

Central Australia Health Service

Service Delivery Agreement

2017/18

CAHS Service Delivery Agreement 2017/18.

Published by the NTG (© Department of Health, Northern Territory 2017).

This publication is copyright. The information in this publication may be freely copied and distributed for non-profit purposes such as study, research, health service management and public information subject to the inclusion of an acknowledgment of the source. Reproduction for other purposes requires the written permission of the Chief Executive Officer of the Department of Health, Northern Territory.

An electronic version is available at:

http://www.health.nt.gov.au/publications/corporate_publications/index.aspx

General enquiries about this publication should be directed to:

System Performance Branch
Department of Health
PO Box 40596
Casuarina NT 0811

Email: SystemPerformanceBranch.DoH@nt.gov.au

Telephone: (08) 8999 2400

Contents

Introduction	5
Objectives	5
Strategic Context.....	5
Principles	8
Legislative Context.....	8
Roles and Responsibilities.....	8
Service Provider (CAHS).....	8
Department of Health.....	9
Management of the Service Delivery Agreement.....	9
Term of this Service Delivery Agreement.....	9
Performance Measurement.....	9
Data Provision and Management	10
Service Provider (Central Australia Health Service).....	10
Department of Health.....	10
Research and Training	10
Public Health Responsibilities	10
Variation to this Agreement	11
Dispute Resolution.....	11
Dispute Resolution Process.....	12
Execution.....	13
Schedule 1: Service Description	14
1.1 Hospital Services	14
1.2 Mental Health.....	16
1.3 Aged Care Services.....	18
1.4 Primary Health Care.....	20
1.5 Sexual Assault Referral Centre	21
1.6 Alcohol and Other Drugs Services	22
1.7 Oral Health Services.....	22
1.8 Hearing Health Services	23
1.9 Cancer Screening Services.....	23
1.10 Other hosted services.....	24
Schedule 2: Activity and Funding	25
2.1 Activity and Finance.....	25
2.2 Funding Sources.....	26
2.3 Specific Funded Items.....	26
Schedule 3: Tied Funding.....	27
Schedule 4: Reports from Health Services – Safety, Quality and Risk	28
4.1 Cultural Security	28
4.2 Consumer Feedback.....	29
4.3 Risk Management and Audit	29
Schedule 5: Key Performance Indicators	30
Safety and Quality	30
Access.....	31
Effectiveness.....	33
Efficiency	33
Workforce	33
Schedule 6: Northern Territory and Department Strategic Directions	34
6.1 Strategic Directions within which services are to be delivered	34
6.2 Corporate Policies and Standards	35
Schedule 7: Support Services to Health Services	36
Appendix 1: Interpretations.....	37
Appendix 2: Abbreviations	38
Appendix 3: CAHS Primary Health Care Services	39
Services Provided at Remote Health Centres	39
Community Health Services Provided in Urban and Regional Centres	41
Prison Primary Health Care Services	42

This page is intentionally left blank.

Introduction

This Service Delivery Agreement (SDA) is a formal agreement between the Department of Health (the Department) as system manager and the Central Australia Health Service (CAHS) consistent with the requirements of the Northern Territory Health Services Act 2014 (the Act) and the National Health Reform Agreement. The SDA supports improved service integration, local control and decision making and more efficient and effective public hospital and community health services. It outlines the responsibilities and accountabilities of the Minister for Health, the Department and CAHS in the delivery of the services to be purchased under this agreement.

Key elements of this agreement are:

- the specification of services to be delivered by CAHS
- the funding to be provided for the delivery of these services
- the measures against which performance will be assessed
- the processes for the management of the agreement.

The success of this agreement depends on a strong commitment by CAHS and its Board and the Department as system manager of the Northern Territory public health system to work together to achieve the best health outcomes from available resources.

Objectives

The SDA comprises an overarching statement of its objectives, scope and processes for management, followed by a number of schedules which provide the details of the services and the service activity to be delivered under the SDA and budget allocated to provide them. The SDA also outlines the key performance indicators (KPIs).

The objectives of this agreement are to:

- specify the healthcare services to be provided by CAHS with respect to outcomes and outputs
- specify the funding to be provided to CAHS for the provision of these services
- clearly set out the service delivery and performance expectations for the funding provided to CAHS, including provision of performance and other data
- ensure Northern Territory and Australian Government health priorities and strategies are implemented and the intended outcomes achieved
- promote accountability to the Northern Territory Government and the community
- articulate a performance management and accountability system for monitoring and assuring the achievement of effective and efficient service provision
- address the requirements of the National Health Reform Agreement (NHRA) and the Act in relation to the establishment of SDAs between the Department and CAHS.

Strategic Context

Since 1 July 2014 the public health system in the Northern Territory, operating under the Act, has comprised three entities: the Department of Health, the Top End Health Service (TEHS) and the Central Australia Health Service (CAHS). Each Health Service is governed by a Health Service Board accountable to the Chief Executive/Department through SDAs and also reports on performance to the Minister for Health in an annual report. The Health Service Board provides strategic direction for the Service consistent with the health needs of the community, the health priorities of the Northern Territory Government and priorities of the Department.

