunteer coordinator and has enabled the continued rollout of advanced care directives (end of life planning)

- » \$0.4M for rehabilitation has increased staffing with a rehabilitation specialist recruited for Central Australia, a social worker and pain service coordinator and enhancement of data and reporting and professional development for rehabilitation staff including a network conference
- » \$0.25M for Top End Aeromedical Services to establish a logistics coordination tasking service.
- Medical Specialist Outreach Assistance Program increased specialist services across the Northern Territory. Obstetrics and Gynaecology services increased by 43%, ophthalmology services increased by 82% and ear, nose and throat increased by 130% in the Top End. Psychiatry services increased by 28% with a focus on services in Central Australia and physician services continuing in Central Australia
- Improved patient and clinical travel:
 - » new process for identifying and transporting vulnerable patients was implemented
 - » better activity analysis and incident reporting
 - » updated Patient Assisted Travel Scheme (PATS) Procedural Manual

- » PATS internet site redesigned to include additional patient information and support services
- » new PATS information brochures distributed outlining changes for 2008-09
- » submission and presentation to Senate Inquiry into patient travel.

Implement evidence-based strategies to promote early detection and best practice management of chronic diseases:

- Preventable Chronic Disease Clinical Reference Group established with senior medical and nursing clinicians and non-government representatives. The initial priority is to plan implementation of the recommendations from the report 'Cardiac Services in the Northern Territory 2006-2015'
- internal report 'A future vision for the NT' completed to strengthen health promotion capacity in the department
- renal initiatives and development including:
 - » advertised tender for the construction and management of 8-chair dialysis satellite unit in Central Australia and negotiations are currently underway with the preferred supplier
 - » procured land for the Central Australian Satellite Centre

- » completed a joint project with the Australian Government to expand community based self-care dialysis services with a tender for construction of six re-locatable facilities. One facility has been established in Ti Tree in Central Australia and the other five are currently in storage awaiting confirmation of sites
- » commenced self-care haemodialysis training in Central Australia
- » planned with Australian Government to facilitate the establishment of 'renal ready' rooms in new and refurbished health clinics including the development of standards.

Enhance the response of mainstream services for people with disabilities and increase specialist disability services available to people closer to home:

- implemented the first year of service reforms under the Disability Review including increased taxi subsidy and increased funding for Territory Independent and Mobility Equipment Scheme (TIMES)
- Office of Disability intake 1800 139 656 telephone number launched in March 2008 and additional Home and Community Care and Supported Accommodation services implemented

- commenced planning to establish a Darwin shop front for the Office of Disability. The initial phase of identifying potential sites is underway
- an Office of Disability was opened in Alice Springs
- developed service models to improve access to services such as respite, accommodation and Post School Options
- commenced developing models for disability services in remote communities
- Machado Joseph Disease (MJD) Reference Group agreed upon a MJD specific care plan that was distributed to communities with MJD people. The care plans will sit with the client's records but are accessible to government and non-government organisations.

Broaden range of services available to support community aged care and mental health:

- Gove District Hospital opened two flexi beds for aged care clients requiring respite as an interim Multi Purpose Service option. As at the 30 June 2008, 134 patients have used this service
- further expansion of specialist mental health services to rural and remote communities
- construction of 'Papaya', an eight bed sub-acute residential facility in Darwin has been completed. This service will provide intensive 24-hour support to mental health clients at risk of requiring hospital admission or following discharge

from hospital and clients without stable accommodation or unable to be supported in their own home

- an additional two-bedroom unit secured from Department of Local Government, Housing and Sport by the Mental Health Association of Central Australia (MHACA) will enable expanded sub-acute services in Central Australia
- East Arnhem Mental Health Services continued to maintain links with the Gove District Hospital to provide consultation/ liaison and psychiatric assessment of clients within the region in consultation with stakeholders and in the least disruptive and most culturally appropriate manner
- support services were provided for children in East Arnhem through monthly visits by the Child Psychologist Service and bi-monthly visits by the Child Psychiatrist
- Northern Territory Action Plan for Suicide Prevention based on the Northern Territory Strategic Framework for Suicide Prevention is currently being finalised by the Inter-Governmental Suicide Prevention Committee
- developed a draft NT Dementia Framework to improve the skills of staff in dealing with people with dementia.

Additional Initiatives

Establish and implement new service initiatives in consultation with stakeholders:

- three young people in Alice Springs have been placed within a new supported accommodation service as part of the Young People in Nursing Homes program
- Headspace – Top End initiative has been established in Palmerston. This service aims to provide early intervention for youth (including mental health and alcohol and other drug services) and facilitate access to associated services, which address other health or social needs. The service is provided in collaboration with Anglicare and other non-government organisation partners and consortium members
- the Talking Culture Resource Kit was launched in June 2008, and aims to educate and raise awareness about the importance of early intervention language stimulation strategies with Aboriginal children under three years
- the Child and Family Health Nursing service developed and commenced implementation of a caseload model to ensure continuity of care for children under the age of four years
- a block service provision model commenced for Children’s Dental Services to provide longer continuous periods of care at schools. Dedicated children’s services also established at Darwin and Palmerston dental clinics.

Continued to progress capital upgrades and the delivery of new services including:

- opened 12 new funded beds at Royal Darwin Hospital, as part of the NT Government's election commitment to increase beds at Royal Darwin Hospital by 24
- expanded the Rapid Admission Planning Unit in Royal Darwin Hospital from nine to 24 beds to decrease wait times for admission from the Emergency Department and improve patient flow within the hospital
- installed a new Hyperbaric Chamber at Royal Darwin Hospital
- leased premises and building works are nearing completion to establish satellite mental health service for adults in Palmerston.

Implement evidence-based strategies to promote early detection and best practice management of chronic diseases:

- work commenced on the development of a new model of Community Primary Health Care for Northern Territory urban community health services
- the HEAL Program (Healthy Engagement and Assistance in the Longgrass) was developed between the department, Larrakia Nation Aboriginal Corporation, Danila Dilba Health Services, Bagot Health Services and Mission Australia to facilitate access to primary health and community based services for people who live in the long grass in the Darwin and Palmerston areas

- Well Women's Cancer Screening service screened 4 537 women in 2007-08 and 81% (3 699) were in the target age group of 50 to 69 years
- continued a project to develop resources for monitoring early language development in remote children at high risk of hearing loss from chronic patterns of ear disease
- progressed the implementation of the Injury Prevention Strategy for the Northern Territory
- co-ordinated up-date of the Bush Book Volume 1 (a resource for public health practitioners)
- established of a departmental Health Promotion Network.

Where we are going in 2008 – 09

Establish and implement new service initiatives in consultation with stakeholders:

- progress the construction of the Radiation Oncology Unit at Royal Darwin Hospital and associated accommodation
- progress the development of a range of primary health care services for the Palmerston Super Clinic
- plan for implementation of the Northern Territory Government's \$45M Heart Health Plan over ten years
- establish Northern Territory Eye Health Framework including progression of Integrated Eye Health Initiative in Central Australia in partnership with the Fred Hollows Foundation

- develop outreach ultrasound services at Katherine and Gove District Hospitals
- the department will refocus its services toward primary prevention and support the development of a platform for action in the area of men's health
- conduct introductory Quality Improvement Program Planning System training in Darwin and Alice Springs for key departmental staff and external partner organisations
- implement enhancements to PATS':
 - » governance structure
 - » escort eligibility
 - » private vehicle allowance
 - » interstate ground transport reimbursement
 - » increase in commercial accommodation rate
 - » new support and co-ordination services for patients traveling to Adelaide and intrastate.

Implement evidence-based strategies to promote early detection and best practice management of chronic diseases:

- progress National Institute of Clinical Studies funded "I'M OK" project to facilitate case management of people with early renal disease in remote communities
- progress roll out of the self care dialysis demountables as part of the Australian Government project to support renal services for people in remote areas
- expand renal services including new 8-chair dialysis unit in Central Australia and in liaison with the

Office of Aboriginal and Torres Strait Islander Health, the implementation of remote self-dialysis units in Top End and Central Australian communities

- increased number of remote community health centres will have implemented quality improvement processes in chronic disease management
- the department, General Practice Network Northern Territory and other non-government organisations will collaborate to improve the delivery of integrated and coordinated care to people with diabetes and/or heart disease, living in Darwin/Palmerston and Alice Springs
- the Co-operative Research Centre for Aboriginal Health has been engaged to complete an up-date of Bush Book Volume 2 including an additional section on mental health
- Clinical Reference Groups are to:
 - » update strategic planning for Renal, Rehabilitation and Palliative Care
 - » update and publish Preventative Chronic Disease strategy
 - » develop a Surgical Strategic Plan for the Northern Territory
 - » plan and develop retrievals services
 - » establish Maternity Services Clinical Reference Group to develop Northern Territory integrated maternity services.

Enhance the response of mainstream services for people with disabilities and increase specialist disability services available to people closer to home:

- establish a Darwin shop front for the Office of Disability as recommended in the service reforms under the Disability Review
 - implement service models to improve access to supported accommodation in Darwin urban for people with disabilities with high physical support needs
 - develop a Territory wide Post School Options service and Day Options program with the implementation of stage one of this development to occur in Central Australia
 - tenders for Post School Options model will be called for in Alice Springs
 - develop service models to improve access to respite services.
- expand Child and Adolescent mental health services to rural and remote communities
 - improve assessment and treatment services for peri-natal mental health problems
 - improve care coordination for people with mental illness and associated complex needs
 - finalise and implement the Northern Territory Suicide Prevention Action Plan.

Broaden range of services available to support community aged care and mental health:

- expand acute and primary health care responses to meet the health needs of our growing aged population
- plan to improve aged care flexi bed respite facility at Gove District Hospital
- collaborate with Central Australian Aboriginal Congress and other consortium partners to establish Headspace Central Australia
- enhance the mental health service system

Strategic Directions

Theme Report

Develop a quality, integrated and intelligent service system

Executive Director
Acute Care Services

Mr Peter Campos
Dip Acctng, B Bus,
CPA, ACHSE



Peter has held senior positions within the health industry since 1975 including significant experience in financial management and health system reform as well as involvement with the Australian Society of Certified Practising Accountants.

Develop a quality, integrated and intelligent service system

In a constantly changing and challenging environment, new approaches are needed to improve the success of our programs and the overall effectiveness of our service system.

Our services must continue to work collaboratively across the whole service system and be integrated and complementary, so that we can gain maximum value from our resources.

The department will focus on making services sustainable in our community with attention to achievable outcomes through evidence-based best practice.

We will also strive to enhance the quality and effectiveness of our services and address those areas requiring improvement, in a timely manner.

Our priorities

- build strong relationships with all service providers to attain quality sustainable services
- reduce the blocks that hinder a client's smooth passage through the service system.

We delivered in 2007-08

- Opened the Rapid Admission and Planning Unit (RAPU) at Royal Darwin Hospital (RDH) to streamline patient flow.
- Senior clinicians attended a 3-day workshop to improve patient flow and patient flow projects were implemented across the Northern Territory.

- Updated the sentinel events policy and provided additional resources to monitor and respond to health complaints and inquiry recommendations.
- All five government hospitals have been accredited for a number of years with the Australian Council on Health Care Standards (ACHS), as well as 'baby friendly hospitals' accreditation, national association of testing authorities accreditation for our pathology labs and *food safe* accreditation for our hospital kitchens.
- Oral health services across the NT have been accredited with ACHS since 2003.
- Reviewed NT wide Mental Health Services for ongoing accreditation with the ACHS. Due to the program's high achievement, it has been recommended for a further four years' accreditation.
- In a major effort, all programs within Community Health Services have achieved accreditation with the Quality Improvement Council of Australia with the exception of Breastscreen NT, which is accredited against the National Breastscreen accreditation standards.
- Reviewed core health and wellbeing services for remote areas of the NT with our partners, AMSANT and Department of Health and Ageing. This is a seminal document with significant potential use in workforce, services

and investment planning for integrated health and community services delivery across remote areas of the Northern Territory.

- Comprehensive consultation was undertaken with key internal stakeholders to inform the development of a new NGO Operating Framework.
- FACS provided 41 training workshops attended by over 700 participants to DHF and NGO staff in both Alice Springs and Darwin. These included:
 - » 20 core workshops covering all aspects of the child protection system
 - » 21 supplementary workshops providing specific training in specialised areas.
- DHF has launched the Cultural Security Policy and has conducted the first negotiation session in Katherine, followed by a series of workshops across the NT with professional and administrative employees to begin the process of embedding cultural competency into workplace practices.

Additional Initiatives

- A NT funded elective surgery waiting list (ESWL) blitz occurred across the NT Hospital Network. A total of 1 463 patients were removed from ESWL with the total patient waiting list reducing by 16% and patients overdue decreasing by 31%.
- A federally funded the ESWL blitz commenced in January 2008, achieving 467 of the target group of 500 overdue patients.

- The Fred Hollows Foundation in liaison with ASH conducted 48 eye surgery procedures for long wait patients.
- Alice Springs Hospital, Royal Darwin Hospital, Tennant Creek Hospital and Katherine Hospital provided surgery for children referred under the Australian Government Intervention.
- Commenced negotiations with Western Australia for six beds at RDH to service the Kimberley region.
- NT Health Direct handled an average of 45 calls/day, up from 42.5 handled calls in 2006-07.
- Completed an RDH management alignment review.
- A number of our remote community health services are accredited against the Royal Australian College of General Practice standards.
- Participated in the joint emergency services 'tracks are for trains' exercise providing a welfare response at the incident site and establishing a welfare recovery centre.

Where we are going in 2008 – 09

- Deliver new Leadership and Management Development Program for our staff.
- Develop a new departmental strategic workforce plan to enhance recruitment and retention outcomes.
- Consult with NGOs to produce a formal strategy for engagement.
- Develop and enact an enhanced Quality and Safety governance structure to improve the services delivered to our clients.

- Further integrate clinical safety and cultural security and implement the Cultural Security Policy throughout DHF.
- Complete the Australian Government funded ESWL blitz.
- Continue to work with Fred Hollows Foundation on eye surgery procedures for long wait patients.
- Address identified areas of critical need, including development of enhanced systems, for responding to recommendations arising from health complaints and inquiries.
- Enhance our research capacity to strengthen our business intelligence and improve our evidence based decision-making.
- Further develop the SA/NT Population Health and Wellbeing Data Linkage System to further inform best practice.
- Develop and introduce a raft of new health protection legislation including food safety, public and environmental health, medicines and poisons and radiation protection.
- Expand the FACS Quality Framework to include the new services being established under the new Division of NT Families and Children.
- Building on the department's commitment to improving data quality and reporting, we will review key data collections including those for hospitals and Family and Children's Services. This review will contribute to our continuing efforts to strengthen the performance culture of the department and ensure efficient and effective delivery and management of resources and effort.

Strategic Directions

Theme Report

Reshape and equip our workforce

Chief Operations Officer
Performance and Resources

Mr Peter Beirne
BBS, CA, M INSTD



Peter has a commercial background from a number of industries in New Zealand and England. He has ten years public health sector management in corporate leadership at two regional New Zealand Health Services gained during a time of considerable change in the New Zealand health system. He holds a Business Studies degree and is a member of the New Zealand Institute of Chartered Accountants and the Institute of Directors, New Zealand.

Reshape and equip our workforce

Our workforce is our greatest asset in meeting the challenges of improving the health and wellbeing of Territorians. We will build on recruitment and retention strategies to consolidate a skilled and stable workforce. We are committed to strengthening our workforce through workplace agreements that maintain the NT in a competitive position nationally.

Our workforce will be reshaped with the right skill mix, team-based models and knowledge to adapt to the changing demands in the community and population.

We will develop the workforce with the research, technology and professional support to improve work practices, and remote delivery of services. All our remote health centres will have access to the information technology enabling staff to network with other health providers and keep up to date with the best care protocols.

A flexible workforce is a key element of our future health system. The environmental demands of the Northern Territory make this a critical issue for health service delivery in the NT. This relates to both service model and role delineation.

Our priorities

- efficiently use information and knowledge to support decision making in service delivery, policy and management
- consolidate the performance management program for all staff
- provide workforce training and development where it is most needed
- implement effective measures to attract and retain a skilled workforce.

We delivered in 2007-08

Information and Technology Support

2007-08 has seen the largest information work program ever undertaken by the department. These achievements included:

- the department has made significant progress in 2007-08 with the accelerated rollout of the Primary Care Information System (PCIS) into DHF operated remote health centres with 21 sites fully operational. These health centres have transitioned to using full electronic health records, eliminating the generation of paper based records
- completed development of major new functionality in the Community Care Information System (CCIS) module to support changes in legislation and client intake processes
- in collaboration with the Department of Employment, Education and Training, under the Australian Government's Clever Networks Scheme, contracts for improved data communication facilities were signed and implementation of infrastructure is planned.

Workforce and Professional Development

- The Physical and Technical Grade Review from the NTPS 2004-2007 Certified Agreement has been implemented apart from the conjoint mapping of Physical and

Technical positions against the Health Training Package which will occur in 2008-09.

- Completed the NTPS Employees and Medical Officers Enterprise Agreements 2007-10.
- Integrated the recruitment process for Allied Health graduates into the NT Government Graduate Recruitment Program.
- Supported 41 apprentices and 15 cadets.
- Six staff graduated under the Public Sector Employment and Management Program.
- Completed a Northern Territory Medical Education and Training Review.
- Provided 31 General Studies Assistance Grants costing approximately \$80 000 to the NT health workforce. Funding priorities were based on current and future skills gaps identified in meeting corporate goals under the *Building Healthier Communities Framework*.
- Encouraged more Aboriginal representation in the health and community services workforce by providing additional studies assistance through the Aboriginal and Torres Strait Islander Studies Assistance Grants totalling \$30 004 to 10 people.
- Nursing Studies Assistance Grants totalling \$98 765 were awarded to 112 nursing students, and enrolled and registered nurses undertaking further studies.

- Six Allied Health Professional Development Grants were awarded to fund interstate and local experts to provide inter-professional training in areas such as home modifications, strengths based practice approach, play-based early childhood intervention and anthropometric measurement techniques.
- Developed a Strategic Corporate Learning and Development Plan.
- The Work Partnership Plan Framework was revised.
- Criminal History Checks Policy was launched on 12 November 2007.
- Commenced consultation and research for the development of a departmental Strategic Workforce Plan.
- Commenced consultation and research towards the development of an Allied Health Workforce Plan.
- Developed a Professional Practice Supervision and Support Policy and Guidelines.
- Developed new Certificate III/IV program for Community Services 'Supporting Healthy Family Dynamics' for students from remote communities.
- Developed new Certificate II Program for remote areas workers in safe houses and women's shelters.

Additional Initiatives

Information and Technology Support

- The NT signed a new Health Connect Funding Agreement for 2007-08 that resulted in a substantial Australian Government funding increase to \$8.75M, for major Health Connect e-Health projects including:
 - » the expansion of the Shared Electronic Health Record Service targeting rural and remote communities with 25 000 consumers registered (almost 40% of the NT's Aboriginal population and representing between 60% to 70% of the Territory's rural and remote Aboriginal population)
 - » implementation of the Shared Electronic Health Record service into three private urban GP practices in Darwin
 - » Territory-wide expansion of the Provider to Provider Secure Clinical Messaging Service (SEMS) by our service provider the Top End Division of General Practice (TEDGP), with around 150 sites connected across general practice, private specialists, allied health professionals, remote primary care, NGO's, diagnostic services and public hospitals
 - » significant progress was achieved by TEDGP in commissioning Australia's first national demonstration pilot projects in implementing Electronic Transfer of Prescriptions (ETP) and Advanced Medications Management in the Community and Aged Care sectors. On 10 April 2008 the NT commenced operation of the first full digitally signed prescription service using a Central Prescription Server involving one general practice and two community pharmacies in Darwin. In May 2008 Advanced Medications Management and ETP was successfully introduced into the Terrace Gardens Aged Care Home. Both these initiatives are providing important lessons for national adoption.
- Further good progress has been achieved in implementation of the Medchart Advanced Medication Management and Decision Support System into NT Hospitals. MedChart has been successfully implemented across around 50% of all wards at Royal Darwin Hospital and all wards at Katherine Hospital. This program is part of a comprehensive strategy to develop advanced electronic bedside clinical systems to improve patient safety and to improve access to clinical information by hospital clinicians.
- Completed implementation of a networked Oral Health Client Information System to support delivery of Oral Health Services across the NT.
- Completed major redevelopment of and successfully deployed the upgraded Caresys Operating Theatre System to provide a full electronic health record and workflow system to support the operation of theatres and improve management of Elective Surgery Waiting Lists in all NT hospitals.

- Completed a major up-grade program of the department's business application server environment to replace ageing infrastructure and provide expanded capacity to support a significant growth in client information systems user base.
- Achieved good progress with the successful implementation of a number of corporate information services initiatives including:
 - » Health Library Services established a Territory-wide network to manage and deliver on-line knowledge resources and services to all health staff, improving overall service quality and value for money
 - » Health Library Services expanded the availability of electronic information resources for research, knowledge management, learning and provision of clinical protocols to support clinical decision-making
 - » commissioned a new department Internet site using the Objectify content management and authoring tool
 - » commenced a pilot implementation of TRIM as a corporate electronic records management system to migrate from paper based files and administrative record keeping
 - » commenced a pilot implementation of Sharepoint as a collaboration and content management tool.

Workforce and Professional Development

- Staff attended Recruitment Expos in the UK and Republic of Ireland resulting in a number of successful recruitments.
- A Medical Education and Training Summit was held on 28-29 April 2008.
- Completed a Review of Middle Management Capacity.
- Developed an Aboriginal and Torres Strait Islander Professional Development Program 'Stepping Up'. This is an ongoing initiative that provides a 12 month opportunity for Aboriginal and Torres Strait Islander staff to develop experience, skills and competencies that open up career pathways within the department.
- Provided Batchelor Institute of Indigenous Tertiary Education (BIITE) with a "one off" Special Purpose Grant of \$125 095 to support students from Tennant Creek enrolled in the Batchelor of Nursing to undertake their clinical placements in Alice Springs Hospital in 2008 and 2009. The Special Purpose Grant will cover transport and accommodation costs.
- An inaugural Staff Survey was conducted on 3 October 2007.
- Commenced development of an Overseas Recruitment Policy and Procedures in line with Australian and NT Government legislative, regulatory and contractual requirements.

Where we are going in 2008 – 09

- Develop a career progression scheme for Aboriginal Community Workers.
- Re-establish the Northern Territory Post Graduate Medical Council to provide leadership for early Postgraduate Medical Education and Training in the Northern Territory. This was a key recommendation from the NT Review of Medical Education and Training undertaken in 2007.
- Finalise a departmental Strategic Workforce Plan. The plan will set the strategic direction for building a vibrant, sustainable public health and community services workforce that is world class and ready to meet the challenges of the future.
- Develop an Allied Health Workforce Plan that will support activity across five key outcome areas of building capacity, recruitment and retention, career progression and structure, Allied Health Assistance roles and workforce planning and research.
- Finalise and implement a Professional Practice Supervision and Support Program including on-line resources, information sessions and mentor training and support activities.
- Finalise and implement an Overseas Recruitment Policy and Procedures to ensure timely and targeted recruitment and appropriate training and support of overseas trained health professionals.
- Finalise and implement a departmental Strategic Aboriginal Workforce Plan. The purpose of this plan is to support potential and current Aboriginal employees through a wide range of employment, training and career development strategies.
- Undertake an Aboriginal Health Worker Professional Review.
- Undertake a Review of Human Resource Management System requirements.
- Review the Aboriginal Cultural Awareness Program in line with the progressive implementation of the Cultural Security Policy.
- Develop an on-line multimedia departmental Orientation Program.
- Launch the First Line and Middle Managers Career Development Framework.
- Conduct a second Staff Survey with a view to improving participation of staff across the department.

Strategic Directions

Framework Update

Aboriginal Health and Families

A Five Year Framework for Action

Executive Director
Systems Performance
and Aboriginal Policy

Professor Shane Houston
PhD



Professor Shane Houston is a Gangulu man from Central Queensland. He has worked in Aboriginal Affairs for more than 30 years mainly in the health and employment areas. Shane has held a range of positions at local, state, national and international levels including thirteen years in senior public sector management roles and a stint with the World Council of Indigenous Peoples.

Aboriginal Health and Families

The Territory is both a challenging, but incredibly rewarding, place to live and work. This is no clearer than in the complex arena of managing and providing health and family services to Aboriginal Territorians. Remoteness, poor health, complex social and environmental considerations, cultural differences and difficult workforce challenges all confront the management and service delivery arms of the department on a daily basis, whether it relates to a single case, or the design of new policy and programs.

Unlike many other States and Territories, the place of efforts to improve Aboriginal health are centre stage in the Northern Territory health and family service system's thinking and daily service delivery. There are many reasons why this is the case, but the two most important ones are that Aboriginal people form such a significant slice of our daily business and Aboriginal people carry much greater needs because they have a heavier burden of ill health and poorer wellbeing than other Territorians. In effect, all parts of the department carry a significant service obligation or strategic interest that is focused on Aboriginal needs and issues.

This places a significant responsibility on our staff and services, but also provides many opportunities for dedicated and talented people to engage in innovative services and programs and build personally and professionally rewarding careers in the Territory's health and families services system.

Responding to these challenges and needs, the government established *Aboriginal Health and Families – A Five Year Framework for Action* as the strategic framework to assist and focus the department's efforts to address the health and social wellbeing needs of Aboriginal Territorians. The framework has provided a strong platform during 2007-08 for, not only strategic reform, but also to ensure changes and improvement at a service delivery level. This section of our annual report looks at the past year, the framework and our efforts. It outlines some of the significant gains that we have made and talks about some of the areas where progress is underway. Lastly, it also paints a short picture of the issues that loom large on our policy and services delivery horizon.

Our priorities

- build better services
- build a better department and a better health and family service system.

The activity and events related to the Australian Government Intervention (AGI) in the NT have occupied much of the department's time and energy in 2007-08. During the year the department has provided follow up care and treatment to children with paediatric conditions identified through the child general health checks. Many of these follow up services were provided by existing primary health care service providers as quickly as possible after the child health check. This follow up care included, for example, immediate treatment for minor complaints

such as skin sores and acute infections and vaccinations that were due at the time of the check. The department completed AGI child general health checks in a number of communities. In addition, the department provided surgical care associated with the AGI for 115 Aboriginal children.

Despite the challenges associated with the Intervention, the partnerships we have developed in the Aboriginal health and wellbeing arena over the past four years have stood the Territory well in the past 12 months.

We delivered in 2007-08

Building Better Services

Throughout the year the department has maintained a strong commitment to partnership in Aboriginal health, promoting an active engagement with the community sector and the Australian Government on a range of policy and program matters. A 2006-07 partnership agreement between the Territory and Australian Governments and the Aboriginal Medical Services Alliance of the NT established the NT Aboriginal Health Forum. This Forum provides regular and formal opportunities for the partners to meet and build collaborative policy and program action, remove duplication and facilitate reform and innovation. During 2007-08 the forum met formally five times; with many sub-committee and ad hoc meetings occurring on other occasions. This commitment to partnership has underpinned much program and reform success over the year, some of which is outlined below.

During 2007-08 we have significantly progressed the implementation of the Cultural Security policy by

undertaking wide consultation with Aboriginal communities to identify and understand those spaces where Aboriginal culture and the provision of health and family services intersect. Understanding Aboriginal clients' culture and how it influences decisions about when and how people seek care, what they think of the quality of care and how it impacts on health and family wellbeing outcomes, is widely acknowledged as an important issue in building improvements in Aboriginal health specifically, but in all cross-cultural service settings more generally. The department completed regional consultations with Aboriginal communities to identify those priority cultural issues that should be integrated with our service delivery.

Late in the year, we commenced regional discussions with departmental and community controlled staff and service providers using this work to find new ways of working in the cross-cultural service space. The department has significantly progressed this important part of the *Framework for Action*.

In partnership with community controlled health services and the Australian Government, the department has finalised the standards for and significantly progressed work towards, implementing a minimum set of core health and family services in all departmental and community controlled health services. Introducing the concept of core services to our service delivery approach will ensure that the services that are essential in building a healthy, long, quality life for Aboriginal Territorians are in all health centres across the Territory.

Alongside this work the department and the community controlled sector continued to refine and develop the implementation of the common primary health care performance indicators initiative. This is an important step towards building an integrated and effective health service system. During the year we have rolled out interim data collection tools in 17 communities, engaged with local staff and service providers and continued work on building agreement and design of the central data repository into which departmental and community sector data will be lodged. The interim data collection tools are being used only in those communities that do not yet have access to electronic patient information systems. The first report using the new shared performance indicators will be produced for 2008-09.

The life course approach, an approach that recognises that, as health, social and developmental needs of individuals and families change over their lives, so too must health and family services, has been used as a bedrock of the department's service and policy efforts over the past 12 months.

A number of initiatives outlined in the theme reports presented earlier in this report detail many of the improvements and efforts throughout the year. Principal among these are improvements to the maternal and child health service platform, trialling new child health checks for children in remote communities, and expanding the capacity of the child protection system to care for Aboriginal children.

Significant changes to the child protection system in the NT over the past twelve months have included

continuing improvement in co-operation between police and the department on child protection matters, the establishment of a mobile child protection team and the recruitment of additional child protection workers. These are all important developments because more than 75% of substantiated child protection notifications involve Aboriginal children. The ongoing improvements have also included the introduction of Cultural Care and Family Care Policies in the Territory's child protection system.

The Child Abuse Taskforce was expanded with a second unit established in Central Australia.

Greater integration of family and community services models at a community level was greatly aided by the establishment of the Remote Aboriginal Community Worker Program and Mobile Child Protection Team.

Of critical importance to Aboriginal people in their middle age is chronic disease. This illness group presents perhaps the most critical area of endeavour for the department. Reducing deaths from these causes will perhaps lead to the biggest gains in life expectancy for Aboriginal people and will also help improve the capacity of families to care for and promote the health and wellbeing of children and parents alike. A number of important strategies put in place by the department over the past year seek to address causes and better management of chronic disease in Aboriginal people.

Developments in 2007-08 have included the implementation, in collaboration with Renal Services, Palliative Care and Aboriginal community controlled Health Services,

of care co-ordination for advanced kidney disease and expanding the ABCD quality improvement initiative in eight Top End and four Central Australian communities.

The health and wellbeing of Aboriginal men came under the spotlight in 2007-08 with a widening gap in life expectancy between Aboriginal men and women. While the life expectancy of women continues to show improvement, improvements for Aboriginal men have been marginal. The department has started to gear up its attention to Aboriginal men's health by facilitating and supporting two large men's health gatherings and by working with local communities to review and improve their men's health programs.

This work will be an important platform for further efforts in the coming year.

The stability and environment of Aboriginal families is an important contributor to health and wellbeing. The department has invested effort and resources in improving the way families and communities can respond to these complex issues. These efforts have ranged across improving the capacity of remote communities to identify and address the needs of children exposed to violence, to trialling behavioural change programs to break cycles of violence, abuse and dysfunction.

The department has sought to improve the level of capability of staff in remote communities to deal more effectively with the adverse health outcomes caused by alcohol. Ten remote community residents have undertaken accredited alcohol and other drug training and 21 Central Australian remote area nurses have undertaken accredited brief intervention training.

The new Aranda House facility for residential treatment and withdrawal, including ten VSA and ten withdrawal beds opened in September 2007.

Volatile Substance Abuse (VSA) Management Plans have been finalised and implemented in six remote communities. In addition to these responses, the department has been working with communities to highlight use of cultural and other strengths in Aboriginal families and communities to build Aboriginal family wellbeing.

The Bushmob residential volatile substance abuse program for children and young people began in January 2008.

\$2.6M in funding was sourced from the Australian Government to contribute to the capital redevelopment of Katherine and Tennant Creek Sobering Up Shelters.

Building a better department and a better health and family services system

During the year, we have developed and forged agreement between the Territory, Aboriginal community controlled services and the Australian Government on an innovative strategy to enhance the level and nature of Aboriginal family and community involvement in the development and delivery of health and family wellbeing services. Research shows and NT Aboriginal health partners agree, that greater levels of community involvement bring benefits, not only to the process of health and community service delivery, but also to the health of those that are engaged. This new approach, called *Pathways to Community Control*, was a key element of the *Five Year Framework*.

Pathways to Community Control provides a measured and deliberate framework to improve the engagement of Aboriginal communities in the planning, delivery and evaluation of services provided by the department and by the Aboriginal medical services. It seeks to build the capabilities and competence of both staff and community towards a stronger partnership.

Aboriginal employment in DHF has continued to improve. The proportion of staff that identify as Aboriginal and/or Torres Strait Islander increased to almost 10%. Since 2006, the number of Aboriginal people employed in the department has increased by 33%. This growth has also focused attention on the career prospects of existing staff. In response, the department has developed an Aboriginal Professional Development Program – Stepping Up. This initiative will provide a number of existing Aboriginal staff with a 12 month tailored career development program that aims to increase their skills experience and capacity to compete and achieve senior roles across the agency. Applications for the program were sought in late 2007-08 and it is anticipated that the first cohort of participant will commence their programs in early 2008-09.

DHF remains committed to the development of new and relevant knowledge and information that can be used to improve the services we provide and the planning we undertake. In 2007-08 DHF continued its support for the Menzies School of Health Research and the Co-operative Research Centre for Aboriginal Health.

DHF also provided significant in kind support for research by providing staff under appropriate arrangements to partner in a range of health and wellbeing research projects.

We have also been working with national partners on ways to improve the quality of Aboriginal health and wellbeing data.

The Interpreter Services Project has begun with a survey of DHF employees' Aboriginal language skills. The project aims to improve access to specialist interpreters for Aboriginal people utilising health and community services in the NT by reforming existing workplace arrangements to improve the availability of skilled interpreters for Aboriginal clients and to continue to improve quality of service. Access to a skilled interpreter fluent in medical terminology reduces the risk of miscommunication that may lead to incorrect diagnosis or misunderstanding between clients and practitioners.

Where we are going in 2008 - 09

- The roll out of the Cultural Security policy will accelerate in early 2008-09 with the completion of the regional negotiations sessions across the department. These negotiations will bring together participants from across each of the major professional groups in the department (doctors, nurses, allied health, management, social work for example) in round tables to discuss and develop the behavioural and systems changes that are needed to improve the cultural security of our services. Based on these negotiations the department will build a program of

reform that tackles the issues region by region. We will also be prioritising those issues that are amenable to early action. Showing both the community and the staff that have participated that they were listened to, is important in this critical area.

- The department has a strong commitment to evidence based practice. There is an exciting and growing evidence and research base in Aboriginal health and wellbeing across Australia and internationally that offers important insights to policy and service providers. In 2008–09 the department will trial Living Knowledge Learning Networks (LKLN) across the NT. The trial will involve bringing new research to regional centres, providing an opportunity for local program and service leaders to engage in lively discussion about the implications of the research for services on the ground. These discussions will be aided by the participation in the network of a Visiting Thinker, an eminent practitioner or researcher who has a comprehensive knowledge of the issues to be discussed. The LKLN trial will tackle the issue of early childhood health and social development. LKLN will bring the department's Library Services, researchers and practitioners into a more robust and engaging knowledge transfer initiative.
- The department will announce its first cohort of Stepping Up participants. The participants will be Aboriginal staff selected for their potential and commitment to taking on more senior roles in the agency. Already a range of challenging work placements, professional development courses and training opportunities have been identified for this group of future leaders. This initiative will contribute to greater retention of Aboriginal staff in the department and along with other workforce initiatives, build greater progress towards our 15% Aboriginal employment target.
- Adding to improving Aboriginal employment in the department will be the expansion of primary health care in the Territory. The partnership with the Aboriginal Medical Services Alliance of the NT and the Australian Government will see significant employment opportunities at the local and regional level for Aboriginal people in 2008-09 and beyond.
- Interpreters play an important role in building a quality service network and in strengthening the level of trust Aboriginal people place in our services and people. In 2008–09 the department will be exploring, in consultation with the Aboriginal Interpreter Service, ways of strengthening the availability and quality of interpreting available to our service network. Analysis of the Aboriginal Languages survey conducted by the department in 2007-08 will provide an important platform for moving forward.
- The department will also be commencing the planning for the next Aboriginal Health and Families – A Five Year Framework for Action covering the period 2010–2015. We will be looking at the achievements against the first 5 year framework and the targets government has set in the Closing the Gap Generational Plan as the guide to this work.

Output Groups Performance Reporting

Contents

Introduction	52
Highlights by Regions	54
Acute Care Division	
• Acute Services	57
Community Services Division	
• Family and Children’s Services	75
• Aged and Disability Services	85
• Mental Health Services	91
• Alcohol and Other Drugs	97
Health Services Division	
• Community Health Services	105
• Public Health Services	123
Health Research	142

Output Groups Performance Reporting

The previous section provided a summary of how coordinated services across the department and government contribute to improvement in each of the core areas of *Building Healthier Communities* (translated into the department's *Strategic Directions*). The output groups contribute to the strategies for improvement. This section reports on output groups consistent with *Working for Outcomes*, the government's financial and performance management framework. The framework requires agencies to report on meeting performance targets set out in Budget Paper No 3 (BP3). Performance targets used throughout the Annual Report are those published in the 2008-09 Budget Papers, as the estimates for the 2007-08 year.

- **Acute Care Division** encompassing the five public hospitals
- **Community Services Division** consisting of Family and Children's Services, Aged and Disability Services, Mental Health Services, and Alcohol and Other Drugs
- **Health Services Division** including Community Health Services and Public Health Services.

The Health Research output group is an agency-wide support area for all divisions and is reported separately.

During the 2007-08 financial year the department's budget increased by \$74.1M from \$837.7M to \$911.8M.

The increase was mainly due to additional funding provided by the Australian Government. This primarily related to remote intervention projects. Additional NT Government funding was also provided and a breakdown of the major funding variations follows:

Northern Territory Government initiatives:

(\$16.3M)

- \$4.95M for Closing the Gap of Indigenous Disadvantage initiatives
- \$2.8M for the Medical Officers Enterprise Bargaining Agreement
- \$5.5M for a capital grant to Menzies School of Health Research to expand facilities at RDH campus
- \$1.1M for Anti Social Behaviour prevention initiatives
- \$2.1M to recognise additional long service leave liability

The department secured increased Australian Government funding of approximately \$55.2M for both capital and operational programs. This resulted in increased service delivery across outputs. The major program increases were:

- \$25.6M for the Australian Government Intervention in remote areas:
- \$8.1M for Health Connect
- \$6.1M for the National Vaccination program
- \$6M for Primary Health Care programs
- \$2.4M CDEP replacement program
- \$1.8M for elective surgery wait list (ESWL) reductions.

The operating result has been affected by the number of funding agreements signed late in the financial year that could not be acquitted prior to 30 June 2008. Consequently the department's expenses in 2007-08 were \$26M (2.9%) below budget.

These programs will however be acquitted in the 2008-09 financial year.

	2007-08 Published Budget \$000	2007-08 Final Estimate \$000	% Change	2007-08 Actuals \$000
Acute Services	492 853	510 325	3.55%	496 739
Admitted Patient Service	401 428	411 977		398 535
Non-Adm Patient Service	91 425	98 348		98 204
Community Health Services	123 965	144 917	16.90%	136 977
Community Health Services	123 965	144 917		136 977
Family and Childrens Services	65 361	78 774	20.52%	78 557
Child Care, Early Childhood Development and Parent Support Services	10 932	12 299		10 503
Support Services for Families In Crisis	18 668	27 643		25 290
Child Protection Service	35 761	38 832		42 764
Aged and Disability Services	71 062	74 705	5.13%	73 899
Community Support Services For Frail Aged People and People with a Disability	60 290	62 766		62 080
Support for Senior Territorians and Pensioner Concessions	10 772	11 939		11 819
Mental Health Services	33 883	35 132	3.69%	34 830
Mental Health Services	33 883	35 132		34 830
Public Health Services	45 649	55 346	21.24%	52 110
Environmental Health Services	6 075	6 523		6 548
Disease Control Services	16 838	24 767		25 027
Alcohol & Other Drug Services	22 736	24 056		20 535
Health Research	4 964	12 649	154.81%	12 575
Health Research	4 964	12 649		12 575
Final Budget Balance:	837 737	911 848	8.85%	885 687

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57-74

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105-122

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75-84

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85-90

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91-96

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123-141

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97-104
{ See pages
142-144

Note: The 2007-08 final estimate published in the 2008-09 Budget papers was \$913.7M. The Budget papers were published in a new departmental structure that is to be established in the 2008-09 financial year. The new structure includes transfers of functions between several agencies. For comparative purposes these transfers were included in the final estimates published in Budget Paper No 3, but will not transfer until 2008-09.

Performance Highlights by Region 2007-08

Darwin Region



A new caseload model for Child and Maternal Health staff commenced in Palmerston.

Work was undertaken across programs and divisions to explore options for expansion of services at the Palmerston Health Precinct, incorporating the Super Clinic. Short-term options for a 24-hour injury and medical service are being explored and costed.

Infrastructure needs at the Palmerston Health Precinct are being considered as part of a master plan that is being developed by the Department of Planning and Infrastructure.

As part of a new Palmerston Partnership Agreement between the City of Palmerston and the Northern Territory Government, a new Palmerston 2015 Community Plan was developed with DHF representation and involvement.

A breast screening clinic was provided in Palmerston in April 2008.

A consortium of organisations including Anglicare NT (lead agency), Top End Division of General Practice (TEDGP), Danila Dilba and DHF has established a Community of Youth Services in Palmerston consisting of mental health, alcohol and other drugs, GP and promotion, prevention and early intervention services, with referral links to a range of other government and non government organisation (NGO) services. The service was officially launched on 26 June 2008.

A dentist has been recruited to Palmerston and is working full time.

DHF staff are working with other Northern Territory Government agencies, town councils and relevant NGOs to explore options to address antisocial behaviour in Darwin and Palmerston areas.

East Arnhem Region



The DHF Tobacco cessation project continued on Groote Eylandt and was evaluated by Menzies School of Health Research. Smoking cessation courses were also provided for government, NGOs and community individuals in other East Arnhem areas.

DHF was involved in the Groote Eylandt Regional Partnership Agreement with DHF focusing on fluoridation of water supplies, improved services for Machado Joseph Disease (MJD) clients and improved primary care services in Angurugu and Umbakumba.

Genetic Health Queensland visited Nhulunbuy and Yirrkala to meet community stakeholders and to explain their genetic counselling service for MJD clients.

The MJD Reference Group was established and is meeting regularly with a membership of key stakeholders. MJD specific care plans have been agreed on and are being distributed to communities with MJD clients.

Mandatory reporting training on child protection was provided to child care centre staff.

A proposal was approved to increase the size and function of the Respite Unit at Gove District Hospital (GDH), to address the needs of the aged and people with a disability in East Arnhem, and a functional brief prepared.

A new public health nurse was appointed for renal disease coordination in East Arnhem.

Cultural security projects in progress at GDH include development of an area for women's, men's and sorry business.

Twelve East Arnhem students completed their Certificate III Alcohol & Other Drug (AOD) studies.

East Arnhem Counter Disaster Response groups responded well to Cyclone Helen in January.

Human Papillovirus Vaccine coverage of female adolescents at the high school is about 95%.

Katherine Region



An AOD project for remote communities to design their own signs with an AOD message was received well and resulted in a good artistic response.

Volatile Substance Abuse (VSA) Management Plans are being progressed with Beswick and Jilkminggan communities.

Brief Intervention training was provided to staff from Katherine Hospital, Corrections and Sobering Up Shelter. Additionally, smoking cessation courses have been provided for various government and NGO employees.

DHF staff are working with other NTG agencies, Katherine Town Council and relevant NGOs to explore options to address antisocial behaviour in the Katherine area.

The Katherine Mental Health team and Katherine Hospital staff collaborated to develop management plans for well known chronic disease clients in order to manage their care locally and reduce inter-hospital transfers.

EHealth NT development is ongoing and has progressed to a Secure Electronic Messaging System between providers for referrals, notifications and a host of other data sharing purposes.

John James Memorial Foundation from Canberra has agreed to provide specialist visits to Katherine region to assist in reducing the waiting list for these services. Orthopaedic and Ear Nose and Throat visits have been provided in 2008, involving outpatient appointments, surgery and visits to remote communities to screen clients.

A schedule of remote sonography visits has commenced to reduce both travel costs and the number of 'no shows' for antenatal ultrasounds. Over the past six months 180 women were seen and 'no shows' reduced from 60% to 10%.

The Katherine NT Families and Children's (NTFC) working relationship with NT Police has been strengthened through dual case management of family violence cases and through the co-location of NTFC and NT Police members in a centralised location.

Central Australia: Barkly Region



Services were enhanced in the Barkly region through functional integration and service partnerships in relation to a number of specific issues including:

- development of Cultural Safety Protocols for Tennant Creek Hospital in consultation with the Council of Elders and Respected Persons
- establishment of a 24/7 1800 number and email address for health support and information
- a new family support service operated by Centacare and funded by DHF.

Central Australia: Alice Springs Region



Action to implement internal complex client management framework and guidelines was planned.

A Memorandum of Understanding was drawn up between the Central Australian Mental Health Services, Central Australian Aboriginal Congress and the General Practice Network NT to establish the 'Headspace' youth service.

Services new to DHF for children, families and youth including:

- the Reunification Team for children in out of home care
- a shop front for the Alice Springs Branch of Foster Care NT
- a Courts Officer position.