This agreement is made in the context of NT Health governance reforms (refer to Legislative Context).

The Northern Territory's public health system is guided by the Department's Northern Territory Strategic Plan 2014-17, which sets out principles, goals and action areas to improve the health and

wellbeing of Territorians. The Strategic Plan aims to afford greater control of health care decision-making by local communities, improve the flexibility, responsiveness and innovation capacity of the public health system and provide for more efficient and effective public hospital and community health services. In partnership with government and non-government agencies and importantly with the community, the Department and Health Services will work collaboratively to address health needs and achieve a shared vision of Healthy Territorians Living in Healthy Communities.

In addition to the objectives outlined in the Strategic Plan, there are a number of Department plans and frameworks that guide how services are to be delivered across the Northern Territory (Schedule 6). Strategic initiatives and plans will be prioritised where they are:

- election commitments
- whole of Northern Territory Government decisions and policies
- reprioritised initiatives.

The SDA may be varied by agreement to reflect strategic priorities arising during the term of this agreement (see Variation to this Agreement, p. 7). The scope and detail of the SDA has also been structured to meet the requirements of the NHRA, noting that the NHRA requires:

- establishment of processes through which the Department identifies and manages variations of hospital performance that pose risks to health outcomes
- development of arrangements by which the National Performance and Accountability Framework will be implemented.

The CAHS budget includes revenue provided under a range of National Partnership Agreements, Commonwealth Own Purpose Expenditure payments and other agreements. CAHS is expected to comply with all of the program, financial and performance reporting required by these agreements.

The 2017/18 priorities include the following matters and may be changed by decisions of Government.

Issues for 2017/18	Details	Funding
Alcohol and Other Drugs	CAHS is committed to partnering with the Department, TEHS and other key stakeholders to develop appropriate models of care for AOD clients in accordance with Government policy. Once the Alcohol Harm Reduction legislation is passed, CAHS will work with the Department, TEHS and other key stakeholders to operationalise changes at the local level. Service provision for Alcohol Mandatory Treatment will continue until implementation of the Banned Drinker Register.	Funding included in Schedule 2.1
Health care reform	The Department, Health Services and the Primary Health Network will work together to implement the coordinated care bilateral agreement and the Health Care Homes (HCH)	Funding included in Schedule 2.1 HCH to be advised
Hospital acquired complications, best practice pricing and avoidable readmissions	The Department will work with the Independent Hospital Pricing Authority and Australian Commission on Safety and Quality in Health Care to finalise a risk adjusted pricing methodology with a view to implement a shadow pricing system in 2017/18.	No impact in 2017/18
Child protection and youth justice framework	The Department and Health Services will work with other Government agencies to implement the Government approved recommendations for child protection and youth justice reforms arising from the Royal Commission into the Protection and Detention of Children.	Funding included in Schedule 2.1 unless further funding directed by Government
National Disability Insurance Scheme (NDIS)	A bilateral agreement between the Northern Territory Government and the Australian Government for transition to the NDIS governs the transition. The transition commenced 1 July 2016, with full scheme implemented from 1 July 2019.	Funding is with Department
Domestic and Family Violence Reduction Strategy	Northern Territory Government-wide strategy; central coordination from the Department's Women's Health Strategy Unit. Operational implementation to come from the Health Services.	Funding included in Schedule 2.1
Transition of grants to the Health Services	Transitioning of all relevant grant funding from the Department to the Health Services and agreed principles for consultation with Health Services when the Department negotiates renewal of a grant.	Funding to be transferred from Department to Health Services
Northern Territory Primary Health Network (NT PHN)	The Department and Health Services to work with NT PHN as it implements initiatives to improve service integration and roll out funding for health services including mental health and alcohol and other drugs services.	Funding to be included in Schedule 3
Core Clinical Systems Renewal Program	Participation of Health Services in Core Clinical Systems Renewal Program development.	Funding included in Schedule 2.1
Integration of care/services	Integration of care/services with non-government organisations and Aboriginal Community Controlled Health Organisations.	Funding included in Schedule 2.1
NT Health Infrastructure Plan	The Health Services will work with the Department in the development of the Total Asset Management Plans	Funding is with Department
Governance reform	Work with the Department and TEHS to develop and implement the Government's governance reform for the public health system	Funding included Schedule 2.1
Financial efficiency	Work with the Department and TEHS for the ongoing development and implementation of budget measures aimed at improving efficiency and economy.	
Corporate services	Participation in the review of the corporate services platform for the Department and Health Services.	Funding included in Schedule 2.1

Principles

This agreement reflects and enables the principles on which the structure of the Department and the Northern Territory's Health Services are based, being:

- an integrated Northern Territory-wide health system with regional and local services designed to meet overarching objectives and outcomes
- community responsiveness
- coordination and integration of services across the care continuum
- local decision-making
- fair and reasonable accountability requirements
- clarity of roles, responsibilities and accountabilities.

Legislative Context

This agreement is created in accordance with the NHRA and the Act to provide a New Service Framework for Health Services in the Northern Territory and for related purposes.

Under the Act each Service is governed by a Health Service Board which is accountable to the Department for the Service's performance. A Health Service is accountable for its performance in accordance with the SDA for the Service, any Health Service Directive (HSD) issued to the Service and any other requirements under the Act.

The Act also states the Department is responsible for setting up and monitoring performance standards for the provision of health services by the Health Services. This is done through SDAs that describe the services to be provided and performance standards to be met by the Health Services.

As a result of NT Health governance reforms, the current Health Service Boards will be dissolved with effect on 30 June 2017. All reference to the Board in this SDA is now directed to the Service Administrator, who has the powers and functions of the Board until such time as the final governance model is agreed and implemented.

Roles and Responsibilities

Service Provider (CAHS)

Without limiting any other obligation of CAHS, it must meet the following accountabilities and responsibilities:

- the terms of this SDA and its schedules
- all Northern Territory and Australian Government legislation applicable to it
- alignment with national and Northern Territory policy, plans, frameworks, and quality and safety standards
- professional registration and clinical credentialing standards and practice
- achievement and maintenance of service and/or facility accreditation
- Business Continuity Planning – by ensuring appropriate measures, risk mitigation and preparedness plans are in place
- planning at the health service level that is aligned with Northern Territory clinical service plans, frameworks and strategic policy
- repair and maintenance of remote health centres
- implementation of coronial recommendations and internal audit recommendations
- implementation of any new initiatives as required from time to time.

Department of Health

Without limiting any other obligations, the Department must meet the following accountabilities and responsibilities:

- the terms of this SDA and its schedules
- all Northern Territory and Australian Government legislation and agreements applicable to it
- dealing, negotiating and entering into agreements with the Australian Government
- contributing to negotiating Northern Territory-wide industrial agreements for the terms and conditions of employees, as required by the Office of the Commissioner for Public Employment
- Northern Territory-wide health service, workforce and capital planning
- Northern Territory-wide health policy development, including leadership of clinical quality and safety
- Northern Territory-wide system management including health system planning, coordination and setting of standards
- managing major capital works (estimated value exceeds \$500 000)
- delivery of Northern Territory-wide services in ways which enable coordination and integration of service delivery in the Central Australia region.

It is noted that where costs of meeting infrastructure, equipment and legal responsibilities (such as safety) cannot be managed within the Health Service budget due to their significant or unusual nature the Department will assist Health Services in funding these. Examples could include provision of emergency services or major infrastructure failure. Should it be needed a HSD will be issued to manage the situation.

Management of the Service Delivery Agreement

This SDA will be managed in accordance with the Northern Territory Service Delivery Agreement Performance Charter (the Charter). The Charter outlines how the terms and conditions of the SDA will be monitored to assess performance in the achievement of KPIs and other performance measures. It also describes potential responses to performance issues. The performance review process will be collaborative with both parties to the SDA working together to maximise health outcomes in the Northern Territory.

Formal reviews of the SDA will include a mid-year review and a year-end review. The Charter provides details of other performance review meetings.

Term of this Service Delivery Agreement

This SDA will operate from 1 July 2017 to the 30 June 2018. Review and negotiation of the next agreement will commence at least six months prior to the end of this term, as detailed in the Charter.

Performance Measurement

Assessment of CAHS performance against the SDA will be measured by:

- KPIs
- progress reports on the implementation of new initiatives and strategic directions.
- KPIs align with strategic directions and national agreements and include:
 - whole of service indicators from the National Performance and Accountability Framework or its national replacement framework to measure the Health Service's performance in terms of safety and quality, access, efficiency and workforce
 - activity based funding.

KPIs in the SDA are compliance measures. Each will be assigned performance levels that, if not achieved as specified, may trigger responses as outlined in the Charter.

The performance measures in the agreement may be varied from time to time in response to developments in standards and indicators. This will be managed by variation to the SDA through agreement between the parties or by using HSDs and Minister's directions as outlined in the Act and Charter.

Data Provision and Management

Service Provider (Central Australia Health Service)

In order to meet strategic and legislative requirements, CAHS must capture all data necessary for: clinical care; service delivery and management; and strategic data delivery, analysis and reporting. Reporting should occur at least quarterly, but preferably monthly. The scope of data is established in front-line clinical settings and in agreements related to the provision of National Minimum Data Sets and other data to support Northern Territory and national reporting and analysis.

CAHS is responsible for the quality, completeness and timely provision of all data required to be collected and entered into the Department's corporate information systems. This also includes the quality and timeliness of coding of admitted patient care, with coding to be completed within five weeks of a patient's discharge. CAHS must provide, in a timely manner, all information required to the Department under relevant legislation, e.g. the Freedom of Information Act and the Public Sector Employment and Management Act.

Department of Health

The Department will utilise Health Service data to report quarterly to the Minister about the performance of each Service against the requirements of the Service's SDA and also as soon as practicable in relation to any issues or events outlined in the Act.

The Department will provide monthly reports on KPIs and supporting data to CAHS from its corporate information systems. The delivery of the monthly reports will occur by the ninth working day of each month. In addition, the Department will also make available a suite of standard reports to assist CAHS to monitor performance more broadly in areas outside of the KPIs.