New partnership initiatives:

- the Child Abuse Task Force with NT Police
- after hours youth services with Tangentyere Council and Central Australian Aboriginal Congress
- the Hamilton Downs youth camp with DEET and other service providers.

Intensive remote child health screening and follow-up interventions were implemented in collaboration with the Australian Government including:

- child health checks
- oral health blitz
- ear health blitz.

Five Volatile Substance Abuse Management Plans were implemented in remote communities and town camps with legal penalties for the sale and supply of volatile substances.

A remote Tobacco Cessation Project was trialled with Menzies School of Health Research.

Acute Care Division

Output Group: Acute Services

The main responsibility of the Acute Care Division is to provide leadership and manage the Northern Territory's five public hospitals. Additionally, the Acute Care Division provides the following services:

- managing aeromedical retrieval services including contracting such as Pearl Aviation and Royal Flying Doctors' Service (RFDS)
- managing specialist health access programs including the Patient Assistance Travel Scheme
- negotiating agreements with interstate specialist services accessed by Northern Territory residents
- co-ordinating the supply and provision of blood and blood products
- progressing funding agreements with relevant local and interstate partners
- monitoring system performance
- leading policy development in areas of its responsibility.

The five public hospitals, located in Darwin, Alice Springs, Nhulunbuy (Gove), Katherine and Tennant Creek, support 650 public hospital beds and provide a range of acute care services, including inpatient, outpatient and emergency department services.

The Royal Darwin Hospital is a tertiary university teaching hospital affiliated with the Flinders University Medical School and as a result of its geographical location and clinical capability, has been nominated as the National Critical Care and Trauma Response Centre.

Outcome

Improved health and wellbeing of those in the Northern Territory community who require acute or specialist care.

650

hospital
beds
supported

Acute Care

Phone: (08) 8999 2527
Fax: (08) 8999 2439

The revised budget for 2007-08 allocated \$411.9M to Acute Care. Expenditure for 2007-08 amounted to \$398.5M; representing a budget underspend of 3%. The underspend is largely reflective of external funding committed but not acquitted in 2007-08. Major items included funding committed under the Australian Government Intervention (AGI) and the Australian Government Elective Surgery Waiting List Reduction Program.

Admitted Patient Services

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Separations ¹	95 031	99 000	99 884	102 000
Same-day separations	52 728	53 460	56 618	57 000
Overnight separations	42 303	45 540	43 266	45 000
Weighted separations ^{2, 3}	81 284	72 200	82 592	81 200
Average length of stay ⁴	5.7	5.6	5.6	5.6
Interstate patient travel	2 095	2 250	2 209	2 400
Interstate inter-hospital transfers	590	630	627	600
Intrastate patient travel	14 388	14 600	14 196	15 900
Intrastate inter-hospital transfers	6 249	6 400	5 871	6 600
Patients receiving dialysis treatment ⁵	412	450	504	460
Elective surgery waiting list admissions	5 971	6 600	6 061	7 400
Emergency procedures	7 387	7 600	7 727	7 900
Quality				
Beds accredited by the Australian Council on Healthcare Standards	100%	100%	100%	100%
Timeliness				
Elective surgery waiting times:				
– Category 1: admission within 30 days	81%	88%	80%	88%
– Category 2: admission within 90 days	57%	70%	62%	70%

¹ Due to an addition error the number of separations in 2006-07 Annual Report was incorrectly reported as 94 540. The actual figure is 95 031.

² Weighted separations are explained on page 61. The 2006-07 actual was previously reported as 75 510, reflecting an underestimate of the clinical complexity of un-coded records outstanding at the time of publication. Un-coded records outstanding for 2007-08 are included in the Weighted Separations as follows: RDH (7 533) ASH (3 060) KH (43) TCH (175) GDH (0).

³ The figure of 81 284 is different to the 2006-07 Annual Report due to the increased number of coded records.

⁴ The average number of days in hospital for patients who stay at least one night.

⁵ A Renal Services Database census of patients receiving haemodialysis or peritoneal dialysis, over the year to 30 June 2008.

Output	2006-07	2007-08	2007-08	2007-08
	Actual	Budget	Revised Budget	Actual
Output cost (\$'000)	374 728	401 428	411 977	398 535

See note on page 53.

Key achievements

In 2007-08, the Acute Care Division enhanced the delivery of services provided through the public hospital network.

The continued development of the Royal Darwin Hospital, National Critical Care and Trauma Response Centre (NCCTRC) has included greater surgery and burns treatment capacity; rapid deployment of medical workforce; enhanced accident and emergency facilities and greater provision of emergency pharmaceutical stocks and medical equipment. Other NCCTRC developments include:

- installation of a state of the art Physical Containment Level 3 Laboratory for the purpose of biosafety and biosecurity aspects
- completion of negotiations for the purchase of a Trauma Registry Software System.

A state of the art 24 bay Rapid Admission and Planning Unit (RAPU) was established at Royal Darwin Hospital, promoting efficient patient flow, enhanced patient care and reduced patient stay. The unit is designed for patients requiring admission to the hospital for medical and surgical episodes. Patients who are in the RAPU gain an intensive assessment of their treatment needs and multidisciplinary care planning.

Installation of a new Hyperbaric Chamber.

A Birth Centre was commissioned and constructed at the Royal Darwin Hospital, providing low risk obstetrics with birthing options in Darwin.

A Maternity Services Review by independent consultants was completed, promoting the establishment of an integrated maternity services model across the department.

Health network systems were enhanced through:

- continued support to Clinical Reference Groups (CRG), which are led by clinicians and include departmental, non-government organisation and consumer members, provide strategic planning and recommend service development across the Northern Territory hospital network and other programs as appropriate
- a Preventable Chronic Disease CRG was established during 2007-08

RAPU
"established"

24
new
hospital
beds

“successful
wait list
reduction”

to develop an implementation plan for recommendations from the report ‘Cardiac Services in the NT 2006-2015’.

Twelve new beds were funded at Royal Darwin Hospital and 12 new beds at Alice Springs Hospital to assist with managing demand and improving patient flow in the emergency department.

The Northern Territory Elective Surgery Waiting List (ESWL) reduction initiative ended early in 2007-08 and represented an unprecedented commitment to improving access to elective surgery across the Northern Territory. In addition, beginning in 2008, the Australian Government allocated \$5.3M to the Northern Territory to achieve an extra 500 procedures on Territorians identified as overdue on Northern Territory ESWLs.

Capital investment continued in the rectification of Alice Springs Hospital (ASH).

Work continued towards establishing a Multi Purpose Services (MPS) facility at Gove District Hospital. The Australian Government funded two beds to commence respite for aged people.

Further investment was committed to the delivery of renal treatment services across the Northern Territory with a particular focus on improving facilities in Central Australia. Progress in 2007-08 includes tendering for the construction and management of a satellite service for Central Australia, commencement of the Home Training Program in a dedicated facility at the Flynn Drive Renal Unit, improved management of dialysis waste in remote communities, securing \$2M in Australian Government funding for the establishment of relocatable dialysis units in designated remote communities and the establishment of six ‘renal ready rooms’ in designated health centres.

Regional Cancer Groups were established through the CanNET (Cancer Services Networks National Demonstration Program) project. These groups provide input into regional issues around cancer service delivery. In 2007-08, a consultant was appointed to develop the NT Cancer Plan and improve service delivery, taking into account capacity, workforce and sustainability over the next ten years.

Australian Government committed \$19M to the Northern Territory to build and operate a high quality, safe, sustainable radiation oncology unit in Darwin.

Hospital accreditation

All five Northern Territory public hospitals retained their accreditation during the year.

Inpatient Weighted Separations

Hospital patients vary in their clinical complexity, the severity of their illness and the amount of hospital resources consumed in provision of their treatment. Simply counting the number of patients treated by a hospital may not accurately reflect the clinical complexity of those patients, whereas a complex case can consume substantially more resources.

To account for this, a classification of inpatients is used which groups them according to the similarity of their clinical condition and expected level of resource consumption. The classification system used in Australia is the Australian Refined Diagnosis Related Groups (AR-DRG) (version 5.1).

The 2007-08 results shown in Table 1 employ the most recently published Northern Territory cost weights from the 2006-07 National Hospital Cost Data Collection. Results for previous years have been back-cast using Northern Territory cost weights from the applicable National Hospital Cost Data Collection year. Results may be subject to further variation, as there is a lag in assigning clinical codes to patients discharged towards the end of the financial year.

Table 1: Growth in Inpatient Weighted Separations

The two larger hospitals continued to experience growth over 2007-08,

	Royal Darwin Hospital	Alice Springs Hospital	Katherine Hospital	Tennant Creek Hospital	Gove District Hospital
2004-05	39 684	21 528	5 221	1 769	2 728
2005-06	45 043	23 711	5 116	1 907	3 050
2006-07	46 734	23 928	5 461	2 078	3 083
2007-08	47 371	25 536	5 162	1 757	2 766
Growth					
2006-07 to 2007-08	1.4%	6.7%	-5.5%	-15.4%	-10.3%

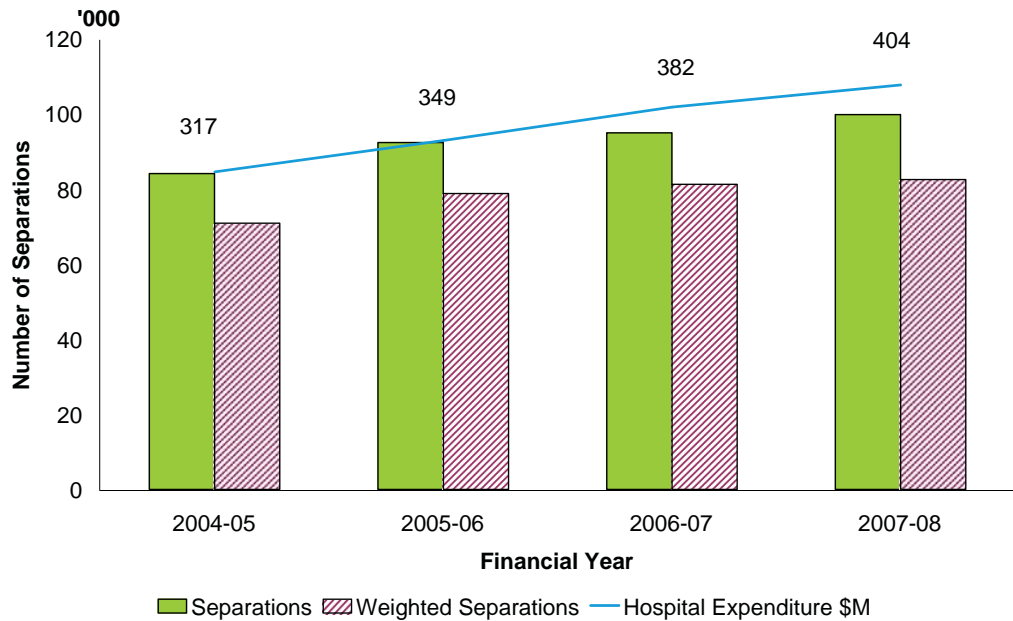
although concentrated at ASH. In recent years, activity in Alice Springs has increased, assisted by ever improving access to hospitals from remote communities. In 2007-08, sustained effort at ASH through various surgical blitz initiatives, combined with the effects of the Australian Government Intervention (AGI), has impacted on the volume and complexity of cases being presented in Alice Springs Hospital and is reflected by the increased rate of growth over this period. Similarly, the completion of the Alcan G3 refinery expansion at Gove contributed to the decrease of weighted separations over the same period.

Across the hospital network, growth in weighted separations continues to be influenced by the large volume of same-day cases, which generally have relatively lower complexity. In the Northern Territory in recent years, the majority of same day cases are those of patients admitted for renal dialysis, accounting for about 69% of all same day treatments. Figure 1 outlines the growth in weighted separations compared to increases in hospital expenditure.

Figure 1 – Inpatient Weighted Separations compared with hospital expenditure,

6.7%
increase in ED presentations at ASH

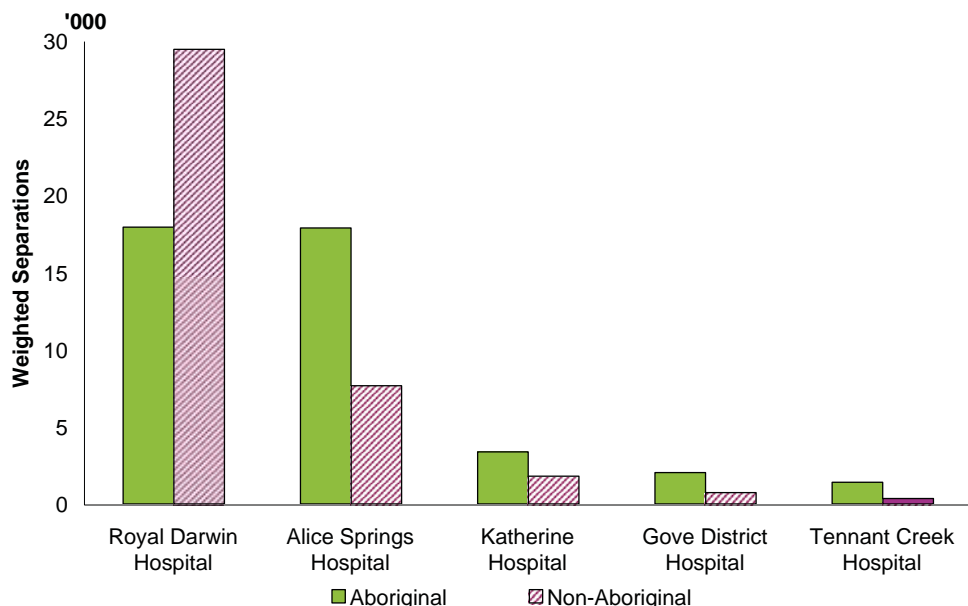
2002-03 to 2007-08



Aboriginal and Non-Aboriginal Activity

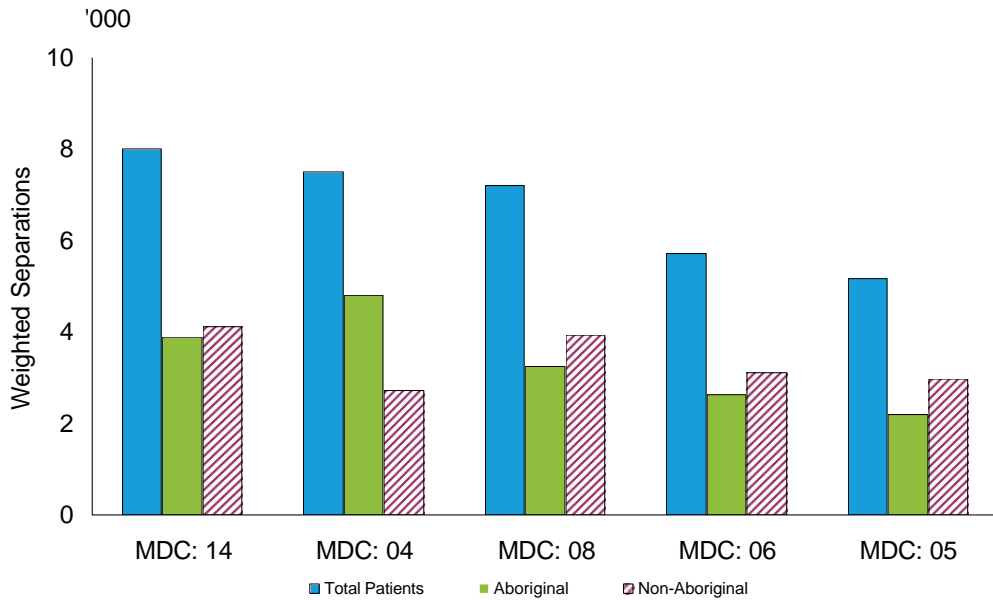
Hospital profiles of acute inpatient weighted separations by Aboriginal status have remained consistent over recent years. In 2007-08, all Northern Territory hospitals, with the exception of Royal Darwin Hospital, had a greater number of Aboriginal acuity adjusted separations compared to non-Aboriginal (see Figure 2). This reflects the relative health status of the Aboriginal population and higher number of Aboriginal people in the catchment areas of the rural and remote hospitals, compared with the higher number of non-Aboriginal people in the urban population of the greater Darwin area.

Figure 2 – Weighted Separations by Aboriginal status, 2007-08



Generally, across the hospital network the most common major diagnosis category (MDC) was Pregnancy, Childbirth and the Puerperium (see Figure 3). Diseases and disorders of the respiratory system ranked highest amongst Aboriginal patients.

Figure 3 – Major diagnostic categories – Aboriginal and Non-Aboriginal 2007- 08

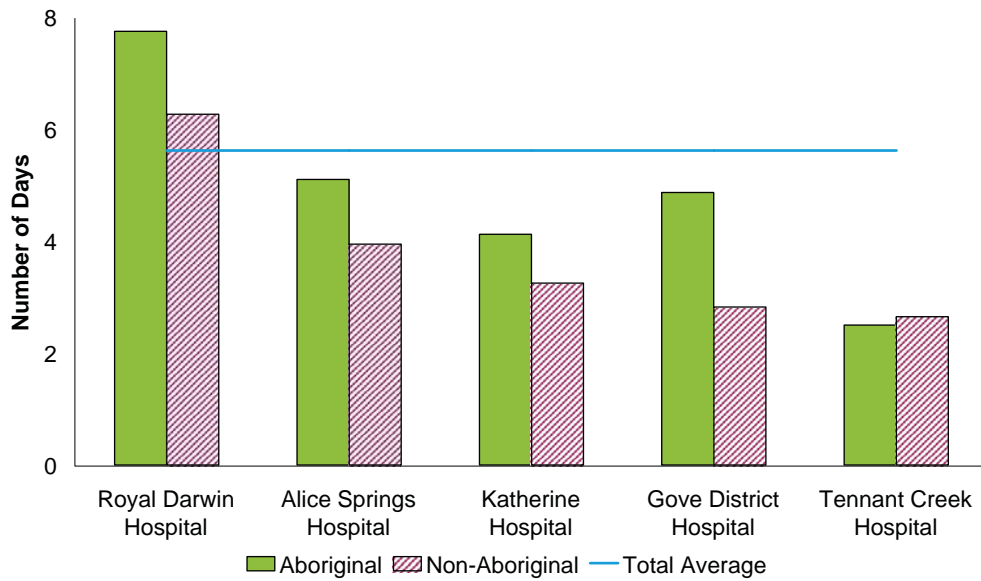


- MDC: 14 Pregnancy, Childbirth & the Puerperium
- MDC: 04 Diseases & Disorders of the Respiratory System
- MDC: 08 Diseases & Disorders of the Musculoskeletal System & Connective Tissue
- MDC: 06 Diseases & Disorders of the Digestive System
- MDC: 05 Diseases & Disorders of the Circulatory System

In 2007-08, as shown in Figure 4, the average length of stay for any patients treated within the hospital network (excluding all same day patients) was 5.6 days. This is a decrease from 2006-07 when the average was 5.8 days. On average in 2007-08, Aboriginal patients experienced longer periods of stay at 5.8 days compared to 5.4 days for non-Aboriginal patients.

The longer average length of stay of Aboriginal patients in Northern Territory hospitals reflects the increased prevalence of complex and chronic health problems. It also indicates the difficulty in transferring patients back to their communities, in many cases hindered by remoteness or absence of continued access to primary health care services.

Figure 4 – Average length of stay excluding same day, 2007-08

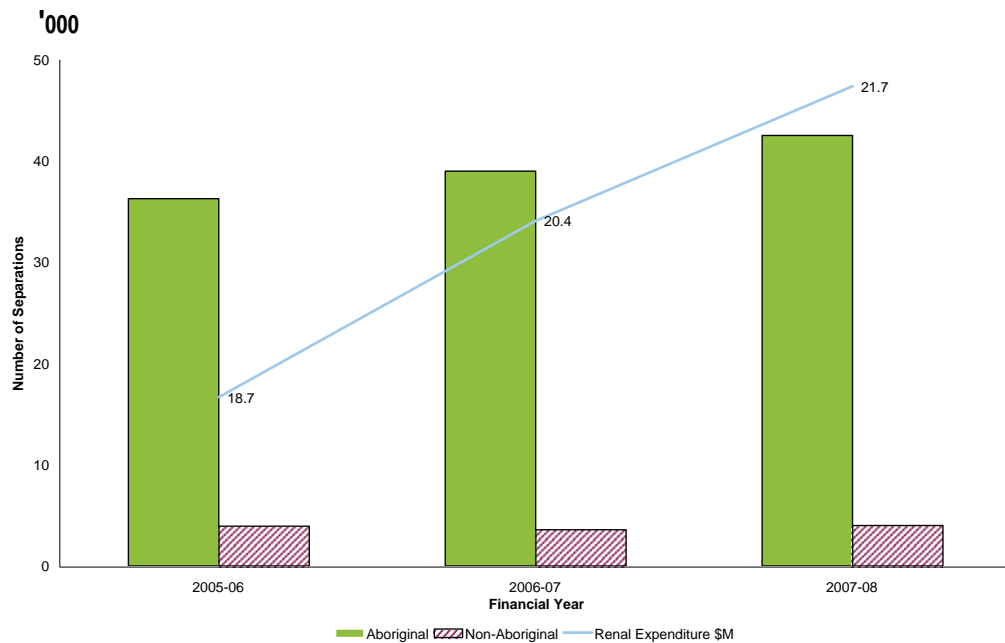


Renal Services

In recent years, total renal expenditure has increased in approximate proportion to total renal separations (see Figure 5).

The treatment of end stage renal disease is an expensive and high support activity and is a key driver in increasing health care costs in the Northern Territory. The Northern Territory has the highest prevalence of renal disease in Australia.

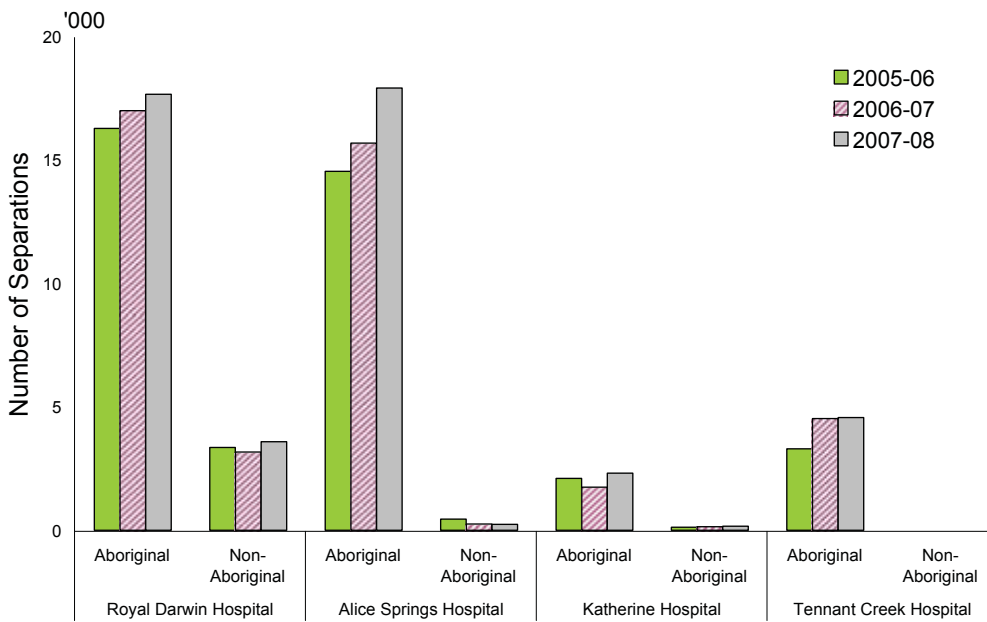
Figure 5 – Same-day haemodialysis treatments, 2005-06 to 2007-08



62%
of Aboriginal patients receiving renal dialysis originate from remote communities

There are three types of treatment for people with end stage renal disease. Haemodialysis is the most common form of treatment in the Northern Territory, followed by peritoneal dialysis. The third renal treatment option is transplantation, however uptake is limited. In 2007-08, more than 90% of patients receiving renal replacement therapy in the Northern Territory were Aboriginal Australians and 62% of these originate from a remote community.

Figure 6 – Same-day haemodialysis treatments, 2007-08



Elective and Emergency Surgery

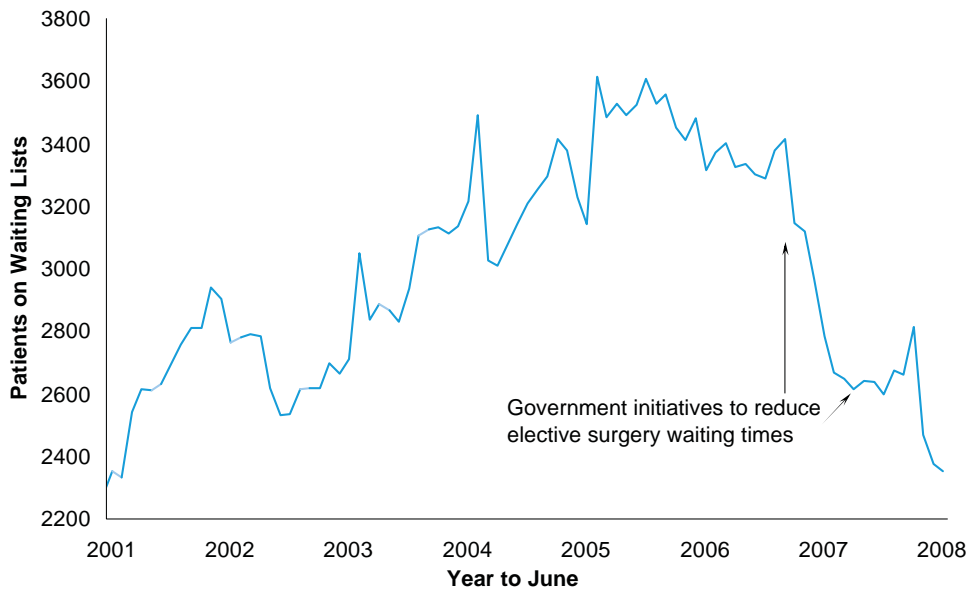
Elective surgery is planned, rather than emergency surgery and is any surgery that can be delayed for at least 24 hours. The capacity of hospitals to provide elective surgery to patients within recommended time frames is a key performance measure.

Patient access to elective surgery is managed through Elective Surgery Wait Lists (ESWL). These lists are dynamic, with new patients continuously being added and others removed.

In 2007, the Northern Territory initiated a program to reduce the number of overdue patients on ESWL. During the five months of this initiative and ending in August 2007, a total of 1 463 patients were removed from waiting lists across the hospital network. Total patients waiting decreased by 16% and more importantly, patients overdue for surgery decreased by 31% as shown in Figures 7 and 8.

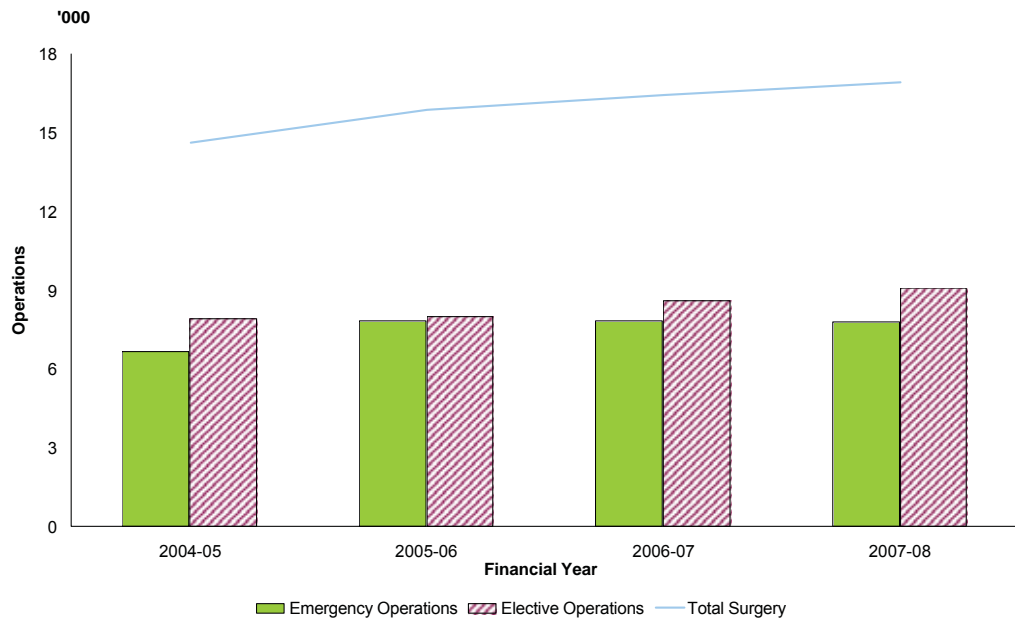
16%
decrease
in patients
waiting for
elective
surgery

Figure 7 – Elective Surgery Wait List



As a result of the Australian Government ESWL Reduction Program it is expected that the number of elective surgery procedures performed will increase during the calendar year of 2008.

Figure 8 – Elective and Emergency Surgical Activity



Non-Admitted Patient Services

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Non admitted specialist clinic occasions of service	150 880	153 900	159 607	165 000
Emergency Department attendances	111 592	122 000	113 407	117 500
Timeliness				
Emergency Department waiting times:				
- Category 1: resuscitation – attended to immediately	100%	100%	100%	100%
- Category 2: emergency – attended to within 10 minutes	56%	70%	59%	70%
- Category 3: urgent – attended to within 30 minutes	53%	70%	45%	70%
- Category 4: semi urgent – attended to within 60 minutes	43%	60%	40%	60%
- Category 5: non-urgent – attended to within 120 minutes	78%	85%	73%	85%

Output	2006-07	2007-08	2007-08	
	Actual	Budget	Revised Budget	2007-08 Actual
Output cost (\$'000)	90 382	91 425	98 348	98 204

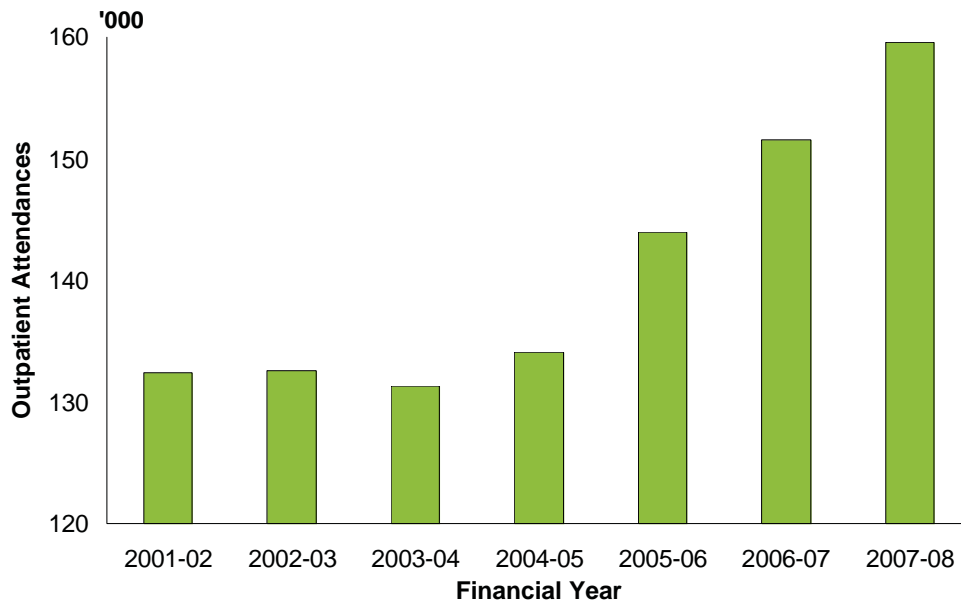
See note on page 53.

Non-admitted activity measures outpatient specialist clinic attendances and Emergency Department presentations, both of which experienced growth in 2007-08.

Outpatient Attendances

Outpatient specialist clinic attendances increased by 5.3 per cent in 2007-08, to 159 607 occasions of service. Both the Darwin and Alice Springs regions contributed to growth equally while growth in the Darwin regions maintained historical trends, growth in the Alice Springs region was influenced by activity from the AGI.

Figure 9 - Non-admitted specialist clinic occasions of service – all Northern Territory Hospitals 2000-01 to 2007-08



5.3%

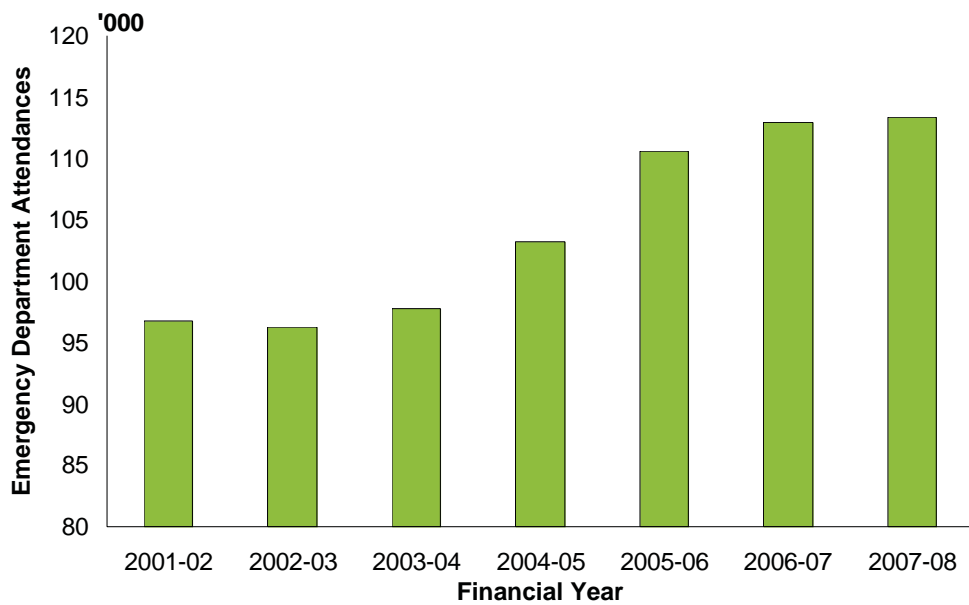
increase in outpatient specialist clinic attendances

Emergency Department Attendances

The number of Emergency Department attendances overall increased marginally in 2007-08. The largest contributors to growth were Alice Springs and Tennant Creek Hospitals. Inversely, over the same period, Royal Darwin and Gove District Hospitals had reduced presentations.

The reduced number of people presenting to the emergency department at Gove over 2007-08 can be attributed to the continued slow down of construction activity, as the Alcan G3 refinery project comes to completion.

Figure 10 - Emergency Department attendances – all Northern Territory Hospitals 2000-01 to 2007-08



Royal Darwin Hospital

Phone:	(08) 8922 8888
Fax:	(08) 8922 8286
Staff:	1609
Total Beds:	363 (includes 26 for Mental Health Patients)

Royal Darwin Hospital (RDH) is the Northern Territory's largest tertiary referral and teaching hospital and Australia's National Critical Care and Trauma Response Centre. It is a university teaching hospital providing acute hospital services to the residents of the Top End of the Northern Territory, while acting as a tertiary referral hospital for the remainder of the Northern Territory, the Kimberley Region of Western Australia and our northern neighbours in the event of a man made or natural disaster in the region. The hospital has a catchment population of some 150 000 people and directly serves an area of 127 000 km².

The hospital has a strong and successful association with the Flinders University of South Australia through the joint initiative of the Northern Territory Clinical School. The association with Flinders University allows the hospital to engage teaching staff and thereby enhance its available expertise in wide-ranging fields along with training doctors.

The hospital also enjoys close association with the Menzies School of Health Research and the Charles Darwin University.

The hospital provides a comprehensive range of Clinical, Diagnostic and Support Services:

- Anaesthetics
- Audiology
- Cardiology
- Dermatology
- Ear, Nose and Throat
- ECG/EEG
- Emergency Medicine
- Forensic Pathology
- General Medicine
- Head and neck
- Hyperbaric
- Infectious Diseases
- Intensive Care
- Interpreter
- Microbiology
- Nutrition/Dietetics
- Obstetrics and Gynaecology
- Occupational Therapy
- Oncology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Pathology
- Pharmacy
- Physiotherapy
- Plastics
- Prosthetic and Orthotic
- Radiology
- Rehabilitation
- Renal
- Rheumatology
- Seating Equipment and Technology (SEAT)
- Sleep Studies
- Speech Pathology
- Surgery
- Trauma
- Urology

During the reporting year, a new management team and organisational structure was implemented at Royal Darwin Hospital. The hospital's organisational structure went from four divisions to three – Medicine, Surgery & Critical Care and Maternal & Child Health. Each division is now headed by both a nursing and medical co-director providing a stronger focus on joint leadership, accountability and governance. Appointments were made to the key positions and a new Royal Darwin Hospital Governance Group was established with an agenda of reform in the areas of safety and quality, patient flow and resource management and application.

Alice Springs Hospital

Phone:	(08) 8951 7777
Fax:	(08) 8951 7665
Staff:	854
Total Beds:	177 (includes 6 for Mental Health Patients)

Alice Springs Hospital provides acute care services to the Central Australian region, which has a population of approximately 55 000. Around 2 000 tourists are hospitalised each year accounting for close to 4 000 bed days each annually. The hospital's catchment area is approximately 1 605 680 km² and includes the southern half of the Northern Territory and the border regions of South Australia, Western Australia and Queensland. The closest major referral centres are Royal Darwin Hospital and Royal Adelaide Hospital.

The hospital manages an off-campus renal dialysis unit in Flynn Drive and a satellite unit in Tennant Creek. The unit has 26 haemodialysis chairs in Alice Springs and eight chairs in Tennant Creek providing haemodialysis services to 143 patients in Alice Springs and 32 patients in Tennant Creek. In addition outreach services are provided to seven patients receiving peritoneal dialysis and 20 transplantation recipients. The unit also coordinates renal transplantation services. A further eight acute care dialysis ports are located in the hospital.

The hospital provides:

- general medicine, paediatrics, obstetrics and gynaecology, general surgery, renal, ophthalmology, ear nose and

throat, orthopaedic, emergency medicine, intensive care and anaesthetics

- general allied health, welfare, diagnostic and treatment services
- Aboriginal liaison services
- 24-hour emergency services
- day procedures
- chemotherapy
- renal services including haemodialysis for 143 patients in 2007-08 (including hospital based dialysis and outreach services for peritoneal dialysis patients)
- palliative care, including home visiting as well as hospital services
- visiting medical officer services providing neurology, neurosurgery, oncology, rheumatology, urology, cardiology, respiratory, pain service, gastroenterology, plastic surgery, sleep studies, dermatology, rehabilitation medicine and endocrinology
- medical specialist outreach services to remote communities for obstetric, adult and paediatric physician services, eye clinics and ear nose and throat clinics. The Australian Government provides financial support for some specialist outreach services.

Katherine Hospital

Phone: (08) 8973 9034

Fax: (08) 8973 9000

Staff: 197

Total Beds: 60

Katherine Hospital services the Katherine region and remote areas, covering an area of approximately 340 000 km² between the Western Australian and Queensland borders and extending as far as Dunmarra to the south and Pine Creek to the north. The population of the Katherine region is approximately 19 000 with an annual tourist presence of more than 500 000 visitors.

Katherine Hospital is known for its friendly and professional approach to the health and wellbeing of its clients and the hospital is accredited with the Australian Council on Healthcare Standards until March 2010.

The hospital provides:

- obstetrics and gynaecology
- paediatrics
- general surgical and medical
- operating theatres
- emergency department
- renal dialysis
- pharmacy
- radiography
- pathology
- visiting medical specialists.

2 000

tourists are hospitalised each year in Alice Springs

Gove District Hospital

Phone: (08) 8987 0302

Fax: (08) 8987 0399

Staff: 125.5

Total Beds: 30 + 2 respite care beds

Gove District Hospital services the East Arnhem Region, which has a population of approximately 15 000. The region extends west to Ramingining, south to Numbulwar and includes Groote Eylandt. The majority of residents are Aboriginal and live in 12 main communities and Aboriginal homelands scattered throughout the region.

The East Arnhem region is serviced by the Gove District Hospital, which is located in the town of Nhulunbuy on the Gove Peninsula. There are a number of remote community clinics that refer patients to the hospital for inpatient, outpatient and specialist care.

The hospital also provides a District Medical Officer service to the region. This role encompasses medical advice, conduction of community clinic visits, orders to admit patients to the hospital, evacuation of patients via air medical services to Royal Darwin Hospital.

The hospital provides:

- a 24-hour Emergency Department and a helicopter pad facility is available
- two respite beds
- stores for Department of Health and Families, Nhulunbuy

- mortuary - post mortems are not performed at the hospital at this time
- cyclone shelter - the stores building is the town designated cyclone shelter
- general surgical, medical, paediatric, obstetrics and anaesthetics
- elective and emergency surgery
- 24-hour obstetric care, including caesarean capability
- a pharmacy
- visiting specialist care for orthopaedics, gynaecology, ear nose and throat
- gastroenterology and cardiology, general surgery
- 24-hour medical imaging and pathology
- an aero-medical retrieval and medivac service
- a District Medical Officer 24-hours telephone support to communities.

Tennant Creek Hospital

Phone: (08) 8962 4388

Fax: (08) 8962 4205

Staff: 68

Total Beds: 20

Tennant Creek Hospital services the 5 400 residents of Tennant Creek and the Barkly region. It covers an area of approximately 250 000 km² extending south near Ti Tree, north to Elliott, west to the Western Australia border and east to the Queensland border.

The hospital provides:

- a 24-hour Emergency Department
- outpatients with visiting medical and surgical specialists
- a review clinic, which covers recall patients, chronic diseases patients and paediatric patients
- minor operations
- medical, paediatric and minor surgical inpatient services
- antenatal, postnatal and emergency midwifery services
- renal dialysis
- clinical support services (pharmacy, radiography, and pathology)
- an aeromedical patient transport service.

Patients needing services not available in Tennant Creek are referred to Alice Springs Hospital through either inter-hospital transfers, or the Patient Assistance Travel Scheme.

Community Services Division

Output Group: Family and Children's Services

Family and Children's Services (FACS) provides assistance to families, individuals and communities to provide for the care and protection of children and young people, and to promote the wellbeing of communities, families and individuals. Services include children's services, family support services, child protection, out of home care, adoption services, domestic violence services, sexual assault services, and crisis support and accommodation.

The establishment of NT Families and Children in July 2008 will be a significant step towards strengthening the Northern Territory Government's response to domestic and family violence, child abuse, sexual assault and youth issues.

Outcomes

Individuals, families and young people are able to maintain social independence and overcome crises. Children are protected from harm and children's optimal development is promoted.

Family and Children's Services

Phone: (08) 8999 2670
Fax: (08) 8999 2546

FACS offices are located in all major NT centres and staff provide a visiting service to remote communities in all regions. In recognition of the program's client mix, FACS has a focus on building an Aboriginal workforce. In 2007-08, the FACS Program operated as two branches: Policy and Services Development and Operations (from July 2008 the program was moved to the new NT Families and Children divisional structure).

The Policy and Service Development Branch was divided into three sections:

- the Office of Child and Family Policy - providing strategic policy advice for the FACS program
- Service Development - covering the broad spectrum of services from licensing childcare centres to developing and funding programs in the non-government, sector
- Remote Services Development - particular focus on the development and support of innovative Aboriginal anti-violence and remote service projects.

The Operations Branch was responsible for the majority of direct FACS service delivery throughout the NT. This included the core service functions of child protection intake and assessment, child protection investigations, out of home care service delivery and sexual assault services. The Operations Branch also managed the FACS Service System Improvement Unit which has responsibility for training, quality improvement and support.

Reform Agenda

The *Caring for Our Children* reform agenda, which commenced in January 2004, continues to drive the shift to a more responsive and better, integrated service system. This has included the further development of inter agency and community partnerships that promote the wellbeing and safety of our children and offer support to families and communities in caring for their children.

In 2007-08 the NT Government's generational plan of action *Closing the Gap of Indigenous Disadvantage* led to development and growth in a number of service areas.

Key achievements

Improving responses to child abuse and family violence

Activities related to the implementation of the new *Care and Protection of Children Act* in 2007-08 included:

- establishing an implementation plan and timeline for commencement
- commencing development of training packages on the legislation for FACS staff, FACS funded services and legal professionals
- identifying interdepartmental structures to provide authority, advice and coordinate implementation and commenced implementation
- commencing revision of FACS policies in the areas of intake, after hours care planning, out of home care and interstate transfers
- commencing research into the use of family mediation conferences
- the appointment of a NT Children's Commissioner
- commenced planning for the establishment of the Child's Death Review and Prevention Committee
- in consultation with FACS, NT Police commencing the establishment of the SAFE-NT screening authority to manage all employment-related screening in the NT as part of the new child-related employment processes. FACS promoted public awareness and educated key stakeholders about SAFE-NT
- preparing children's services draft regulations.

The Northern Territory-wide Joint FACS Police Child Abuse Task Force has been expanded and a second unit established in Central Australia (CAT-South). These units investigate the most serious cases of child sexual assault and physical abuse. Collaboration between FACS and NT Police was further enhanced through training staff from both agencies in child forensic interviewing techniques.

“new
Care and
Protection
Act”

A Mobile Child Protection Team and Remote Aboriginal Family and Community Worker program was established.

Recommendations from the Sexual Assault Referral Centre (SARC) review were implemented and there has been an expansion in SARC delivery via the recruitment of additional staff and the establishment of Katherine and Tennant Creek offices. The Strong Families project builds capacity in remote communities to respond to family violence including capacity of the Family Violence Prevention and Early Intervention course in Milikapiti and the Nyirranggulung Mardruk Mgadberre area. New training courses and materials were developed for remote workers on family violence.

A new model of women's safe houses was developed and construction began in Yarralin, Ngukurr, Nguiu, Ntaria, Peppimentarti and Ti Tree communities, using both *Closing the Gap* and Australian Government Intervention funding.

A new model of men's 'cooling off' places and wellbeing centres was developed and eight were constructed in remote communities, using both *Closing the Gap* and Australian Government Intervention funding.

In partnership with the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA), a number of bilateral family violence partnership projects continued to operate or were completed including:

- building capacity in shelters and remote communities to identify and address the needs of children exposed to violence
- trialling a Behaviour Change program with trained facilitators in remote communities, helping local communities to break ongoing cycles of violence, abuse and dysfunction
- Jidan Gudbalawei (Peace at Home), a Katherine-based program involving a network of local non-government organisations, co-located FACS and police staff to work with high risk families. Police and FACS have committed to the continuation of the Peace at Home service in Katherine
- Safe Families, an Aboriginal-managed program assisting children aged 7-14 separated from their families due to violence and dysfunction, has been completed. FACS has committed to funding the project for a further three years
- a program in East Arnhem, Raypirri Rom, began harnessing traditional cultural responses to address family violence and dysfunction.

“Mobile Child Protection Team established”

“trialling a Behaviour Change program”

In partnership with the Australian Government, implemented the following Supported Accommodation Assistance Project (SAAP) Innovation and Investment projects:

- outreach support and transitional housing for itinerant women in Darwin and Palmerston – funds to provide case management and outreach support to women staying in the Green Room at Catherine Booth House (Salvation Army)
- Interventions for Family Violence – a project to work with Groote Eylandt communities to identify their preferred option for a safe house and to support its development and integration into the Groote Eylandt community
- Therapeutic Interventions for Children in Darwin and Palmerston has provided therapeutic responses to children in SAAP who have been traumatised by their experience of living in violent families and homelessness.

Supporting families and communities to care for their children

In partnership with Centacare, the program developed the transitional family support program Our Families Our Kids, for families exiting the Homestrength intensive family preservation service.

Breathing Space respite care access services were reviewed and service delivery refocused to improve access to short-term and emergency respite child care.

The Northern Territory Youth Affairs Network (NTYAN), was reviewed leading to an increase in funding and agreement for a change of auspicing arrangements.

Additional funding was provided to Lifeline (NT), National Association of Preventing Child Abuse and Neglect (NAPCAN) and NT Foster Carers to allow them to move to more suitable premises.

Akeyulerre, a family support service in Alice Springs was funded which is being developed by Aboriginal people to promote cultural interventions that are recognised as being integral to the wellbeing of the community.

Reforming the Out of Home Care System

In the second year of the implementation stage of the Out of Home Care strategic plan, the following key achievements were made:

- ongoing consultation and collaboration with key out of home care stakeholders through the NT wide Out of Home Care Partners Reference Group
- ongoing rollout of foster care recruitment campaign
- enhanced training for foster carers

- introduction of tiered foster care allowance comprising a standard allowance and four tiers of special needs allowance
- further enhancement of placement options for children and young people in out of home care with the implementation of 'flexible housing' and the ongoing development of residential therapeutic care
- the Cultural Care and Family Care Policies were finalised and introduced into the FACS Policy and Practice Manual
- a new case planning tool was developed and introduced into the Community Care Information System
- Partnership Agreement finalised between FACS and Department of Employment, Education and Training (DEET) for the prioritisation of services for students in care
- Out of Home Care Capacity Report was finalised which recommends future directions for the out of home care system
- a panel contract for provision of therapeutic services for FACS clients commenced
- commencement of re-drafting of existing policies and procedures in line with new *Care and Protection of Children Act*
- ongoing development of a Quality Assurance Framework that incorporates Out of Home Care
- large scale renovations to the property managed by Anglicare in Alice Springs for the provision of accommodation and support services for young people in the care of the Minister.

“Cultural Care and Family Care policies established”

“renovations to Alice Springs accommodation and support service facility”

Child care, early childhood development and parent support services

Children's Services (including child care) are provided with financial assistance and advice and in some cases, regulation, to ensure high quality services that contribute to early childhood development. Families and communities are supported to provide safe and enriching environments for children, through funding for services such as playgroups and parenting support and education programs.

Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Subsidised child care places ¹	3 631	3 800	4 082	N/A
Quality				
Child care subsidy payments made on time ¹	95%	95%	95%	N/A

¹On 1 July 2008, Children's Service Unit was transferred to the Department of Education and Training, therefore budget and estimate figures for 2008-09 are unable to be reported by DHF.

Output	2006-07	2007-08	2007-08	2007-08
	Actual	Budget	Revised Budget	Actual
Output cost (\$'000)	9 706	10 932	12 229	10 503

See note on page 53.

12%
increase
in the
number of
subsidised
child care
places

The NT Child Day Care Subsidy is paid to licensed child care services in the Northern Territory. In 2007-08 there was a 12% increase in the number of subsidised child care places compared to 2006-07. The payment of subsidies was lower than anticipated because the development and construction of services is influenced by many factors, such as planning approvals and construction times and can be much slower than planned. In addition, the budget is calculated on all services operating at full capacity all year, yet this is rarely the case.

Support services for individuals and families in crisis

These services support individuals and families who are in crisis to minimise further harm, strengthen capacity and achieve wellbeing and independence. This includes services for people who are victims of family, domestic violence and sexual assault, people who are homeless or at risk of homelessness and families in financial crisis.

Nationally published figures indicate that clients are staying longer in Supported Accommodation Assistance Program (SAAP) placements. In the NT there was an increase in clients accessing SAAP crisis support services and in days of crisis support provided. These increases reflect clients staying longer in services and an increase in outreach support to clients who have been in SAAP placements.

Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Clients accessing crisis support services ^{1,2}	3 100	3 100	3 250	3 100
Days of crisis support ^{1,3}	131 630	135 000	170 260	135 000
Clients accessing protective service family support services ⁴	1 916	2 000	1 662	2 000

¹ This data is obtained annually from the Supported Accommodation Assistance Program (SAAP) national data collection published by the Australian Institute of Health and Welfare. SAAP data is published one year in arrears and therefore 2007-08 actual relates to the 2006-07 financial year data.

² Crisis support services include accommodation, counselling, general advocacy, financial and employment assistance, referral to specialist services and basic support such as meals, laundry and shower facilities, recreation and transport.

³ Total number of days that support was provided to all clients of crisis support services.

⁴ Family support services include after care support, family arranged placements, family preservation, parenting support and youth support.

Output	2006-07	2007-08	2007-08	
	Actual	Budget	Revised Budget	2007-08 Actual
Output cost (\$000)	17 121	18 668	27 643	25 290

See note on page 53.

Child Protection Services

These services aim to protect and minimise harm to children by:

- investigating reports of abuse
- placing and supporting children when they are no longer able to safely stay with their families and are in the care of the Minister
- reunifying and reconnecting families
- providing intensive family support
- providing early intervention services to families where children are at risk of harm.

Figures 11 and 12 demonstrate a consistent increase in activity over the last five years, a period that can be characterised by rapid growth for the FACS program. This is demonstrated in the two key indicators of notifications received up (135% since 2002-03) and number of children in care (increased by 69%) since 2002-03.

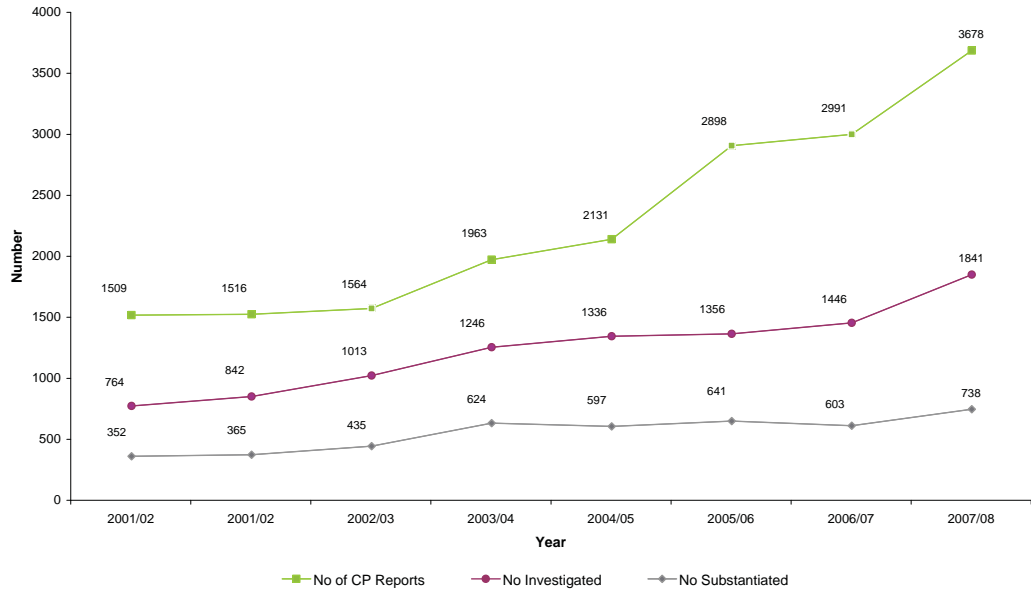
It should be noted that professional staff assess all child protection notifications and a risk assessment is completed for every child. On the basis of that assessment, an investigation response category is assigned and a formal investigation is conducted on the basis of need following the risk assessment process.

135%

increase in notifications

127%
increase since
2002- 03

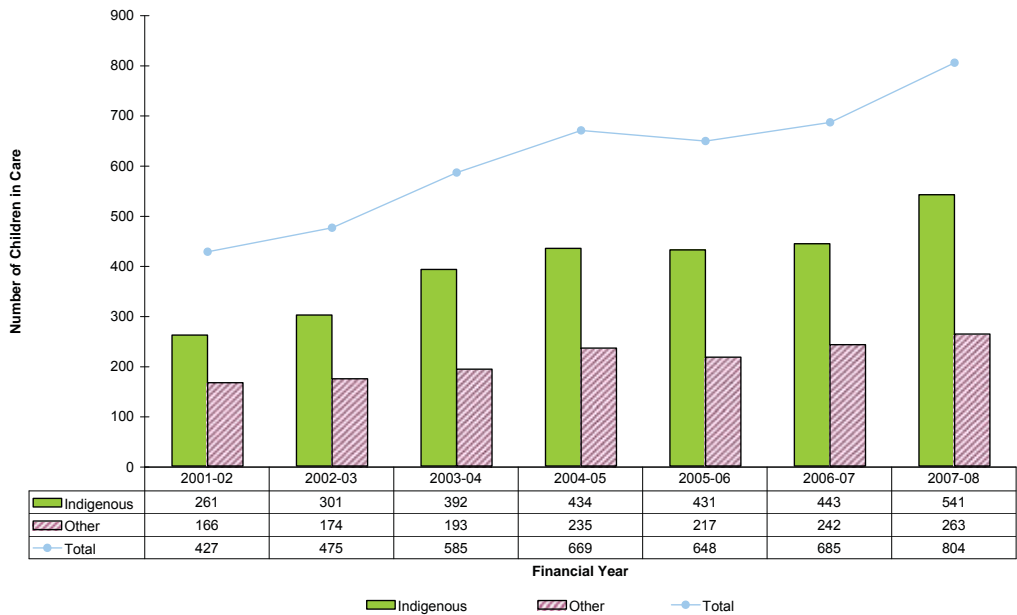
Figure 11 – Notifications, Investigations and Substantiations



A shortage of suitable placement options and registered carers, combined with a significant increase in the number of children in care (see Figure 12) has meant that it has been more difficult to place children in stable placement arrangements in the longer term. As a result there has been a decrease in the number of children in care for more than 12 months who have experienced only one or two placements.

Figure 12 – Children in care during the year

69%
increase in
children in
care



Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Notifications of child harm ¹	2 991	3 600	3 678	3 950
Proportion of notifications receiving an initial assessment ²	100%	100%	100%	100%
Child protection assessments investigated ³	1 446	1 700	1 841	1 870
Child protection assessments dealt with by other means ⁴	NA	1 900	1 837	2 080
Children in care during the year ⁵	685	850	804	975
Days of care ⁶	179 899	190 000	189 843	200 000
Clients accessing intensive family preservation services ⁷	73	75	126	75
New clients entering substitute care ⁸	307	350	327	410
Quality				
Proportion of children on a care and protection order who had one or two placements:				
Leaving care after less than 12 months	94%	80%	91%	80%
Leaving care after 12 months or more	50%	62%	25%	62%
Timeliness				
Investigations of reports commenced: ⁹				
- Category 1: within 24 hours of notification ²	72%	100%	73%	100%
- Category 2: within 72 hours of notification ²	51%	80%	38%	80%
- Category 3: within 5 days ²	28%	70%	14%	70%

¹ In the Northern Territory, any person who suspects that a child is being or has been abused has a legal responsibility to report their concern. This measure is the total number of all notifications.

² All notifications are assessed to ensure that the report is valid before determining if an investigation is required.

³ The number of notifications that proceeds to investigation following their assessment.

⁴ New measure in 2007-08. This indicator provides an account of reports dealt with other than by formal investigation.

⁵ Number of children who were in substitute care at any time during the financial year where the Minister has some form of legal responsibility for the child's care. This includes Temporary Custody Agreements, Holding Orders, Transfer of Orders from Interstate (finalised or pending), Immigration Act Orders (Adoption or Unattached Minor), Family Matters Court Orders (including Adjournment of Proceedings, Interim Orders, Direction to Parents, Direction on Residency, Joint Guardianship and Sole Guardianship), Family Law Court Orders, Supreme Court Orders and Consent to Adopt Orders.

⁶ Total number of days that care is provided to children in substitute care.

⁷ Intensive family preservation services aim to prevent entries into the Child Protection and Out of Home Care system.

⁸ The number of new commencements in the substitute care system.

⁹ The capture of 'commencements of investigation' will be reviewed in 2008-09 to clarify the potential confusion of this set of timeliness indicators.

“more clients using family preservation services”

	2006-07 Actual	2007-08 Budget	2007-08 Revised Budget	2007-08 Actual
Output cost (\$'000)	31 417	35 761	38 832	42 764

See note on page 53.

Community Services Division

Output Group: Aged and Disability Services

Aged and Disability Services maximise community participation and independence of senior Territorians, people with disabilities, people who care for the frail aged and people with a disability, mental illness or chronic disease, including providing pensioner concessions to eligible clients. Services are provided to people in their homes and in the community.

Outcome

Individuals, families and young people are able to maintain social independence and overcome crises.

Aged and Disability Services

Phone: (08) 8999 2831
Fax: (08) 8999 2488

The Aged and Disability Program works in partnership with local communities, non-government service providers, advocacy groups, Australian Government and NT Government departments and local government to improve the quality of life for people with disability including the frail aged, and their carers.

Community support services for frail aged people and people with a disability

Support services are provided to frail aged people and people with disabilities and their carers in their homes and in the community to enable them to maximise their participation in the community and remain independent for as long as possible. Services include professional support services such as assessment, case management, allied health and specialist services, as well as community support services and accommodation support.

Responsibility for these clients is shared with the Australian Government which jointly funds some services. The Commonwealth State Territory Disability Agreement (CSTDA) and the Home and Community Care Program (HACC) are the major funding agreements between the Australian and Northern Territory Governments. For 2007-08 the NT received \$6.6M for CSTDA and \$7.6M for HACC.

The increases in the 2007-08 budget are a result of increases in Australian Government and Northern Territory funding for HACC, Aged Care Assessment Program (ACAP) and CSTDA.

In addition, the NT Government allocated an additional \$25.77M over four years to implement the recommendations of the 2006 Review into Disability Services System.

Key achievements

As part of the implementation of recommendations from the Disability Services Review:

- the Office of Disability was opened in Alice Springs
- a website was launched to provide improved system navigation
- a freecall number was established as an entry point to Aged and Disability Services
- budgets were increased for HACC, Territory Independence and Mobility Equipment Scheme (TIMES) and Taxi Subsidy schemes
- a range of service policies was implemented
- the program participated in the negotiation of a new Disability Agreement with the Australian Government and the inclusion of the Australian Government's Disability Assistance Program
- an audit was undertaken of high risk clients
- 256 CDEP HACC worker positions were transferred to mainstream employment within remote areas.

“Completed an audit of high risk clients”

Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Supported accommodation places ¹	139	135	135	135
Clients accessing professional support services ²	6 834	5 000	7 150	6 000
Clients accessing community support services ³	3 655	5 000	4 442	5 000
Occasions clients access professional support services	45 108	48 000	54 922	50 000
Quality				
HACC urban services reviewed against service standards	20%	30%	0%	30%
CSTDA urban services reviewed against service standards	0%	20%	0%	20%
Timeliness				
Aged Care Assessment Team clients receiving timely intervention in accordance with priority at referral	86%	90%	87%	90%

¹ Figure represents the number of Supported Accommodation places negotiated through CSTDA NGO Service Plans. Excludes places arranged by Individual clients through Individualised Community Support Packages.

² Professional support services are provided by the Department of Health and Families including Aged Care Assessment Program, Disability Resources Unit, Local Area Coordination, Transition Care Program, Public Guardian, Taxi and Territory Independence and Mobility Equipment (TIME) Schemes. Excludes School Therapy, Paediatric Team and Specialist Adult Health Service that are included under the Community Health Services output.

³ Community support services include services funded through the Commonwealth State/Territory Disability Agreement (CSTDA) and the Home and Community Care (HACC) Program. Community support services include community care and support, in-home support, community access and respite care services. Excludes supported accommodation (group homes). Clients accessing both HACC and CSTSA services may be counted more than once.

The increase in the number of clients accessing professional support services and the occasions of support was caused by both an increase in demand and improved data capture processes. Both measures exceeded targets estimated.

There was a 21% increase in the number of clients accessing community support services compared to the previous year. This target was not reached as it was set in the expectation that additional funding would be available under the CSTDA. However, negotiations continue and the new funding will not be available until 1 January 2009.

Whole of service reviews of CSTDA and HACC services in urban area were not undertaken over the financial year. The department focused instead on service improvement with organisations with identified issues. Prioritisation of workloads of departmental staff, in response to the Bath Report (High Risk Audit), saw a focus on working with organisations which were most at risk and whose services were in greatest need of improvement. This required a greater investment of time and meant that general service reviews were unable to be completed in 2007-08.

Due to an increase in the volume of referrals received by Aged Care Assessment Team (ACAT) there were some delays in providing intervention to clients in accordance to the priority allocated at referral.

21%
increase in occasions of professional support services

Output	2006-07 Actual	2007-08 Budget	2007-08	
			Revised Budget	2007-08 Actual
Output cost (\$'000)	57 742	60 290	62 766	62 080

See note on page 53

5%
increase
in voucher
value

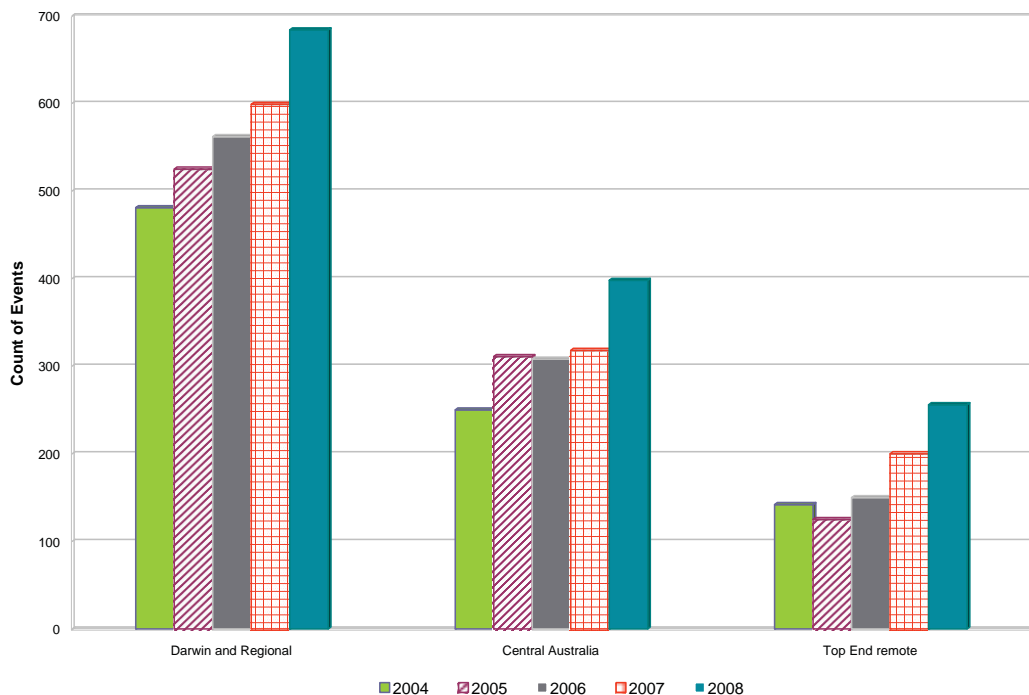
The **NT Taxi Subsidy Scheme** provides assistance to people assessed as having a chronic disability that prevents them from being able to use public transport to access the community. The disability may be physical, sensory, psychiatric or intellectual. The scheme provides eligible members with a subsidy of approximately half a taxi fare in the form of vouchers (the other half is to be paid by the member). In 2007-08 the value of individual vouchers was increased by 5% and there was an increase in numbers of people using the scheme.

Table 2: Taxi Subsidy Scheme

	2005-06 \$ 000's	2006-07 \$ 000's	2007-08 \$ 000's
Expenditure	412	409	453

Aged Care Assessment Teams (ACATs) provide assessment services to frail aged people. Assessment identifies the needs of individuals, and the services most appropriate to meet their needs, and facilitates access to residential aged care when appropriate. Total assessments increased from 1 000 in 2006-07 to 1 338 in 2007-08.

Figure 13 – ACAT assessments by region



Adult Guardianship grants someone the legal responsibility to make decisions for a person over the age of 18 who is unable to make reasonable judgements or decisions about their daily living.

As shown in Table 3, in 2007-08, 106 applications for adult guardianship were received and 195 guardianship orders were made by the Court. Although there was a drop in the number of new applications received, a clear upward trend has been established over the past four years and this is expected to continue for the foreseeable future.

Table 3: NT adult guardianship applications and orders, 2004-05 to 2007-08

	2004-05	2005-06	2006-07	2007-08
Total applications received	98	124	151	106
New guardianship orders made	71	95	144	195
Review of current orders made	158	153	117	185

Note: Orders made includes major medical and temporary orders

Support for senior Territorians and pensioner concessions

Subsidies and support services are provided to senior Territorians, pensioners, carers and other low income groups to maintain financial independence and promote health, fitness and community participation. This includes the NT Pensioner and Carer Concession Scheme, which provides a number of concessions and rebates to eligible clients.

¹ Services or items for which the Department of Health and Families provides concessions and

Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Pensioner concession ¹ recipients	19 437	19 000	20 206	19 000
Timeliness				
Applicant able to access pensioner concessions within 14 days	100%	100%	100%	100%

rebates are electricity or alternative energy costs, local council property rates, water charges, sewerage charges, garbage charges, motor vehicle registration, drivers' licences, spectacles, public transport and interstate travel.

	2006-07	2007-08	2007-08	2007-08
	Actual	Budget	Revised Budget	Actual
Output cost (\$'000)	10 588	10 772	11 939	11 819

See note on page 53.

Community Services Division

Output Group: Mental Health Services

Mental Health Services aim to promote mental health, prevent the development of mental disorders and provide specialist mental health services including assessment, case management and treatment to reduce the impact of mental illness on consumers, carers and the community.

Outcome

The emotional and social wellbeing of the Northern Territory community is promoted and strengthened and, where possible, the development of mental disorders is prevented or the impact reduced.

Mental Health Services

Phone: (08) 8999 2553
Fax: (08) 8999 2530

Mental health is integral to improving the health status of all Territorians. Through the Mental Health Program, the Top End and Central Australian Mental Health Services and non-government organisations are funded to provide:

- mental health promotion, prevention and early intervention
- specialist mental health assessment, treatment and case management for adult, child and youth and forensic populations
- specialist acute inpatient services in Darwin and Alice Springs
- consultation liaison services to acute and primary health services and other relevant service providers
- consumer and carer support and rehabilitation.

The Northern Territory Government is committed to the National Mental Health Strategy and the National Mental Health Plan 2003-2008. The strategy provides a national framework for activity in mental health service reform. The priority themes in the National Mental Health Plan are:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness
- strengthening quality
- fostering research, innovation and sustainability.

\$0.2M

additional
funding for
prisoner support

“improved
clinical
information
management”

Budget highlights

Additional NTG funding of \$0.2M was received for prisoner support to provide increased mental health and disability services in Alice Springs and Darwin.

Under a partnership agreement with the Australian Government, funding of \$0.62M was received for improved clinical information management, increased use of clinical outcome measures and for safety and quality projects in the inpatient units.

Key achievements

The development of approved procedures and associated materials to support implementation of amendments to the *Mental Health and Related Services Act*.

The Northern Territory Government also committed to initiatives under the Council of Australian Government’s (COAG) National Action Plan on Mental Health 2006-2011. Initiatives under the NT areas of responsibility have now been either fully implemented or are in the process of being implemented. Key areas are shown below.

Suicide prevention and response

A Northern Territory Suicide Prevention Action Plan was drafted in consultation with the Cross Government Suicide Prevention Coordinating Committee. Funding for suicide prevention training has also been provided to the non-government sector.

Rural and remote services

Visiting specialist services to rural and remote communities across the Northern Territory were increased.

Sub-acute Beds

Building works on the eight bed 24 hour supported residential facility in Darwin was completed.

Prison in-reach services

In-reach services for prisoners with mental illness and cognitive disability were further enhanced.

Rehabilitation and recovery services

Rehabilitation and recovery services in the non-government sector were expanded.

In addition, a process to improve the care coordination process for people with severe mental illness and complex needs commenced in 2007-08.

The ‘Hespath Top End’ youth service initiative began operations. The Central Australian ‘Hespath’ service is scheduled to commence later in 2008.

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Individuals receiving community-based public mental health services ¹	4 747	4 890	4 737	4 890
Individuals under 18 receiving community-based mental health services ²	795	900	837	900
Occupied bed days by designated services ³	11 766	12 400	10 992	12 000
Inpatient separations from designated services ⁴	1 116	1 200	1 037	1 150
Mental health budget allocated to non government organisations ⁵	16%	12%	14%	12%
Quantity				
Public mental health services accredited ⁶	100%	100%	100%	100%

¹ Community-based public mental health services include all mental health services provided by government (excluding government-funded non-government organisations) dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients.

² Includes all mental health services provided by government (excluding government funded non-government organisations) dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients under the age of 18 years.

³ Measure refers to inpatient services provided within two approved treatment facilities (Darwin and Alice Springs Mental Health Inpatient Units) declared pursuant to Section 20 of the *Mental Health and Related Services Act 1998*.

⁴ Separation is the process whereby an inpatient is discharged from an inpatient mental health service setting at the end of a reporting period. The patient may or may not be referred to another service setting (such as community-based mental health services). This indicator represents separations not adjusted for casemix comparative purposes.

⁵ This measure indicates the proportion of the mental health budget invested in the non-government sector for delivery of services and support to consumers of mental health services and their carers.

⁶ There are two public mental health services subject to accreditation (Top End Mental Health Service and Central Australian Mental Health Service).

	2006-07 Actual	2007-08 Budget	2007-08 Revised Budget	2007-08 Actual
Output cost (\$'000)	31 658	33 883	35 132	34 830

See note on page 53.

Inpatient Mental Health Services

As shown above and in Table 5, there was an unanticipated decrease in separations and occupied bed days. This is thought likely to have been due to better bed management strategies and improved community based services.

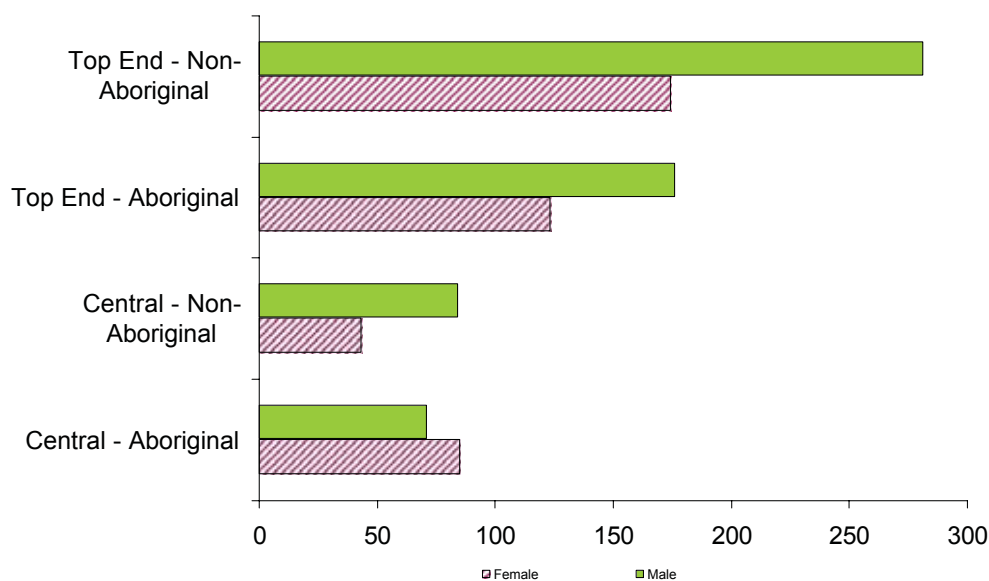
These include expanded rehabilitation and recovery services, rural and remote visiting services and sub-acute services. The length of stay (bed days relative to separations) has remained relatively stable at 10.5 days.

The proportion of Aboriginal inpatients decreased marginally, as shown in Table 4 and Figure 14, compared to the previous year. Of 1 037 total separations, 44% were Aboriginal patients compared to 46% in 2006-07. Consistent with the previous year, males were more likely to require inpatient care than females. In 2007-08, 59% of inpatients were male and 41% were female.

Table 4: Mental health inpatient separations by location, gender and Aboriginal status

Unit location	Indigenous Status	2006-07	2007-08	2007-08	
		Total	Total	Female	Male
Central Australian Inpatient Unit	Aboriginal	156	156	85	71
	Non-Aboriginal	152	127	43	84
Total		308	283	128	155
Top End Inpatient Unit	Aboriginal	359	299	123	176
	Non-Aboriginal	449	455	174	281
Total		808	754	297	457
NT Total		1 116	1 037	425	612

Figure 14 - Mental health inpatient separations by location, gender and Aboriginal status 2007-08



Mental health inpatients were diagnosed with a range of disorders. The four most prevalent in 2007-08 were:

- schizophrenia and delusional disorders (36%)
- mood disorders (19%)
- disorders due to psychoactive substance use (12%)
- neurotic disorders (15%).

These accounted for 82% of recorded disorders treated in 2007-08.

Table 5: Mental health inpatient separations by diagnostic group

Diagnostic block (ICD-10-AM)	2006-07	2007-08	2007-08	
			CAMHS	TEMHS
Organic disorders	5	2	1	1
Disorder due to psychoactive substance use	165	91	23	68
Schizophrenia and delusional disorders	410	275	95	180
Mood disorders	193	144	27	117
Neurotic disorders	159	115	36	79
Other mental and behavioural disorders	16	17	8	9
Other medical disorders	65	38	22	16
Contextual factors contributing to mental disorder	97	74	28	46
Uncoded records ¹	6	281	43	238
Total	1 116	1 037	283	754

¹ Reflects an underestimate of the activity due to a number of records remaining uncoded.

Community Mental Health Services

A total of 4 737 people were provided with mental health services in a community setting. This is similar to 2006-07 when 4 747 people were provided with community mental health services.

Aboriginal people made up 39% of all individuals provided with community based services in 2007-08. This is an increase of 3% (or 142) compared to the previous year.

As shown in Table 6, the number of people under the age of 18 years seen by community mental health services increased by 5% from 795 in 2006-07 to 837 in 2007-08. This age group made up 22% of all people who received mental health services.

Table 6: People receiving community mental health services by age group and Aboriginal status

Indigenous Status	2006-07	Under 18 years	18+ years	Nil Date of Birth	2007-08
	Total				Total
Aboriginal	1 710	272	1 579	1	1 852
Non-Aboriginal	3 037	565	2 305	15	2 885
Total	4 747	837	3 884	16	4 737

Community Services Division

Output Group: Alcohol and Other Drugs

The Alcohol and Other Drugs Program (AODP) develops policies, strategies and programs to prevent, identify and respond to the misuse of alcohol, tobacco and other drugs. The program incorporates community development, education, training and intervention, treatment and care options.

Outcome

To address substance misuse by actively engaging in activities to prevent, reduce and manage substance misuse and related harm in the Northern Territory.

Alcohol and Other Drugs

Phone: (08) 8999 2691

Fax: (08) 8999 2420

The AODP responds to substance misuse issues through:

- the development and implementation of policy and legislation
- supporting community initiatives to prevent and manage substance misuse
- supporting the Substance Abuse Committee which was set up in 2007-08
- the development and provision of treatment services and services to care for people affected by substance misuse
- researching emerging trends, patterns and prevalence of use
- the provision of training and other workforce development services to enhance alcohol and other drug agency capacity and capability.

AODP employs a range of staff across the Northern Territory including doctors, nurses, counsellors, psychologists, researchers, educators, trainers and administrative staff.

Key achievements

Treatment

AODP invested \$8.2M in treatment services last financial year, across all regional centres. This figure is exclusive of funding to sobering up shelters of \$2.4M and community patrols services of \$930 000.

In addition to non-government treatment agencies, specialised Alcohol and Other Drugs (AOD) clinical services are delivered by the AODP in Darwin and Alice Springs. They provide the Opiate Pharmacotherapy Program involving assisted withdrawal, that includes pharmacotherapy assistance, general

\$8.2M

invested in
treatment
services

counselling and case management within a harm reduction framework. They work in partnership with other specialists and treating services in the field.

Service Development

The program received \$2.6M from the Australian Government to support the capital redevelopment of the sobering up shelters in Katherine and Tennant Creek.

\$0.5M additional funding was received from the Australian Government for the construction of an outreach facility to adjoin the new shelter in Tennant Creek.

A new five bed treatment service commenced operation in January 2008 in Alice Springs for young people (accompanied by their carers when necessary) who require treatment for substance misuse issues.

Community Development and Capacity Building

AODP has been instrumental in providing support and advice to communities on tobacco legislation and smoking cessation programs. There has also been a focus on supporting communities to implement provisions of the *Volatile Substance Abuse Prevention Act 2005* (VSAPA) including community management areas and plans and to initiate other actions to prevent petrol sniffing and other volatile substance abuse. The AODP has also provided community grants and delivered education on a range of alcohol and other drug issues:

- VSAPA Management Plans have been finalised and are operational for Papunya, Kintore, Alpururulam, Ikuntji, Kaltukatjara and Hoppy's Camp
- seventeen staff are employed to provide community support across the NT, 12 to support the Top End, including workers based in East Arnhem and Katherine; and five to support the central region, based in Alice Springs
- trainers provide accredited training at the Certificate II, III, IV and Diploma levels, providing an AOD education pathway. There is currently an active student load of 1061 students and the program supports a high level of full time Aboriginal students (32%), students from rural and remote areas (35%), and employees of non-government organisations (55%)
- AODP, in partnership with Council of Aboriginal Alcohol Programs Services (CAAPS), delivered the new Australian Government Indigenous Certificate III in Alcohol and Other Drugs for the Northern Territory

“New
five bed
service
in Alice
Springs”

- in Central Australia there has been a key focus on building and supporting remote staff through the remote area nurses pathways and professional development program, with 21 remote area nurses completing the training. Another ten remote community residents have been supported to undertake accredited alcohol and other drug training.

Tobacco

DHF held several events for the National Youth Tobacco Free day (NYTFD) on 19 March 2008 to promote the day and raise awareness of youth tobacco issues. The Youth Week tobacco cessation project involved 206 school students from the Barkly and Alice Springs districts.

AODP has allocated a total of \$168 219 to encourage and facilitate Territorians to quit smoking in 2007-08. This includes:

- \$43 500 for tobacco cessation and education services
- \$70 000 for media and communications
- \$33 719 for the operation of a 24 hour telephone counselling service
- \$21 000 for small grants.

The Top End Tobacco and Tobacco Monitoring Projects were extended to June 2008 to continue a coordinated approach to tobacco cessation in five remote Aboriginal communities (Groote Eylandt, Emu Point, Minjilang, Pirlangimpi and Maningrida). The project has included Quit courses, development of smoke free policies, delivery of targeted health advice through the health centre and provision of community grants.

In November 2007, the Central Australian Tobacco Project was delivered at the request of Imanpa community. The project is a joint partnership with Chronic Preventable Diseases Program and the Menzies School of Health Research, involving tobacco compliance measures, health promotion, community development and Quit. In partnership with the Alice Springs Hospital and Respiratory Outreach Nurse, the service also supported the hospital to introduce smoking cessation programs for patients and staff.

The Quitline service was reviewed and new Territory-specific branding has been developed to market Quit NT, with work continuing on the development of a new Quit specific internet site. AODP ran 27 Tobacco Cessation programs and 12 Quit courses across the Top End during 2007-08. AODP provides education, prevention and intervention strategies, including brief interventions, promotion and education.

27
tobacco
cessation
programs
and
12
Quit
courses

4%
increase in
episodes
of care for
opioids

Alcohol

The AODP administers the arrangements for treatment for those referred under the Alcohol Court. Figures reported to April 2008 indicate that 76% of referrals from the Alcohol Court were to residential treatment services.

As shown in Table 7 and Figure 15, alcohol continues to be the main drug of concern for people seeking treatment from NT alcohol and other drug agencies (67% of closed episodes in 2007-08). This proportion has increased from 64% in 2006-07. Over the same period, there has been a small increase in episodes of care for opioids, from 9% to 13%.

AODP managed an evaluation of the Northern Territory's Drink Driver Education Program and a copy of the report including recommendations was provided to the NT Road Safety Taskforce. Specific issues addressed in the evaluation included access to programs for remote offenders, barriers to course participation and the cultural appropriateness of resource materials.

The AODP funds community agencies in all major centres of the Territory to provide sobering up shelter (SUS) services. These shelters provide a safe place for people intoxicated by alcohol to sober-up. This contributes to reducing costs of anti-social behaviour borne by Police, Justice and Health services.

A review of the NT Sobering Up Shelter Program and the drafting of new Sobering Up Shelter Guidelines were undertaken in 2007.

In 2007-08, the AODP provided total funding of \$930 000 to operate Community Patrols in the urban areas of Alice Springs, Katherine, Nhulunbuy and Tennant Creek. Patrols provide mediation, family dispute resolution and transport of intoxicated people to sobering up shelters.

Volatile Substance Abuse Prevention Act (VSAPA)

The review of the VSAPA was completed during 2007-08 and recommendations to streamline its administration and its clinical approach are being considered for implementation.

A total of 118 requests for treatment orders was received, 99 of those were assessed and treatment orders made for 15 people.

Three people were authorised under the VSAPA in 2007-08 to be able to search for and seize petrol and to take people to safety in designated areas of Central Australia.

“Bushmob
House
opened”

Bushmob House opened for service on 14 January 2008. This is a residential rehabilitation facility for children and young people with volatile substance use problems.

As the result of new funding, specific Volatile Substance residential treatment services are being provided by:

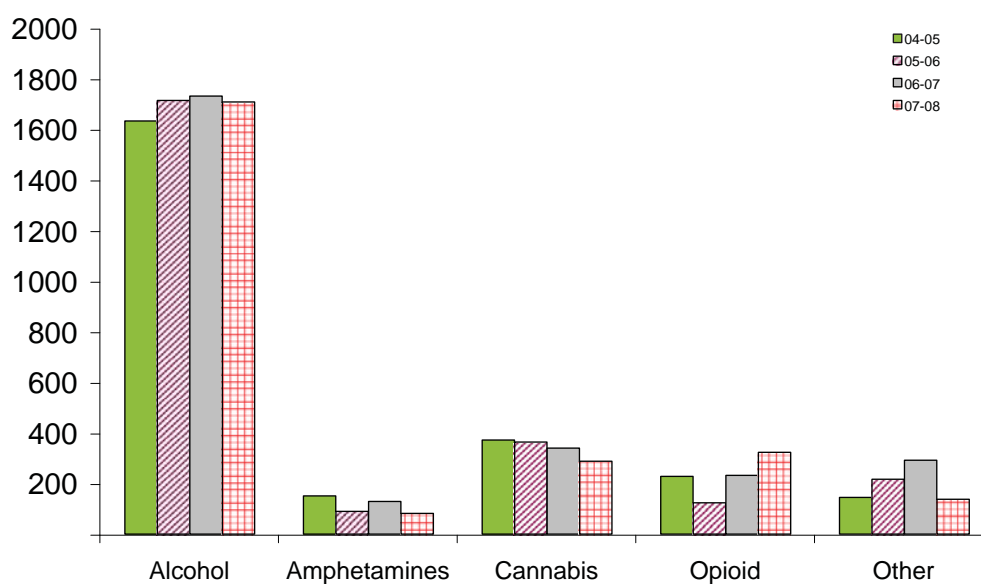
- the Drug and Alcohol Services Association (DASA) in Alice Springs, for adults
- Bushmob in Alice Springs for children and youth
- the Council for Aboriginal Alcohol Program Services Inc. (CAAPS) in Darwin for adults and children.

Additional funding has also been provided to support the Mt Theo and Ilpurla outstations in Central Australia for youth.

Table 7: Number of episodes of treatment by principal drug of concern from 1 April 2007 to 31 March 2008

Principal drug of concern	Apr 06 - Mar 07	Apr 07 - Mar 08
Alcohol	1 483	1 708
Amphetamines	120	82
Cannabis	375	288
Opioids	355	323
Other	163	132
Total episodes	2 608	2 533

Figure 15 – Number of episodes of treatment by principal drug of concern, 1 April 2004 to 31 March 2008



Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Community education and community development activities	284	240	249	340
Completed accredited training units ¹	259	240	228	240
Utilisation rate of sobering up shelter bed hours	29%	31%	31%	31%
Admissions to sobering up shelters ²	17 177	18 000	19 579	18 000
Closed episodes ³ in non-government treatment services ⁴	2 088	2 000	2184	2 000
Closed episodes in alcohol and other drugs services ⁵	528	480	654	480
Grants for community development activities	\$0.20M	\$0.24M	\$0.11M	\$0.24M
Grants to non-government alcohol and other drugs services ⁶	\$13.03M	\$11.4M	\$10.9M	\$11.4M
Quality				
Accredited training units meeting national accreditation guidelines	90%	90%	90%	90%
Closed episodes completed in non government treatment services	63%	65%	62%	65%
Closed episodes completed in government treatment services	28%	30%	27%	30%

¹ The Alcohol and Other Drugs Program delivers a range of vocational education and training accredited qualifications, where a qualification comprises 14 units. Alcohol and Other Drugs workers in government and non-government settings can participate in one or more of the units that comprise a qualification.

² Admissions are higher in 2007-08 because it includes a full year of data from Nhulunbuy sobering up shelter. This service commenced at the end of 2006-07 and was therefore not included in the reported sobering up shelter admissions for 2006-07.

³ An episode of alcohol and other drug treatment is a 'period of contract', with defined dates of commencement and cessations, between a client and a treatment provider that occurs in one setting and in which there is no change in the main treatment type of principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months (National Health Data Dictionary). A closed episode of treatment is one where there is a valid date of cessation.

⁴ Non-government treatment services are alcohol and other drugs client services provided by the non-government organisation sector. Estimate and actual figures based on April-March data.

⁵ Alcohol and other drugs treatment services are alcohol and other drugs client services provided directly by the department's clinical teams in Darwin and Alice Springs. Estimate and actual figures based on April-March data.

⁶ Includes treatment and care grants to all non-government organisations, and Alcohol Court and illicit drug diversion funds.

Output	2006-07 Actual	2007-08 Budget	2007-08 Revised Budget	2007-08 Actual
Output cost (\$000)	22 689	22 736	24 056	20 535

See note on page 53.

Health Services Division

Output Group: Community Health Services

Community Health Services builds the capacity of the community to maintain and improve health through education and development, prevention, early intervention and access to culturally appropriate assessment, treatment and support services. Medical, nursing, Aboriginal Health Worker, allied health, oral health and nutrition services, together with breast and cervical cancer screenings, are provided through government and non-government providers in community care centres, remote health centres, clinics, schools and homes.

Outcome

The burden of ill health in the community and the need for hospitalisation are reduced.

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Funded government managed rural community health centres	52	52	52	53
Funded non-government managed rural community health centres	32	32	32	31
Community health events urban	108 394	103 500	106 876	108 000
Well person checks	N/A ¹	4 000	4 535	4 000
Resident child population <five years participating in Growth Assessment and Action Program ²	3 029	3 400	3 170	3 400
Oral health occasions of service ³	42 461	41 335	39 675	45 000
Quality				
Proportion of Aboriginal babies born with low birth weight ⁴	13.8%	12.5%	13.1%	12.5%
Proportion of screened Aboriginal children less than 5 years who are underweight ⁵	13.5%	14.0%	12.4%	13.0%

¹ Due to the re-development of the Cervical Cytology database, actuals could not be extracted.