Research and Training

The parties to this agreement will continue current arrangements for research and training. Researchers given approval by the Human Research Ethics Committee will be allowed access to available relevant data and to staff and patients as is practicable. The Department will also provide data and access to staff as possible within service constraints. Student and intern training arrangements involving hospitals within the Health Service will continue under current contracts between training institutions and the Department. Any (re)negotiation of related contracts occurring during the year will involve both parties.

Public Health Responsibilities

The Department and CAHS will work collaboratively to manage public health issues such as the detention of infected patients (not necessarily requiring health care) under the Notifiable Diseases Act, as well as preparation for and response to disasters and clinical and laboratory services.

Variation to this Agreement

Consistent with the Act, the SDA may be varied by agreement between the Health Service and the Department. In reviewing any proposed variation, the parties will take into account the costs and benefits of the change on service users, providers and the general community as well as considering the key deliverables, budget, staffing and performance measures. If agreement cannot be reached on the terms of the variation, the dispute resolution procedure outlined below will be followed.

A proposed variation will be in written form. Agreed variations will also be formally documented and only take effect once signed by the Chief Executive and the Board Chair.

Dispute Resolution

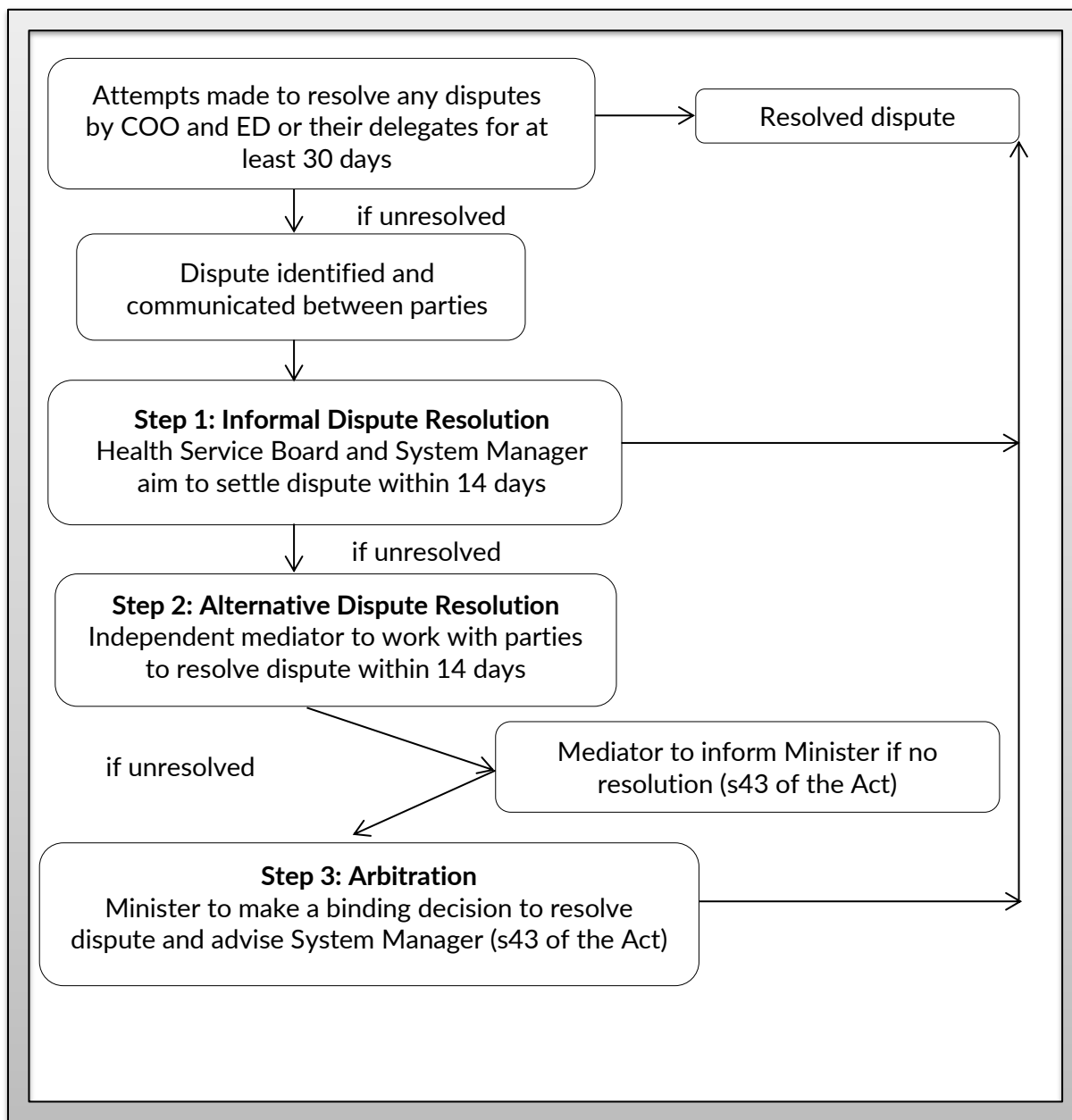
In the event of a dispute arising under this agreement, the parties must make reasonable endeavours to attempt to resolve the dispute in good faith and in the public interest.