² Numbers vary depending on participation by communities.

³ Reduction in activity was associated with ongoing staff shortages and increased emergency demand impacting on patient throughput. Data for 2007-08 and 2008-09 does not include activity undertaken as part of the Australian Government Intervention.

⁴ This figure excludes babies born at Darwin Private Hospital and planned homebirths. The proportion of Aboriginal babies born with low birth weight continues to show a small but steady decline.

⁵ The proportion of measured children who are underweight has fallen over the past 12 months and is consistent with a gradual downward trend over the past 8 years.

Output	2006-07	2007-08	2007-08	2007-08
	Actual	Budget	Revised Budget	Actual
Output cost (\$000)	120 700	123 965	144 917	136 977

The under expenditure in 2007-08 relates to programs funded under the AGI and funds were carried forward into 2008-09. See note on page 53.

Health Services Policy

Phone: (08) 8985 8064
Fax: (08) 8985 8065

The Health Services Policy Branch is responsible for strategic Primary Health Care (PHC) and public health policy.

Key achievements

In June 2007, the Australian Government announced an intervention into 73 remote Aboriginal communities in the NT. Health checks for all Aboriginal children aged 15 and under were a key component of the wide-ranging intervention.

Health Services Division has worked with the Aboriginal Medical Services Alliance of the NT (AMSANT) and with the Australian Government's Department of Health and Ageing (DoHA) to ensure that the initial intervention resulted in more effective, long-term and sustainable Primary Health Care (PHC) services in remote areas.

DHF, AMSANT and DoHA agreed that a more sustainable and effective PHC system in remote areas of the NT required three inter-related phases of activity as follows:

- Phase 1: undertaking the initial child health checks
- Phase 2: providing follow-up treatment and care for the health problems identified through the child health checks
- Phase 3: investing in additional PHC services across the NT.

In addition to substantial investment in Phases 1 and 2, DoHA committed \$100M over two years, commencing in 2008, to enhance remote PHC services across the NT (i.e. Phase 3).

Health Services Policy branch took a lead role in:

- consulting and negotiating with AMSANT and DoHA on planning for the \$100M service investment

“develop
new
employment
streams”

- working with internal stakeholders to prepare for this significant service expansion and reform process.

Agreement was reached with the planning partners on principles underpinning the remote PHC services expansion:

- equity: equitable health resource allocation across the NT
- core services: people living in remote areas will have access to agreed core PHC services
- evidence-based: investing in services that have been proven to result in improved outcomes
- sustainability: long-term stability taking account of “real world” factors including finite resources, workforce shortages, existing infrastructure, and extreme remoteness
- community: communities engaged in local planning and service delivery, moving over time to community control if the community wants this.

Other key areas of Health Services Policy activity included:

- working with Community Services to develop a specialist Refugee Health Service for refugees living in the Darwin area to be delivered by partnering with GP services
- negotiating a contract for services with the Australian Customs Services for a public health screening services and fitness-to-fly medical assessments for Illegal Foreign Fishers (IFF) landed in Gove and the construction and fit out of a public health screening facility in Gove
- working with the Centre for Disease Control to provide a public health screening service for detainees (predominantly IFF brought on shore in Darwin) being held at the Northern Detention Facility under a Memorandum of Understanding with the Australian Department of Immigration and Citizenship
- working with the Australian Government, the Royal Flying Doctor Service and Tennant Creek Hospital to support the fly in fly out four week rotational GP Service for residents of Tennant Creek
- working with People and Organisational Learning to prepare for the Medical Education Summit and to follow-up on actions arising.

Health Development & Oral Health Programs

Phone: (08) 8985 8014
Fax: (08) 8985 8016

Oral Health Services

The Department of Health and Families provides free oral health services to:

- all infants, pre and primary school children and secondary school children
- adults and their dependants who hold a current Centrelink Health Care Card or Pensioner Concession Card
- rural communities disadvantaged by distance which are located on islands or are 100 km from a private dental service
- holders of a Torture and Trauma Certificate
- holders of a current Cleft Lip and Palate Card under the Commonwealth Health Scheme.

Key achievements

- Implemented an electronic patient record and appointment system that provides Territory-wide access to oral health clinical records, enhanced appointment scheduling processes and supports improved service planning.
- Implemented a web-based triage process to improve equity of access through the allocation of appointments based on clinical need including for emergency, urgent and routine care.
- Maintained accreditation with the Australian Council of Healthcare Standards.
- Ongoing staff shortages have led to reduced service provision. In spite of this the program continued in remote communities.
- Collaborated with the Australian Research Centre for Population Oral Health to produce an interactive oral health promotion DVD in English and two Central Australian Aboriginal languages - Arrernte and Warlpiri.
- Developed an oral health promotion program for children and adults in Wadeye in conjunction with the Public Health, Nutrition and Physical Activity Unit.
- Re-established regular dental services at Palmerston Dental Clinic.
- Continued the program of upgrading school dental clinics with five clinics completed in 2007-08.

“implemented
new client
information
mangement
system”

Public Health, Nutrition and Physical Activity

The three priority areas are:

- maternal and child health
- food supply
- healthy lifestyle including promotion of physical activity.

Aboriginal people, particularly those in remote communities, are a high priority group for nutrition interventions.

The main role of the nutrition team is implementing the Food and Nutrition Policy by capacity building through:

- delivery of training to:
 - » primary health care providers to deliver brief nutrition and physical activity interventions
 - » staff involved in preparing meals in remote communities
 - » remote store staff in basic nutrition.
- providing support for nutrition programs through women's centres, family centres and schools
- communication and networking with other government and non-government agencies such as the Department of Education and Training, Aboriginal Medical Services and Healthy Living NT
- promotion and advocacy e.g. for access to healthy foods in remote communities
- monitoring and surveillance e.g. monitoring remote food supply through store surveys and supporting Growth Assessment and Action and the Healthy School-Aged Kids programs.

Key achievements

- Continued to provide secretariat support to the Chief Minister's Active Living Council (CMALC) and developed an action plan for 2008-2011.
- Assisted the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs with the development of nutrition criteria for the licensing of remote stores as part of the Australian Government Intervention.
- Worked collaboratively with the Australian Government Department of Employment, Education and Workplace Relations to facilitate the transition to a sustainable model of delivery for the school breakfast and lunch feeding programs.

- Printed and distributed a number of tools and resources aimed at increasing the availability of healthy food in remote stores through the Remote Indigenous Stores and Takeaways Project.

Preventable Chronic Disease (PCD) Program

The Preventable Chronic Disease (PCD) Program uses as its foundation the Preventable Chronic Disease Strategy (PCDS). The PCDS addresses collectively five chronic diseases:

- type two diabetes
- hypertension
- heart disease
- kidney disease
- chronic airways disease.

These diseases are important to the whole NT population and are related to each other by their underlying causes. The three-point framework - prevention, early detection and management, is simple and well accepted.

Key achievements

- Established the PCD Clinical Reference Group co-chaired with Acute Care Services and with broad government and non-government representation to develop and oversee the implementation of the Northern Territory Preventable Chronic Disease Strategic Plan and to assess the recommendations of the cardiac review and provide advice on the development of models of service.
- \$0.75M was funded by the NTG to expand Public Health nurses in the PCD team to establish care coordination for chronic kidney disease clients. An educator has also been employed with the PCD program to expand current training activities.
- Coordinated the Chronic Disease Network, including supporting the Steering Committee, convening the 11th annual Chronic Disease Network conference held in September 2007, and producing bi-monthly editions of *The Chronicle*, which is widely distributed.
- Collaborated with Remote Health, Alcohol and Other Drugs program and Menzies School of Health Research to coordinate and evaluate comprehensive tobacco control and cessation programs in six remote communities.
- Established a rotating training position for Aboriginal Health Workers in advanced women’s health skills.

“evaluate
omprehensive
tobacco
control”

- Provided education and training opportunities through:
 - » three chronic disease education workshops
 - » in collaboration with Family Planning Welfare Association, conducted Well Women’s courses for remote nurses in regional centres
 - » women’s health educators facilitated training in women’s health for Aboriginal Health Workers
 - » diabetic foot care workshops for Aboriginal Health Workers and training for a broad range of health professionals
 - » health promotion skills using the Chronic Disease Storyboard for Aboriginal community workers.
- Coordination of podiatry services to nine Top End communities.
- Expanded ABCD quality improvement with eight Top End and four Central Australian remote health centres participating.
- Facilitated and supported two large men’s health gatherings and assisted local communities to review and improve men’s health programs.
- The Program Director was appointed as member of National Preventative Health Taskforce.

“Chronic Disease Storyboard”

Women’s Health Strategy Unit (WHSU)

The role of the Women’s Health Strategy Unit (WHSU) is to:

- inform policy development relating to women’s health in the NT
- set strategic directions relating to women’s health in the NT
- facilitate action in partnership with stakeholders to develop and implement best practice models that improve women’s health.

Key achievements

- Established a departmental executive level Domestic and Family Violence Reference Group.
- Completed Domestic and Family Violence Policy Implementation Guidelines for the department.
- Undertook ongoing negotiations with key stakeholders regarding the role and function of the Women’s Information Centre (WIC) in Alice Springs.

“Domestic and Family Violence Policy Implementation Guidelines”

Maternal, Child and Youth Health (MCYH)

Maternal, Child and Youth Health (MCYH) provides program support, training and practical assistance to remote area health centres and communities for core programs such as pregnancy care, Growth Assessment and Action (GAA) and Healthy School Aged Kids (HSAK). In addition, the Strong Women, Strong Babies, Strong Culture Program is supported in eight communities. The MCYH program is working collaboratively with the non-government Aboriginal Medical Services.

Key achievements

The focus on maternal health was strengthened with new funding from *Closing the Gap* which has enabled:

- recruitment of an additional two Remote Outreach Midwives to support ante and postnatal care in communities
- development of an NT wide pregnancy information booklet as a resource for Aboriginal women, and a standardised tool for maternity care providers, which contains simple 'core health promotion messages' and information through to the early postnatal period
- formal evaluation of the Strong Women, Strong Babies, Strong Culture Program and Community Child Health Worker Program with a report and recommendations due in 2008-09
- planning for the midwifery-led model that offers continuity of maternity care and case management for remote women transferred into town for birth.

Professional development courses for remote area practitioners included Practical Paediatrics, Midwifery refresher and Strong Women and Community Based Worker workshops.

Fifty three communities participated in HSAK screening in the 2007-08 financial year and 2007 also saw the commencement of a catch up program that made Human Papilloma Virus (HPV) vaccine available to all females from 10 years old to 24 years. HSAK screening was identified as an opportunity to reach a large number of girls in many communities.

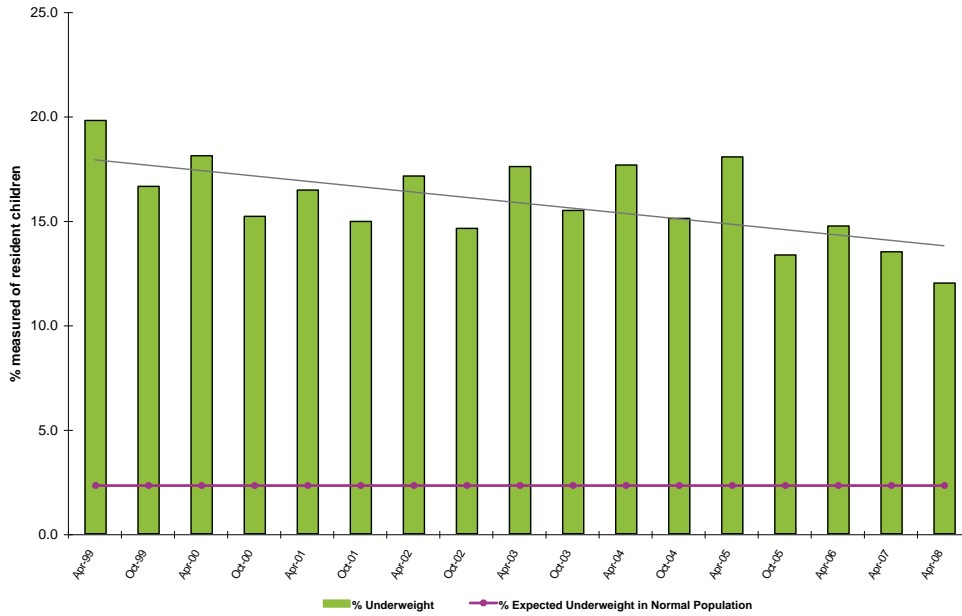
The 'Action' component of the Growth Assessment and Action (GAA) program was further strengthened through the development of training resources for the initiation of growth action plans. This continued to be a priority area for Child Health Nurse support to remote area staff and community based workers.

Figures 16 and 17 illustrate the trend of steady improvement in Aboriginal children's weight and incidence of anaemia since 1999.

53
communities
participated
in HSAK
screening

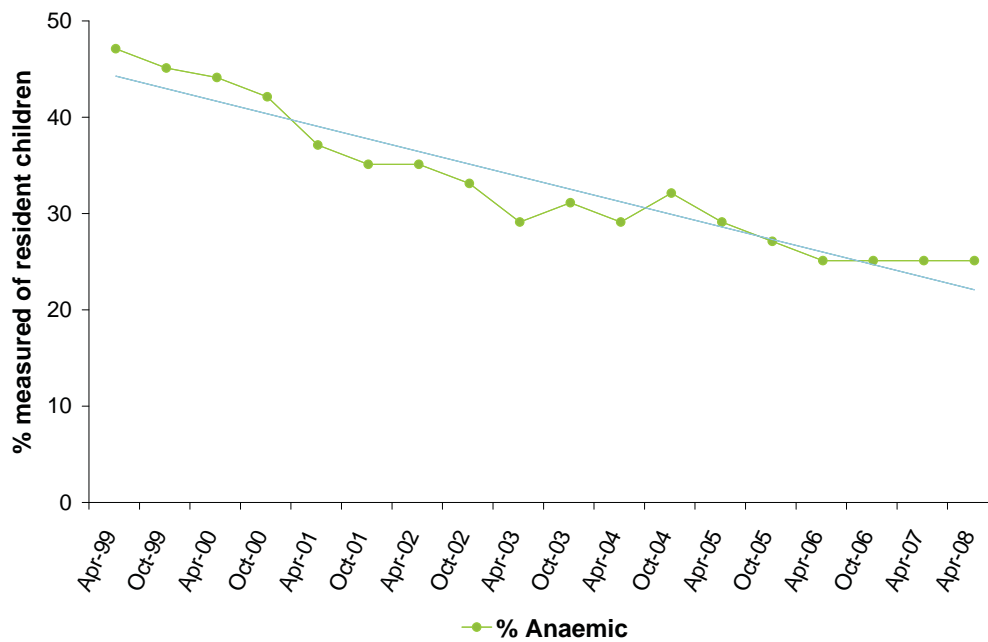
Improvements in trachoma detection and management occurred with the commencement of a national database/monitoring system (headed by the National Eye Research Centre in Melbourne) and the appointment of a Trachoma Education Officer through the Centre for Disease Control.

Figure 16: Underweight Aboriginal children 0-5 years



“steady decline in Aboriginal children who are under weight or anaemic

Figure 17: Anaemia in Aboriginal children age 6 months to 5 years (hemoglobin level less than 110 grams/Litre) NB - From April 2006 GAA data collection has been done annually



Hearing Policy

Responsible for setting policy direction, in collaboration with programs and service providers, defining objectives, sourcing funding, driving change and evaluating hearing health promotion programs. Hearing policy also provides high-level strategic advice, strategic direction and project management of key otitis media and hearing health initiatives.

Key achievements

Aboriginal Health Worker Hearing and Ear Health Training was provided to 74 participants across the NT representing all Aboriginal Medical Service providers.

Program staff chaired the Steering Committee on the Neonatal Hearing Screening (NHS) program at RDH and ensured ongoing data, procedures and policy development.

The program facilitated ongoing stakeholder meetings for inter agency planning and development of Aboriginal and Torres Strait Islander Ear Health and Hearing services including Child and Maternal Health, Australian Hearing, the Department of Education Employment and Training, NT Hearing, NT Deafness Association, Menzies, Remote Health, Acute Health, Ear Nose and Throat specialists and the NT Department of Justice.

Expert advice was provided for Australian Government forums and the model for the Australian Government Intervention – Child Health Check follow up for Hearing and ENT services was developed.

Health Promotion Strategy Unit (HPSU)

The role of the HPSU is to lead the continuous quality improvement of health promotion practice. HPSU:

- provides the expertise, tools and resources to equip and support staff to design, develop, implement and evaluate health promotion strategies
- provides specialist advice to support the integration of health promotion in health development policy and program planning and evaluation
- implements workforce development strategies to improve the skills, knowledge and confidence of staff for health promotion action.

74

participants

Key achievements

The unit completed a comprehensive internal consultation process with respect to strengthening health promotion capacity across the department. A report, "Strengthening health promotion capacity in DHF: A future vision for the NT", was disseminated internally. Key recommendations and the report's future vision were presented to, and endorsed by, the Health Services Executive.

A DHF Health Promotion Network was established by the unit.

The delivery of the Health Promotion Short Course was coordinated on two separate occasions (on Groote Eylandt and for Environmental Health).

Remote Health

Phone: (08) 8985 8001
Fax: (08) 8985 8003

The goal of the Remote Health Branch is to ensure that evidence-based, best practice primary health care services are delivered to the remote population throughout the Northern Territory. Services are delivered through departmental remote health centres, non-government organisations (some funded by the department) and independent community-controlled health organisations.

Services include the provision of 24-hour emergency care, primary clinical care, population health programs, referral and access to retrieval, medical and allied health specialist services, provision of essential medications and management of chronic illness. Services are delivered by multidisciplinary health teams at remote health centres located throughout the NT.

Around 90% of all consultations and health contacts at remote health centres are with Aboriginal people. However, services are equally accessible to non-Aboriginal residents and non-residents, such as tourists.

The remote population serviced by the branch is mostly Aboriginal, relatively young, highly mobile and widely dispersed with relatively low levels of literacy in English, a relatively high burden of illness and injury and high rates of complex chronic co-morbidities and infectious disease.

The core clinical and health promotion business of the Remote Health Branch involves:

- growth assessment and action in infants and children younger than five years
- antenatal care
- immunisation
- the Preventable Chronic Disease Strategy
- population health screening

90%
of
consultations
are with
Aboriginal
people

- preventing and controlling infectious and communicable diseases
- 24-hour emergency response including aerial medical coordination
- acute primary health clinical care
- community linkages for visiting programs.

Key achievements

Staff implemented the Primary Care Information System (PCIS) and shared Electronic Health Management in 21 remote health centres.

Secure messaging from Acute Services to remote health centres was introduced. This involved pathology, discharge planning and specialist referrals and letters.

The Australian Government Intervention Child Health Checks were continued, including ensuring that referrals and follow-up care were completed for the under 15 year old remote Aboriginal population.

Seven remote health services were successfully moved to alternative providers. The transition of these health services occurred for a variety of reasons. DHF encourages health service delivery to be managed by community organisations and will facilitate the transition of services when required. The reform of local government in the NT impacted on health services in some remote communities. Some health services in remote communities were managed by community councils and had to be transferred to DHF as these services were no longer part of the new Shire's core services. In addition, the local community councils managed CDEP. The abolishment of CDEP and creation of new full time positions within DHF resulted in the transfer of health services from local councils to DHF.

For the first time 24 Aboriginal Health Worker (AHW) apprentices were taken on in Central Australian remote health centres. Collaborative work placement partnerships were created for remote AHWs in specialised program areas e.g. Women's Health, Preventable Chronic Disease, Maternal and Child Health and Alice Springs Hospital Paediatrics Ward. New partnership support links for AHWs were established with the Council of Remote Area Nurses of Australia. The AHW retention rate over the financial year was 90%.

Enrolled Nursing positions were introduced in four remote communities.

90%
retention
rate

Community Health

Phone: (08) 8985 8036
Fax: (08) 8985 8038

The Community Health Branch provides services in mainly urban centres throughout the NT, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services include Child Youth and Family Health Services, Community and Primary Care Services, Hearing Services, School Health Services and Home Birth Services (Darwin and Alice Springs).

All services provided by the Community Health Branch are accredited and the branch is implementing a continuous improvement process through the development and implementation of new service models for Child and Family Health Services, Community and Primary Care and School Health Services. The branch participates in regional and national primary health care reforms and seeks to improve access and equity to services for urban communities.

The branch also funds a number of non-government organisations to provide services to achieve outcomes within the areas of Child and Family Health and Community and Primary Care.

Child Youth and Family Health Services

Child, Youth and Family Health Services provide school health services, child and family health services and home birth services.

School Health Services (SHS)

Thirteen urban high schools across the NT have a full time Health Promoting School Nurse (HPSN).

The aim of the school health service is to ensure school aged youth engage in their health and wellbeing so as to make informed choices that promote optimal future health and life outcomes.

Health Promoting School Nurses support delivery of health education in:

- smoking, alcohol and other drugs
- nutrition
- physical activity
- health and wellbeing
- sexual health.

They work with the school community to plan, develop, implement and evaluate school identified health promoting programs, policies and strategies.

“youth
engage
in their
health”

HPSNs contribute to health and wellbeing through early intervention efforts aimed at reducing the longitudinal incidence of chronic disease and supporting the management of chronic disease where required. HPSNs promote the safety of youth and support interventions aimed at ameliorating risk taking behaviours during the youth/adolescent risk taking years.

The nurses establish networks to facilitate the dissemination of health and wellbeing information to the school community through partnerships.

Child and Family Health Nursing Services (C&FH)

The aim of the service is to work in partnership with and support families to nurture the health and wellbeing of their children. This is achieved through provision of:

- universal home visits for all new babies
- key health and development assessments
- parenting support and education through individual contact and groups such as Territory Parents Support and Sleep and Settling groups
- childhood immunisations.

Key achievements

- Standardisation of key contact times for all families accessing Child and Family Health Service.
- Introduction of the Parents' Evaluation of Developmental Status (PEDS) and Brigance, standard developmental screening /assessment tools.
- Development of a caseload model to ensure continuity of care.
- Professional development for staff including Family Partnership and the use of PEDS and the Brigance - skills assessment tool.

Home Birth Services (HBS)

The aim of the Home Birth Service is to provide a safe home birth service to the women of Darwin (including Palmerston) and Alice Springs, providing continuity of care through the antenatal, perinatal and postnatal periods. As shown in Table 8, during 2007-08, a total of 101 women enrolled in the program with a total of 32 births, of which 18 were home births.

18
home
births

Table 8: HBS Total Service Events 2007-08

	Number Accessing Service	Number of Home Births	Number of Hospital Births	Total Number of Births	Transfer Rate*
Alice Springs	25	7	2	9	22%
Darwin	76	11	12	23	52%
Total	101	18	14	32	44%

The difference between the number of women accessing the service and total number of births is accounted for by women not yet birthing, being transferred out of the program antenatally for various reasons (decided against a home birth, relocation or complications) or intrapartum due to complications

* Transfer rate calculated on the number of hospital births divided by the total number of births.

Hearing Services

Hearing services are provided in urban centres and remote communities and cover comprehensive diagnostic audiological and audiometric services, liaison with and education of, other health professionals on management of hearing loss and education of parents and teachers.

Key achievements

The Talking Culture resource kit was completed and launched. This kit was developed to stimulate early speech and language development in children with hearing loss from birth to three years of age.

It is anticipated that this kit will be used with families and community members, Aboriginal Health Workers (AHWs), allied health staff, medical education professionals, primary health care practitioners, and community based staff who provide services to Aboriginal families. The Talking Culture resource kit has been designed in close consultation with community members in Central Australia, and has endeavoured to use culturally appropriate resources and Aboriginal language learning strategies.

A total of 5 227 clients were assessed for hearing loss across the NT and referred appropriately to various agencies. Over 50 remote communities were visited for service delivery.

Community and Primary Care Services

Community and Primary Care services (CPC) include:

- client focused health education, health promotion, brief intervention and assessment services
- nursing care for clients with a chronic disease or long-term illness including wound management and care, and support in continence management
- palliative care nursing

5 227

clients
assessed for
hearing loss

- immunisation
- a social work service in Darwin and Palmerston
- the Community Resource Team which facilitates the transition from hospital to the community for clients with complex care needs
- specialist nursing services in respiratory, spinal, continence and wound management.

Key achievements

Work commenced on the development of a new model of Community Primary Health Care for Northern Territory urban Community Health services.

The HEAL Program (Healthy Engagement and Assistance in the Longgrass) was developed between DHF, Larrakia Nation Aboriginal Corporation, Danila Dilba Health Services, Bagot Health Services and Mission Australia to facilitate access to primary health and community based services for people who live in the long grass in the Darwin and Palmerston areas.

The Community Primary Care team has commenced a three year project funded by the Australian Government under the Australian Better Health Initiative (ABHI) 'Primary Care Integration' component. The project facilitates the delivery of integrated and coordinated care to people with diabetes and heart disease, living in Darwin/Palmerston and Alice Springs.

The Specialist Nurse Unit transferred from Aged and Disability Services to the Community Health branch during 2008.

NT Health Direct

In addition to the above, CPC also manages the NT Health Direct service, which provides access to personalised, professional health assessment, advice and referral options and is available 24 hours a day, seven days a week. It is available by dialling 1800 186 026 (free call) number.

Key achievements

- Increased overall events by 965 during 2007-08.
- 16 486 calls were handled in this reporting period.

16 486

calls to NT Health Direct

Table 10: Percentage of calls handled by NT Health Direct – by location, nature of calls and ethnicity

NT Health Direct	2007-08
Urban NT calls	59%
Transfer from NT Hospital Switchboards	39%
Remote NT calls	2%
<hr/>	
NT Health Direct Nature of Calls	2007-08
Advice on symptom management	91%
Health information	7%
Medication information	2%
<hr/>	
NT Health Direct Ethnicity & Residency of Callers	2007-08
Non Indigenous callers	72%
Indigenous callers	10%
Declined to answer	18%
NT Residents	78%
NT Visitors	4%
Declined to answer	18%

Quality and Best Practice

The Community Health Branch is committed to continuous service improvement through high quality risk and safety management, achievement of professional standards and implementation of quality assurance activities.

Key achievements

In August 2007 Alice Springs and Tennant Creek Community Health Centres achieved accreditation through the Quality Improvement Council, a national accreditation body. This was the first time Tennant Creek had undergone an accreditation review. Alice Springs has held continuous accreditation since 1999.

All services within the Community Health Branch are now accredited.

91%

of calls were for advice on management of symptoms

“achieved accreditation”

Health Services Division

Output Group: Public Health Services

Public Health Services implement strategies that increase people's capacity for healthy living and promote lasting improvements in physical, mental and social health outcomes and therefore reduce the demand for health or welfare services.

Outcome

Strengthened capacity of individuals, families and communities to improve and protect their health through promotion and prevention strategies and appropriate interventions that minimise harm from disease, substance use and environmental factors.

Environmental Health

Phone: (08) 8922 7152
Fax: (08) 8922 7334

The Environmental Health Program acts to prevent and control physical, chemical, biological and radiological agents in the environment from adversely affecting human health. Environmental health services include environmental health standards development, statutory surveillance and enforcement, complaint resolution, community environmental health education and advice, waste management, food and water safety and radiation protection and poisons control.

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Regulatory compliance activities ¹	10 312	9 500	10 675	9 600
Other environmental health activities ²	1 507	N/A	N/A	N/A
Quality				
Premises achieving a satisfactory standard of compliance with environmental health legislation within 28 days of receiving legal notice	100%	100%	100%	100%
Timeliness				
Environmental health complaints investigations initiated within one working day of notification	98%	92%	91%	92%

¹ 12% increase in the 2007-08 actual to 2007-08 estimate is mainly due to the increased number of Licences and Registrations and Poisons Authorisations issued. These increases are further explained under Regulatory Activities

² The program no longer undertakes Northern Territory wide Aboriginal community housing surveys for other agencies, which were factored into the estimates in previous years and recorded as other environmental health activities. From 2007-08, Regulatory compliance and other environmental health activities have been combined to streamline data input activity and final reporting.

Output	2006-07	2007-08	2007-08	
	Actual	Budget	Final Estimate	2007-08 Actual
Output cost (\$000)	6 054	6 075	6 523	6 548

See note on page 53.

Regulatory Activities

As shown in Figure 18, compared to the level of activity in the previous year 2007-08 saw:

- premises inspections increase by 3% due to increased surveillance of major events
- radiation equipment inspections increase by 120% preparing for the start of *Radiation Protection Act*, which is expected in 2009. The Act adopts the policy of third party service providers testing quality control of radiation apparatus. Extra inspections this year mean that certificates of compliance may be granted based on these inspections during the grace period
- poisons authorisations increased by 34% due to improved data collection through the drug monitoring database and increased awareness amongst prescribers of the legal requirements for notifications
- licences and registrations increased by 21% due to increasing numbers of food premises registrations
- the number of public health complaints received decreased by 18%.

3%

increase in premises inspections

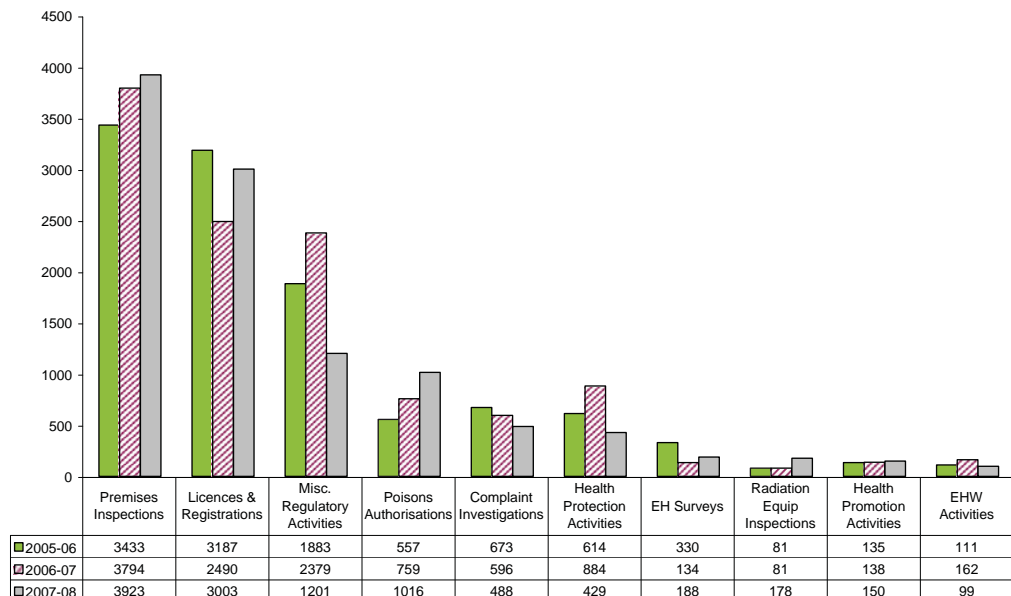
21%

increase in licences and registrations

18%

decrease in public health complaints

Figure 18: Environmental Health – regulatory and other activities 2004-05 to 2007-08



Quantity

All premises receiving legal notices achieved a satisfactory standard of compliance with environmental health legislation within the prescribed time.

Timeliness

Timeliness of complaint investigations decreased slightly with 91% of investigations completed within timeframes compared to 92% in 2006-07.

91%

completed
within
timeframes

Key achievements

'No Germs on Me' Handwashing Campaign

The handwashing campaign was completed in two remote Aboriginal communities using a social marketing approach. The campaign was successful and launched across all remote Aboriginal communities and then further extended across urban centres.

Public and Environmental Health Bill

The *Public and Environmental Health Bill* is close to completion and it is anticipated that the draft Cabinet Submission to approve the finalisation of this proposed Bill will be introduced into the Legislative Assembly by the end of 2008.

Food Safety Programs

The Environmental Health Program is working with industry to assist with the rollout of **Standard 3.3.1 - Food Safety Programs for Food Service to Vulnerable Populations**. The standard's commencement date will be 5 October 2008 and will require supporting Food Regulations.

Water Quality

The following recreational and drinking water quality guidelines were finalised:

- *Northern Territory Recreational Microbiological Water Quality Guidelines*
- *Private Water Supply Guidelines*
- *Guidelines for Drinking Water Transport in the Northern Territory.*

Environmental Health has a key role in setting goals for drinking water quality and monitoring compliance with those objectives. Related activities included updating and approving the 'Drinking Water Triggers and Reporting Protocol' between the Power and Water Corporation and the Environmental Health Program and issuing and clearing of Precautionary Advice Notices (Water Boil Alerts) for drinking water supplies in four remote communities.

Disaster Management

The *Public Health Group – Region 1: Counter Disaster Plan* was finalised.

Disaster Management: An Environmental Health Practitioner's Guide to Disaster Response has been drafted by the Environmental Health Program for the national Environmental Health Committee (enHealth) and is intended to be a key reference document towards national environmental health disaster management policy.

Aboriginal Environmental Health Worker Program

Negotiations for the delivery of the Aboriginal Environmental Health Worker Program were finalised with the new local government shires.

Operational Environmental Health staff were active in the following projects

23rd Australian Total Diet Survey

Staff assisted with the 23rd Australian Total Diet Survey. The focus of this year's survey was agricultural and veterinary chemical residues, metals, mycotoxins and fluoride.

Waste Management

- Environmental Health East Arnhem provided substantial public health input to the design of the Angurugu sewerage upgrade project.
- Land Capability Assessments were made for residential subdivisions.
- Staff participated in Green Plumbers Training in Alice Springs regarding greywater reuse systems.

Health Promotion

- Healthy School Aged Kids Projects were run at the Central Australian communities of Engawala, Papunya and Yuendumu.
- Germ Theory promotion was carried out in Central Australian remote schools.
- A Kids Environmental Health Study was conducted in Central Australia.
- Staff supported a Life Skills Project across the Anmatjere Region in Central Australia.
- Food handler training sessions for food industry workers, including market stall holders and child care workers, were held monthly in Darwin.
- 'Gerry the Germ' handwashing training aid has proved very popular at Darwin schools and at community events.

"Gerry
the Germ
campaign"

Poisons Control Activities

Drug Monitoring

As shown in Figure 19, Poisons Control monitored 24 089 prescriptions for Schedule 8 (S8) drugs to control prescription drug abuse. A total of 284 contracts were registered during the year as part of the notification system for S8 contracts. The contract system is voluntary for most prescribing of S8 medicines, but compulsory for persons being treated with the opiate pharmacotherapies methadone liquid and buprenorphine.

The S8 and Restricted S4 Substance Clinical Advisory Committee (CLAC), which advises the Chief Health Officer, met three times during the year.

The Drug Monitoring System (DMS) used to monitor S8 prescribing was upgraded this year providing improved reporting and the facility for a web front-end, which will be implemented in the coming year. This will allow more secure and efficient communication with medical practitioners and pharmacies for S8 information, and will better inform the Clinical Advisory Committee.

Legislative Amendments

Two major changes to poisons legislation occurred in April 2008.

On April 1 the recording of details of retail supplies of Schedule 3 pseudoephedrine containing medicines by community pharmacists became mandatory. This includes the requirement to provide identification by people wishing to purchase these products and the recording of these details on the real-time Project STOP application, which is used to track 'pseudo-runners'.

Edition 2 of the S8 Guidelines was gazetted on 30 April. The major change in legal requirements was the extension of validity of psychostimulant prescriptions (dexamphetamine and methylphenidate) to six months. All other S8 prescriptions remain valid for only two months.

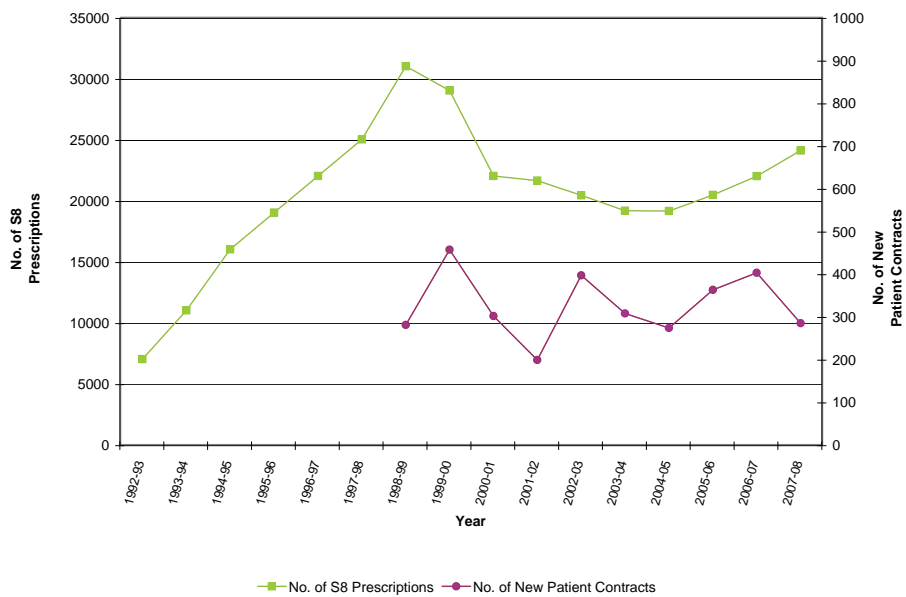
Annual Report of Poisons and Dangerous Drugs Act (PaDDA) Review

A consultation paper was developed and a series of public forums was planned and advertised throughout the NT. Invitations to participate in the consultation were sent to industry, health professionals, health professional organisations and veterinarians. Consultation was completed in February 2008. A response rate of 67% was achieved, indicating the high level of interest amongst stakeholders.

From the data collected, issues have been identified across the legislation. A range of recommendations has been included in the report compiled from the data.

67%
response
rate

Figure 19: NT Schedule 8 Drug prescription and patient contracts -1992-93 to 2007-08



Radiation Protection

Radiation protection in the Northern Territory will align with the national framework for radiation protection with the anticipated commencement of the *Radiation Protection Act* in 2009. The delay in introduction results from the time taken to proceed in accordance with the legislation review process, which includes the drafting of a detailed Competition Impact Analysis and Radiation Protection regulations, which will provide a framework for the licensing and registration of ionising radiation and be nationally consistent.

“introduce a new authority”

The *Radiation Protection Act* will introduce a new authority to provide for suitable people to carry out work on a radiation source, which may include installation, testing, repairing, servicing and decommissioning the source. A certificate of accreditation will be issued to suitable people upon application. Subject to conditions, these people may issue a certificate of compliance that certifies the safety of the radiation source.

Disease Control Services

Phone: (08) 8922 8044
Fax: (08) 8922 8310

Disease control services include disease prevention and early intervention, immunisation, disease surveillance, monitoring and response, medical management, screening services, contact tracing for mycobacterial diseases and for HIV/AIDS and sexually transmitted diseases, and environmental management for mosquito-borne diseases.

Performance measure	2006-07	2007-08	2007-08	2008-09
	Actual	Estimate	Actual	Estimate
Quantity				
Mosquito Traps analysed	2 353	2 357	2 375	2 622
Hectares treated by Mosquito Control Program ¹	1 062	1 300	1 205	1 240
Notifications of:				
- Sexually transmitted infections ²	6 157	5 200	6 095	5 200
- HIV ³	11	5	6	5
- Hepatitis C ⁴	241	240	224	240
Occasions of Service at Clinic 34 in Darwin and Alice Springs ⁵	7 713	7 600	8 043	8 360
Public health screens performed on illegal fishers	745	900	886	900
Children Fully Immunised:				
- At Age 12 Months	91%	91%	91%	91%
- At Age 2 Years	93%	93%	93%	93%
People completing treatment for Tuberculosis	81%	95%	95%	95%
Male clients with symptoms of gonorrhoea/ chlamydia treated on presentation at Clinic 34 in Darwin	100%	100%	100%	100%
Timeliness				
Public health response instigated within guidelines and specified timeframe	100%	100%	100%	100%
Mosquito larval control operations in Darwin urban area within guidelines and specified timeframe of triggers (tides, rain, mosquito numbers)	100%	100%	100%	100%

¹ The number of hectares treated was below estimate because of lower actual high tides in the first quarter and late onset of wet season rains in the second quarter.

² The higher 2007-08 actual figure compared to the estimate is mainly in chlamydia and trichomoniasis notifications. The increase in trichomoniasis was believed to be primarily due to increase testing and the introduction of a more sensitive nucleic acid test for diagnosis. The increase in genital chlamydia was likely to be due to a true increase in incidence, which is consistent with a persisting trend increase noted in the last few years and also the national trend. Figures for 2006-07 have changed slightly with the addition of late notifications. Upward trends in notifications were received late due to delay in notifications by laboratory, resulting in lower estimates for 2007-08 and 2008-09.

³ HIV notifications have increased slightly. Given the very small number of cases, fluctuations are highly unpredictable.

⁴ Figures for 2006-07 have changed slightly with the addition of late notifications. The decrease in Hepatitis C notifications in 2007-08 is largely unexplained. It is possible that prevention programs are having an impact, but it is not possible to verify this hypothesis as the majority of notifications for this disease come from GPs.

⁵ The increase in 2007-08 actuals is due in part to Clinic 34 in Alice Springs resolving recruitment difficulties, and the new Specialist Clinician in Darwin and recent campaigns. However, CDC is analysing an overall and consistent increase in numbers attending Clinic 34 Darwin.

Output	2006-07 Actual	2007-08 Budget	2007-08	2007-08 Actual
			Final Estimate	
Output cost (\$000)	19 744	16 838	24 767	25 027

See note on page 53.

Community Physician and Injury Prevention

The Palmerston Safe Community program was formally accredited as a World Health Organisation Safe Community. Its Alcohol Reference Group has developed an Alcohol Management Plan, which has been endorsed by the interdepartmental Community Safety Working Group. A range of activities is underway including a Good Sports program and planning for a dry town program. The Centre for Disease Control (CDC) Safety and Injury Unit continues to provide public health and logistic support across the range of Safe Community activities.

The Community Physician is a member of the Road Safety Coordination Group. He has assisted in the implementation of Blood Alcohol testing across a broader range of health settings and the introduction of drug testing of drivers. A project has begun, with the support of the Health Gains Unit, to link hospitalisation and road crash databases with the aim of gaining a more complete picture of road crash injury and how it relates to crash types.

The Community Physician is working with Alcohol and Other Drugs, the Department of Justice and NT Police in the revision of the *Liquor Act*. A joint project between DHF and the Division of Licensing and Regulation is underway in Nguiu to survey community attitudes towards education programs about alcohol-related harm and the alcohol licence conditions of the local club.

Falls prevention forums were held in Darwin and Alice Springs involving a broad range of government and non-government agencies concerned with falls management and prevention. An NT falls network will be established to raise the profile of falls as a public health issue, improve coordination between agencies, improve service delivery and develop new initiatives.

Rheumatic Heart Disease

The Rheumatic Heart Disease Program identifies, monitors (including a recall program) and treats clients with Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) throughout the Northern Territory.

“Palmerston
Safe
Community
program”

Community Paediatrician

In 2007-2008, the Community Paediatrician continued to provide specialist care to children referred by remote area primary health care staff. The Community Paediatrician provides leadership for programs run by the Maternal, Child and Youth Health program, the Rheumatic Heart Disease Prevention program, the Trachoma Control Program, Kidsafe and the Head Lice Prevention program.

Forty one Top End communities received one to three monthly visits depending on their population.

Immunisation

As shown in Figures 20 - 22, the NT continues to have high coverage rates for childhood immunisations that are similar to, or higher than, national rates.

Human Papilloma Virus (HPV) vaccine was introduced into the NT schedule in April 2007 and has been progressively rolled out. The ongoing program will vaccinate girls aged 12 years at school. The two year catch up program will finish in June 2009. The program involves a course of three injections and has been delivered at schools, remote communities and by general practitioners. The program will help protect NT women from common types of HPV virus, which cause approximately 70% of cervical cancer.

“HPV vaccine rollout”

Figure 20: Percentage of Children Aged 12 - <15 Months Fully Immunised, June 2002 to June 2008.

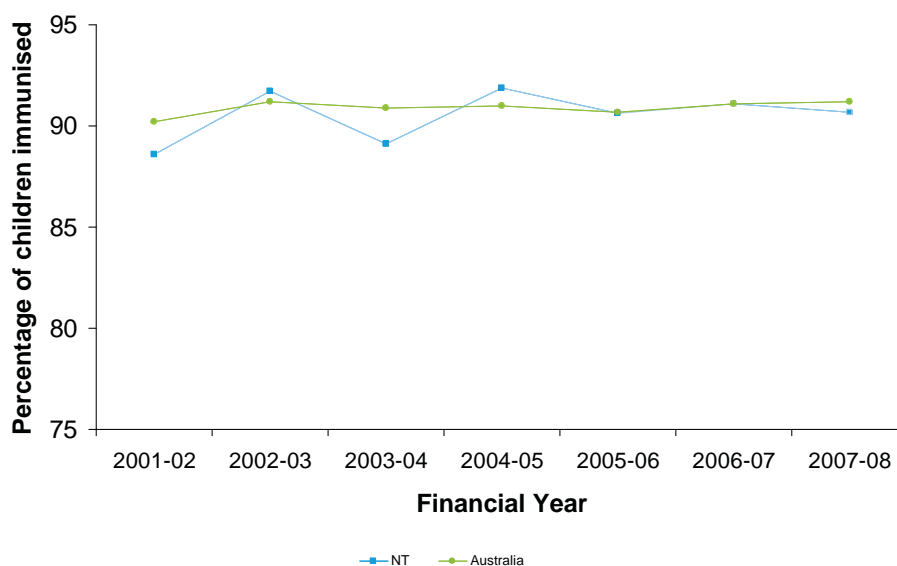


Figure 21: Percentage of Children Aged 24 - <27 Months Fully Immunised, June 2002 to June 2008.