This begins with an informal process to be conducted at two levels: between the Chief Operating Officer (COO) and Department (or their delegates – officer to officer) and (if the matter is not resolved within 30 days), then between the Board Chair and Chief Executive.

If the parties are still unable to resolve the dispute within 14 days, then the parties must refer the matter to alternative dispute resolution as conducted by an external party identified by the Australasian College of Health Service Management.

If the issue is still not resolved, then the mediator will inform the Minister who will consider the issues and make a decision under s43 of the Act.

Dispute Resolution Process



Execution

In accordance with the Act, before 30 June in a year, a SDA between the Department and a Health Service will be signed for the following financial year unless the existing SDA is for a longer period (up to three years).

Northern Territory Department of Health

Professor Catherine Stoddart PSM

Chief Executive Officer

Signed by the Chief Executive Officer, Department of Health for and on behalf of the Department of Health

Signature: Signed by Prof Catherine Stoddart PSM

Date: 13 July 2017

Central Australia Health Service

Dr Patricia Miller AO

Service Administrator, Central Australia Health Service

Signed by the Service Administrator for and on behalf of CAHS

Signature: Signed by Dr Patricia Miller AO

Date: 13 July 2017

Schedule 1: Service Description

CAHS provides a range of services:

- hospital services
- mental health
- aged care
- primary health care
- alcohol and other drugs (AOD)
- sexual assault referral centre
- oral health
- hearing health
- cancer screening.

Where a party seeks to alter the scope or nature of any of these services, this information should be provided to the Department three months prior to the proposed date of the change and requires the CEO's agreement as the accountable officer under the Health Services Act. It may require formal variation consistent with the process set out on p. 11 in this SDA.

Principles from the Department's Cultural Security agenda are in operation across all services provided by CAHS. Aboriginal and culturally and linguistically diverse clients will present with symptoms that are the result of, or behaviours which are mediated by, cultural factors. Consequently, CAHS will, as far as possible, ensure that:

- Aboriginal Health Practitioners, Aboriginal Liaison Officers and Aboriginal Community Workers contribute to assessments to determine a suitable service and culturally appropriate response
- staff ensure the involvement of appropriate cultural brokers to enhance assessment
- accredited interpreters are used where language issues may influence interactions/ assessments.

1.1 Hospital Services

CAHS has responsibility for a wide range of hospital services in inpatient, outpatient, community health, residential aged care and in-home settings that are currently delivered by two hospitals.

Alice Springs Hospital

Total active overnight beds: 183

Alice Springs Hospital provides acute care services to resident population and visitors to the Central Australian region. The hospital's range of clinical, diagnostic and support services are outlined in Table 1.

Tennant Creek Hospital

Total active overnight beds: 20

Tennant Creek Hospital provides hospital services to the Tennant Creek and Barkly regions. Its services are outlined in Table 1. Patients requiring services not available in Tennant Creek will be referred to Alice Springs Hospital through inter hospital transfers or the Patient Assistance Travel Scheme.

Table 1: CAHS Hospital Services

	ASH	TCH
General medicine		
Cancer	✓	
Cardiology	✓	
Diabetes	✓	
Gastroenterology	✓	
Infectious Diseases	✓	
Renal	✓	
Addiction Medicine	✓	
Palliative Care	✓	
Respiratory	✓	
Emergency medicine		
24 hour accident and emergency care	✓	✓
General surgery		
ENT	✓	
Gynaecology	✓	
Neurology * Note: Outpatient services only through Visiting Medical Officer	✓	
Ophthalmology	✓	
Orthopaedics	✓	
Urology	✓	
Vascular	✓	
Maternity and child health		
Neonatology	✓	
Obstetrics	✓	
Paediatrics	✓	
Integrated community and hospital		
Mental health	✓	
Rehabilitation	✓	
Clinical Support		
Allied health	✓	
Anaesthetics	✓	
Diagnostic imaging and nuclear medicine	✓	
Intensive care	✓	
Operating suite/theatres	✓	
Pathology	✓	✓
Pharmacy	✓	✓
Radiography	✓	✓
Sonography	✓	✓
Physiotherapy	✓	✓
Occupational Therapy	✓	✓
Speech Pathology	✓	✓
Social work	✓	
Dietetics	✓	
Podiatry	✓	
Prosthetics and Orthotics	✓	
Visiting medical specialists	✓	
Mortuary and stores	✓	
Post-mortems		
Inpatient, outpatient and specialist care to remote community health centres	✓	
PHC provision of a RMP	✓	
Access to Medivac and retrieval services	✓	
Aboriginal liaison	✓	✓

1.2 Mental Health

Mental Health is a specialist clinical service that provides a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem. This includes assessment, treatment and clinical interventions to consumers of all ages presenting with moderate to severe disability associated with mental illness or mental health problems in urban and remote communities.