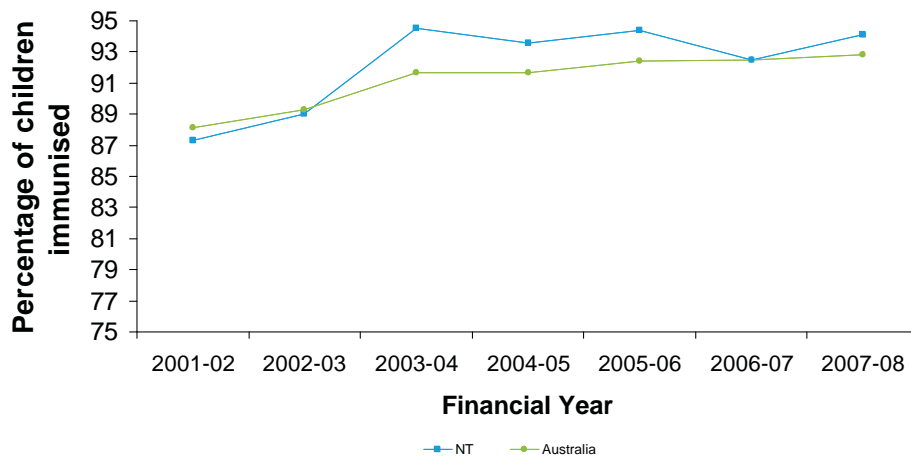
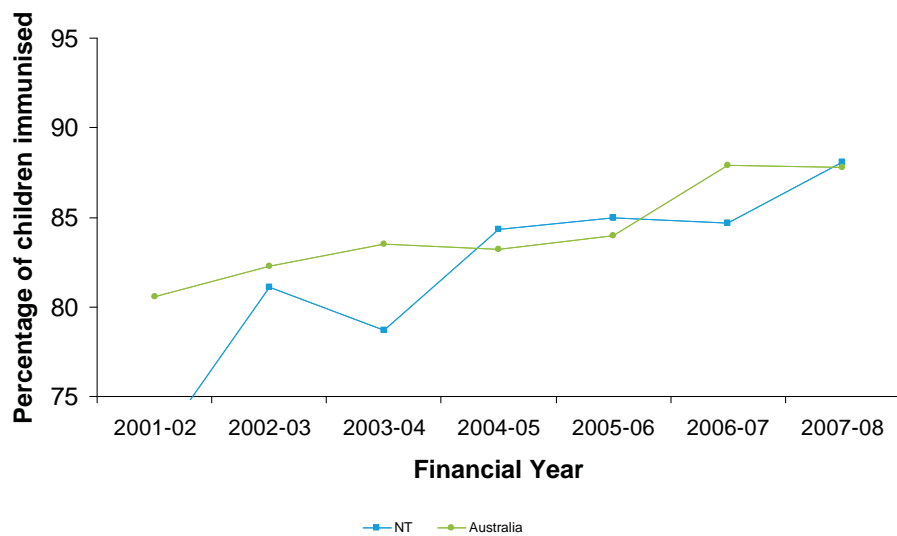


Figure 22: Percentage of Children Aged 72 - <75 Months Fully Immunised, June 2002 to June 2008



Medical Entomology

The DHF exotic *Aedes aegypti* dengue mosquito eradication program on Groote Eylandt was officially declared a success on 8 May 2008. This is only the second time a planned eradication program for the dengue mosquito has been achieved in Australia. This confirms the NT as one of the very few regions in the tropical world able to be maintained free of dengue mosquitoes.

The Medical Entomology Branch (MEB) sprayed 1206 hectares by helicopter at Leanyer, Holmes Jungle, Mickett and Shoal Bay swamps. This helped achieve an overall decrease in average mosquito numbers trapped per week in the eleven continuous CO² traps in Darwin from 197.36 last year to 145.92 this year. As shown in Figure 23, this is the third year in a row showing a decrease in mosquito numbers.

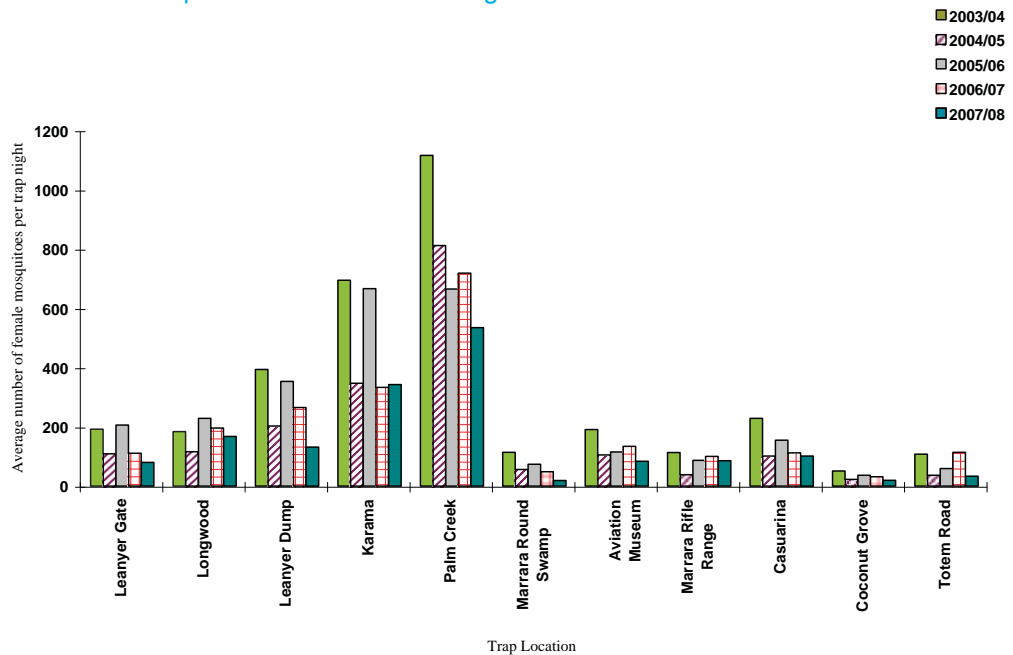
MEB completed the second year of a joint three-year Australian Research Council Linkage Project. The project also involves the Menzies School of Health Research, Charles Darwin University, Department of Defence, Bureau of Meteorology, and the Department of Planning and Infrastructure. The Mosquito-borne Disease Project is an analysis of long-term trends in mosquito populations, mosquito borne disease and environmental parameters, aimed at determining better methods to reduce mosquito borne disease. Several significant scientific papers have already been published, with more underway.

At the end of July 2008 the department will have completed the second year of a three-year AusAID funded project to assist the Timor Leste Ministry of Health (MoH) to develop and implement vector control programs. The project made progress in the areas of:

- equipment and insecticides purchase and use
- training of Ministry of Health staff and volunteers in vector identification, surveillance and control both in theory and in the field
- pilot control programs in Dili and Baucau helping prevent any dengue outbreak
- preparation of dengue outbreak control and dengue vector control program manuals.

“dengue mosquito eradicated on Groote Eylandt”

Figure 23: Total Number of Female *Aedes vigilax* Caught Using CO2 Baited Traps at 11 Darwin Monitoring Sites – 2003-04 to 2007-08



Sexual Health and Blood Borne Viruses

“strong partnership in Central Australia”

The work of the Sexual Health and Blood-Borne Virus Unit continues to be guided by the NT Sexual Health Advisory Group. This group, which has now been established for almost two years, is made up of representatives of key government and non-government organisations delivering sexual health and related services across the Northern Territory. Chaired by the Executive Director, Health Services, the group meets face to face every six months as well as via teleconference. The Sexual Health Advisory Group is responsible for providing policy advice, guidance and support for activities within an agreed three-year framework which commenced in October 2006 and supports strategic direction for sexual health programs in both the government and non-government sectors.

There have been some major achievements in sexual health and blood borne virus programs in this financial year as part of a three year framework which commenced in October 2006. The roll out of grants to non-government organisations to support the implementation of comprehensive sexual health programs in the primary health care sector is underway. Funds have been provided to the Central Australian Aboriginal Congress to support a sexual health program to be delivered in Alice Springs. This program is now well established and has resulted in a strong partnership with the local Clinic 34 and Sexual Health Unit team, the outcome being joint participation in the annual Central Australian STI/HIV screen. Funds have also been provided to support the implementation of a broad program across the three non-government organisations in the Katherine region. Two Sexual Health Coordinators will support programs across the Katherine West, Wurli Wurlijang and Sunrise Health Services.

The program now has a major commitment to research aimed at developing a body of knowledge to support service delivery that is appropriate to the population of the Northern Territory. In 2007 a project officer was engaged to undertake research into the issues for young people accessing sexual health services in the region. The resulting report *Youth Access to Sexual and Reproductive Health Services in the NT - a Needs Analysis* was widely supported and has led to the appointment of a Youth Health Policy Officer to work with the program to improve access to services for young people, particularly in urban areas. Work has also commenced on developing a plan to facilitate significant behavioural research activity in remote communities across the Territory. If successful, this research will provide valuable information to enable all sexual health service providers to design and deliver programs that are evidence based and locally relevant.

“major
commitment
to research”

The Sexual Health and Blood Borne Virus Unit has been strengthened and reorientated with the appointment of a Sexual Health Specialist Physician to provide clinical services within Clinic 34 Darwin as well as specialist public health advice and support on a Territory wide basis. Additional nursing and Aboriginal health and liaison positions have been established in Darwin, Alice Springs and Tennant Creek.

Health Promotion capacity within the program has been strengthened with the appointment of a Health Promotion Officer with responsibility for supporting activities across the Territory and with the establishment of an NT Health Promotion Advisory Group. The group is currently working on a major campaign focused on sexually transmitted infections, in particular chlamydia infections, to be delivered in the 2008-09 financial year. Called Safe Sex No Regrets, the campaign aims to reduce infection and encourage responsible behaviour in young people.

“working
on major
campaign”

A review of the Central Australian Tri-State project in June - August 2007 has resulted in a commitment to a new approach to support activities across the Central Australian region. A Centre for Sexual Health is to be established in Alice Springs to provide leadership, coordination and technical support in STI/HIV control including surveillance and research. The centre will be a joint funding initiative of the Australian Government, Office of Aboriginal and Torres Strait Islander Health, as well as the Northern Territory, Western Australia and South Australia.

Sexual Health and Blood Borne virus program activities will continue to be strengthened according to the three-year framework. A review of progress to date indicates implementation is on track and aims identified under the three-year framework are being achieved.

Figure 24: HIV Cases in NT Residents by gender – 2001 to 2007

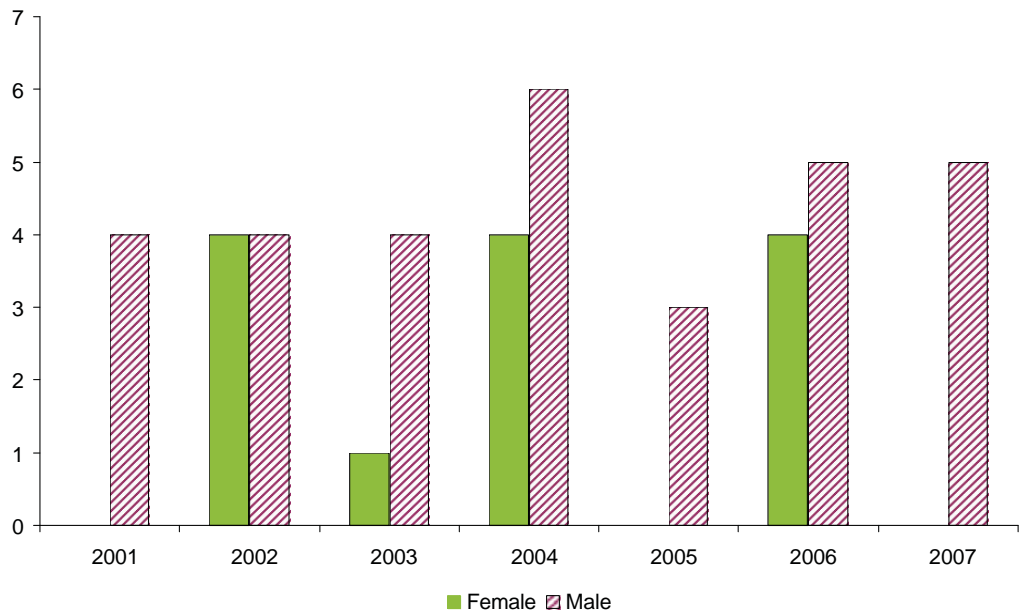
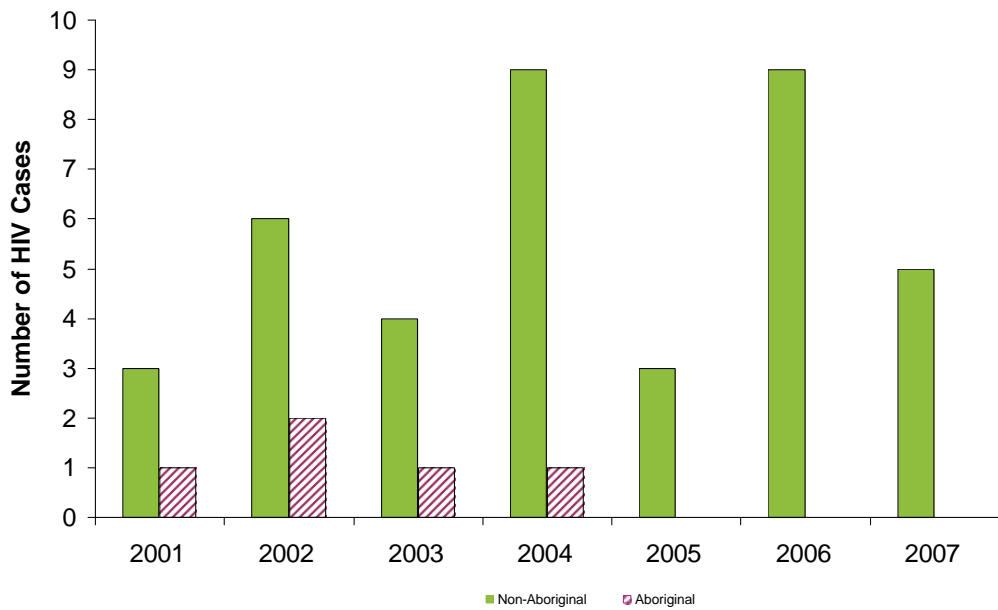
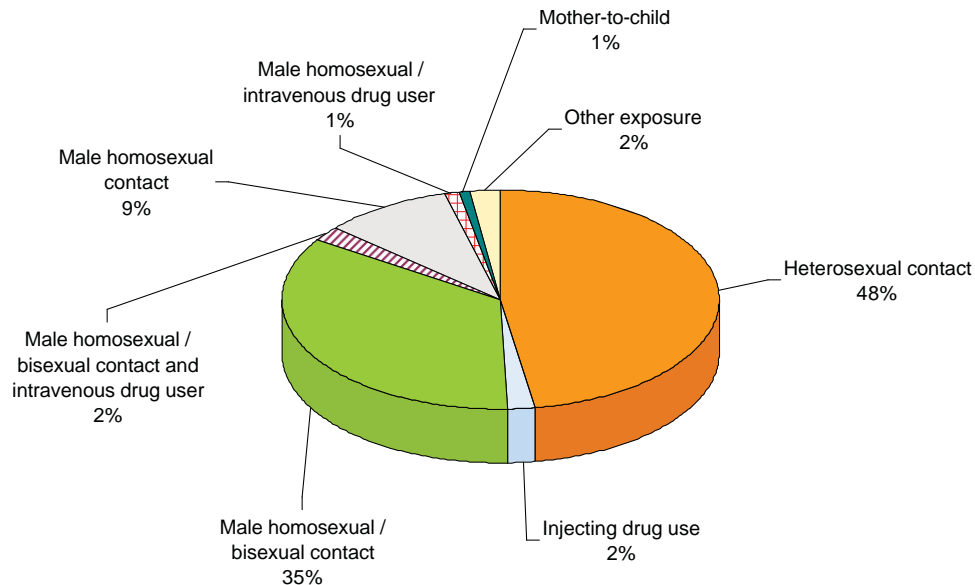


Figure 25: HIV Cases in NT Residents by Aboriginal status – 2001 to 2007



The NT continues to record new notifications of HIV every year, although the actual number has remained low at less than 10 cases per year generally (see Figures 24 and 25) and there have been very few notifications of Aboriginal cases over the years. In contrast to the national trend in recent years where over 70% of cases contracted were due to male homosexual contact, the reported exposure category in NT is almost equally heterosexual at 48% (see Figure 26)

Figure 26: HIV Cases in NT Residents by exposure category – 2001 to 2007



Surveillance

In 2007, there were 9 645 notifications to the NT Notifiable Diseases System, which represented a 5.3% increase from 2006 (see Table 11). The increase was mainly in trichomoniasis, influenza, salmonellosis and chlamydia. There were decreases in rotavirus and gonococcal infections.

The Surveillance Section implemented the Emergency Department Syndromic Surveillance System in 2007, to monitor the onset and extent of the annual influenza season. The system will soon be expanded to include detection of outbreaks of intestinal diseases and there are plans to include other urgently notifiable conditions. Evaluation is yet to be done.

The section also continued its involvement in the national network of food borne disease epidemiologists, OzFoodNet. This included completing a case-control study to investigate the high rates of gastroenteritis caused by environmental serovars of salmonella in urban Darwin in children under 5 years of age. The results will be published early in 2009.

Tuberculosis and Leprosy

CDC has Tuberculosis Units in all major Northern Territory centres. This is a service that strives to promote early detection of active Tuberculosis (TB) followed by curative treatment through education and provision and promotion of evidence-based guidelines. Timely contact tracing and screening of at risk groups are key activities. Additionally, appropriate identification of those with latent TB infection for preventative treatment is a priority. These activities require extensive cooperation between public health authorities and clinical medicine practitioners.

5.3%
increase in
notifications

There were 55 cases of TB notified in 2007 which was a significant increase over the five year mean. The increase is largely attributed to the increased number of illegal fisherpersons diagnosed with TB who represented 24% of all notified cases.

Leprosy, while uncommon, is still diagnosed in the Northern Territory and CDC units promote awareness of clinical leprosy and provide evidence based, up to date, leprosy control guidelines.

Refugee Health and Unauthorised Fisherpersons

2007-08 saw an increase in TB screening of unauthorised persons brought in from foreign fishing vessels by the Customs Service and the Navy. This population continues to have high rates of active TB.

The refugee screening service, started in January 2006, has continued in 2007- 08. The Northern Territory accepts 200 refugees per year, who are settled in Darwin as part of the Australian Government Humanitarian Settlement Strategy. Recent arrivals have come from sub-Saharan Africa and Burma, where they have lived in refugee camps for some time with minimal access to health care. Refugees arrive with a variety of complex acute and chronic conditions that require initial screening and comprehensive ongoing primary health care.

The weekly refugee screening clinic screens for conditions associated with the life of a refugee and treats where appropriate. Conditions screened for include malaria, schistosomiasis and hepatitis. The thorough medical assessment also aims to identify and refer other chronic medical and dental conditions that need further specialist investigation. The clinic is using existing CDC resources. In 2008-09 a specific Refugee Health Service will be established external to CDC (Health Services Division) to provide a more comprehensive and sustainable service. The department is working with the General Practice Network Northern Territory (GPNNT) and a General Practice to deliver the primary health service for refugees during their initial 12 months resettlement period.

“refugee
health
service to be
established”

Table 11: Northern Territory notifiable diseases 2002 to 2007 (Total number of cases in a Calendar Year)

Vaccine Preventable Diseases	2002	2003	2004	2005	2006	2007
Diphtheria	0	0	0	0	0	0
Haemophilus influenzae Type B (Invasive)	3	2	3	1	2	2
Influenza ¹	53	151	39	61	40	183
Measles	0	1	3	0	0	0
Mumps ²	1	0	0	7	7	58
Pertussis	37	5	27	92	96	26
Pneumococcal Disease (Invasive)	65	72	93	71	56	66
Rubella	1	0	0	0	0	0
Vector Borne Diseases	2002	2003	2004	2005	2006	2007
Barmah Forest Virus Infection	23	14	22	51	130	91
Dengue Virus Infection	32	20	19	14	21	15
Kunjin Virus Infection	0	0	0	0	0	0
Malaria	24	40	41	47	67	29
Murray Valley Encephalitis	0	0	1	1	0	0
Ross River Virus Infection	63	120	233	209	277	299
Typhus (all forms)	0	2	0	1	0	2
Blood Borne Diseases	2002	2003	2004	2005	2006	2007
Hepatitis B: newly acquired	12	14	8	5	11	8
Hepatitis B: unspecified	0	0	3	192	181	228
Hepatitis C: newly acquired	0	0	0	3	3	4
Hepatitis C: unspecified	198	208	246	253	266	222
HTLV1: asymptomatic/unspecified	21	40	44	71	114	106
Sexually Transmitted Diseases	2002	2003	2004	2005	2006	2007
Chlamydial Infection ³	1 443	1 601	1 616	1 627	2 056	2 177
Gonococcal Infection	1 514	1 393	1 574	1 806	1 773	1 594
Human Immunodeficiency Virus	9	6	10	4	13	7
Syphilis - congenital	13	8	5	3	6	2
Syphilis	403	318	281	229	270	283
Trichomoniasis ⁴	683	565	560	830	1424	1955
Enteric Diseases	2002	2003	2004	2005	2006	2007
Campylobacteriosis	208	268	214	248	263	289
Cryptosporidiosis	217	94	111	82	71	111
Hepatitis A	47	41	14	66	30	5
Rotavirus Infection	422	238	407	256	605	291
Salmonellosis ⁵ (including paratyphoid)	330	360	387	393	404	525
Shigellosis	103	131	116	196	125	173
Other	2002	2003	2004	2005	2006	2007
Acute post-Streptococcal Glomerulonephritis	6	4	17	102	12	22
Adverse Vaccine Reaction	25	32	35	28	45	48
Legionellosis	1	3	2	3	3	3
Leprosy	2	0	1	3	1	0
Leptospirosis	3	4	2	5	2	1
Melioidosis	22	27	20	35	27	34
Meningococcal Infection	9	11	12	11	6	6
Q Fever	1	1	3	3	5	2
Rheumatic Fever	90	78	64	44	45	78
Tuberculosis ⁶	38	29	29	27	35	55

¹ **(Influenza)** In 2007 there were 2.7 times the expected number of laboratory cases compared with the 5 year mean. A full analysis of the season's epidemic is given in the December 2007 Northern Territory Disease Control Bulletin.

² **(Mumps)** In 2007 there were 58 cases of mumps notified which is 20 times more than the 5 year mean. The increase in mumps cases has been noticed nationally and internationally and is being further investigated. It is likely that waning population immunity has contributed to the increase in addition to incomplete vaccine coverage.

³ **(Chlamydia Infection)** Chlamydia increase is a true increase across the NT particularly in young people. A major campaign will be implemented over the next 12 months aimed at addressing these high rates.

⁴ **(Trichomonas)** The trichomonas increase is considered to be a reflection of a combination of more testing and a new more sensitive test.

⁵ **(Salmonellosis)** There were 525 cases of Salmonellosis in 2007, this is 1.4 times the expected number of laboratory cases compared with the 5 year mean. An outbreak of Salmonella Oslo in the first half of 2007 accounted for a proportion of these Salmonellosis cases (46 cases). Most other Salmonellosis cases were sporadic in nature or occurred in small clusters which were investigated. An increase in the number of salmonellosis cases were also noticed nationally.

⁶ **(Tuberculosis)** The 55 cases of TB notified in 2007, represent an increase of 1.5 times from the 5 year mean. This observed increase was largely attributed to the increased numbers of illegal fisherpersons diagnosed with TB who represented 24% of all notified cases.

All other variations are within anticipated ranges.

Well Women's Cancer Screening Program

Phone: (08) 8922 6445
Fax: (08) 8922 6440

Well Women's Cancer Screening incorporates two national programs both of which aim to detect cancers at an early stage to prevent mortality and morbidity:

BreastScreen NT is a free breast x-ray screening program targeted at women with no breast symptoms aged 50 to 69. Clinics are provided in Alice Springs, Katherine, Tennant Creek, Darwin, Palmerston and Nhulunbuy.

Key achievements

- The Darwin assessment service received a new ultra sound machine to assist in higher quality imaging for the diagnosis of small cancers.
- Promotional material to attract women to screening was modernised.
- A pilot project to get information to women about screening benefits via Darwin pharmacies was undertaken.
- A further two year cross jurisdictional agreement was renegotiated with BreastScreen WA for radiologist services.
- Of the total number of women screened in the 2007 calendar year, 269 were recalled for assessment of a screen detected abnormality. A total of 56 were diagnosed with cancer (invasive and Ductal Carcinoma in situ).

- In the financial year 2007-08, 4 537 women were screened and 81% (3 699) women were in the target age group.
- Of all women screened, 62% live in outer regional, 24% in remote and 14% in very remote areas.

The **NT Cervical Screening Program** encourages women between the ages of 20 and 69 who have been sexually active to have a pap smear every two years. The NT Pap Smear Register is a backup reminder system, sending women and their doctors a letter if they are overdue for their next pap smear. Unless they choose not to be, women are automatically placed on the register when they have a pap smear. The program also funds a network of women's health educators across the NT.

Key achievements

- Implemented and commenced using the new pap smear register.
- Modernised promotional material with a new look to encourage women to be screened.
- Conducted educational sessions with general practitioners, remote women's health educators and women's health nurses on the new National Health and Medical Research Council guidelines and correct use of HPV DNA testing.
- Commenced design work on new reports for national monitoring of the program and safety monitoring of the new guidelines.
- The number of women screened as recorded on the register was 19 494.
- The number of pap smears recorded on the register was 21 309.

81%

in target
age group

“work
on new
reports”

Health Services Division

Output Group: Health Research

Health Research spans population health, the burden of disease, non-communicable and communicable diseases, social and environmental determinants of health, health systems and information systems. Research is undertaken by the department and external organisations such as the Menzies School of Health Research, the Cooperative Research Centre for Aboriginal Health and the School for Social and Policy Research at Charles Darwin University. All have multidisciplinary research programs.

Outcome

Improved health of people of northern and central Australia and regions to the near north through multidisciplinary research and education.

Health Research

Phone: (08) 8999 2063
Fax: (08) 8999 2412

Performance measure	2006-07 Actual	2007-08 Estimate	2007-08 Actual	2008-09 Estimate
Quantity				
Number of grants provided ¹	3	4	5	3
Timeliness				
Grant payments made within stipulated timeframe	100%	100%	100%	100%

Grants include payments to the Cooperative Research Centre for Aboriginal Health, Father Frank Flynn Fellowship and the Menzies School of Health Research. The estimate for 2007-08 includes a one-off capital grant to Menzies School of Health Research to extend facilities at Royal Darwin Hospital, with construction expected to commence in 2008-09. This also includes extra funds provided by Family and Children's Services.

Output	2006-07 Actual	2007-08 Budget	2007-08 Revised Budget	2007-08 Actual
Output cost (\$'000)	4 801	4 964	12 649	12 575

See note on page 53.

Health research funding is used to make three grants to the Menzies School of Health Research, Father Flynn Fellowship and Cooperative Research Centre for Aboriginal Health. Details are given below.

Menzies School of Health Research

The Menzies School of Health Research (MSHR) is the only Australian health and medical research institute with a primary focus on the health of Aboriginal communities and people living in tropical and remote areas. Its research falls into six major interdisciplinary research divisions:

- Child Health
- Healing and Resilience
- International Health
- Tropical and Emerging Infectious Diseases
- Preventable Chronic Diseases
- Services, Systems and Society.

The Department of Health and Families provides substantial core funding support to MSHR as well as being an important collaborator on research projects and in the education program.

Father Frank Flynn Fellowship

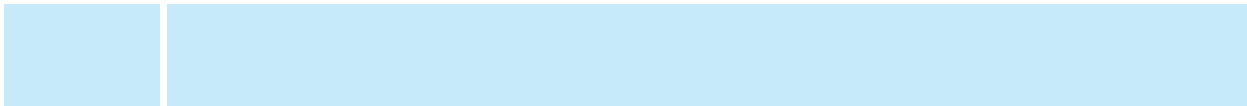
Father Frank Flynn Fellowship, funded by the Department of Health and Families, honours a great ophthalmologist, missionary and medical researcher. This year the fellowship went to Professor Anne Chang.

Cooperative Research Centre for Aboriginal Health

The Cooperative Research Centre (CRC) for Aboriginal Health was established in 2003. It is a virtual organisation that brings together the Aboriginal health sector, government health agencies and research institutions to ensure that research conducted into Aboriginal health:

- is driven by priorities set by Aboriginal people themselves
- is of practical use and transferred expeditiously in an accessible form to the Aboriginal health sector
- results in the development of research capacity within the Aboriginal community itself.

Human Resources



Overview

It has been a particularly busy year for the department in terms of human resource (HR) activities and functions across all levels and areas due to a number of factors.

There has been considerable work arising from the Australian Government Intervention (AGI) and more lately from the *Helping Hands* initiative being run by the department as the follow on from the AGI. This has seen an Australia wide recruitment campaign and significantly increased activity related to recruitment of health professionals and service delivery support staff.

In conjunction with this, there has also been significant activity around the *Closing the Gap* initiatives, particularly in regard to developing and implementing workforce reform initiatives within the Family and Children's Services workforce.

The objective has been to increase recruitment and retention, particularly of senior experienced staff (with capacity to supervise and develop staff) and to develop a set of capabilities for both professional staff and staff working in the child protection and family services areas.

The department has developed a Leadership and Management Framework which supports and develops managers across the broad spectrum of leadership, human resources and financial management with a specific emphasis on the needs of individual staff. These initiatives will also

complement other advanced training courses offered across the Northern Territory Public Sector by the Office of the Commissioner for Public Employment, such as the Public Sector Management Program.

The work on developing the Building Our Leaders First Line Leadership and Leading the Way Leadership/ Management Development Programs, targeting emerging, new and middle managers, has been completed. In August 2008 the first two programs will commence with 50 places and will run over 18 months. This is a significant new initiative that builds upon and complements the Essentials for Managing People and Procurement, Finance, and general HR training courses developed and delivered throughout the year.

An overarching Leadership and Management Strategy, which includes Clinical Leadership, will be developed for the department in the coming year and will focus on enhancing a strong and embedded organisational learning culture.

During the year, a decision was made to review and evaluate the progress made by the department in addressing its HR capacity and capability, following on from an earlier review in 2005. This was seen as an ideal way of checking progress and positioning the department to further refine its HR capacity and capability and

continue to build on recent initiatives. This review was completed in June 2008 and the outcomes and recommendations are currently being considered by the Strategic Workforce Planning Committee and Audit Committee. The most pleasing aspect of the review report by way of an interim comment is the strong endorsement of progress that has been made to date and the framework it will provide for future work.

Industrial relations remains a key focus area and the department continues to enjoy positive and effective working relations with all unions. There has been significant work undertaken during the year: preparing for and participating in negotiations for the new Nurses' Enterprise Bargaining Agreement (EBA) and the new Dental EBAs and implementing the Medical Officers' EBA and the NT Public Sector Certified Agreement, both being finalised earlier in the year and required significant work to address key aspects of the finalised agreements. This work is ongoing. The success of the unit continues to be reflected in the low level of disputation and the resolution of most matters at a local level.

The department's performance management system, the Work Partnership Plan (WPP), was extensively reviewed and evaluated during the year and resulted in a number of significant changes to clarify the process and to refine the documentation, so that it is easier to use and is more directly aligned to departmental needs. The review process addressed

issues specifically raised by employees and managers and the Executive Leadership Group. The revised WPPs will be launched on 1 July 2008 and include a comprehensive users guide in a question and answer format. The launch will be supported by information sessions and delivered in all regional centres. An accountability framework has been developed and will see specific strategies implemented to evaluate the uptake of the revised WPP.

In response to the emerging and significant workforce challenges, particularly around recruitment and retention, a draft Strategic Workforce Plan for the period 2008-2010 has been prepared under the auspices of the Strategic Workforce Committee. It is anticipated the plan will be launched in the first half of the new financial year and will form the basis for a number of critical initiatives aimed at ensuring the department builds and strengthens a capable and sustainable workforce able to meet the challenges of the future and provide services to Territorians. International and national health workforce shortages will require innovative, flexible and evidence based strategies and solutions if the department is to attract and retain qualified and experienced staff.

Under the auspices of the Occupational Health and Safety (OH&S) Steering Committee and the department's OH&S Framework, work continued to establish OH&S Workplace

Committees throughout the department. There are now 14 Workplace and two Program Committees (with OH&S as a standing agenda item), with reporting mechanisms to the OH&S Steering Committee. Work has also commenced to facilitate the planned introduction of the *Workplace Health and Safety Act 2007* and regulations which will see the introduction of Health and Safety Representatives. Significantly, during the year a decision was made to transfer three OH&S Advisor positions from the Department of Corporate and Information Services (DCIS) to the department, reflecting the new legislative and regulatory emphasis on departmental responsibility and accountability for OH&S in the workplace. The transfers will take place in early July 2008.

During the year, a staff survey was conducted across the department for the first time. The outcomes were referred to the Executive Leadership Group and resulted in a comprehensive action plan to address key outcomes. Staff surveys will be conducted yearly and outcomes will be addressed by the Executive Leadership Group to ensure meaningful change and response.

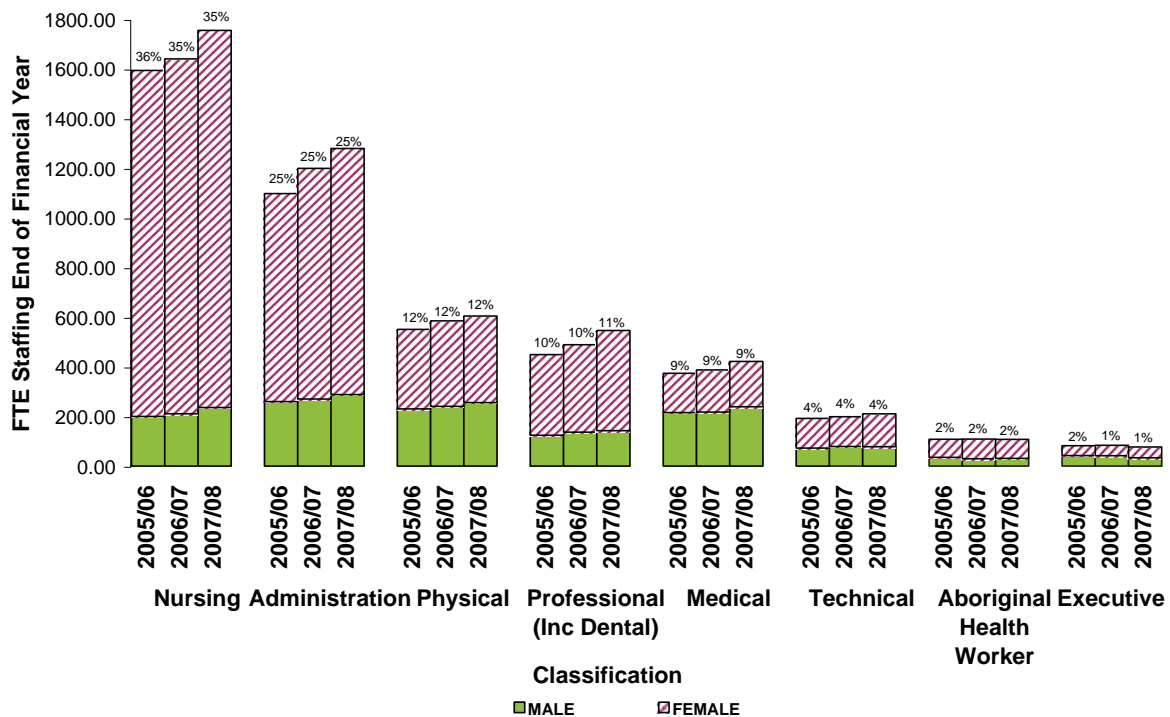
Human resource and workforce activities and initiatives undertaken and implemented during the year complied with the requirements of Section 18 of the *Public Sector Employment and Management Act*. Best practice people management, policies and

procedures were applied specifically in terms of addressing relevant Employment Instructions in relation to Performance Management, Management of Grievances, Equal Employment Opportunity, Occupational Health & Safety; and Code of Conduct.

Employee Profile

The following graph shows full time equivalent (FTE) and proportion of staff by category and gender. Growth in staff numbers in nursing of 7%, medical 9% and professional 12% reflects recruitment and retention efforts in service delivery areas. These occupational groups as a proportion of total staff have remained consistent for some years. At the end of 2007-08, the department had a total of 5 022.90 FTE.

Figure 27: Full Time Equivalent Staffing Trends including percentage of total – 2005-06 to 2007-08



Note: The figures reported last year included Medical Officers on Executive contracts as “Executive”; the above figures report Medical Officers on Executive contracts in “Medical”.

2007 Staff Survey

The inaugural DHCS Staff Survey conducted in October 2007 resulted in a 35% response rate from agency staff. An overall satisfaction rating of 66% was determined from respondents with three key areas of improvement being identified as:

- improvement of the Work Partnership Planning process
- improvement of communication in the workplace
- building on departmental training programs.

Some key strategies responding to the findings from the survey and implemented within the financial year include:

- a new recruitment branding program
- the Medical Education and Training Summit held in April 2008
- enhanced training to improve selection and recruitment practices
- supervisory and management training package
- a review of the departmental grievance processes
- development and implementation of the Aboriginal Development Program - Stepping Up.

Results from the 2007 survey provided baseline information. It is expected that both the response and satisfaction rates will increase each year following implementation of strategies designed to improve employment within the department. The next staff survey is planned for October 2008.

Equity and Diversity

Key equity and diversity strategies implemented in 2007-08 focus on increasing workforce participation in Equal Employment Opportunity (EEO) groups. These EEO groups represent employees from an Aboriginal and Torres Strait Islander, and Non-English speaking background, with declared disabilities and from the mature aged workforce. Specific strategies to support an equitable workforce during this reporting year included an EEO Census Day, Aboriginal Employment campaigns, Remote Workforce Development initiatives and support of the Willing and Able Project.

Diversity campaigns included continued support of diversity training through the Aboriginal Cultural Awareness Program (ACAP) and a focus on engaging women in leadership roles.

Equal Employment Opportunity Census Day 2007

A census week was carried out in late November 2007 to improve EEO data captured by the department. The Census week achieved an increase of 10% in captured EEO data, resulting in an overall response rate of 76% across the department. Following is a table identifying the areas of representation from the 3 major EEO groups post Census Day 2007.

76%
response
rate

Table 11: Aboriginal & Torres Strait Islander Figures based on EEO data

	2006-07	2007-08	Variance
Disability	6%	6%	0
Non-English Speaking Background	14%	14%	0
Aboriginal & Torres Strait Islander	7%	10%	3

The statistics above are based on the proportion of DHF employees who have volunteered their EEO status. The growth in the Aboriginal representation in the department's workforce is both a product of a positive response to EEO census week held in 2007 and the increased employment of Aboriginal staff members across the agency.

Willing and Able Project

The department continued to support the Office of the Commissioner for Public Employment Willing and Able Project scheme in 2007-08. During the reporting period, three participants were supported in roles mainly within the hospitals.

Services provided by Disability Works Australia as an entry level access point for people with disabilities, resulted in 10 referrals and two placements within the department in 2007-08.

Remote Workforce Development

In today's labour market, the ability to attract and retain staff is perhaps the greatest challenge. The department acknowledges that efforts on growing 'our own', retaining mature aged people and Aboriginal and Torres Strait Islander people are more equitably represented in the workforce are essential to achieving a sustainable workforce into the future.

Appropriate training and development in the remote context is also difficult to achieve in the Northern Territory due to its small population and geography. Given that 43% of the department's workforce is located outside Darwin, the capacity to offer equitable training and development opportunities is a continuing challenge.

Training achievements for remote based employees for the reporting year included:

- continued support of the Remote Area Nurse three-week intensive orientation Pathways to Remote Practice in Central Australia and Top End providing nurses with relevant and current clinical knowledge and skills
- Aboriginal Cultural Awareness Program (ACAP) training was provided in Gove with three sessions to 36 participants and in Tennant Creek, with three sessions to 20 participants

43%
workforce
located
outside
Darwin

- twenty five Top End Remote Health Centre managers being provided with the Essentials of Leading People Parts 1 & 2 designed to increase skills and knowledge levels in key management functions
- the Remote Team Management Program gives remote managers an awareness of their personality styles and how this applies in a culturally sensitive environment, twenty three participants attended this program
- a comprehensive Training Calendar was developed and implemented for Gove and Tennant Creek. Gove received 20 corporate training activities with 186 participants and Tennant Creek received 30 corporate activities with 109 participants
- two remote staff received General Studies Assistance Grants to the value of \$7 500
- three remote Indigenous staff received an Aboriginal and Torres Strait Islander Grant to the value of \$5 468
- fifteen remote workforce staff received an Office of the Commissioner Public Employment Scholarship for professional development activities to a total value of \$32 595.63
- the *Virtual Team Master-class* equips managers with the knowledge, skills and best practice to manage virtual and geographically dispersed teams. 32 managers completed the program.

Cultural Awareness

Of the department's workforce, 10% identifies as Aboriginal and Torres Strait Islander, yet they represent nearly 30% of the Northern Territory population and approximately 68% of the department's clientele. In an effort to ensure culturally appropriate service delivery to this significant client group, the department provides an Aboriginal Cultural Awareness Program to staff moving into areas where there is significant client interaction.

This program is aimed at providing staff with the skills, knowledge and attitudes to work effectively, in order to respond to the needs of Aboriginal and Torres Strait Islander clients and achieve improved health outcomes. A total of 517 people attended the program during the reporting period; this is an increase of 37 from 2006-07. Forty four tailored cultural awareness sessions were also developed for specific program areas.

Alongside our ongoing work in cultural awareness the department has developed and is implementing a new Cultural Security policy. This new policy will expand the capability of our staff to work effectively in cross cultural service settings. Implementation during 2007-08 included extensive research across the Territory to identify on a regional basis the critical issues in the space where Aboriginal culture and service provision intersect. Negotiations have already commenced at a regional level to sort through these issues and map

44

cultural
awareness
sessions

the changes in behaviours and structure that are necessary. In the coming year the department will be working with community partners to advance a number of cultural security reforms.

Women in Leadership

The nursing workgroup is disproportionately female, with the medical profession at the other end of the continuum, being the only workgroup in DHF with greater than 50% of the workforce being male. The relative proportion of males also increases with age. Historically women do not occupy management or executive roles in the same proportion as men and efforts to reduce this during the reporting period have included:

- the Essentials of Leading People and Managing Procurement Parts 1 & 2 are training programs offered to all employees; 552 women participated in the program compared to 113 men
- four women were supported to participate in the Office of the Commissioner for Public Employment's Discovery Women Program for women. It is a unique personal and professional development opportunity. The program is designed to help women develop greater confidence (including confidence in valuing their own backgrounds and cultures), learn leadership skills and build valuable support and business networks.

One woman was provided with support to undertake the Public Sector Management Program (PSMP) 2007-08. Three women have been approved to participate in the 2008-09 program. The PSMP is a tertiary level management and leadership education program with a focus on building practical skills.

Aboriginal and Torres Strait Islander Employment and Career Development

Various campaigns were conducted during the reporting year to improve Aboriginal and Torres Strait Islander employment across the department as follows:

- the department promoted apprenticeships and cadetships at the Alice Springs Croc-Fest and Tennant Creek Careers Expo
- ten people received an Aboriginal and Torres Strait Islander Studies Assistance Grant for professional development activities, the value of the grants totalled \$30 004.

2
cadets
completed
Bachelor
of Nursing

National Indigenous Cadetship Program

Five new cadets were recruited into the National Indigenous Cadetship Program (NICP) for 2007-08. During the reporting period, 13 cadets continued their studies in the areas of Nursing, Environmental Health, Pharmacy, Psychology, Social Work, Welfare Studies, Commerce, and Medicine.

Two cadets completed their Bachelor of Nursing and transferred into the department's Graduate Nursing Program at Royal Darwin Hospital. One cadet resigned during the reporting period.

Apprenticeship Program

Forty one apprentices were employed during the reporting period. Apprentices undertook qualifications in Business Administration, Health Services (Client/Patient Support Services), Community Services Work, Dental Technology, Dental Assisting and Multimedia.

Of the 41 apprentices employed in DHF during 2007-08, 28 were Aboriginal Health Worker Apprentices who undertook a Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). This certificate is an entry point to become a registered Aboriginal Health Worker in the Northern Territory.

Occupational Health and Safety

The introduction of the *Northern Territory Workplace Health and Safety Act 2007* (WHS Act) and the associated Occupational Health and Safety (OH&S) Regulations on 1 July 2008 will significantly change the way the Department conducts OH&S business. This will include the establishment of work groups and the introduction of Health and Safety Representatives (HSR).