Mental Health Access

Priority access to mental health services will be determined in accordance with clinical need and risk assessments. Inpatient and outpatient services have a recovery focus with an emphasis on rehabilitation and relapse prevention. Mental Health actively promotes shared care planning and interagency collaboration. Services will be provided within the National Mental Health Recovery Framework and trauma informed care model.

- A team of Consultant Psychiatrists and Registrars undertakes clinical assessment, provides diagnosis and offers psychiatric and medical advice.
- The Psychiatric Outpatient Clinic focuses on providing support and assistance to people experiencing moderate, prolonged or severe mental health problems who will benefit from specialist psychiatric medical intervention (all persons attending the clinic require a General Practitioner's referral).
- A fortnightly General Practise Outpatient Clinic on premises assists long-term consumers of Mental Health in managing their overall health.
- The Barkly Mental Health Team is a multi-disciplinary service providing assessment, case management, cross intervention and consultation and liaison services for consumers of all ages with moderate to severe mental illness. The Team is supported by both a visiting Psychiatric Consultant and a visiting Child and Youth Psychologist.

Community Mental Health Services

Age-appropriate assessment, treatment, consultation, liaison, and case management services in the community will be provided to CAHS catchment population. Outreach services to remote communities will be provided across Central Australia and include making services more accessible through telephone and video conferencing.

- The Community Mental Health Team is a dedicated group of health professionals who specialise in working with adult mental health clients. The team is made up of nurses, social workers, medical staff, Aboriginal health workers and a clinical psychologist.
- The team provides crisis intervention, assessment and triage, brief interventions and active case management.
- A 24 hour help line is manned by the TEHS Mental Health Team after hours.

Remote Mental Health Services

The Remote Mental Health Team is a multi-disciplinary team that includes Aboriginal health workers, nurses and psychiatrists.

The teams provide a visiting consultation and liaison service to remote communities and work with local Remote Health Centres, Community Controlled Health Services and other regional services to provide mental health support to clients.

Forensic Mental Health Services

FMHS is a Territory-wide specialist, tertiary level service within TEHS and CAHS mental health services. Prison Forensic Mental Health Services will be provided by TEHS and will cover TEHS and CAHS. The CAHS Forensic Team comprising two Forensic Nurses and an Aboriginal Health Practitioner will be professionally supported by the Prison Forensic Mental Health Service.

- FMHS will provide specialist assessment and treatment to patients involved in the criminal justice system as a result of major mental illness and whose risks necessitate intervention by a specialist tertiary mental health service.
- In the Top End, FMHS is a Darwin urban based service with limited ability to provide rural and remote services. FMHS works closely with TEHS and CAHS to provide service to these areas.

FMHS members will provide:

- treatment to clients with enduring major mental illness such as psychosis and major mood disorders; or clients subject to Part IIA Criminal Code supervision orders
- reports to Courts
- case-management or co-case management of Part IIA supervised persons.

Assessment and treatment of patients (who are either known to psychiatric services in the NT or as a result of referrals by the prison primary care service) in Darwin Correctional Centre (DCC) and Alice Springs Correctional Centre (ASCC). FMHS also carries out 'at-risk' assessments for patients in custodial settings.

FMHS considers requests from other secondary level services within TEHS and CAHS for specialist opinion or for co-case management of high risk complex patients with enduring major mental illness. Consideration is given to patients who are subject to ongoing criminal justice orders.

Mental Health Sub-Acute Care

- The Mental Health Sub-Acute Unit provides a 'step up – step down' recovery focused care for clients.
- Within the eight bed residential setting, six beds are available for clients for short term support and two beds are available for longer term supported accommodation clients.

Child and Youth Mental Health

- CAHS provides community based and acute child and youth mental health services.
 - The Child and Youth Mental Health Team supports children and youth with moderate to severe mental health concerns.
 - The team includes specialised psychiatrists, nurses, allied health staff and visiting specialists.
 - The team works in partnership with young people and their families to target individual needs.
- CAHS also provides in-reach mental health services to correctional and youth justice facilities including the provision of education on mental illness to staff.

1.3 Aged Care Services

CAHS's aged care services aim to maintain and improve the independence and ability of older people to remain at home and, should this be required, exercise Commonwealth delegation to approve people for admission to residential aged care facilities. The programs will ensure that all Territorians have equitable access to assessments and services.

CAHS's Aged Care Unit delivers the following programs:

- Aged Care Assessment Program (ACAP)
- Community Home Support Program Equipment Scheme
- Memory Service
- Psychogeriatric Service
- Transition Care Program

Line management for this work unit is provided by a Manager based in Alice Springs. The Northern Territory Clinical Leader Aged Care, based in TEHS, also has an overarching role across Aged Care Services delivered in CAHS and is the NT representative for Australian Government funded aged care programs.

Aged Care Assessment Program

The Aged Care Assessment Team (ACAT) provides multi-disciplinary, comprehensive holistic assessments, which evaluate an older person's physical, medical, psychological, cultural, social and restorative dimensions of care needs.

Following assessments, ACAT will recommend and coordinate appropriate services. This may include:

- referral for Community Home Support Programs
- support to carers
- approvals for Residential Care and Respite, Home Care Packages, Transition Care and Short Term Restorative Care Programme.