To strengthen the department's OH&S capacity, there has been a transfer of OH&S positions and functions from the Department of Corporate and Information Services (DCIS) to the Department of Health and Families. The functions relating to incident recording and reporting, and the management of workers' compensation claims remain with DCIS.

During the reporting period 14 Workplace OH&S Committees were established, covering regional areas and health programs further strengthening consultative and participative arrangements.

A two-year OH&S Action Plan has been developed to embed the implementation of the department's OHS Management System – 10 Point Plan. The department continues to develop new and review existing, departmental OH&S documents to align with the revised OH&S legislation and recognised best OH&S practice.

14
OH&S
workplace
committees
established

Workers' Compensation

Claims for the reporting period totalled 143, representing an increase of 40% from the previous year. The cost of workers' compensation claims was \$4 889 075 compared to the previous year's cost of \$4 945 758. The average lost time due to all injuries was 25 days.

There were 34 workers' compensation claims lodged by nurses, representing a 15% decrease from the previous year, with the average lost time due to the severity of injury of 15 days. This represents a decrease of 42% in nursing lost time due to severity of injury.

Managing Aggression

The department continues its commitment to a policy of zero tolerance towards aggression with aggression management plans implemented and utilised across the various divisions. The number of workers' compensation claims lodged as a result of aggressive behaviour has remained static over the last two years. There has been a reduction in the percentage rate of aggressive incidents resulting in a lodged workers' compensation claim to 1.9% compared to 2.7% during the previous year.

A total of 442 employees attended aggression management education sessions offered throughout the Northern Territory, representing an increase of 28% in attendance compared to the previous year. This may, in part, have contributed to the reduced claim rate per reported incident.

The following table indicates that a total of 485 incidents of aggression against staff was reported in 2007-08. The legislative obligation to report all workplace hazards and related incidents has been actively promoted during aggression management sessions, which could account for the 26% rise in the number of reported aggressive incidents during this period.

Table 12: Incidents of aggression by classification – 2005-06 to 2007-08

Incidents of Aggression (Classification)	2005-06		2006-07		2007-08	
	Physical	Verbal	Physical	Verbal	Physical	Verbal
Admin	5	10	4	12	10	9
Nursing	143	132	79	159	105	238
Physical	4	7	16	7	29	15
Professional	7	3	4	5	4	6
Other	59	48	58	41	21	48
Sub Total	218	200	161	224	169	316
Total	418		385		485	

28%
increase in
attendance

7.7%

increase
in training
hours

\$4.7M

spent on
training

119

managers
complete
training

Staff Development

The department continues its commitment to developing its people by facilitating a wide range of training and development programs across the NT.

A total of 11 489 registrations (made by 3 973 employees) to participate in training and staff development courses was received, equating to 48 652 hours of training. This is an increase of 7.7% in total training hours compared with 45 174 hours in 2006-07.

The department spent \$4.7 million on training and development activities for 2007-08, this includes expenditure for the Aboriginal and Torres Strait Islander Cadetship Program. During the reporting period, there has been a continued focus on increased delivery of corporate training programs and significant investment and support for professional development activities in specialised areas including attendance at major health forums.

Corporate Training

Orientation

3 068 new employees commenced in 2007-08 and of these, 1 138 participated in orientation programs across the NT and 389 staff attended Aboriginal Cultural Awareness Training.

Bullying and Harassment Awareness

A strong focus on the prevention and elimination of bullying and harassment in the workplace has received ongoing attention across the Northern Territory. Twenty four people were trained as Harassment Contact Officers (HCO). The HCO Training is designed to prepare and inform approved employees in preparation for their role as information sources for employees who believe they may be a victim of bullying or harassment.

In addition to guidelines and policies developed to support a consistent approach in the management of harassment and bullying in the workplace, the following training programs specifically for managers were delivered.

Bullying and Harassment Awareness Sessions for Managers

This program aims to reduce the number of incidents of bullying and harassment by addressing the responsibilities of managers, policies and procedures, resource availability and identification of incidents, 119 managers completed this program.

Mediation Skills for Managers

This program supports the Bullying and Awareness Framework by providing managers with practical conflict resolution skills. The mediation workshop is an introduction to mediation and is designed to develop managers' skills and confidence in responding to disputes in the workplace; 55 managers completed this program.

Conflict Coaching

This program provides managers with additional tools to assist in the facilitation/discussion of issues in order to support individuals in a conflict and achieve change; 19 managers completed this program.

Essentials of Leading People and Managing Procurement Training

Essentials of Leading People

Part 1 focuses on developing skills and provides tools to assist with people management. The program covers Human Resource Management Delegations, Work Partnership Plans, Communication, Legal responsibilities and the relationship between Leadership and Management. A total of 143 staff completed this program.

Part 2 focuses on increasing participants' skills, knowledge and confidence in change management, workplace conflict, grievance management and managing poor performance. 249 staff completed this program.

Managing Procurement

Part 1 of this program develops skills and provides tools to assist with the management of procurement within a government environment. Participants gain an improved understanding and confidence in the departmental processes, which applies to procuring goods and services to the value of \$10 000. A total of 105 staff completed this program.

Part 2 of the program provides participants with improved understanding and confidence in the department's processes that apply to procuring goods and services to a value of \$50 000. This program was completed by 168 staff.

Finance for Cost Centre Managers

This program develops the skills and knowledge of cost centre managers to gain a better understanding of financial management including delegations, budget management and responsibilities; 39 staff completed this program.

143

completed
Essentials
of Leading
People Part 1
program

249

completed
Essentials
of Leading
People Part 2
program

105

completed
Managing
Procurement
Part 1
program

168

completed
Managing
Procurement
Part 2
program

Clinical Training (Nursing)

Clinical Learning (Nursing) activities focus on providing continuing education options for nurses and midwives under three program areas.

- **Transition Programs (including the Graduate Nurse Program, Overseas Nursing Program and Re-entry to Nursing Pathways)**

In 2007, 76 new graduate nurses (12 month program) and 31 overseas prepared nurses participated in a program of clinical placement and structured study days at Royal Darwin Hospital, Alice Springs Hospital and Katherine Hospital.

- **Professional Development Programs**

A number of new courses were developed including the Cancer Care, Clinical Teaching, Complex Care, Early Recognition and Management of the Acutely Ill Patient and Team Leadership.

- **Clinical Practice Network**

A Clinical Education Network was introduced, linking nurses across the NT.

Other Training/Development

First Line and Middle Managers Leadership and Management Framework

This comprehensive framework identifies the management and leadership competencies for first line and middle managers and provides pathways to a nationally recognised qualification. The framework will be supported by tailored leadership and management development programs. Programs are scheduled to commence next financial year.

Work Partnership Plan

A project was commissioned to review the Work Partnership Plan (WPP) in order to increase the usage of the tool with particular focus on alignment to corporate priorities and quality conversations. Information sessions have been brokered to support the implementation of the revised WPP framework commencing in the new financial year.

“commissioned
to review”

Grievances

The Commissioner for Public Employment received a total of 23 formal Section 59 Grievances during the year for DHF.

Table 13: Requests received by the Commissioner for Public Employment in 2007-08 under Section 59 of the *Public Sector Employment and Management Act*

Application Conditions of Service	4
Application of Procedures and Policies	7
Bullying / Harassment	5
Flawed Selection Process	4
Management Action or Decision	2
Personal Conflicts within the Workplace	1
Total	23

Ten grievances were processed at the departmental level.

Table 14: Requests received by the Chief Executive Officer or delegate under the department's Grievances Policy and Guidelines

Conditions of Service	2
Flawed Selection Process	1
Bullying / Harassment	1
Unfair treatment	6
Total	10

Employee Assistance Program

EASA is the primary provider of a professional and confidential counselling service for departmental staff and their immediate families with work related and personal problems. This service is provided through the funded Employee Assistance Program (EAP).

The EAP was well utilised with 558 new client registrations (up from 488 in 2006/07) and 1 552 sessions delivered (up from 1 292).

EASA reported that during the year:

- 107 new clients (up from 58) sought assistance in relation to occupational health issues with the majority being work related stress (69 up from 41 clients) followed by work related trauma (22 up from 11)
- 137 new clients (up from 57) sought assistance in regard to work environment issues, major issues were related to job dissatisfaction (24 up from 11), workload (36 up from 10)
- 125 new clients (up from 44) sought assistance in regard to interpersonal difficulties, with major concerns in the areas of interpersonal conflict (29 up from 11), alleged bullying (31 up from 20).

Further, EASA has made suggestions for reducing the incidence of particular issues, or responding to areas where early intervention may prevent escalation of issues.

In response, the department has:

- increased the level of funding provided to EAP
- continued to deliver Bullying and Harassment Awareness Sessions for managers, including targeted sessions for program areas; and training for Harassment Contact Officers
- two new training programs for managers on Mediation and Conflict Coaching were trialled and provided
- continued support for the on-site visitations by EASA Counsellors at Royal Darwin Hospital with 73 counselling sessions conducted
- increased awareness of EASA service via internal email, intranet and departmental newsletters.

Industrial Relations

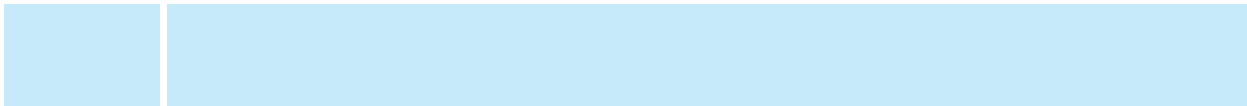
The department continues to strive to develop and maintain a harmonious industrial relations environment in its workplaces. One of the ways it does this is through its own dedicated Industrial Relations Unit (IRU) comprising two senior industrial relations consultants.

The unit provides high-level support and advice to the department's executive and managers in relation to industrial matters and human resource advice. It is responsible for coordinating the department's bargaining agenda and liaising with the Office of the Commissioner for Public Employment (OCPE) as the statutory employer of the Northern Territory Public Sector.

During 2007-08, the IRU in conjunction with OCPE has been the department's industrial arm in negotiating workplace agreements with relevant unions and associations for the Northern Territory Public Sector Employees' and Medical Officers' Agreements. Negotiations for new agreements with the department's nurses, and dentists are continuing.

The IRU co-ordinated the department's efforts in relation to the implementation of the Physical and Technical Grade Review, which was a requirement of the NTPS 2004-2007 Certified Agreement. The unit also contributes to outcomes from other consultative mechanisms such as the Department and Unions Consultative Council. Wherever possible, the IR Unit intercepts matters that are likely to become disputes and plays a key role in workforce planning initiatives.

Regional Coordination and Service Map Details



Overview

Top End and Central Australian Coordination Units ensure the government's policies for regional and remote communities as they relate to the department's functions are being addressed through:

- ongoing consultation with communities to obtain feedback on service provision
- coordination with other government agencies to fill gaps and avoid duplication
- facilitation around planning from a regional perspective which has led to the development of regional plans for Central Australia, Katherine, East Arnhem and Palmerston.

Regional plans are reviewed annually to enable contemporary issues to be included. These plans then provide a consistent inclusive mechanism to enable cross-program work within regions. The plans become the department's performance agreement with communities in specific regions and identify the cross-program challenges that come with delivering services in sparsely populated and diverse geographic areas.

Over the past year the regional coordinators have:

- conducted regional business planning on the five themes under the Strategic Directions 2007-2009

- had ongoing engagement in a number of community strategies including Alcohol Management Plans, Tasking & Coordination Groups on Antisocial Behaviour Measures, Regional Partnership Agreements and relevant inter-departmental committees
- had significant involvement in coordinating cross program, cross divisional and cross agency regional focused service delivery
- taken a lead role in developing departmental counter disaster plans.

The regional plans and report cards can be accessed through the department's internet site www.health.nt.gov.au .



Achievements by Regions

Achievements for each region have been provided and detailed under Performance Highlights by Region 2007-08 within the Output Groups Performance Reporting section of this report on pages 51-56.

What's Next

Central Australia

- Implement the Complex Client Community Services Reform Initiatives.
- Improve processes for patient and clinical travel within Central Australia and between Tennant Creek and Alice Springs.
- Contribute to cross agency responses to anti-social behaviour, volatile substance abuse and other drug events within town camps and urban communities.
- Contribute to the development, implementation and review of Alcohol Management Plans in Alice Springs and Tennant Creek.
- Contribute to and support the implementation of the Department of Health and Families' Strategic Workforce Development Strategy.
- Continue to improve service integration through the Tennant Creek and Alice Springs Health Liaison Groups to develop integrated service partnerships.
- Contribute to the implementation of an integrated cross-agency youth service model.

Katherine Region

- More smoking cessation courses planned for Katherine and remote communities.
- John James Memorial Foundation to continue to provide specialist visits to the Katherine region.
- Opal fuel to become available in both Katherine and Mataranka.
- Ongoing work on Volatile Substance Abuse Management Plans for some remote communities.
- Psychiatric Registrar to be based with Katherine Mental Health Services for 12 months.
- A social worker student to be placed in Katherine for three months.

East Arnhem Region

- Recruitment of an AODP apprentice.
- Visit by Genetics Health Queensland to Groote Eylandt to screen clients for Machado Joseph's Disease.
- Menzies School of Health Research report due on Groote Eylandt tobacco cessation project.
- Work to commence on respite unit expansion at Gove District Hospital.

Darwin Region

- Fit out of new premises for adult mental health services to be completed and service operational in August/September 2008.
- Continue work with other agencies to address antisocial behaviour in Darwin and Palmerston areas.
- Contribute to the work on infrastructure and service needs at the Palmerston Health Precinct that is being developed within the master plan that will include the Palmerston Super Clinic.

Funding to External Services Providers

Information on payments made to specific external service providers is provided in Appendix V in the electronic version of the Annual Report.

An electronic version of the Annual Report can be found at:
www.health.nt.gov.au/Publications/Corporate_Publications

Table 15: 2007-08 Funding to External Service Providers by Division & Output Group¹

DIVISION	OUTPUT GROUP	AMOUNT \$000's ²
Acute Care	Hospital Services ⁴	21 167
	Total	21 167
Community Services	Aged & Disability Services	28 251
	Family & Children's Services	17 710
	Mental Health Services	4 219
	Public Health Services ³	10 446
	Total	60 626
Performance and Resources ⁵	Community Health Services	331
	Total	331
Health Services	Community Health Services	17 873
	Public Health Services	1 870
	Total	19 743
Grand Total		101 867

¹Totals include some amounts accrued from 2006-07 and paid in 2007-08.

²Amounts have been rounded to the nearest dollar.

³Includes some funding paid through Health Services Division in 2006-07.

⁴Alcohol and Other Drugs Services.

⁵Previously designated as "People & Learning" in 2006-07

Amounts include programs jointly funded by the Northern Territory and Australian Governments and include grants administered by DHF on behalf of the Australian Government. Amounts do not include:

- 'in-kind' support
- one-off funding
- capital funding
- subsidies
- research grants
- grants where the funding agreement precludes disclosure of funding level.

Governance

Contents

Framework	170
Ministerial and DHF Groups	171
Risk Management and Audit	184
Legislative Responsibilities	186
Complaints Handling	189
Coronial Recommendations	192
Freedom of Information	194

Framework

The department's governance framework has five key elements: effective leadership, capable management, diligent monitoring, responsible risk management and clear accountability and responsibility.

The Executive Leadership Group has continued to reinforce accountability and responsibility within the organisation. This has included the devolution of financial and human resource delegations to enable managers to take local responsibility and be accountable for their decisions. The devolution of authority has also been supported by the provision of extensive management training for supervisory and middle level managers across the organisation.

Collaboration with stakeholders and accessing a broad range of specialist advice are essential inputs for effective governance. The department benefits substantially from the contributions made by the Family and Community Services, Disability Services and Health Advisory Councils. Considerable benefit is also obtained from a range of specialist groups consisting of departmental and non-departmental members: these comprise the Clinical Reference Group, the NT Safety and Quality Council, the Department and Unions Consultative Committee and the Audit Committee. A number of high level advisers also provide vital advice in the following roles: Principal Medical Advisor, Principal Nursing Advisor, Principal Aboriginal Health Worker and Principal Allied Health Advisor. These groups and individuals complete a comprehensive governance structure that actively influences policy and the strategic direction of health and community services.

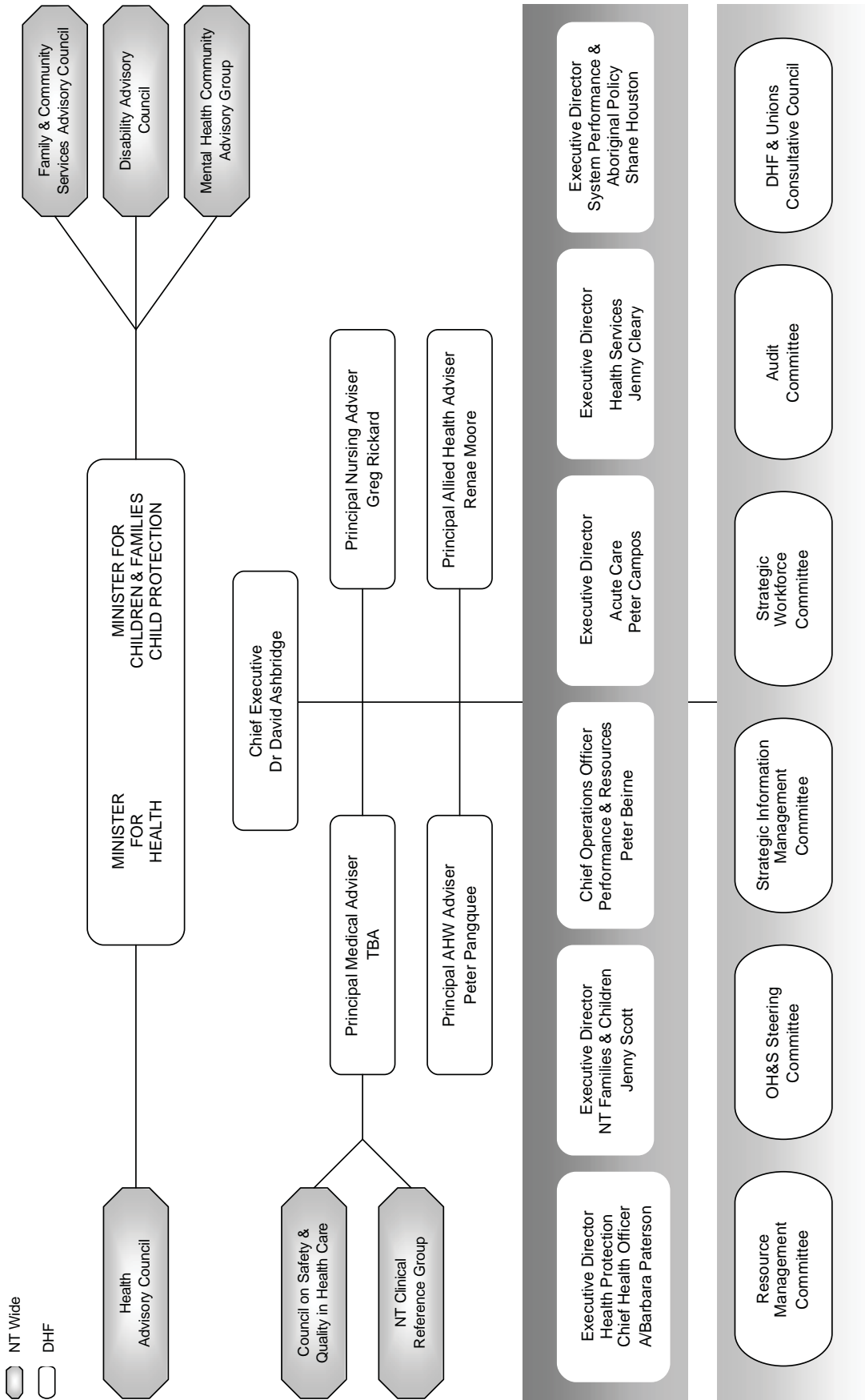
Clinical governance provides a framework which ensures the highest possible

safety and quality of clinical care and is a particularly important component of the department's overall governance. Clinical care is delivered by frontline staff with a strong sense of professional responsibility. Executive and senior management staff accept that they have a key responsibility for the quality of services delivered by the department and that they share accountability with clinicians and other professionals providing services. Where possible, services should be based on locally applicable evidence of effectiveness and safety. The Executive and managers at all levels (including senior clinicians and other professionals with management responsibilities) seek to ensure that:

- an environment promoting evidence-based practice and fostering safety, quality and continuous improvement, operates across the department
- critical incidents are monitored, effective responses are developed, and regular reports on quality are provided to managers
- the risks of deficiencies in service quality are identified and unacceptable risks are effectively addressed
- independent accreditation/certification is sought where appropriate
- department works collaboratively with staff and all stakeholders, including consumers, to improve safety and quality across the organisation.

Key activities of each of the groups is outlined in the following pages.

Department of Health and Families
Corporate Governance Management Environment, Sept 2008



Ministerial Groups

Health Advisory Council

Membership

Members of the Council as at August 2008 are:

Chairperson:

Charles Kilburn

Members:

Fiona Justin
Alisha Pengelly
Ngiare Brown
Sabina Knight
Jill Pettigrew
Bruce Simmons
Brian Spain
Jonathan Carapetis
Margaret Massey
Peter Beaumont
John Paterson
Paula Arnol
Yvonne Falk
Anne Kemp
Sarah Giles
Victoria Walker (ex-officio)

Members of the council who left in 2007-08:

Lynda Gabriel-Duncan
Rosy Warden (ex-officio)
Tarun Weeramanthri (ex-officio)

Meetings

Meetings were held in August 2007, December 2007 and June 2008.

Key areas from terms of reference

Under its terms of reference, the council will:

1. Provide evidence-based and impartial advice and perspectives to the Minister for Health on:
 - a) the risks, strengths and contemporary issues that affect the health of Territorians.
 - b) the effectiveness and appropriateness of policy and strategies and make suggestions for improvements as necessary.
 - c) specific issues as requested by the Minister for Health or the DHF Chief Executive (CE).
 - d) Contribute to and draw from the deliberations of other government advisory bodies as required.
2. Consider issues across a range of community, regional and sectoral interests.
3. Provide advice on the health status of Territorians and relevant trends.
4. Comment on the impact of public policy on individuals, families and communities.
5. Receive and provide advice about consumer and community views and priorities. Receive and provide advice about strategies to promote informed consumer and community participation.

Family and Community Services Advisory Council

Membership

Members of the Council as at July 2008 are:

Chairperson:

Helen (Mel) Hazard

Deputy Chairperson:

Liz Archer

Members:

Charlie King
John Adams
Liz Archer
Liza Balmer
Nareen Carter
Wendy Morton
Sharon Mununggurr
Marilyn Roberts
Susana Saffu
Dahlia Seden
Anthony Vidot
Monica Warden

Members of the council who left in 2007-08:

Ms Elvina (Bino) Toby
Mr Peter Laming

Meetings

The Council met in:

August 2007, October 2007, April 2008, June 2008

In addition to the regular FACSAC meetings, subcommittees of the council met periodically during the year.

Key areas from terms of reference

Under its terms of reference, the council will:

1. Provide evidence-based and impartial advice and perspectives to the Minister for Families and Childrens Services on:
 - a) matters affecting the care, protection and best interests of children
 - b) measures to support families and communities, particularly those who experience disadvantage
 - c) strategies that respond to the diverse needs and circumstances of Northern Territory families and communities that assist them through crises and to enjoy the best possible quality of life.
1. Contribute to and draw from the deliberations of other government advisory bodies as required.
2. Respond to specific references as requested by the Minister for Families and Childrens Services or DHF Chief Executive.
3. Provide the mechanism for the community and consumers to work with government to progress an accessible, equitable, good quality and integrated community service system.

Activities

- FACSAC provided a response to the *Closing the Gap of Indigenous Disadvantage* Action Plan.
- FACSAC members conducted a workshop to explore and identify the broader issues and perceived challenges with child protection practices in the Northern Territory. The report of this consultation was forwarded to the Minister in May 2008.
- FACSAC members used a similar process in May 2008 to provide feedback to the Minister about the impact of the current process of quarantining and managing income on Indigenous families and children in NT communities.

The Chairperson and Minister met regularly and discussed the Council's concerns.

FACSAC has provided advice to the Minister on:

- above mentioned workshops and issues
- expertise level of the FACSAC membership and its representation across the region
- the FACSAC workplan and potential projects including review of the role of its subcommittees.

Disability Advisory Council

Membership

Members of the Council as at August 2008 are:

Chairperson:

Bill Medley

Deputy Chairperson:

Janine Stewart

Secretariat:

Sarah Fisher

Members:

Joan Macpherson
Debra Lyons
Meghan Williams
Djapirri Mununggirritj
Bonnie Solly
Wendy Morton
John Paterson

Ex-officio members:

Penny Fielding
Rebecca Burgess
Susan Bowden

Meetings

The council meets quarterly and met in December 2007 and March 2008

Key areas from terms of reference

Under its terms of reference, the council will:

1. Provide strategic and impartial advice and perspectives to the Minister for Children and Families on:
 - a) matters affecting the best interests of people with disabilities;
 - b) measures to support families and communities to adequately support people with disabilities; and
 - c) strategies that respond to the diverse needs and circumstances of Territorians with disabilities and their families.
2. Contribute to and draw from the deliberations of other government advisory bodies as required.
3. Respond to specific references as requested by the Minister for Children and Families or the DHF Chief Executive.
4. Provide the mechanism for the community and consumers to work with government to progress an accessible, equitable, good quality and integrated disability service system.
5. Promote a whole-of-government and whole-of-community approach in addressing the range of issues faced by, and needs of, people with differing disabilities.
6. The Disability Advisory Council will also consult with regional groups working to enhance community services and participation for people with disabilities.
7. The Disability Advisory Council will raise community awareness of the rights of people with disabilities and the role of government, business and community.

Activities

The key priorities established by the council have been identified as:

- commenting on disability policies that impact significantly on people with disabilities in the Northern Territory;
 - improvement of disability services in remote Aboriginal communities;
 - more rigorous accountability systems for disability services in the non-government sector funded through the Northern Territory Government;
 - fostering whole-of-government approaches to disability; and
 - analysis of disability funding to advise on planning for disability services.
-

Northern Territory Community Advisory Group on Mental Health (NTCAG)

Membership

Members of the NTCAG as at August 2008 are:

Chairperson:

Doreen Dyer

Deputy Chairperson:

Greg Johnson

Secretariat:

Burniece Cross

Members:

Alison Lillis
Doreen Dyer
Michelle Masters
Will McGregor
Eva Briscoe
Christine Sutton
Monte Karena

Members of the NTCAG who left in 2007-08:

Linda Keane

Ex-officio members:

Bronwyn Hendry

Meetings

The council meets quarterly and met in March, May and September 2008

Key areas from terms of reference

Under its terms of reference, the NTCAG will:

Provides an ongoing mechanism for consumer and carer input into mental health policy decision making processes, particularly in relation to implementation of the National Mental Health Plan 2003-08 and the Mental Health Statement of Rights and Responsibilities.

NTCAG shall:

- a) Assist the Minister in the formulation of mental health policies, plans, associated legislation, implementation and ensure Mental Health services meet the needs of clients and their carers.
- b) Provide advice and reports to the Minister on matters relating to other departments, which affect the rights and welfare of clients and their carers.
- c) Provide advice and support to the National Consumer and Carer Forum representatives to fulfill their responsibilities in relation to carers.
- d) Promote the involvement of consumers and carers in the formulation and implementation of mental health policies.
- e) Provide advice to the Minister on other matters relating to the needs of clients and their carers in the Northern Territory.

Activities undertaken in 2007-08

- a) Consumer and Carer Representatives attended the National Mental Health Consumer and Carer Forums.
- b) Continued to build stronger networks with mental health associated community organisations.
- c) Conducted a planning forum.
- d) Held quarterly meetings in both Alice Springs and Darwin.
- e) Maintained representation on the Approved Procedures and Quality Assurance Committee and the Police and Liaison Committee.
- f) Provided input to review and oversight processes such as amendments to the *Mental Health and Related Services Act* and re-drafting of Approved Procedures.

DHF Groups

Northern Territory Clinical Reference Group

Membership

Members of the group were:

Chairperson:

Tarun Weeramanthri

Members:

Paul Bauert
Andrew Bell
Stephen Brady
Di Brown
Tamsin Cockayne
Bart Currie
Paul Gerken
Diane Howard
Simon Kane
Vicki Krause
Len Notaras
Didier Palmer
Peter Pangquee
Robert Parker
Greg Rickard
Brian Spain
Dianne Stephens
Karen Stringer
Sharon Sykes
Paul Torzillo
John Treacy
Tony Watson
Jo Wright

Key areas from terms of reference

The NT Clinical Reference Group (CRG) comprises leading clinicians (medical, nursing, allied health, Aboriginal Health Worker) from across the NT.

The CRG forms a core part of a larger consumer and professional advisory structure established to provide advice to the DHF, via the Principal Medical Advisor, on:

- local health professional standards
- strategic directions for clinical and public health services
- innovative, multi-disciplinary service delivery models
- use of new and emerging technologies
- developments in education, training, clinical research and professional development activities.

The group is linked to:

- Health Advisory Council
- NT Council on Safety and Quality in Health Care
- Acute Care disease-specific clinical reference groups
- NT Medical Administration Network.

The NT Clinical Reference Group last met in November 2007. Dr Tarun Weeramanthri left the Department in December 2007. The restructure within DHF and finalising the appointment of the new Chief Health Officer has meant the functions and membership of this group is under review.

Northern Territory Council on Safety and Quality in Health Care

Membership

Council last met on September 2007 when members of the council were:

Chairperson:

Tarun Weeramanthri

Members:

Lesley Barclay
 Andrew Bell
 Steve Brady
 Renae Moore
 Judith Hoskins
 Leonie Katekar
 Vicki Krause
 John Loudon
 Karin Mulligan
 Len Notaras
 Peter Pangquee
 Penny Parker
 Karen Piper
 Carolyn Richards
 Greg Rickard
 Chris Slade
 Helen Brown
 Jill Macandrew
 Kevin Orrell
 Rodney Thompson

Secretariat:

Kevin Orrell

Key areas from terms of reference

Under its terms of reference, the council is committed to promoting a culture of safety, quality and continuous improvement for health services throughout the Northern Territory.

Through consultation and collaboration with stakeholders, the council provides advice and direction that promotes the implementation of sustainable safety and quality systems for health services in the NT in line with the following guiding principles:

- building awareness and understanding of health care safety
- supporting those who work in the health system to deliver safer client care
- involving consumers in improving health care and safety
- redesigning systems of health care to facilitate a culture of safety
- improving data and information for safer health care.

DHF Audit Committee

Membership

Members of the Audit Committee August 2008 are:

Chairperson:

Peter Beirne

Members:

Shane Houston
Jill Macandrew
David Ryan
Christine Short
Rob Richards (Observer)
Iain Summers
Leigh Eldridge

Meetings:

August 2007,
February 2008,
May 2008

Key areas from terms of reference

The DHF Audit Committee undertakes the following functions on behalf of the CE:

- a) Monitor strategic risk management and the adequacy of the internal controls established to manage identified risks.
 - b) Monitor the adequacy of the department's internal control environment and review the adequacy of policies, practices and procedures in relation to their contribution to, and impact on, the department's internal control environment.
 - c) Oversee the internal audit function including development of audit programs and monitoring of audit outcomes and the implementation of recommendations.
 - d) Review financial statements and other public accountability documents (such as annual reports) prior to their approval by the CE.
 - e) Assess the state of organisational governance in the department and recommends strategies for improvement.
 - f) Liaise with external auditors regarding audits conducted and respective audit plans within the context of the committee's primary role.
 - g) Undertake any other functions determined from time to time by the CE.
-

DHF & Unions Consultative Council (DUCC)

Membership

Members of the Council at 30 June 2008 are:

Chairperson:

The role of the Chair is alternated between the department and a union representative.

DHF Chair, Peter Beirne

Departmental Members:

Peter Campos
Jenny Cleary
Jenny Scott
Peter Boyce
Kate McTaggart
Greg Rickard
Danny Coombes
Ron Hosking

OCPE representation:

Ken Simpson

Union representation:

Yvonne Falckh, ANF
Naomi Porrovecchio, CPSU
Matthew Gardiner, LHMU
Fiona Stacey, ASMOF
Unions NT
AMWU

Members of the Council who left during the period:

Didge McDonald, Unions NT
Jamey Robertson, AMWU
Irene Monro, LHMU
Dianne Smith, LHMU
Deanne Turich, CPSU
Rose Rhodes, DHF
Jan Evans, DHF
Tarun Weeramanthri, DHF
Mark Hathaway, DHF

Meetings

The Consultative Council meets on a quarterly basis.

Key areas from terms of reference

Under its Terms of Reference, the Consultative Council is designed to provide a forum for consultation and negotiation between DHF and Unions on matters of mutual concern.

The Consultative Council's objectives are to:

- a) promote an efficient and effective service by DHF for the Northern Territory community
- b) promote good industrial relations
- c) improve a mutual understanding of management and staff issues
- d) provide a forum for consultation and open discussion between DHF senior staff and staff representatives with the aim of resolving any differences in a mutually acceptable manner
- e) facilitate the mutual exchange of information
- f) provide a forum to review the application of the Management of Change clause introduced in the 1995 Public Sector Enterprise Bargaining Agreement and included in subsequent agreements.

Activities

The main activity for the Consultative Council is to ensure that there is regular dialogue at the highest levels between the Department, the Office of the Commissioner for Public Employment and the principal health unions about major issues that affect the health workforce.

Key discussions in 2007-08 included:

- OH&S issues and legislative changes
- Australian Government Intervention – DHF activities
- DHF Criminal History Checks Policy and Guidelines
- training and development
- industrial relations matters.

A special meeting was held in July 2007 at which the following were presented:

- *DHF Strategic Directions 2007-09*
- Summary and Recommendations from the Workforce Review undertaken in 2007
- Outcomes of a Strategic Workforce Planning Workshop undertaken in 2007.

Strategic Workforce Committee

Membership

Members of the Committee as at June 2008 are:

Chairperson:

David Ashbridge (Outgoing)
Peter Beirne (Incoming)

Departmental Members:

Peter Campos
Shane Houston
Peter Boyce
Kate McTaggart
Jenny Scott
Vicki Taylor
Lesley Kemmis
Greg Rickard
Peter Pangquee
Rena Moore
Sonia Peters

Members of the Committee who left during the period:

Jan Evans
Rose Rhodes
Tarun Weeramanthri
Rosy Warden
Lucy Firth

Meetings

The Committee met on five occasions during the reporting period.

Key areas from terms of reference

The Strategic Workforce Committee is responsible for steering a strategic agenda and providing leadership and direction in relation to human resource management, strategic workforce planning, development and reform across the department.

The committee provides specific strategic leadership and direction in regard to aligning the department's workforce to achieving the outcomes of key departmental and government policies such as *Building Healthier Communities 2004-09*, *Strategic Directions 2007-09* and the *Aboriginal Health and Families, Five Year Framework for Action*.

Activities

Key activities undertaken in 2007-08 included:

- endorsed and provided support for staff attendance at Recruitment Expos in the United Kingdom and Republic of Ireland
- endorsed the department's Criminal History Check Policy and Guidelines
- endorsed the development of a departmental Strategic Workforce Plan
- endorsed the Management and Leadership Development Framework
- endorsed the revised Work Partnership Plan.

Other key discussions included:

- recruitment and retention (including overseas recruitment)
- training and development
- DHF on-line orientation
- inaugural staff survey
- NT Medical Education and Training Review.

DHF Resource Management Committee

Membership

Members of the Resource Management Committee as at August 2008 are:

Chairperson:

Peter Beirne

Members:

David Ryan
 Jill Macandrew
 Jenny Cleary
 Jenny Scott
 Peter Boyce
 Peter Campos
 Rick Gowing
 Shane Houston
 Stephen Moo

Meetings:

Fortnightly

Key areas from terms of reference

The DHF Resource Management Committee undertakes the following functions on behalf of the CE:

- a) Monitoring the delivery/effectiveness of the given resources.
- b) Building/understanding the relationships between current performance, future demand and likely supply so that we can be more convincing in resource arguments.
- c) Building the best co-ordinated and timely submissions for resources for the next year.
- d) Monitoring across the department implementation of full time equivalents and budget targets including revenue.
- e) Monitoring the implementation of various capital programs including capital works and equipment.
- f) Establishing and monitoring where possible a closer link between operational performance information and resource implications.
- g) Encouraging the development of early warning indicators of significant budget variations.
- h) Monitoring and influencing the effectiveness of the middle manager resource management training program.
- i) Oversight of the development of a one to five year forward look linking resources available with government health strategies and policies and service demands and capacity to balance them.
- j) Oversight of the development of next year's budget submission including new service proposals, works and equipment priorities.
- k) Knowing and understanding the nature and implications of Cabinet submissions likely to affect resource allocations as they are being developed.
- l) Oversight of the development of various resource strategies required by Cabinet, eg five year accommodation plan and a strategy to reduce energy consumption by 10% over five years.
- m) Advising the CE of actions necessary to operate within budget.

DHF Strategic Information Management Steering Committee

Membership

Members of the SIMSC as at June 2008 are:

Chairperson:

Peter Beirne

Members:

Sally Matthews
Len Notaras
Jenny Scott
Jill Macandrew
Peter Boyce
Richard Smith
Kate McTaggart
Steve Guthridge
Richard Smith
Robin Smith
Stephen Moo
David Ryan
Ann Ritchie
Helen Albion (Secretariat)

Meetings:

1 November 2007
6 February 2008

Key areas from terms of reference

The DHF Strategic Information Management Committee undertakes the following functions on behalf of the CE:

- a) Prioritise and approve investment proposals in relation to major information management, knowledge management and information, and communications technology initiatives.
- b) Set the strategic agenda for the development and use of information technology, communications and information services across the agency to underpin management decision making and planning.
- c) Monitor delivery of major information management, knowledge management and information, and communications technology work program initiatives.
- d) Provide direction in relation to the agency's:
 - i. involvement in national information committees and health information projects
 - ii. requirements in relation to whole-of-government initiatives
 - iii. alignment with national strategies and standards
 - iv. development of information policies and procedures.
- e) Consult with and communicate to Information Management groups.
- f) Develop and periodically review the department's Information Strategy to ensure alignment with the department's *Strategic Directions* and priorities.
- g) Communicate on progress and achievement of the department's Information Strategy.

DHF Occupational Health & Safety Steering Committee

Membership

Members of the committee at 30 June 2008 are:

Chairperson:

Peter Beirne

Deputy Chair:

Peter Boyce

Members:

Peter Boyce

Kate McTaggart

Robin Smith

Jan Evans

Jenny Cleary

(delegate Lesley Kemmis)

Bronwyn Hendry

Shane Houston

Karin Mulligan

Yvonne Falckh

(Australian Nurses Federation)

Irene Munro

(Liquor Hospitality &

Miscellaneous Union)

Jan Jones (ex officio OHS

Advisor)

Key areas from terms of reference

1. Provide strategic direction on OH&S issues to the various Workplace OH&S Committees across the department to ensure that it:
 - a) meets its legislative responsibilities
 - b) is integrated with other departmental management systems and with the core functions of the organisation
 - c) aids the improvement of the overall OH&S performance of the department.
2. Monitor and review the work of the Workplace OH&S Committees in line with departmental OHS Policy
3. Review OH&S across the department.
4. Report to DHF Executive Leadership Group.

Activities:

The OH&S Steering Committee met four times during 2007-08 reporting to the CE on occupational health and safety issues.

In May 2008 the committee met with the chairs of 14 Workplace OH&S Committees (WOHSC) representing regional and program OH&S committees to strengthen consultative and participative arrangements.

Steering Committee meeting reports are communicated to employees and made available on the POL website (OH&S page) following each meeting.

Legislative Responsibilities

The Minister for Health, the Minister for Families and Children and the Department of Health and Families are responsible for administering the areas of government relating to social welfare, community grants for health related organisations, health including hospitals and medical services, human quarantine, food standards, alcohol and other drug dependence, aged and disability services, children's services and mental health services.

The portfolios of the Minister for Health and the Minister for Families and Children include responsibility for the following Acts, the first two of which are administered through independent supporting agencies, the remainder by the Department of Health and Families.

Acts Administered by Independent Agencies

- *Health and Community Services Complaints Act*
- *Menzies School of Health Research Act*

Acts Administered by Department of Health and Families

- *Adoption Of Children Act*
- *Adult Guardianship Act*
- *Cancer (Registration) Act*
- *Care and Protection of Children Act 2007*
- *Carers Recognition Act 2006*
- *Community Welfare Act*
- *Disability Services Act*
- *Emergency Medical Operations Act*
- *Food Act*
- *Guardianship of Infants Act*
- *Health Practitioners Act*
- *Hospital Management Boards Act*
- *Human Tissue Transplant Act*
- *Medical Services Act*
- *Mental Health and Related Services Act*
- *Natural Death Act*
- *Notifiable Diseases Act*

- *Poisons and Dangerous Drugs Act*
- *Private Hospitals and Nursing Homes Act*
- *Public Health Act*
- *Radiation (Safety Control) Act*
- *Radiographers Act*
- *Therapeutic Goods and Cosmetics Act*
- *Tobacco Control Act*
- *Volatile Substance Abuse Prevention Act*

Regulations Administered by Department of Health and Families

- *Adoption of Children Regulations*
- *Cancer (Registration) Regulations*
- *Community Welfare Regulations*
- *Community Welfare (Child Care) Regulations*
- *Natural Death Regulations*
- *Poisons and Dangerous Drugs Regulations*
- *Public Health (Barbers' Shops) Regulations*
- *Public Health (Cervical Cytology) Regulations*
- *Public Health (General Sanitation, Mosquito Prevention, Rat Exclusion and Prevention) Regulations*
- *Public Health (Medical and Dental Inspection of School Children) Regulations*
- *Public Health (Night-Soil, Garbage, Cesspits, Wells And Water) Regulations*
- *Public Health (Noxious Trades) Regulations*
- *Public Health (Nuisance Prevention) Regulations*
- *Public Health (Shops, Boarding-Houses, Hostels and Hotels) Regulations*
- *Radiation (Safety Control) Regulations*
- *Tobacco Control Regulations*
- *Volatile Substance Abuse Prevention Regulations*

Risk Management and Audit

Risk Management

Risk management within the department aims to increase the level of protection against adverse events impacting upon clients, staff, and resources. The primary mechanism used to achieve this is the effective identification and management of risk.

The Executive is responsible for developing the Strategic Risk Management Plan for the department identifying and assessing major strategic business risks and implementing a program to treat or reduce these risks to an acceptable level.

Executive Directors and Directors of Northern Territory wide programs or services are responsible for:

- identifying and analysing major operational risks affecting their programs and services
- having systems in place to monitor these risks
- developing specific treatments for each risk.

The Audit Committee is working with the department to determine its priorities for the Audit Program as identified through strategic and operational risk assessments and treatment plans.

Audit

Reviews, Evaluations and Audits

A number of reviews, evaluations, and audits were undertaken in 2006-07. The outcomes of these and the implementation of key recommendations are monitored by the Executive, the Audit Committee and other relevant committees.

Key reviews, evaluations and audits overseen by the Audit Committee:

Annual Compliance Audit 2006-07 (NTAGO)

Outcomes:

As recommended, administrative procedures and the DHF Accounting & Property Manual were revised to improve oversight and authorisation of expenditure for official travel, semi-official phones, procurement and hospitality. A review of agency financial interests procurement was undertaken. Internal Finance Newsletter and management training was used to improve communication and understanding of financial controls and procedures.

Procurement Review –
NT Agencies (NTAGO)

General lack of skills and experience by agency personnel to be addressed by additional training and increased internal monitoring process with the objective of reducing unacceptable delays in procurement processes and the substantial under-estimation of costs. Recommendations accepted and implemented.

Review of Application Server Management
(Stanton International)

Current server operations and server management are adequate, however further improvements are required in relation to formalising elements of operational documentation, implementing backup failure mitigation strategies, improving the server room, enhancing physical and logistical security and improving risk management processes. Recommendations accepted and implemented.

Information System Audits (NTAGO)

Audits conducted to ensure information fit to purpose is available to the agency and to review Qantel and Ascribe systems. Findings: information is fit for purpose, but could be more strategic - accepted - increased strategic focus of Strategic Information Management Committee. Ascribe physical and virtual security should be improved – accepted and implemented with new version of system. Qantel - physical and virtual security should be improved – accepted, addressing in overall review of system.

High Risk Clients Audit
(Thomas Wright Institute, Dr Howard Bath)

Requested by Minister in response to two deaths. Findings relevant to DHF generally were: low compliance with legislation and guidelines especially for risk assessment; lack of objectives and performance indicators for NGOs; lack of assessment of NGO capacity to perform services contracted; failure to standardise policies and procedures across programs; difficult to access data and also non-recording of important information; serious problems with workforce retention

High Risk Clients Audit
(Thomas Wright Institute, Dr Howard Bath)
continued

and recruitment affecting programs. 30 detailed recommendations to follow up. General - put in place comprehensive workforce strategy; review current NT risk assessment processes and tools; standardise policies and procedures to enhance inter-program co-operation; each program to do a risk management assessment and plan according to DHF policy; develop system for flagging risk across programs; standardise and adopt record management processes. Main response establishment of a Quality and Performance Branch within NT Families and Children. Risk management processes being implemented. Departmental workforce plan to be produced in 2008-09.