ACAT provides education and training to clients, family, carers, external and internal service providers; building community capacity, gather electronic data and identify gaps in services.

The Department of Health's Office of Disability Central Australian Remote Team assists CAHS in carrying out ACAT assessments in remote communities. Disability staff also undertake mandatory ACAT training. On 1 July 2014, the National Disability Insurance Scheme (NDIS) trial commenced in the Barkly region. From 1 July 2018, the rest of Central Australia, including Alice Springs, will transition to the NDIS. Consideration needs to be given to remote aged care assessments post NDIS transition. The Office of Disability has mapped this as a retained function that sits outside the NDIS. A placement within the organisational structure of the Health Services for the retained function, and associated resources, will need to be negotiated during the course of 2017/18 and therefore has been identified in the issues section of this SDA.

Community Home Support Program

The Community Home Support Program (CHSP) includes Carer Respite, Day Therapy Centres, ACHA, Home Modifications, Allied Health and Therapy Services, Specialised Support Services, and Goods, Equipment and Assistive Technology. The current CHSP agreements will expire on 30 June 2018.

The CHSP Specialist Dementia Nurse located in the Alice Springs Aged Care Unit coordinates and assists with dementia screening process, in conjunction with the client's general practitioner and the

TEHS Community Geriatrician (visiting on a three monthly basis). The Dementia Nurse also assists other aged care work units in their dementia assessments. The Dementia Nurse provides education and support to clients, their carers, family and other service providers, gathers electronic data, identifies gaps in service and maintains a reference library.

The CHSP Aged Care Equipment Program is a national program that aims to enhance the quality of life for frail older people and their carers through the provision of basic equipment and home modifications designed to support people living in the community, thus preventing their inappropriate or premature admission to long-term residential care. The program funds a full time Therapy Assistant position based in Alice Springs to assist therapists with prescriptions and equipment provision, as well as gathering data for the program. Funding for equipment is managed by the Northern Territory Clinical Leader position based with TEHS.

The Office of Disability, in the Department of Health, provides administrative and procurement services and carries out assessments for eligible CHSP clients in Central Australia. Placement within the organisational structure of the Health Services for the retained function, and associated resources, will need to be negotiated during the course of 2017/18 and therefore has been identified in the issues section of this SDA.

Memory Service

The Memory Service provides a diagnostic pathway and support to people with cognitive impairment. The Memory Service Team includes the visiting Community Geriatrician from Darwin and the CHSP Specialist Dementia Nurse. Memory Clinics are held Alice Springs every three months.

Psychogeriatric Service

The Psychogeriatric Service aims to improve the health, modify the experienced symptoms and enhance the function, behaviour and/or quality of life for a patient with mental health disorders and age-related organic brain impairment.

Complex Psychogeriatric Service case management will include comprehensive and ongoing assessment, counselling and goal focused therapies and developing clinical/collaborative pathways. There will also be a focus on client and carer advocacy and changing expectations of all stakeholders. This includes working to increase the capacity of providers of client care.

This is a Northern Territory Government funded program that has two CAHS positions based in the Aged Care Unit in Alice Springs.

Transition Care Program

The Northern Territory Transition Care Program is a TEHS based work unit funded by Medicare revenue which delivers 29 transition care packages across the whole of the Territory. The program funds a CAHS 0.5 FTE AHP position based in the Aged Care Unit in Alice Springs to case manage transition care clients in Central Australia.

1.4 Primary Health Care

- Primary Health Care (PHC) encompasses a range of services in clinic, home or community settings and includes health promotion, prevention and screening, early intervention, treatment and management. The *Core Functions of primary health care: a framework for the Northern Territory* underpins the provision of PHC services in the NT.

Primary Health Care Settings

- CAHS PHC encompasses a range of services at PHC centres as well as outside the clinical setting.
- The size and mix of PHC services meet the specific need of the population and the level of access to alternative PHC services such as general practitioner practices and hospital emergency departments. This has resulted in three distinct PHC service settings in CAHS: urban, remote and prison PHC centres. Details of the numbers of each type of centre, population size, service mix and general scope of service provided are given in Appendix 3.

1.4.1 Prevention and Early Intervention

CAHS provides a range of primary health care services focusing on prevention and early intervention, including:

- maternal health services:
 - Remote Health and Remote Outreach Midwives, visiting Alice Springs Hospital Midwives and Strong Women Workers
 - antenatal care
 - facilitating access to birthing services
 - postnatal care for mother and baby
- child health services, including immunisation, growth monitoring, hearing health, developmental screening/follow up, action on all issues affecting child health
- screening and early detection of disease through appropriate health checks for infants, children, adults and older persons, with a focus on risk factors (underweight/ overweight/ obesity, nutrition, physical activity, smoking and alcohol)
- chronic disease management and prevention of complications, through both clinical and risk factor management approaches
- immunisation programs
- communicable disease control actions including notifications
- delivery of brief interventions on health risks (underweight/overweight/obesity, nutrition, physical activity, smoking, alcohol) and support for and coordination with other health promotion approaches.
- environmental health and hygiene