Possible Fraud in FACS
Stanton's International

In progress at 30 June 2008.

Freedom of Information

The Information and Privacy Unit (IPU) is located in the Legal Services Branch. IPU deals with formal applications for access to information under the Freedom of Information provisions of the *Information Act*. IPU also assists staff, members of the public and other departments to access Northern Territory Government and personal information in less formal ways. IPU provides advice on all aspects of privacy protection of the vast amount of personal information that the department holds.

Freedom of Information

The Information and Privacy Unit dealt with 20 Freedom of Information (FOI) applications for access to information. Fifteen applications were for access to personal information and five applications were for access to NT Government information. IPU responded to six applications for review of a decision made on access.

Table 16 Application outcomes under the *Information Act*

Access applications open at start of year	4
Access applications accepted during the year	16
Access applications withdrawn	2
Access granted in full	6
Access granted in part	8
Access applications where information cannot be identified or found or does not exist	1
Access applications where information not held by the Department	1
Access applications open at end of year	2
Applications for Review	6

No requests were received for correction to personal information.

IPU encourages applicants to access their personal information such as medical records, by administrative means without needing to lodge a formal FOI application and also encourages staff to release an applicant's personal information informally wherever possible. IPU assisted twelve applicants to locate and access the information they sought through administrative arrangements so they did not have to lodge a formal FOI request. If lodged under FOI, this would have resulted in 28 formal applications for the year.

In addition, IPU dealt with numerous enquiries via telephone, email infoprivacyhealth@nt.gov.au and in person. The Information and Privacy Unit maintained contact with, and provided assistance and advice to 12 applicants until the processes were completed to their satisfaction. The Unit made an extensive submission to the five year review of the *NT Information Act*, and played an important role in co-ordinating issues and submissions of other agencies involved in the review.

Crime Victims Assistance

The Information and Privacy Unit co-ordinates requests for access to medical records in relation to applications for assistance lodged with the Crime Victims Services Unit in the Department of Justice. Applicants for assistance often receive medical treatment at a number of remote clinics as well as in a hospital and IPU assists by contacting the health service to locate and provide all relevant medical records to the Department of Justice on behalf of the victim of crime. IPU coordinated in excess of 460 Crime Victims Services Unit requests during the reporting period.

Human Research Ethics Committee

The manager of IPU is appointed as the Information and Privacy Advisor to the Human Research Ethics Committee of the Department of Health and Families and Menzies School of Health Research. The committee is constituted in accordance with the *National Health and Medical Research Council Act 1992* (Commonwealth) and the National Statement on Ethical Conduct in Human Research 2007. The committee supports the research activities of the department in its northern zone and Menzies School of Health Research. The committee also considers research applications submitted by non-government health providers located across the Top End of the Northern Territory. In 2007-08 the committee considered 106 research applications for ethics approval. Its Fast Track Committee, of which the manager of the unit is also a member, considered a further 35 applications for research considered to be “low risk” or requiring only minor amendment.

Privacy Protection

IPU provides advice and assistance to departmental staff and members of the public on issues of privacy protection. IPU assisted in developing a Data Access Protocol for non-standard requests for access to personal medical information held in the department’s data warehouse, and plays a key role in modification or approval of access requests. IPU provided staff with advice on research design, use of identified and de-identified information, access to information systems, protection of personal information and sharing of information. IPU made submissions in relation to the previous Australian Government’s Access Card, and to the Australian Law Reform Commission on its review of the *Privacy Act 1988* (Commonwealth). IPU also developed formal Information Sharing Arrangements with the Northern Territory Police, Fire and Emergency Services to ensure information about child abuse and domestic violence was dealt with in accordance with the Information Privacy Principles in the *NT Information Act*.

Privacy Awareness

IPU assisted with the roll-out of the Primary Care Information System (PCIS) to remote health clinics by developing privacy brochures and forms for clients and staff, and staff training in privacy protection. IPU also developed privacy brochures and redesigned forms for several other program areas of the department. IPU participated in International Privacy Awareness Week in August 2007 by distributing promotional material to all of the department's hospitals, community care centres and a large number of remote health clinics. The unit manager also presented privacy awareness training to departmental, information officers and other staff across all Northern Territory Government agencies.

Complaints Handling

People who use DHF services and their families are encouraged through public signage and brochures to provide feedback and to discuss any concerns about services they receive. This commitment to listen to service users is explicit in the DHF Complaints Handling Policy that ‘affirms service users have their complaints heard and resolved’.

Key elements of the policy are:

- participation of the consumers in decisions about their health and wellbeing
- prompt investigation, procedural fairness and natural justice
- privacy for complainants and staff involved in a complaint
- resolution at the point of service whenever possible
- encouragement by staff of feedback from service users about their services.

The complaints reported here are dealt with by the department as a continuous improvement measure. Some clients may choose to take their complaints through other more formal complaints handling systems. Those are not included here.

Complaints are documented by program as to type and outcome with identifying information removed. The number of complaints handled for the past three years is provided in the following table. Access, treatment and communication issues were the three highest complaint categories.

Table 17: Number of Complaints by Type – 2003-04 to 2007-08

Complaint Type	Community Services					Acute Care					Health Services				
	03/04	04/05	05/06	06/07	07/08	03/04	04/05	05/06	06/07	07/08	03/04	04/05	05/06	06/07	07/08
Access	52	44	31	61	35	204	262	284	309	252	20	13	13	33	52
Communication/Information	27	36	21	31	15	72	90	87	102	121	9	3	8	4	5
Consent/ Decision Making	4	15	7	1	0	7	5	4	3	0	0	0	1	0	0
Corporate Services	25	12	13	29	2	21	46	33	76	63	5	12	0	1	0
Costs	0	2	0	3	1	7	10	6	14	7	0	0	1	0	0
Grievances	7	3	11	8	2	1	5	5	2	4	0	0	0	0	0
Privacy/Discrimination	10	17	12	8	4	72	39	29	46	36	1	2	1	2	0
Professional Conduct	8	12	17	15	9	39	24	23	22	22	0	1	0	1	0
Treatment	14	14	21	8	1	45	74	87	129	127	4	1	9	8	5
Community Services Codes															
Client Consumer Participation	N/A	N/A	N/A	7	10										
Payments	N/A	N/A	N/A	0	0										
Case Management	N/A	N/A	N/A	5	9										
Total	147	155	133	176	88	468	555	558	703	632	39	32	33	49	62

Table 18: Number of Complaints Outcomes – 2003-04 to 2007-08

Complaint Type	Community Services					Acute Care					Health Services				
	03/04	04/05	05/06	06/07	07/08	03/04	04/05	05/06	06/07	07/08	03/04	04/05	05/06	06/07	07/08
Account Adjusted	0	7	0	0	0	2	6	1	2	1	0	0	1	0	0
Apology Provided	8	7	17	8	3	94	78	73	70	85	8	0	1	2	33
Change in Procedure Effect	3	4	11	9	2	5	8	2	11	7	0	2	0	1	0
Compensation Paid	0	0	1	1	0	1	1	1	2	3	0	0	0	0	1
Complaint Letter Sent	0	1	0	1	0	0	0	0	2	0	1	0	0	3	0
Complaint Withdrawn	1	8	0	3	1	3	0	2	0	0	1	0	0	0	0
Concern Registered	4	12	18	18	23	19	19	38	40	41	2	6	2	0	8
Conciliation Reached	4	14	7	10	6	5	7	2	3	0	1	0	2	2	0
Counselling	1	1	10	2	0	22	12	16	15	12	1	0	1	1	3
Disciplinary Action Taken	1	3	1	0	0	3	13	0	1	0	1	0	0	0	0
Explanation Provided	90	38	36	61	29	135	125	194	288	238	13	13	13	18	30
Policy Change Effectuated	0	2	0	0	1	5	2	4	1	2	0	0	0	0	0
Referral Elsewhere	1	2	3	5	1	12	2	4	10	10	0	1	0	1	1
Refund Provided	0	0	0	0	0	2	4	0	0	0	0	0	0	0	0
Service Obtained	5	16	3	26	10	153	134	205	224	204	6	2	4	14	7
Undefined	14	11	28	1	2	7	19	12	13	21	5	1	1	0	0
Outstanding	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	147	126	135	145	78	468	430	554	682	624	39	25	25	42	83

These complaints are lodged with and managed at the program level. In keeping with the department's intention to improve our management of complaints broadly we have, over recent years been improving the collection and collation of complaints data. This work continues.

Coronial Recommendations

The *Coroner's Act* enables the Coroner to make recommendations on public health and safety after a death of a person. Any recommendation that contains a comment relating to an agency must be passed on to the CE of that agency. The CE is required to provide a written response to the Attorney-General on actions taken or to be taken due to the Coroner's recommendations.

A Coronial Inquest may be held at the discretion of the Coroner following an unexpected death. The following table demonstrates coronial findings that have been handed down.

Table 19: Coronial Numbers by Program – 2003-04 to 2007-08

Year	Hospitals	Mental Health	Alcohol & Other Drugs	Family & Children's Services	Health Services
2003/04	3	1	0	1	0
2004/05	3	1	1	1	0
2005/06	1	1	1	0	1
2006/07	3	0	0	1	0
2007/08	3	0	1	0	1

Data is recorded at the time of the Coroner handing down findings.

Actions in response to coronial recommendations in this financial year included:

- DHF and St Johns are investigating a range of options for enhancement of the clinical requirements and governance structures which include training, mentoring and additional advanced clinical support requirements to over paramedic crews 24/7. The introduction of the clinical support officer positions is one option that is being considered
- there are three fully commissioned operating theatres at the Alice Springs Hospital, two are funded on an on-going basis. The third is used to accommodate emergency and elective cases. The establishment of a dedicated emergency theatre would not be a viable use of scarce staffing resources
- the Australian Government is responsible for the rollout of Opal fuel. As part of this process, there is a cross-border petrol sniffing eight point plan, of which the Northern Territory is a member.

Chief Finance Officer's Report

Contents

Overview	196
Operating Statement	196
Operating Revenue	197
Operating Expenses	198
Balance Sheet	199
Statement of Cash Flows	200
Summary	201

Chief Finance Officer's Report

Overview

This section provides an overview of the department's financial performance in 2007-08. The tables in this section summarise the Operating Statement, Balance Sheet and Cash Flow Statement and include comparisons with results from the 2006-07 financial year. The department is showing an improved equity position as at 30 June 2008. This is largely due to the transfer of completed works from the capital and minor new works programs. The department's equity position improved by \$12M to \$406M, as at 30 June 2008.

In 2007-08 there was a significant increase in funding from the Australian Government. New agreements were negotiated to expand programs under the Australian Government Intervention and under the Australian Health Care Agreements. Whilst many of these programs have commenced, full acquittal of the funding received will not be completed until the 2008-09 financial year. The deferral of these projects until 2008-09 has resulted in the department being \$26M under the budget expense target of \$911.8M in the 2007-08 financial year.

Detailed financial statements and accompanying notes follow this overview.

Operating Statement

Table 20: Operating Statement Summary

Operating Statement Summary	2007-08 \$000	2006-07 \$000	Variation \$000	
Operating Revenue	872 413	784 673	87 740	11.2%
Operating Expenses	885 687	797 330	88 357	11.1%
Deficit	-13 275	-12 657	-617	4.9%

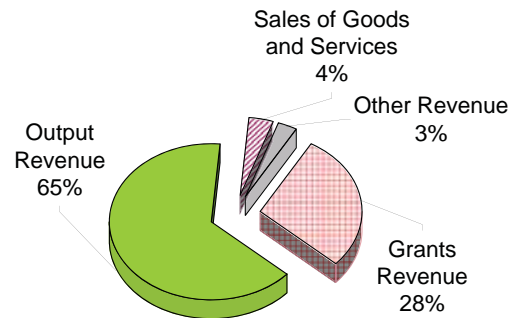
In 2007-08 the department's operating result was a deficit of \$13.3M, or 1.5% of the department's operating expenses. The deficit outcome is expected as, under the Northern Territory Government's financial management framework, general government agencies are not funded for non-cash costs, such as depreciation (\$19.9M) and plan on recording a deficit result.

For DHF, the operating deficit is due to depreciation offset by additional Australian Government grant funding for programs that will be completed in future financial years.

Operating Revenue

Table 21: Operating Revenue

Operating Revenue	2007-08 \$000	2006-07 \$000	Variation \$000	% Variation
Grants Revenue	246 419	184 921	61 298	33.3%
Output Revenue	562 062	539 718	22 344	4.1%
Sales of Goods and Services	37 283	34 150	3 133	9.2%
Other Revenue	26 649	25 884	765	3.0%
Total	872 413	784 673	87 740	11.2%



The department's principal source of revenue (65% or \$562M) is output revenue and represents the Northern Territory Government's contribution towards the provision of health and community services throughout the Northern Territory. The department received a 4% increase in funding from the Northern Territory Government in 2007-08. This funding enabled the department to meet the increased demand for client services, as well as implementing new initiatives to expand and improve services.

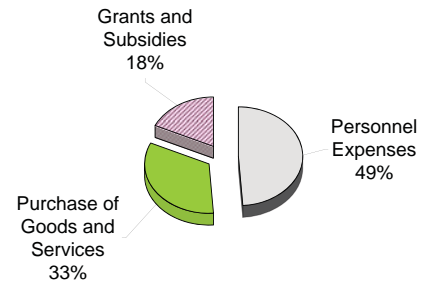
The department also receives funding directly from the Australian Government (28% or \$246.4M). These grants are paid to the department under specific agreements made between the Australian and Northern Territory Governments. The major component of the department's grant revenue is paid under the Australian Health Care Agreement (AHCA) and represents the Australian Government's contribution to acute care services in the Northern Territory. In 2007-08 the department received \$127.7M under this agreement. Australian Government funding increased by \$61M in 2007-08 and \$31M of this increase was to improve services to remote NT communities under the Australian Government Intervention. As many of these agreements were finalised late in the financial year, planned activity tied to these funds could not be acquitted prior to 30 June 2008. These projects will now be acquitted in the 2008-09 financial year.

The services provided in a public health system are largely provided to clients free of charge. This leaves very little scope to generate revenue for services it provides. However, the department has continued to show improved revenue in this area, improving by 9% in 2007-08 to \$37.3M. This increase has been largely due to the increase in interstate patients receiving treatment in Northern Territory hospitals and in turn has been utilised to improve hospital services. The remaining other revenue category is predominantly services received free of charge. This represents the value of corporate services provided by the Department of Corporate and Information Services to DHF (\$24.8M).

Operating Expenses

Table 22: Operating Expenses

Operating Expenses	2007-08 \$000	2006-07 \$000	Variation \$000	% Variation
Personnel Expenses	435 305	398 957	36 348	9.1%
Purchase of Goods and Services	288 685	263 212	25 473	9.7%
Grants and Subsidies	161 697	135 161	26 536	19.6%
Total	885 687	797 330	88 357	11.1%



The department's 2007-08 operating costs predominantly comprised employee expenses (49%) and are indicative of the service delivery nature of the department's core business. A further 33% is apportioned to purchase goods and services and 18% applied to grants and subsidies. Overall the department's expenses increased by 11.1% in 2007-08 and was in line with the increased revenue received by the department.

Employee Expenses

Employee expenses in 2007-08 increased by 9.1% due to a combination of enterprise bargaining agreement (EBA) salary increases and an increase in staffing levels to meet both service demand growth and the introduction of new initiatives such as the *Closing the Gap* NT Government and the Australian Government Intervention initiatives.

Administrative Expenses

Administrative expenses incurred by the department include depreciation, repairs and maintenance, and the purchase of goods and services. These increased by \$25.5M or 9.7% in 2007-08. The major increases by category of expense were :

- \$6.3M for medical and dental supplies
- \$2.8M for client travel
- \$2.3M for repairs and maintenance.

Grants and Subsidies

Grants and subsidy expenses comprise payments to non-government organisations (NGOs) providing health and welfare services in the community, as well as direct payments to residents qualifying for welfare and carers subsidies. The department also pays a community service obligation of \$4.9M to the Power and Water Corporation to fund essential services concessions provided to pensioners across the Northern Territory. In 2007-08 grant and subsidies expenses increased by \$26.5M or 19.6% on the previous financial year.

The growth in grant expenditure is due to the need to fund NGOs to meet indexation for wages and CPI, as well as growth demand. In 2007-08 the department also paid one off capital grants of \$10.9M that has increased the growth in grant payments.

These grants were paid to improve infrastructure in remote communities to facilitate provision of Family and Children's services to these areas (\$5.3M) and a further \$5.5M to Menzies School of Health Research to upgrade its facilities.

Balance Sheet

Table 23: Balance Sheet Summary

Balance Sheet	2007-08 \$000	2006-07 \$000	Variation \$000
Assets	519 046	493 098	25 948
Liabilities	112 977	99 289	13 688
Equity	406 068	393 809	12 259

The increase in assets held by the department has resulted from transfer of completed capital works and minor new works projects from the Department of Planning and Infrastructure. The major projects to transfer in were:

- \$4.5M Rapid Admission Planning Unit at Royal Darwin Hospital
- \$6.9M for ASH rectification and renal projects
- \$2.4M for Flynn Drive Community Health Centre
- \$7.7M for replacement of clinical equipment.

Non current assets increased by \$12M after depreciation. The department has also recorded increases in both accounts receivable (\$11M) and accounts payable (\$8M). These were due to the deferral of cross border patient accounts to some jurisdictions.

Statement of Cash Flows

Table 24: Cash Flow Statement Summary

Cash Flow Statement	2007-08 \$000	2006-07 \$000	Variation \$000
Cash at beginning of reporting period	34 936	29 192	5 744
Receipts	871 085	791 758	79 327
Payments	870 274	791 354	78 920
Equity Injections	3 540	6 360	-2 820
Equity Withdrawals	2 400	1 021	1 379
Cash at end of reporting period	36 888	34 936	1 952

The Cash Flow Statement shows the department's cash receipts and payments for the financial year. This statement incorporates expenses and revenues from the Operating Statement after the non-cash elements have been eliminated. The net result is an increase in cash balances of \$1.9M, as described above.

Summary

Table 25: Budget Target Summary

Budget Summary	2007-08 Final Budget \$000	2007-08 Actual \$000	Variation \$000	% Variation
Operating Revenue	867 655	872 413	-4 758	-0.5%
Operating Expenses	911 848	885 687	26 161	3.0%
Deficit	-44 192	-13 275	-30 919	

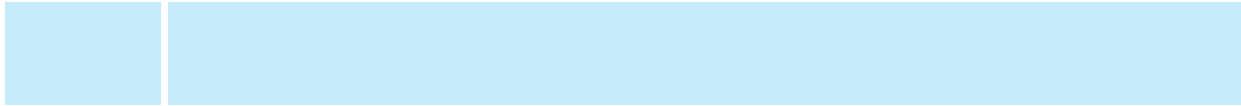
In 2007-08 the department's expenses were 3% or \$26M below budget expectations. The shortfall in expenses is attributed to externally funded projects that commenced in 2007-08 but were unable to be completed before the end of the financial year. Extensions for these programs have been negotiated and final acquittals will be achieved in 2008-09. In all other respects the financial performance of the department has been within expected budget targets.



David Ryan
A/Chief Finance Officer

10 September 2008

Financial Statements



Financial Statements

For the year ending June 2008

Certification of the Financial Statements

We certify that the attached financial statements for the Department of Health and Families have been prepared from proper accounts and records in accordance with the prescribed format, the *Financial Management Act* and Treasurer's Directions.

We further state that the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement, and notes to and forming part of the financial statements, presents fairly the financial performance and cash flows for the year ended 30 June 2008 and the financial position on that date.

At the time of signing, we are not aware of any circumstances that would render the particulars included in the financial statements misleading or inaccurate.



.....
David Ashbridge
Chief Executive Officer

September 2008



.....
David Ryan
Acting Chief Finance Officer

September 2008

Operating Statement

	Note	2008 \$'000	2007 \$'000
Income			
<i>Grants and Subsidies Revenue</i>			
Current		246 419	184 921
Capital		0	0
Output Revenue		562 062	539 718
Sales of Goods and Services		37 283	34 150
Goods and Services Received Free of Charge	4	24 833	23 740
Gain / (Loss) on Disposal of Assets	5	(48)	(70)
Other Income		1 863	2 214
Total Income		872 413	784 673
Expenses			
Employee Expenses		435 305	398 957
<i>Administrative Expenses</i>			
Purchases of Goods and Services	6	232 093	212 199
Repairs and Maintenance		10 986	8 269
Depreciation and Amortisation	10	19 936	18 009
Other Administrative Expenses (a)		25 669	24 735
<i>Grants and Subsidies Expenses</i>			
Current		145 879	126 590
Capital		10 896	4 523
Community Service Obligations		4 922	4 048
Interest Expenses	17	0	0
Total Expenses	3	885 687	797 330
Net Surplus/(Deficit)	15	(13 275)	(12 657)

(a) Includes DCIS service charges.

The Operating Statement is to be read in conjunction with the notes to the financial statements.

Balance Sheet

	Note	2008 \$'000	2007 \$'000
Assets			
Current Assets			
Cash and Deposits	7	36 888	34 936
Receivables	8	34 500	23 961
Inventories	9	6 006	5 675
Prepayments		1 871	769
Advances		0	0
Other Assets		0	(13)
Total Current Assets		79 265	65 328
Non-Current Assets			
Property, Plant and Equipment	10	439 781	427 770
Total Non-Current Assets		439 781	427 770
Total Assets		519 046	493 098
Liabilities			
Current Liabilities			
Deposits Held	14	889	757
Payables	11	62 587	54 997
Borrowings and Advances	12	0	0
Provisions	13	36 805	31 828
Other Liabilities	14	55	134
Total Current Liabilities		100 336	87 716
Non-Current Liabilities			
Borrowings and Advances	12	0	0
Provisions	13	12 641	11 573
Total Non-Current Liabilities		12 641	11 573
Total Liabilities		112 977	99 289
Net Assets		406 068	393 809
Equity			
Capital	15	499 597	474 063
Reserves	15	13 240	13 240
Accumulated Funds	15	(106 768)	(93 494)
Total Equity		406 068	393 809

The Balance Sheet is to be read in conjunction with the notes to the financial statements.

Statement of Changes in Equity

	Note	2008 \$'000	2007 \$'000
Balance of Equity at 1 July		393 809	384 208
Capital	15		
Balance at 1 July		474 063	459 273
Equity Injections		27 934	15 804
Equity Withdrawals		(2 400)	(1 014)
Balance at 30 June		499 597	474 063
Reserves	15		
Balance at 1 July		13 240	5 686
Increase/(Decrease) in Asset Revaluation Reserve		0	7 554
Balance at 30 June		13 240	13 240
Accumulated Funds	15		
Balance at 1 July		(93 494)	(80 750)
Correction of Prior Period Errors		0	(86)
Surplus/(Deficit) for the Period		(13 275)	(12 657)
Balance at 30 June		(106 768)	(93 494)
Balance of Equity at 30 June		406 068	393 809

This Statement of Changes in Equity is to be read in conjunction with the notes to the Financial Statements

Cash Flow Statement

	Note	2008 \$'000 (Outflows)/ Inflows	2007 \$'000 (Outflows)/ Inflows
Cash Flows from Operating Activities			
Operating Receipts			
<i>Grants and Subsidies Received</i>			
Current		246 518	183 902
Capital		75	0
Output Revenue Received		562 062	539 718
Receipts From Sales of Goods And Services		62 291	67 908
Total Operating Receipts		870 946	791 528
Operating Payments			
Payments to Employees		(433 292)	(390 697)
Payments for Goods and Services		(267 071)	(252 572)
<i>Grants and Subsidies Paid</i>			
Current		(146 192)	(128 480)
Capital		(10 813)	(4 523)
Community Service Obligations		(5 173)	(3 724)
Interest Paid		0	0
Total Operating Payments		(862 541)	(779 996)
<i>Net Cash From/(Used In) Operating Activities</i>	16	8 405	11 532
Cash Flows from Investing Activities			
Investing Receipts			
Proceeds from Asset Sales	5	7	35
Total Investing Receipts		7	35
Investing Payments			
Purchase of Assets	10	(7 733)	(11 358)
Advances and Investing Payments		0	0
Total Investing Payments		(7 733)	(11 358)
<i>Net Cash From/(Used In) Investing Activities</i>		(7 726)	(11 323)
Cash Flows from Financing Activities			
Financing Receipts			
Deposits Received		132	195
<i>Equity Injections</i>			
Capital Appropriation	15	3 540	6 360
Other Equity Injections		0	0
Total Financing Receipts		3 672	6 555
Financing Payments			
Finance Lease Payments	18	0	(7)
Equity Withdrawals	15	(2 400)	(1 014)
Total Financing Payments		(2 400)	(1 021)
<i>Net Cash From/(Used In) Financing Activities</i>		1 272	5 534
Net Increase/(Decrease) in Cash Held		1 952	5 744
Cash at Beginning of Financial Year		34 936	29 192
Cash at End of Financial Year	7	36 888	34 936

The Cash Flow Statement is to be read in conjunction with the notes to the financial statements.

Index of Notes to the Financial Statements

1. Objectives and Funding
2. Statement of Significant Accounting Policies
3. Operating Statement by Output Group
- Income**
4. Goods and Services Received Free of Charge
5. Gain on Disposal of Assets
- Expenses**
6. Purchase of Goods and Services
- Assets**
7. Cash and Deposits
8. Receivables
9. Inventories
10. Property, Plant and Equipment
- Liabilities**
11. Payables
12. Borrowings and Advances
13. Provisions
14. Other Liabilities
- Equity**
15. Equity
- Other Disclosures**
16. Notes to the Cash Flow Statement
17. Financial Instruments
18. Commitments
19. Contingent Liabilities and Contingent Assets
20. Events Subsequent to Balance Date
21. Accountable Officer's Trust Account
22. Write-offs, Postponements and Waivers
23. Schedule of Territory Items

1. Objectives and Funding

The Department of Health and Families' mission is to promote, protect and improve the health and wellbeing of all Territorians in partnership with individuals and the community.

Additional information in relation to the department and its principal activities may be found in section *DHF at a glance* of the Annual Report.

The department is predominantly funded by, and is dependent on the receipt of Parliamentary appropriations. The financial statements encompass all funds through which the agency controls resources to carry on its functions and deliver outputs. For reporting purposes, outputs delivered by the agency are summarised into several Output Groups. Note 3 provides summary financial information in the form of an Operating Statement by Output Group.

2. Statement of Significant Accounting Policies

a) Basis of Accounting

The financial statements have been prepared in accordance with the requirements of the *Financial Management Act* and related Treasurer's Directions. The *Financial Management Act* requires the Department of Health and Families to prepare financial statements for the year ended 30 June based on the form determined by the Treasurer. The form of agency financial statements is to include:

- i. a Certification of the Financial Statements
- ii. an Operating Statement
- iii. a Balance Sheet
- iv. a Statement of Changes in Equity
- v. a Cash Flow Statement
- vi. applicable explanatory notes to the financial statements.

The form of agency financial statements is consistent with the accrual budget format and the requirements of Australian Accounting Standards, including AASB 101 and AASB 107. The format also requires additional disclosures specific to Territory Government entities.

The financial statements have been prepared using the accrual basis of accounting, which recognises the effect of financial transactions and events when they occur, rather than when cash is paid out or received. As part of the preparation of the financial statements, all intra agency transactions and balances have been eliminated.

Except where stated, the financial statements have also been prepared in accordance with the historical cost convention.

b) Agency and Territory Items

The financial statements of Department of Health and Families include income, expenses, assets, liabilities and equity over which the Department of Health and Families has control (agency items). Certain items, while managed by the agency, are controlled and recorded by the Territory rather than the agency (Territory items).

Territory items are recognised and recorded in the Central Holding Authority as discussed below.

Central Holding Authority

The Central Holding Authority is the 'parent body' that represents the government's ownership interest in government controlled entities.

The Central Holding Authority also records all Territory items, such as income, expenses, assets and liabilities controlled by the government and managed by agencies on behalf of the government. The main Territory item is Territory income, which includes taxation and royalty revenue, Australian Government general purpose funding (such as GST revenue), fines, and statutory fees and charges.

The Central Holding Authority also holds certain Territory assets not assigned to agencies as well as certain Territory liabilities that are not practical or effective to assign to individual agencies such as unfunded superannuation and long service leave.

The Central Holding Authority recognises and records all Territory items, and as such, these items are not included in the agency's financial statements. However, as the agency is accountable for certain Territory items managed on behalf of government, these items have been separately disclosed in note 23 - Schedule of Territory Items.

c) Comparatives

Where necessary, comparative information for the 2006-07 financial year has been reclassified to provide consistency with current year disclosures.

d) Presentation and Rounding of Amounts

Amounts in the financial statements and notes to the financial statements are presented in Australian dollars and have been rounded to the nearest thousand dollars, with amounts of \$500 or less being rounded down to zero.

e) Changes in Accounting Policies

There have been no changes to accounting policies adopted in 2007-08 as a result of management decisions.

f) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of Goods and Services Tax (GST), except where the amount of GST incurred on a purchase of goods and services is not recoverable from the Australian Tax Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Balance Sheet.

Cash flows are included in the Cash Flow Statement on a gross basis. The GST components of cash flows arising from investing and financing activities that are recoverable from, or payable to, the ATO are classified as operating cash flows. Commitments and contingencies are disclosed net of the amount of GST recoverable or payable unless otherwise specified.

g) Income Recognition

Income encompasses both revenue and gains.

Income is recognised at the fair value of the consideration received, exclusive of the amount of goods and services tax (GST). Exchanges of goods or services of the same nature and value without any cash consideration being exchanged are not recognised as income.

Output Revenue

Output revenue represents government funding for agency operations and is calculated as the net cost of agency outputs after taking into account funding from agency income. The net cost of agency outputs for Output Appropriation purposes does not include any allowance for major non-cash costs such as depreciation.

Revenue in respect of this funding is recognised in the period in which the agency gains control of the funds.

Grants and Other Contributions

Grants, donations, gifts and other non-reciprocal contributions are recognised as revenue when the agency obtains control over the assets comprising the contributions. Control is normally obtained upon receipt.

Contributions are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

Sale of Goods

Revenue from the sale of goods is recognised (net of returns, discounts and allowances) when control of the goods passes to the customer and specified conditions associated with the sale have been satisfied.

Rendering of Services

Revenue from rendering services is recognised on a stage of completion basis.

Interest Revenue

Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset.

Goods and Services Received Free of Charge

Goods and services received free of charge are recognised as revenue when a fair value can be reliably determined and the resource would have been purchased if it had not been donated. Use of the resource is recognised as an expense.

Disposal of Assets

A gain or loss on disposal of assets is included as a gain or loss on the date control of the asset passes to the buyer, usually when an unconditional contract of sale is signed. The gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal. Refer also to note 5.

Contributions of Assets

Contributions of assets and contributions to assist in the acquisition of assets, being non-reciprocal transfers, are recognised, unless otherwise determined by government, as gains when the agency obtains control of the asset or contribution. Contributions are recognised at the fair value received or receivable.

h) Repairs and Maintenance Expenses

Funding is received for repairs and maintenance works associated with agency assets as part of Output Revenue. Costs associated with repairs and maintenance works on agency assets are expensed as incurred.

i) Interest Expenses

Interest expenses include interest and finance lease charges. Interest expenses are expensed in the period in which they are incurred.

j) Cash and Deposits

For the purposes of the Balance Sheet and the Cash Flow Statement, cash includes cash on hand, cash at bank and cash equivalents. Cash equivalents are highly liquid short-term investments that are readily convertible to cash. Cash at bank includes monies held in the Accountable Officer's Trust Account (AOTA) that are ultimately payable to the beneficial owner - refer also to note 21.

k) Inventories

Inventories held for distribution, mainly pharmaceuticals and medical supplies, are those inventories distributed at no or nominal consideration, and are carried at the lower of cost and current replacement cost.

l) Receivables

Receivables include accounts receivable and other receivables and are recognised at fair value less any allowance for impairment losses.

The allowance for impairment losses represents the amount of receivables the agency estimates are likely to be uncollectible and are considered doubtful. Analyses of the age of the receivables that are past due as at the reporting date are disclosed in an ageing schedule in Note 8. Reconciliation of changes in the allowance accounts is also presented.

Accounts receivable are generally settled within 30 days and other receivables within 30 days.

m) Property, Plant and Equipment

Acquisitions

All items of property, plant and equipment with a cost, or other value, equal to or greater than \$5 000 are recognised in the year of acquisition and depreciated as outlined below. Items of property, plant and equipment below the \$5 000 threshold are expensed in the year of acquisition.

The construction cost of property, plant and equipment includes the cost of materials and direct labour, and an appropriate proportion of fixed and variable overheads.

Complex Assets

Major items of plant and equipment comprising a number of components that have different useful lives, are accounted for as separate assets. The components may be replaced during the useful life of the complex asset.

Subsequent Additional Costs

Costs incurred on property, plant and equipment subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the agency in future years. Where these costs represent separate components of a complex asset, they are accounted for as separate assets and are separately depreciated over their expected useful lives.

Construction (Work in Progress)

As part of *Working for Outcomes*, the Department of Planning and Infrastructure is responsible for managing general government capital works projects on a whole of government basis. Therefore appropriation for most capital works is provided directly to the Department of Planning and Infrastructure and the cost of construction work in progress is recognised as an asset of that department. Once completed, capital works assets are transferred to the agency.

Revaluations

Subsequent to initial recognition, assets belonging to the following classes of non-current assets are revalued with sufficient regularity to ensure that the carrying amount of these assets does not differ materially from their fair value at reporting date:

- land
- buildings.

Fair value is the amount for which an asset could be exchanged, or liability settled, between knowledgeable, willing parties in an arms length transaction. Other classes of non-current assets are not subject to revaluation and are measured at cost.

Depreciation and Amortisation

Items of property, plant and equipment, including buildings, but excluding land, have limited useful lives and are depreciated or amortised using the straight-line method over their estimated useful lives.

Amortisation applies in relation to intangible non-current assets with limited useful lives and is calculated and accounted for in a similar manner to depreciation.

The estimated useful lives for each class of asset are in accordance with the Treasurer's Directions and are determined as follows:

	<u>2008</u>	<u>2007</u>
Buildings	50 Years	50 Years
Remote Housing	25 Years	25 Years
Plant and Equipment (refer below)	4 to 15 Years	4 to 15 Years
Computer Hardware	4 Years	4 Years
Office Equipment	5 Years	5 Years
Medical/Dental, Scientific Equipment	9 Years	9 Years
Furniture & Fittings, Security Systems	10 Years	10 Years
Catering Equipment, Temperature Control Systems	15 Years	15 Years
Leased Plant and Equipment	3 Years	3 Years
Intangibles	3 to 6 Years	3 to 6 Years

Assets are depreciated or amortised from the date of acquisition or from the time an asset is completed and held ready for use.

Impairment of Assets

An asset is said to be impaired when the asset's carrying amount exceeds its recoverable amount.

Non-current physical and intangible agency assets are assessed for indicators of impairment on an annual basis. If an indicator of impairment exists, the agency determines the asset's recoverable amount. The asset's recoverable amount is determined as the higher of the asset's depreciated replacement cost and fair value less costs to sell. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

Impairment losses are recognised in the Operating Statement unless the asset is carried at a revalued amount. Where the asset is measured at a revalued amount, the impairment loss is offset against the Asset Revaluation Reserve for that class of asset to the extent that an available balance exists in the Asset Revaluation Reserve.

In certain situations, an impairment loss may subsequently be reversed. Where an impairment loss is subsequently reversed, the carrying amount of the asset is increased to the revised estimate of its recoverable amount. A reversal of an impairment loss is recognised in the Operating Statement as income, unless the asset is carried at a revalued amount, in which case the impairment reversal results in an increase in the Asset Revaluation Reserve. Note 15 provides additional information in relation to the Asset Revaluation Reserve.

n) Leased Assets

Leases under which the agency assumes substantially all the risks and rewards of ownership of an asset are classified as finance leases. Other leases are classified as operating leases.

Finance Leases

Finance leases are capitalised. A leased asset and a lease liability equal to the present value of the minimum lease payments are recognised at the inception of the lease.

Lease payments are allocated between the principal component of the lease liability and the interest expense.

Operating Leases

Operating lease payments made at regular intervals throughout the term are expensed when the payments are due, except where an alternative basis is more representative of the pattern of benefits to be derived from the leased property. Lease incentives under an operating lease of a building or office space is recognised as an integral part of the consideration for the use of the leased asset. Lease incentives are to be recognised as a deduction of the lease expenses over the term of the lease.

o) Payables

Liabilities for accounts payable and other amounts payable are carried at cost which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the agency. Accounts payable are normally settled within 30 days.

p) Employee Benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries and recreation leave. Liabilities arising in respect of wages and salaries and recreation leave and other employee benefit liabilities that fall due within twelve months of reporting date are classified as current liabilities and are measured at amounts expected to be paid. Non-current employee benefit liabilities that fall due after twelve months of the reporting date are measured at present value, calculated using the government long term bond rate.

No provision is made for sick leave, which is non-vesting, as the anticipated pattern of future sick leave to be taken is less than the entitlement accruing in each reporting period.

Employee benefit expenses are recognised on a net basis in respect of the following categories:

- wages and salaries, non-monetary benefits, recreation leave, sick leave and other leave entitlements
- other types of employee benefits.

As part of the introduction of *Working for Outcomes*, the Central Holding Authority assumed the long service leave liabilities of government agencies, including the Department of Health and Families and as such no long service leave liability is recognised in agency financial statements.

q) Superannuation

Employees' superannuation entitlements are provided through the:

- NT Government and Public Authorities Superannuation Scheme (NTGPASS)
- Commonwealth Superannuation Scheme (CSS)
- non-government employee nominated schemes for those employees commencing on or after 10 August 1999.

The agency makes superannuation contributions on behalf of its employees to the Central Holding Authority or non-government employee nominated schemes. Superannuation liabilities related to government superannuation schemes are held by the Central Holding Authority and as such are not recognised in agency financial statements.

r) Contributions by and Distributions to Government

The agency may receive contributions from government where the government is acting as owner of the agency. Conversely, the agency may make distributions to government. In accordance with the *Financial Management Act* and Treasurer's Directions, certain types of contributions and distributions, including those relating to administrative restructures, have been designated as contributions by, and distributions to, government. These designated contributions and distributions are treated by the agency as adjustments to equity.

The Statement of Changes in Equity and note 15 provide additional information in relation to contributions by, and distributions to, government.

s) Commitments

Disclosures in relation to repairs and maintenance and other commitments, including lease commitments are shown at note 18 and are consistent with the requirements contained in AASB 101 and AASB 117.

Commitments are those contracted as at 30 June where the amount of the future commitment can be reliably measured.

3. Operating Statement by Output Group

	Note	Acute Services		Community Health Services		Family and Children's Services		Aged and Disability Services	
		2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000
Income									
<i>Grants and Subsidies Revenue</i>									
Current		154 564	133 542	28 415	12 993	20 540	6 970	22 987	15 978
Capital		0	0	0	0	0	0	0	0
Output Revenue		295 072	287 454	85 976	113 125	59 559	36 539	48 981	33 516
Sales of Goods and Services		32 759	29 289	3 609	3 319	88	122	315	61
Goods and Services Received Free of Charge	4	13 225	12 644	5 205	4 976	1 681	1 607	1 542	1 474
Gain/(Loss) on Disposal of Assets	5	(48)	(72)	0	1	0	0	0	0
Other Income		398	626	357	509	205	92	30	315
Total Income		495 971	463 483	123 562	134 923	82 073	45 330	73 856	51 344
Expenses									
Employee Expenses		277 914	261 542	77 026	66 370	22 004	18 160	14 625	14 019
<i>Administrative Expenses</i>									
Purchases of Goods and Services	6	163 566	154 153	31 932	28 612	9 568	6 901	6 192	6 022
Repairs and Maintenance	6	8 252	6 177	1 221	956	394	298	362	274
Depreciation and Amortisation	10	11 887	10 735	3 852	3 481	1 095	985	1 007	908
Other Administrative Expenses (a)	6	13 853	13 584	5 241	5 007	1 693	1 618	1 548	1 478
<i>Grants and Subsidies Expenses</i>									
Current		21 183	18 918	17 644	15 922	38 578	30 112	45 243	41 582
Capital		84	0	60	352	5 226	170	0	0
Community Service Obligations		0	0	0	0	0	0	4 922	4 048
Interest Expenses	17	0	0	0	0	0	0	0	0
Total Expenses		496 739	465 110	136 977	120 700	78 557	58 243	73 899	68 330
Net Surplus/(Deficit)	15	(768)	(1 627)	(13 415)	14 223	3 516	(12 913)	(43)	(16 986)

(a) Includes DCIS service charges. This Operating Statement by Output Group is to be read in conjunction with the notes to the financial statements.

3. Operating Statement by Output Group

	Note	Mental Health Services		Public Health Services		Health Research		Total	
		2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000
Income									
<i>Grants and Subsidies Revenue</i>									
Current		2 503	2 958	17 336	12 428	74	51	246 419	184 921
Capital		0	0	0	0	0	0	0	0
Output Revenue		28 623	21 967	31 766	42 476	12 085	4 642	562 062	539 718
Sales of Goods and Services		59	145	448	1 211	4	4	37 283	34 150
Goods and Services Received Free of Charge	4	1 011	966	1 955	1 868	214	204	24 833	23 740
Gain/(Loss) on Disposal of Assets	5	0	0	0	0	0	0	(48)	(70)
Other Income		207	338	664	330	2	5	1 863	2 214
Total Income		32 403	26 373	52 169	58 314	12 379	4 906	872 413	784 673
Expenses									
Employee Expenses		22 203	20 298	21 287	18 340	247	228	435 305	398 957
<i>Administrative Expenses</i>									
Purchases of Goods and Services	6	6 374	5 050	14 171	11 203	291	259	232 093	212 199
Repairs and Maintenance	6	237	179	470	347	50	38	10 986	8 269
Depreciation and Amortisation	10	681	616	1 276	1 161	137	124	19 936	18 009
Other Administrative Expenses (a)	6	1 014	969	2 106	1 875	214	204	25 669	24 735
<i>Grants and Subsidies Expenses</i>									
Current		4 321	4 546	12 774	11 562	6 136	3 948	145 879	126 590
Capital		0	0	26	4 000	5 500	0	10 896	4 523
Community Service Obligations		0	0	0	0	0	0	4 922	4 048
Interest Expenses	17	0	0	0	0	0	0	0	0
Total Expenses		34 830	31 658	52 110	48 487	12 575	4 801	885 687	797 330
Net Surplus/(Deficit)	15	(2 427)	(5 285)	60	9 827	(196)	105	(13 275)	(12 657)

(a) Includes DCIS service charges. This Operating Statement by Output Group is to be read in conjunction with the notes to the financial statements.

Note 3 (Cont)

Income and expenses are earned and incurred by activity centres which are allocated to Output Groups.

Output Group financial outcomes are affected by depreciation allocated to Output Groups in proportion to the value of assets distributed to each Output Group and allocation of other overheads such as divisional policy groups, information and technology and central service costs.

	2008	2007
	\$'000	\$'000
4. Goods and Services Received Free of Charge		
Department of Corporate and Information Services	24 833	23 740
	<u>24 833</u>	<u>23 740</u>
5. Gain/(Loss) on Disposal of Assets		
Net proceeds from the disposal of plant and equipment	10	41
Less: Carrying value of plant and equipment disposed	(58)	(111)
Gain / (Loss) on the disposal of plant and equipment	<u>(48)</u>	<u>(70)</u>
6. Purchases of Goods and Services		
The net deficit has been arrived at after charging the following expenses:		
NT R & M Program	9 917	7 415
R & M and Minor New Works	1 070	854
Property Maintenance	5 965	4 379
General Property Management	2 053	6 023
Power	12 000	11 281
Water and Sewerage	978	1 075
Accommodation	3 077	1 295
Advertising ^(6.1)	15	43
Audit Fees	40	29
Bank Fees	16	19
Client Travel	23 925	21 586
Clothing	281	146
Communications	4 914	4 254
Consultant Fees ^(6.2) - Management	3 011	1 320
Consumables / General Expenses	4 250	4 131

Note 6 (cont)

	2008	2007
	\$'000	\$'000
Cross Border Patient Charges	24 145	25 802
Document Production	732	562
Entertainment / Hospitality	101	47
Food	3 958	3 010
Freight	1 302	1 126
Information Technology Charges	18 187	17 021
IT Consultants	6 093	4 091
IT Hardware and Software Expenses	2 952	4 489
Insurance Premiums	62	44
Laboratory Expenses	4 490	4 367
Legal Expenses (6.3)	2 906	3 981
Library Services	1 325	1 215
Marketing and Promotion (6.4)	1 225	946
Medical/Dental Supplies and Services	65 175	58 776
Membership and Subscriptions	527	417
Motor Vehicle Expenses	9 360	8 096
Office Requisitions and Stationery	2 584	2 336
Official Duty Fares	6 835	4 782
Other Equipment Expenses	5 451	4 852
Recruitment (6.5)	5 586	5 114
Reg/Advisory Boards/Committees	293	203
Relocation Expenses	694	489
Training and Study	4 482	2 810
Transport Equipment Expenses	846	140
Travelling Allowance	2 196	1 896
Unallocated Corporate Credit Card Expenses	63	7
Depreciation and Amortisation	19 936	18 009
Asset Write Downs	391	481
Doubtful Debts Expense	295	514
Commonwealth Repayments	147	1
DCIS Services	24 833	23 740

(6.1) Does not include recruitment advertising or marketing and promotion advertising.

(6.2) Includes marketing, promotion and NT and Interstate Management Consultants.

(6.3) Includes legal fees, claim and settlement costs.

(6.4) Includes advertising for marketing and promotion but excludes marketing and promotion consultants' expenses, which are incorporated in the consultants' category.

(6.5) Includes recruitment related advertising costs.

7. Cash and Deposits

	2008	2007
	\$'000	\$'000
Cash on Hand	18	17
Cash at Bank	36 870	34 919
	36 888	34 936

8. Receivables

Current

Accounts Receivable	3 872	3 043
Less: Allowance for Impairment Losses	(807)	(763)
	3 065	2 280
GST Receivables	4 012	2 353
Other Receivables (8.1)	27 423	19 328
	31 435	21 681
Total Receivables	34 500	23 961

(8.1) Other receivables include accrued revenue for cross border patient charges, grants and subsidies and Department of Veteran Affairs revenue.

Aging of Receivables

Not Overdue	32 423	23 178
Overdue for less than 30 Days	1 234	430
Overdue for 30 to 60 Days	144	165
Overdue for more than 60 Days	699	188
Total Receivables	34 500	23 961

Aging of Impaired Receivables

Impaired Receivables for 30 to 60 Days		
Impaired Receivables for more than 60 Days	807	763
Total Impaired Receivables	807	763

	2008	2007
	\$'000	\$'000
Reconciliation of the Allowance for Impairment Losses		
Allowance for Impairment Losses at the Beginning of the Reporting Period	763	644
Amounts written off during the year	(161)	(225)
Other amounts written back during the year	(90)	(170)
Amounts recovered during the year		
Increase/(decrease) in allowance recognised in profit or loss	295	514
Allowance for Impairment Losses at the End of the Reporting Period	807	763

* Other amounts written back during the year predominantly relate to compensable patient accounts being reverted back to public patients and therefore not chargeable.

9. Inventories

Inventories Held for Distribution ^(9.1)

At current replacement cost	6 006	5 675
Total Inventories	6 006	5 675

(9.1) During the year the Department of Health and Families was required to write-off \$0.360M (\$0.318M in 2006-07) of inventories, the majority being pharmaceuticals due to their short shelf life and the necessity to keep certain life saving items on hand.

10. Properties, Plant and Equipment

Land

At Fair Value ^(10.1)	16 183	16 183
---------------------------------	---------------	---------------

Buildings

At Fair Value ^(10.1)	702 453	679 367
Less: Accumulated Depreciation	(309 351)	(295 616)
Less Accumulated Impairment Losses ^(10.2)	(1 126)	(1 126)
	391 975	382 625

Construction (Work in Progress)

At Capitalised Cost ^(10.3)	71	183
	71	183

Plant and Equipment

At Cost	67 718	59 590
Less: Accumulated Depreciation	(36 226)	(31 035)
Less Accumulated Impairment Losses ^(10.2)	(117)	(117)
	31 375	28 438

	2008 \$'000	2007 \$'000
Leased Plant and Equipment		
At Capitalised Cost	501	550
Less: Accumulated Depreciation	(501)	(544)
	<u>0</u>	<u>6</u>
Intangibles		
At Fair Value ^(10.4)	4 161	4 161
Less: Accumulated Amortisation	(3 984)	(3 826)
	<u>177</u>	<u>335</u>
Total Property, Plant and Equipment	<u>439 781</u>	<u>427 770</u>

(10.1) Property, Plant and Equipment Valuations

An independent valuation was undertaken by the Australian Valuation Office (AVO) as at 30 June 2007 for: Buildings at Royal Darwin Hospital. The fair value of these assets was determined based on any existing restrictions on asset use. Where reliable market values were not available, the fair value of agency assets was based on their depreciated replacement cost.

(10.2) Impairment of Property, Plant and Equipment

Agency property, plant and equipment assets were assessed for impairment as at 30 June 2007. As a result of this review there was a reduction of \$1.803M in carried forward impairment losses recognised against buildings and an increase of \$0.054M against Plant and Equipment. Impairment changes for Buildings were recognised in the Asset Revaluation Reserve, whilst impairment losses for Plant and Equipment were charged as an expense to the Operating Statement.

(10.3) Construction (Work in Progress)

Relates to scoping study for Wadeye health infrastructure.

(10.4) Intangible Assets comprise advance payment for use of software licenses and propriety interest held by the department in software packages that generate revenue.

10. Property, Plant and Equipment (cont)

	Land \$'000	Buildings \$'000	Construction (Work in Progress) \$'000	Plant & Equipment \$'000	Leased Plant & Equipment \$'000	Intangibles \$'000	Total \$'000
Carrying Amount as at 1 July 2007	16 183	382 625	183	28 438	6	335	427 770
Additions		2 816		4 939			7 755
Disposals				(58)			(58)
Depreciation and Amortisation		(13 736)		(6 036)	(6)	(158)	(19 936)
Additions/(Disposals) from Asset Transfers		20 270	(112)	4 092			24 250
Revaluation Increments/(Decrements)							
Impairment Loss							
Carrying Amount as at 30 June 2008	16 183	391 975	71	31 375	0	177	439 781

A reconciliation of the carrying amount of property, plant and equipment of the beginning and end of 2006-07 is detailed below:

	Land \$'000	Buildings \$'000	Construction (Work in Progress) \$'000	Plant & Equipment \$'000	Leased Plant & Equipment \$'000	Intangibles \$'000	Total \$'000
Carrying Amount as at 1 July 2006	16 183	378 051	1 132	21 838	46	1 030	418 282
Additions		51		10 973			11 024
Disposals				(111)			(111)
Depreciation and Amortisation		(12 924)		(4 349)	(40)	(695)	(18 008)
Additions/(Disposals) from Asset Transfers		9 893	(949)	141			9 085
Revaluation Increments/(Decrements)		5 751					5 751
Impairment Loss		1 803		(54)			1 749
Carrying Amount as at 30 June 2007	16 183	382 625	183	28 438	6	335	427 770

11. Payables

	2008	2007
	\$'000	\$'000
Accounts Payable	9 944	4 581
Accrued Expenses (11.1)	50 168	47 371
Other Payables (11.2)	2 475	3 046
	<u>62 587</u>	<u>54 998</u>

(11.1) Includes liability for cross border patient expenses, other accrued operational and personnel expenses

(11.2) Includes Grants and Subsidies payable

12. Borrowings and Advances**Current**

Finance Lease Liabilities (refer note 18)	<u>0</u>	<u>0</u>
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Non-Current

Loans and Advances	0	0
Finance Lease Liabilities (refer note 18)	<u>0</u>	<u>0</u>
Total Borrowings and Advances	<u>0</u>	<u>0</u>

13. Provisions**Current***Employee Benefits*

Recreation Leave	27 512	25 074
Leave Loading	4 813	4 969
Recreation Leave Fares and other benefits	883	681

Other Current Provisions

Other Provisions – Include provisions for Payroll Tax and Fringe Benefits Tax payable	3 597	1 104
	<u>36 805</u>	<u>31 828</u>

Non-Current*Employee Benefits*

Recreation Leave	12 641	11 573
Total Provisions	<u>49 446</u>	<u>43 401</u>

	2008	2007
	\$'000	\$'000
Reconciliations of Provisions		
Employee Benefits		
Balance as at 1 July 2007	42 297	39 229
Additional Provisions Recognised	36 438	34 687
Reductions Arising from Payments	<u>(32 886)</u>	<u>(31 619)</u>
Balance as at 30 June 2008	<u>45 849</u>	<u>42 297</u>

The department employed 5 023 employees as at 30 June 2008 (4 706 employed as at 30 June 2007).

14. Other Liabilities

Current

Deposits held (14.1)	889	757
Unearned Revenue (14.2)	<u>55</u>	<u>134</u>
Total Other Liabilities	<u>944</u>	<u>891</u>

(14.1) Accountable Officers Trust Account (see Note 21) and other monies held on Trust

(14.2) Revenue received prior to services provided

15. Equity

Equity represents the residual interest in the net assets of the Department of Health and Families. The government's ownership interest in the department is held in the Central Holding Authority as described in note 2(b).

Capital

Balance as at 1 July	<u>474 063</u>	<u>459 273</u>
<i>Equity Injections</i>		
Capital Appropriation	3 540	6 360
Equity Transfers In (15.1)	24 394	9 444
<i>Equity Withdrawals</i>		
Capital Withdrawal (15.2)	<u>(2 400)</u>	<u>(1 014)</u>
Balance as at 30 June	<u>499 597</u>	<u>474 063</u>

(15.1) Transfers from Department of Planning and Infrastructure (DPI) primarily relate to the construction of the Royal Darwin Hospital Rapid Admission and Planning Unit, Alice Springs Hospital Kitchen and Renal facilities and remote health clinics

(15.2) Funding from the Australian Government for Trauma Centre.

Asset Revaluation Reserve

i) Nature and Purpose of the Asset Revaluation Reserve

The asset revaluation reserve includes the net revaluation increments and decrements arising from the revaluation of non-current assets. Impairment adjustments may also be recognised in the Asset Revaluation Reserve.

ii) Movements in the Asset Revaluation (15.3)

	2008 \$'000	2007 \$'000
Balance as at 1 July	13 240	5 686
Increment/(Decrement) - Land	0	0
Increment/(Decrement) - Buildings	0	7 554
Impairment (Losses)/Reversals - Buildings	0	0
Balance as at 30 June 2008	13 240	13 240

(15.3) Australian Valuation Office Revaluations - refer to Note 10

Accumulated Funds

Balance as at 1 July	(93 494)	(80 750)
Surplus /(Deficit) for the Period	(13 275)	(12 657)
Correction of Prior Period Errors	0	(86)
Balance as at 30 June	(106 768)	(93 494)

16. Notes to the Cash Flow Statement

Reconciliation of Cash

The total of agency Cash and Deposits of \$36 888 recorded in the Balance Sheet is consistent with that recorded as 'cash' in the Cash Flow Statement. Reconciliation of Net Surplus/ (Deficit) to Net Cash from Operating Activities

Net Surplus/(Deficit)	(13 275)	(12 657)
<i>Non-Cash Items:</i>		
Depreciation and Amortisation	19 936	18 009
Asset Write-Offs/Write-Downs	32	163
Conversion of Advance to Grant	0	800
(Gain)/Loss on Disposal of Assets	51	76
Repairs and Maintenance – minor new works – non-cash	1	(140)
<i>Changes in Assets and Liabilities:</i>		
Decrease/(Increase) in Receivables	(10 540)	450
Decrease/(Increase) in Inventories	(331)	(669)
Decrease/(Increase) in Prepayments	(1 101)	(305)

	2008	2007
	\$'000	\$'000
Decrease/(Increase) in Other Assets	71	4
(Decrease)/Increase in Payables	7 595	2 749
(Decrease)/Increase in Provision for Employee Benefits	3 552	3 068
(Decrease)/Increase in Other Provisions	2 493	(201)
(Decrease)/Increase in Other Liabilities	(79)	(41)
Correct Prior Period Error	0	225
Net Cash from Operating Activities	8 405	11 532

17. Financial Instruments

A financial instrument is a contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Financial instruments held by the Department of Health and Families include cash and deposits, receivables, payables and finance leases. The department has limited exposure to financial risks as discussed below.

a) Credit Risk

The agency provides hospital services to ineligible (overseas), compensable and private patients for a fee and also sells medical supplies/services and pharmaceuticals to external health organisations. Ineligible patients are required to pay an up-front fee before treatment, however this is not always possible and their credit risk is considered high due to their transient nature and/or economic circumstances. The credit risk associated with provision of credit risk for trading purposes to external health organisations is generally considered relatively low.

The carrying amount of financial assets recorded in the financial statements, net of any allowances for losses, represents the agency's maximum exposure to credit risk without taking account of the value of any collateral or other security obtained.

b) Net Fair Value

The carrying amount of financial assets and financial liabilities recorded in the financial statements approximates their respective net fair values. Where differences exist, these are not material. Receivables include accounts receivable and GST receivable but exclude accrued revenue. Payables include trade creditors but exclude accrued expenses and unearned revenue

17. Financial Instruments (cont)

c) Interest Rate Risk

The Department of Health and Families is not exposed to interest rate risk as departmental financial assets and financial liabilities, with the exception of finance leases, are non-interest bearing. Finance lease arrangements are established on a fixed interest rate and as such do not expose the department to interest rate risk.

The Department of Health and Families' average interest rate for classes of financial assets and financial liabilities is set out in the following tables. The average interest rate is based on the outstanding balance at the start of the year.

Fixed Interest Maturity

	Weighted Average interest rate %	Variable Interest \$'000	Under 1 year \$'000	1 to 5 years \$'000	Over 5 years \$'000	Non- Interest Bearing \$'000	Total \$'000
2008 Financial Assets							
Cash and Deposits						36 888	36 888
Receivables						7 077	7 077
Advances						0	0
Total Financial Assets:						43 965	43 965
Financial Liabilities							
Deposits Held						889	889
Payables						9 944	9 944
Finance Lease Liabilities						0	0
Total Financial Liabilities:						10 833	10 833
Net Financial Assets/(Liabilities):						33 132	33 132

Fixed Interest Maturity

	Weighted Average interest rate %	Variable Interest \$'000	Under 1 year \$'000	1 to 5 years \$'000	Over 5 years \$'000	Non- Interest Bearing \$'000	Total \$'000
2007 Financial Assets							
Cash and Deposits						34 936	34 936
Receivables						4 633	4 633
Advances						0	0
Total Financial Assets:						39 569	39 569
Financial Liabilities							
Deposits Held						757	757
Payables						4 581	4 581
Finance Lease Liabilities						0	0
Total Financial Liabilities:						5 338	5 338
Net Financial Assets/(Liabilities):						34 231	34 231

17. Financial Instruments (cont)**d) Liquidity Risk**

Liquidity risk is the risk that the agency will not be able to meet its financial obligations as they fall due. The agency's approach to managing liquidity is to ensure that it will always have sufficient liquidity to meet liabilities when they fall due.

18. Commitments

	2008	2007
	\$'000	\$'000
(i) Outstanding Acquittals of Externally Funded Agreements		
Externally funded agreements not fully completed by 30 June 2008:		
Within one year	42 090	—
	42 090	—
(ii) Repairs and Maintenance Expenditure Commitments		
Repairs and Maintenance expenditure commitments contracted for at balance date, but not recognised as liabilities are payable as follows:		
Within one year	666	0
	666	0
(iii) Grant Commitments		
Other non-cancellable expenditure commitments not recognised as liabilities are payable as follows:		
Within one year	83 590	39 107
Later than one year and not later than five years	70 889	40 040
	154 479	79 147
(iv) Operating Lease Commitments		
The agency leases equipment, predominately photocopiers under non-cancellable operating leases expiring from 3 to 5 years. Leases generally provide the agency with a right of renewal at which time all lease terms are renegotiated. Future operating lease commitments not recognised as liabilities are payable as follows:		
Within one year	389	291

Later than one year and not later than five years	531	479
	<u>920</u>	<u>770</u>

2008	2007
\$'000	\$'000

(v) Finance Lease Commitments

The agency leased computer hardware under finance leases expiring within 3 years. At the end of the lease term the agency retains ownership of the equipment. Finance lease commitments are recognised as liabilities (refer also to note 12) and are payable as follows:

Within one year	0	0
Later than one year and not later than five years	0	0
<i>Total Minimum Finance Lease Payments:</i>	<u>0</u>	<u>0</u>
Less: future lease finance charges	<u>0</u>	<u>0</u>
Total Finance Lease liabilities (refer to note 12)	<u>0</u>	<u>0</u>
Current	0	0

19. Contingent Liabilities and Contingent Assets**a) Contingent liabilities**

The Department of Health and Families had no contingent liabilities as at 30 June 2008 or 30 June 2007

b) Contingent assets

The Department of Health and Families had no contingent assets as at 30 June 2008 or 30 June 2007.

20. Events Subsequent to Balance Date

No events have arisen between the end of the financial year and the date of this report that require adjustment to, or disclosure in these financial statements.

21. Accountable Officer's Trust Account

In accordance with Section 7 of the *Financial Management Act*, an Accountable Officer's Trust Account has been established for the receipt of money to be held in trust. A summary of activity is shown below:

Nature of Trust Money	Opening Balance 1 July 2007	Receipts	Payments	Closing Balance 30 June 2008
Accommodation Bonds	201 191	237 387	168 200	270 378
Key Deposits	5 566	8 058	7 747	5 877
Unclaimed Money	75 997	(1 913)	1 017	73 067
	282 753	243 532	176 964	349 321

Negative receipt against unclaimed money relate to the transfer to CHA for amounts unclaimed after 6 years.

22. Write-Offs, Postponements and Waivers

	Department 2008		Department 2007		Territory Items 2008		Territory Items 2007	
	\$'000	No. of Trans.	\$'000	No. of Trans.	\$'000	No. of Trans.	\$'000	No. of Trans.
Write-offs, Postponements and Waivers Under the <i>Financial Management Act</i>	160	296	337	503	0	0	0	0
Represented by:								
<u>Amounts written off, waived and postponed by Delegates</u>								
Irrecoverable amounts payable to the Territory or an agency written off	81	244	222	435				
Losses or deficiencies of money written off	1	7						
Public property written off	44	41	115	68				
Waiver or postponement of right to receive or recover money or property								
Total written off, waived and postponed by Delegates	126	292	337	503	0	0	0	0
<u>Amounts written off, postponed and waived by the Treasurer</u>								
Irrecoverable amounts payable to the Territory or an agency written off	34	4						
Losses or deficiencies of money written off								
Public property written off								
Waiver or postponement of right to receive or recover money or property								
Total written off, postponed and waived by the Treasurer	34	4	0	0	0	0	0	0
Total	160	296	337	503	0	0	0	0
Write-offs, Postponements and Waivers Authorised Under the <i>Medical Services Act</i>	46	6	3	2	0	0	0	0

23. Schedule of Territory Items

The following Territory items are managed by the Department of Health and Families on behalf of the government and are recorded in the Central Holding Authority (refer note 2(b))

	2008	2007
	\$'000	\$'000
Territory Income and Expenses		
<i>Income</i>		
Capital	23 622	0
Fees from Regulatory Services	793	1 579
Other Revenue	5	0
Total Income	24 420	1 579
<i>Expenses</i>		
Central Holding Authority Income Transferred	24 420	1 579
Total Expenses	24 420	1 579
Territory Income less Expenses	0	0
Territory Assets and Liabilities		
<i>Assets</i>		
Other Receivables	13 404	0
Total Assets	13 404	0
<i>Liabilities</i>		
Central Holding Authority Income Payable	13 404	0
Total Liabilities	13 404	0
Territory Assets less Liabilities	0	0

Capital Income relates to infrastructure projects for Remote Health and Radiation Oncology to be funded through the Department of Planning and Infrastructure.

Other Receivables relate to unpaid Capital Invoices for Remote Health Infrastructure projects.

Figures and Tables

	Index		Index
Output Groups Performance Reporting:			
Acute Care			
Table 1:			
Growth in Acute Inpatient Weighted Separations	61	Figure 9:	
		Non-Admitted Specialist Clinic Occasions of Service – All NT Hospitals 2000-01 to 2007-08	67
Figure 1:			
Inpatient Weighted Separations compared with Hospital expenditure – 2002-03 to 2007-08	62	Figure 10:	
		Emergency Department Attendances – All NT Hospitals 2000-01 to 2007-08	68
Figure 2:			
Weighted Separations by Aboriginal status – 2007-08.....	62	Community Services	
Figure 3:			
Major Diagnostic Categories – Aboriginal and Non-Aboriginal 2007-08	63	Figure 11:	
		Notifications, Investigations and Substantiations.....	82
Figure 4:			
Average Length of Stay Excluding Same Day – 2007-08.....	64	Figure 12:	
		Children in Care During the Year – 2001-02 to 2007-08	82
Figure 5:			
Same Day Haemodialysis Treatments – 2004-05 to 2007-08	64	Table 2:	
		Taxi Subsidy Scheme	88
Figure 6:			
Same Day Haemodialysis Treatments – 2004-05 to 2007-08	65	Figure 13:	
		ACAT Assessments by Region – 2003-04 to 2007-08	88
Figure 7:			
Elective Surgery Wait List.....	66	Table 3:	
		NT Adult Guardianship Applications and Orders – 2004-05 to 2007-08	89
Figure 8:			
Elective and Emergency Surgical Activity	66	Table 4:	
		Mental Health Inpatient Separations by Location, Gender and Aboriginal Status	94
Figure 14:			
		Mental Health Inpatient Separations by Location, Gender and Aboriginal Status	94

Index	Index
Table 5:	Figure 20:
Mental Health Inpatient Separations by Diagnostic Group 95	Percentage of Children Aged 12 - <15 Months Fully Immunised – September 2005 to June 2008 131
Table 6:	Figure 21:
People Receiving Community Mental Health Services by Age Group and Aboriginal Status 95	Percentage of Children Aged 24 - <27 Months Fully Immunised – September 2005 to June 2008 132
Table 7:	Figure 22:
Number of Episodes of Treatment by Principal Drug of Concern from 1 April 2007 to 31 March 2008..... 101	Percentage of Children Aged 72 - <75 Months Fully Immunised – September 2005 to June 2008 132
Figure 15:	Figure 23:
Number of Episodes of Treatment by Principal Drug of Concern from 1 April 2004 to 31 March 2008..... 101	Total Number of Female Aedes vigilax caught using CO2 Baited Traps at 11 Darwin Monitoring Sites – 2003-04 to 2007- 08 134
Health Services	Figure 24:
Figure 16:	HIV Cases in NT Residents by Gender – 2001 to 2007..... 136
Underweight Aboriginal Children 0-5 Years 113	Figure 25:
Figure 17:	HIV Cases in NT Residents by Aboriginal Status – 2001 to 2007 136
Anaemia in Aboriginal Children Aged 6 Months to 5 Years 113	Figure 26:
Table 8:	HIV Cases in NT Residents by Exposure Category – 2001 to 2007.... 137
HBS Service Event 2007-08..... 119	Table 10:
Table 9:	Northern Territory Notifiable Diseases 2001 to 2007 (Total number of cases). 139
Number of Calls Received by NT Health Direct by Location, Nature of Calls & Ethnicity..... 121	Human Resources
Figure 18:	Figure 27:
Environmental Health – Regulatory and Other Activities 2004-05 to 2007-08 124	Full Time Equivalent Staffing Trends including Percentage of Total – 2004-05 to 2007-08 149
Figure 19:	
NT Schedule 8 Drug Prescription and Patient Contracts – 1992-93 to 2007-08 128	

	Index
Table 11:	
ATSI Figures based on EEO Data.....	151
Table 12:	
Incidents of Aggression by Classification – 2005-06 to 2007-08....	155
Table 13:	
Requests Received by the Commissioner for Public Employment under Section 59 of the <i>Public Sector Employment and Management Act</i>	159
Table 14:	
Requests Received by the CEO or Delegate under the Department’s Grievance Policy and Guidelines.....	159
Regional	
Table 15:	
2007-08 Funding to External Service Providers	168
Governance	
Table 16:	
Applications Outcomes under the <i>Information Act</i>	189
Table 17	
Number of Complaints by Type – 2003-04 to 2007-08	192
Table 18:	
Number of Complaints Outcomes – 2003-04 to 2007-08	193
Table 19:	
Coronial Numbers by Program – 2003-04 to 2007-08	194

	Index
Financial Overview	
Table 20:	
Operating Statement Summary.....	196
Table 21:	
Operating Revenue	197
Table 22:	
Operating Expenses.....	198
Table 23:	
Balance Sheet Summary.....	199
Table 24:	
Cash Flow Statement Summary.....	200
Table 25:	
Budget Target Summary.....	201

Appendices

Contents

i.	Health Centres	238
ii.	Capital and Minor Works Program.....	240
iii.	Acronyms	242

Appendix I

Health Centres

The following two pages cross-reference with the service map within the report on page 165.

DARWIN AREA	Phone	Fax
Royal Darwin Hospital +	(08) 892 2 88 88	(08) 89 22 7 700
Adelaide River ■	(08) 89 76 7 027	(08) 89 76 7 093
Bagot ▲	(08) 89 48 3 166	(08) 89 48 3 044
Batchelor ■	(08) 89 76 0 011	(08) 89 76 0 105
Belyuen (De lissaville) ■	(08) 89 78 5 023	(08) 89 78 5 181
Casuarina Community Care Centre ■	(08) 89 22 7 301	(08) 89 22 7 477
Jabiru ■	(08) 89 79 2 018	(08) 89 79 2 041
Kakadu Health Service ▲	(08) 89 79 2 018	(08) 89 79 2 041
Kunbarlanjnja (Oenpe Ili/Gunbalanya) ■	(08) 89 79 0 178	(08) 89 79 0 159
Maningrida ■	(08) 89 79 5 930	(08) 89 79 5 933
Milikapiti (Snake Bay) ■	(08) 89 78 3 950	(08) 89 78 3 995
Minjilang (Croker Island) ■	(08) 89 79 0 229	(08) 89 79 0 207
Naiyu Nam biyu (Dal y Riv er) ■	(08) 89 78 2 435	(08) 89 78 2 416
Nganmariyanga (Palumpa) ■	(08) 89 78 2 359	(08) 89 78 2 538
Nguiu (Bathurst Island) ■	(08) 89 78 3 984	(08) 89 78 3 906
Palmerston Community Care Centre ■	(08) 89 99 3 344	(08) 89 99 3 333
Peppimentarti ▲	(08) 89 78 1 066	(08) 89 78 2 962
Pirlangimpi (Garden Point) ■	(08) 89 78 3 953	(08) 89 78 3 932
Wadeye (Port Keats) ■	(08) 89 78 2 360	(08) 89 78 2 555
Warruwi (Goul burn Isla nd) ▲	(08) 89 79 0 500	(08) 89 79 0 505
Woodycupildiya □	(08) 89 78 2 996	(08) 89 78 2 968
EAST ARNHAM AREA		
Gove District Hospital, Nhulunbuy +	(08) 89 87 0 211	(08) 89 87 0 399
Alyangula ■	(08) 89 87 6 255	(08) 89 87 6 116
Angurugu ■	(08) 89 87 6 311	(08) 89 87 6 632
Bickerton Island (Milyakburra) ■	(08) 89 87 7 054	(08) 89 87 6 269
Galiwinku (Elcho Island) ▲	(08) 89 87 9 031	(08) 89 87 9 061
Gapuwiyak (Lake Evella) & Homelands ■	(08) 89 87 9 150	(08) 89 87 9 121
Gunyangara (Marngarr) ▲	(08) 89 87 3 800	(08) 89 87 3 271
Laynhapuy (Layna) ▲	(08) 89 39 1 800	(08) 89 87 1 109
Milingimbi ■	(08) 89 87 9 903	(08) 89 87 9 940
Numbulwar ■	(08) 89 75 4 670	(08) 89 75 4 671
Ramingining ■	(08) 89 79 7 923	(08) 89 79 7 930
Umbakumba ■	(08) 89 87 6 772	(08) 89 87 6 799
Yirrkala ■	(08) 89 87 0 367	(08) 89 87 0 366
KATHERINE AREA		
Katherine Hospital +	(08) 89 73 9 211	(08) 89 73 9 111
Amanbidji (Kildurk) ▲	(08) 89 75 0 727	(08) 89 75 0 748
Barunga (Bamyili) ▲	(08) 89 75 4 501	(08) 89 75 4 602
Binjari ▲	(08) 89 71 0 970	(08) 89 71 0 186
Borrooloola ■	(08) 89 75 8 757	(08) 89 75 8 718
Bulla Camp (Goorbidgim) ▲	(08) 91 68 7 303	(08) 89 75 0 748
Daguragu (Wattie Creek) ▲	(08) 89 75 0 891	(08) 89 75 0 792
Gulin Gulin (Bulman) ▲	(08) 89 75 4 712	(08) 89 75 4 829
Jilkmin ggan (Duck Creek) ▲	(08) 89 75 4 741	(08) 89 75 4 621
Kalkarindji (Wave Hill) ▲	(08) 89 75 0 785	(08) 89 75 0 792
Lajamanu (Hooker Creek) ▲	(08) 89 75 0 782	(08) 89 75 0 903
Mataranka ▲	(08) 89 75 4 547	(08) 89 75 4 621
Manyallaluk (Eva Valley) ▲	(08) 89 75 4 864	(08) 89 78 6 459
Minyerri (Hodgson Downs) ▲	(08) 89 75 9 959	(08) 89 75 9 809

Ngukurr (Roper River) ▲	(08) 89 75 4 688	(08) 89 75 4 689
Pine Creek ■	(08) 89 76 1 268	(08) 89 76 1 325
Robinson River ■	(08) 89 75 9 985	(08) 89 75 9 857
Timber Creek ▲	(08) 89 75 0 727	(08) 89 75 0 748
Urapunga ▲	(08) 89 75 4 345	(08) 89 75 4 689
Wugularr (Beswick) ▲	(08) 89 75 4 527	(08) 89 75 4 820
Wurli Wurlinjang ▲	(08) 89 71 0 044	(08) 89 71 0 962
Yarralin (Inc. Pigeon Hole) ▲	(08) 89 75 0 893	(08) 89 75 0 911
ALICE SPRINGS		
Alice Springs Hospital +	(08) 89 51 7 777	(08) 89 51 7 988
Aherrenge (Ampilatwatja) ▲	(08) 89 56 9 942	(08) 89 56 9 971
Alpurrurulam (Lake Nash) ■	07 47 48 3 111	07 47 48 4 874
Amunturrngu (Mt Liebig) ■	(08) 89 56 8 595	(08) 89 56 8 984
Aputula (Finke) ■	(08) 89 56 0 961	(08) 89 56 0 778
Atitjere (Harts Range) ■	(08) 89 56 9 778	(08) 89 56 9 947
Bonya (Baikal Bonja) ■	(08) 89 56 6 300	(08) 89 56 6 390
Engawala (Alcoota) □	(08) 89 56 9 944	(08) 89 56 9 282
Ikuntji (Haasts Bluff) ■	(08) 89 56 8 472	(08) 89 56 8 547
Imanpa (Mt Ebenezer) ■	(08) 89 56 7 484	(08) 89 56 7 826
Kaltukatjara (Dockar River) ■	(08) 89 56 7 342	(08) 89 56 7 741
Laram ba (Napperby) ■	(08) 89 56 8 792	(08) 89 56 8 432
Ltyentye Apurte (Santa Teresa) ▲	(08) 89 56 0 911	(08) 89 56 0 910
Mutitjulu ▲	(08) 89 56 2 054	(08) 89 56 3 773
Ntaria (Herm annsburg) ■	(08) 89 56 7 433	(08) 89 56 7 473
Nturiya (Ti-Tree Station) □	(08) 89 56 9 820	(08) 89 56 9 820
Nyrripi (Waite Creek) ■	(08) 89 56 8 835	(08) 89 56 8 840
Papunya ■	(08) 89 56 8 505	(08) 89 56 8 512
Pmara Jutunta (6 Mile) ■	(08) 89 56 9 847	
Tara (Neutral Junction) ■	(08) 89 56 9 789	(08) 89 56 9 586
Ti-Tree ■	(08) 895 6 97 36, 8956 993 6	(08) 89 56 9 829
Titjikala (Maryvale) ■	(08) 89 56 0 906	(08) 89 56 0 742
Ukaka □	(08) 89 56 7 828	
Urapuntja (Utopia) ▲	(08) 89 56 9 875	(08) 89 56 9 863
Utju (Areyonga) ■	(08) 89 56 7 308	(08) 89 55 8 042
Wallace Rockhole ■	(08) 89 56 7 763	(08) 89 56 7 763
Walungurru (Kintore/Pintupi Homelands) ▲	(08) 89 56 8 593	(08) 89 56 8 582
Watarrka (Kings Canyon) ■	(08) 89 56 7 807	(08) 89 56 7 183
Wilora (Stirling) ■	(08) 89 56 9 950	(08) 89 56 9 280
Wirliyatjarrayi (Willowra) ■	(08) 89 56 8 788	(08) 89 56 8 979
Yulara ▲	(08) 89 56 2 286	(08) 89 56 2 373
Yuelamu (Mt Allen) ■	(08) 89 56 8 747	(08) 89 56 8 847
Yuen dumu ■	(08) 89 56 4 030	(08) 89 56 4 051
BARKLY		
Tennant Creek Hospital +	(08) 89 62 4 399	(08) 89 62 4 205
Ali Curung ■	(08) 89 64 1 954	(08) 89 64 1 971
Barkly Mobile □	(08) 89 62 4 254	(08) 89 62 4 207
Canteen Creek (Or watjilla) ■	(08) 89 64 1 510	(08) 89 64 1 514
Elliott ■	(08) 89 69 2 060	(08) 89 69 2 070
Epenarra (Wutunurrurru) ■	(08) 89 64 1 559	(08) 89 64 1 903
Marlinja □	(08) 89 69 2 060	(08) 89 69 2 070
McLaren Creek (Mungkarta) ▲	No Current Phone	

Appendix II Capital and Minor New Works

SUMMARY	\$000
Revoted Works from 2006/2007	18 245
New Works in 2007/2008	24 784
New Works in 2007/2008	12 193

Project	Cost \$000	Status as at 30 June 2008
Revoted Works from 2006-07		
Alice Springs Hospital - Fire Protection and Airconditioning ¹	4 414	In progress
Alice Springs - Sexual Assault and Referral Centre Office Fit-out ²	400	Design phase
Alice Springs - Upgrade Flynn Drive Renal Unit	431	Complete Apr 2008
Alice Springs Hospital - Kitchen Upgrade	1 000	Complete Jan 2008
Aranda House Alice Springs - Upgrade Facility	251	Complete Jul 2008
Galiwinku - Upgrade existing health centre		
Raminging - Upgrade existing health centre	176	Complete Jul 2008
Umbakumba - Upgrade existing health centre		
Gove District Hospital - Public Health Screening Facility	233	Complete Mar 2008
Gove District Hospital - Replace Generator ³	400	In progress
Kalkarindji - Construct new health centre	2 700	Complete Jun 2008
Royal Darwin Hospital - National Trauma Centre	2 210	Complete Apr 2008
Royal Darwin Hospital - Rapid Admission and Planning Unit	1 980	Complete Sep 2008
Royal Darwin Hospital - Upgrade Lifts	950	Complete Sep 2008
Yirrkala - Upgrade health centre ⁴	300	Tender Advertised
Minor New Works	2 800	Complete
	18 245	
New Works 2007-08		
Alice Springs Hospital - Upgrade and Expand Existing Renal Facilities ⁵	1 870	Part funding transferred to Land Acquisition due to alternative program delivery option
Alice Springs Hospital - Upgrade Emergency Power and Electrical Systems ⁶	3 000	Design phase
Alice Springs Hospital - Upgrade the Emergency Department ⁷	6 000	Design phase
Royal Darwin Hospital - Replace Autoclave Waste Disposal System ⁸	1 500	Options being considered
Tennant Creek Hospital - Fire Safety Upgrade (Stage 2) ⁹	1 000	In progress
Wadeye - Construct new health centre ¹⁰	3 107	Design phase
Minor New Works	3 093	In progress
	19 570	
New Works added to the program during 2007-08		
Across the Territory - 6 Self Care Haemodialysis Facilities ¹¹	1 914	In progress
Alice Springs Hospital - NT Clinical School Research Facility ¹²	1 700	Design phase
Darwin - Residential Care Facility ¹³	1 000	Design phase
Royal Darwin Hospital - Office Accommodation Demountables	600	Complete Sep 2008
	5 214	
	Total for 2007-08	24 784
New Works 2008-09		
Katherine - Construct new Sobering Up Shelter	1 300	Design phase
Miligimbi - Construct new health centre	4 500	Design phase
Tennant Creek - Construct new Sobering Up Shelter	1 300	Design phase
Tennant Creek Hospital - Fire Safety Upgrade (Stage 3)	1 700	Design phase
Minor New Works	3 393	Design phase
	12 193	

1 Alice Springs Hospital – Fire Protection and Airconditioning

The private wing was converted into a Clinical Management Ward to provide a decanting ward for patients during the rectification works. Works have been broken into various projects to meet the Hospital's operating needs with each ward done sequentially due to the limitations of the single decant ward and testing required. The Clinical Management Wing, Day Procedure Unit and Ward 4 have been completed.

Work on the kitchen has been managed in stages to allow the continued operation of the Kitchen throughout the works. The works include chilled air-conditioning installation, fire rectification of penetrations to the slab over and other works to bring the space up to current building code requirements and minor new works. Stage 1 was complete and handed back to the Hospital in January 2008. The remaining work was completed in August 2008. Delays were experienced with the discovery of asbestos in early stages of the works in the air conditionings dampers, unforeseen issues of compliance and generally with unavailability of trades' contractors

Work on the Paediatrics Ward commenced in December 2007 with a target completion in April/May 2008 but was delayed as a result of a stop work order issued late December 2007. Stage 1 works are completed with Stage 2A due for completion late September 2008 and Stage 2B to be completed mid-November 2008.

2 Alice Springs – Sexual Assault and Referral Centre Office Fit-out

This project has taken some time to agree the scope of works and funding required. These have been agreed and work on fitout is expected to commence late October 2008.

3 Gove District Hospital – Replace Generator

Equipment installed – waiting to be commissioned. The equipment had a long lead time for delivery.

4 Yirrkala – Upgrade Health Centre

This project was delayed following several reviews of the scope of works and requirement to obtain additional funding. The contract was awarded on 15 September 2008

5 Alice Springs Hospital – Upgrade and Expand Existing Renal Facilities

The facility will be provided by a new service provider – contract expected to be awarded October 2008. Part Funding transferred to purchase the land for the facility.

6 Alice Springs Hospital – Upgrade Emergency Power and Electrical Systems

Tender for purchase of generators to be advertised late 2008 with commissioning July 2009. A long lead time for delivery. Planning on other electrical works is underway.

7 Alice Springs Hospital – Upgrade the Emergency Department. Concept design completed November 2007 and tender for a consultancy for design and specifications documentation advertised August 2008.

8 Royal Darwin Hospital – Replace Autoclave Waste Disposal System. This project is being assessed for suitability for other Government requirements.

9 Tennant Creek Hospital – Fire Safety Upgrade (Stage 2)

Expected to be completed in October 2008.

10 Wadeye – Construct New Health Centre

Funded by Australian Government. Commencement of the project was subject to an extensive consultation and scoping study carried out by AG. This has been completed with additional funding approved to meet the approved scope.

11 Across the Territory – 6 Self Care Haemodialysis Facilities.

Constructed completed – being rolled out to communities as clients are identified and trained to self-dialyse.

12 Alice Springs Hospital – NT Clinical School Research Facility.

Tender advertised September 2008 – externally funded.

13 Darwin – Residential Care Facility.

Scope and design still to be determined. Additional works being proposed subject to obtaining funding approval.

Appendix III

Acronyms

AAS Australian Accounting Standards	AOD Alcohol and Other Drugs	CAAPS Council for Aboriginal Alcohol Program Services
ACAP Aged Care Assessment Program	AODP Alcohol and Other Drugs Program (within DHF)	CanNET Cancer Services Networks National Demonstration Program
ACAT Aged Care Assessment Team	AOTA Accountable Officers Trust Account	C&FH Child and Family Health
ACIR Australian Childhood Immunisation Register	AQIS Australian Quarantine and Inspection Service	CA Central Australian
AFP Australian Federal Police	ARF Acute Rheumatic Fever	CAMHS Central Australian Mental Health Services (within DHF)
AGI Australian Government Intervention	ASMOF Australian Salaried Medical Officer's Federation	CCIS Community Care Information System
AHCA Australian Health Care Agreement	ASH Alice Springs Hospital	CDC Centre for Disease Control (within DHF)
AHMAC Australian Health Ministers Advisory Council	ATO Australian Taxation Office	CDEP Community Development Employment Program
AHW Aboriginal Health Worker	ATSI Aboriginal and Torres Strait Islander	CE Chief Executive
AIDS Acquired Immune Deficiency Syndrome	AR-DRG Australian Refined Diagnosis Related Groups	CIA Competition Impact Assessment
AMSANT Aboriginal Medical Services Alliance of the Northern Territory	AVO Australian Valuation Office	CLAC The Schedule 8 and Restricted Schedule 4 Clinical Advisory Service
AMWU Australian Manufacturing Workers Union	BC Bereavement Care	CMALC Chief Minister's Active Living Council
ANF Australian Nursing Federation	BP3 Budget Paper 3	
	CAAAPU Central Australia Aboriginal Alcohol Programs	

COAG Council of Australian Governments	DIMA Department of Immigration and Multicultural Affairs	EN Enrolled Nurse
CPC Community and Primary Care Services	DMO District Medical Officer	ENT Ear Nose and Throat
CPI Consumer Price Index	DMS Drug Monitoring System	FACS Family and Children's Services Program (within DHCS)
CPSU Community and Public Sector Union	DPH Darwin Private Hospital	FACSAC Family and Children's Services Advisory Council
CREDIT Court Referral Evaluation for Drug Intervention and Treatment NT	DPI Department of Planning and Infrastructure	FaCSIA Department of Family, Housing, Community Services and Indigenous Affairs
CRG Clinical Reference Group	DOJ Department of Justice	FOI Freedom of Information
CSS Commonwealth Superannuation Scheme	DUCC DHF and Union Consultative Committee	FSANZ Food Standards of Australia and New Zealand
CSTDA Commonwealth / State / Territory Disability Agreement	DVA Department of Veteran Affairs	FTE Full Time Equivalent
CT Computed Tomography	EA East Arnhem	GAA Growth Assessment and Action Program
DCIS Department of Corporate and Information Services	EAS Employee Assistance Services	GDH Gove District Hospital
DEET Department of Employment, Education and Training	EBA Enterprise Bargaining Agreement	GPNNT General Practice Network Northern Territory
DHCS Department of Health and Community Services	ED Emergency Department	GENDC Generic Disease Control
DHF Department of Health and Families	EEO Equal Employment Opportunity	GRMG Global Resource Management Group
	EH Environmental Health	GST Goods and Services Tax
	EHW Environmental Health Worker	

HACC Home and Community Care	IFVPP Indigenous Family Violence Prevention Partnership	MPS Multi Purpose Services
HBS Home Birth Services	IMMDC Immunisation Disease Control	MRI Magnetic Resonance Imaging
HIV Human Immunodeficiency Virus	IPU Information and Privacy Unit	NAPCAN National Association of Preventing Child Abuse and Neglect
HPV Human Papilloma Virus	IR Industrial Relations	NEHTA National e-Health Authority
HR Human Resources	IT Information Technology	NGO Non-government organisation
HSAK Healthy School Aged Kids	KH Katherine Hospital	NHCDC National Hospital Cost Data Collection
HSR Health and Safety Representatives	LHMU Australian Liquor, Hospitality & Miscellaneous Workers Union	NHMRC National Health and Medical Research Council
HTLV1 Human T-cell Lymphotropic Virus Type 1	LWA Living with Alcohol	NSW New South Wales
ICD-10-AM International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification	MACA Motor Accident Compensation Act	NT Northern Territory
ICT Information and Communication Technology	MCYH Maternal, Child and Youth Health	NTAGO Northern Territory Auditor General's Office
IDU Intravenous Drug User	MEB Medical Entomology Branch	NTF&C NT Families and Children's (within DHF)
IFF Illegal Foreign Fishers	MJD Machado Joseph Disease	NTGPASS Northern Territory Government and Public Authorities Superannuation Scheme
IFRS International Financial Reporting Standards	MLA Minister of the Legislative Assembly	NTPCCS Northern Territory Pensioner and Carer Concession Scheme
	MOH Ministry of Health	

NTPS Northern Territory Public Sector	PIPS Personnel Information and Payroll System	SUS Sobering-up Shelter
NTYAN Northern Territory Youth Affairs Network	PSC almerston Safe Community	TB Tuberculosis
OCPE Office of the Commissioner for Public Employment	QIPPS Quality Improvement Program Planning System	TBC To Be Confirmed
OH&S Occupational Health and Safety	R&M Repairs and Maintenance	TBCH Tuberculosis Community Health
OSHC Outside of School Hours Care	RDH Royal Darwin Hospital	TCH Tennant Creek Hospital
P2P Provider to Provider Secure Clinical Messaging Service	RFDS Royal Flying Doctor Service	TEDGP Top End Division of General Practice
PaDDA Poisons and Dangerous Drugs Act	RHD Rheumatic Heart Disease	TEMHS Top End Mental Health Services (within DHF)
PATS Patient Assisted Travel Scheme	S8 Schedule 8	TIME Territory Independence and Mobility Equipment Scheme
PCD Preventable Chronic Disease	SA South Australia	VSA Volatile Substance Abuse
PCDS Preventable Chronic Diseases Strategy	SAAP Supported Accommodation Assistance Program	VSAPA <i>Volatile Substance Abuse Prevention Act</i>
PCIS Primary Care Information System	SEAT Seating Equipment and Technology	WA Western Australia
PHC Primary Health Care	SEMS Secure Electronic Messaging System	WHG Women's Health Generic
PHCAP Primary Health Care Access Program	SHS School Health Services	WHO World Health Organisation
	STDCH Sexually Transmitted Disease Community Health	WHSU Women's Health Strategy Unit
	STI Sexually Transmitted Infection	WPP Work Partnership Plan