1.4.2 Treatment

CAHS provides treatment to clients in primary health care settings, including:

- First contact treatment of illness and injury
- Continuing management of chronic illness
- 24-hour after hours on-call service
- Provision of essential drugs
- Facilitate access to specialist and allied health treatment services in the community or through referral
- Renal dialysis services

1.4.3 Specialist and Allied Health Services

CAHS supports clients through specialist and allied health services. These include:

- Supporting clients' access to specialist services
- Supporting and maintaining Telehealth/ telemedicine services
- Transporting clients; managing referrals and recalls; managing schedule of visitors
- Use of case-management/case coordination approaches to ensure access to a full range of specialist consultation and assessment services
- Prioritising access where need greater than availability
- Portfolio – contact in PHC for visiting specialist areas

1.4.4 Rehabilitation and Recovery

Following an injury or illness, CAHS clients are supported with rehabilitation and recovery services. These include:

- care for clients following treatment or discharge from hospital or other institution (with support from external specialised services) including implementation of rehabilitation plans, follow up and care following alcohol and other drug treatment, and mental health recovery and relapse prevention.
- use of case-management/case coordination approaches to ensure access to a full range of services to support patients in their rehabilitation and recovery, including regular assessment and review processes.

Some rehabilitation is not dealt with in PHC settings. For example, certain conditions such as pulmonary and stroke rehabilitation require specialist care in Alice Springs Hospital, and cardio rehabilitation is contracted out.

1.4.5 Remote Morgues

CAHS operates body storage facilities in remote communities to protect health and meet cultural expectations.

1.5 Sexual Assault Referral Centre

The Sexual Assault Referral Centre provides medical access for men, women and children victims of acute, recent and historical sexual assault.

The Sexual Assault Referral Centre in Alice Springs and Tennant Creek provides free 24 hour medical access for victims of sexual assault including:

- medical and forensic examinations
- pregnancy prevention
- screening and preventative treatment for sexually transmitted infections
- collection of forensic evidence.

Other services provided during business hours include:

- counselling for male and female adults who have been sexually assaulted
- counselling for male and female children who have been sexually assaulted
- information, support and counselling for partners, family members and significant others
- community education
- support through the legal process
- access to Aboriginal Sexual Assault Worker.

1.6 Alcohol and Other Drugs Services

Alcohol and Other Drugs (AOD) Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems.

Multidisciplinary clinical staff and client treatment options are guided by the Clinical Management Team process.

The specialist clinical services treatment pathways include:

- triage and brief intervention
- assessment and case management
- outpatient and inpatient withdrawal
- opioid pharmacotherapy program
- volatile substance abuse management and treatment
- hospital clinical liaison.

Community education staff provide non-accredited training, community education and resource development.

The Australian Government-funded remote AOD workforce program in CAHS has the primary role of developing a workforce dedicated to delivering primary health care AOD services to remote Aboriginal communities in the Northern Territory.

CAHS will continue to provide Alcohol Mandatory Treatment services until the repeal of the legislation on 1 September 2017 and a subsequent service model is developed and agreed between the Health Service and the Department.

1.7 Oral Health Services

CAHS Oral Health Services (CAHS OHS) provides comprehensive oral health care to eligible clients in Central Australia through a range of accredited facilities in urban and remote locations including: community dental clinics, school based dental clinics, remote dental clinics, mobile dental trucks, hospitals and correctional facilities. CAHS OHS targets vulnerable populations through prioritisation of service provision to clients with chronic conditions.

Services provided by CAHS OHS include:

- oral health promotion
- evidence based preventative and early intervention strategies for both individuals and targeted populations
- comprehensive referral processes, diagnostic services and assessment services
- restorative, endodontic, extractions and dental prosthetic services
- emergency care including treatment for pain and trauma management
- specialist services including orthodontics, oral surgery and treatment in hospital under general anaesthetic
- the delivery of accredited training courses to non-oral health primary health care workforce and trainee dental assistants.

1.8 Hearing Health Services

Hearing services are available to all Territorians through urban and regional facilities and hospital based services. They are delivered by outreach teams to remote communities consisting of an audiologist and at least one other member of staff. The outreach teams work with local families, primary health organisations, community members, schools and early childhood organisations. Coordination and clinical leadership is provided by regional specialist nursing staff and Aboriginal Health Practitioners.

CAHS Hearing Health Services provide:

- diagnostic audiological and audiometric services
- outreach services to 24 remote communities
- hearing loss education
- ear and hearing health promotion
- professional/skills development
- Newborn Hearing Screening
- Teleotology/ Telehealth services to increase ENT access to children living in remote communities.

TEHS provides Northern Territory-wide program direction, quality, guidance and support for Australian Government funded outreach services and coordinates the Newborn Hearing Screening program.

1.9 Cancer Screening Services

Northern Territory Cancer Screening Services is a TEHS based work unit that delivers BreastScreenNT, CervicalScreenNT and BowelScreenNT services across the whole of the Northern Territory.

Cancer Screening Services Health Promotion Officers recruit clients and provide program information, education and training for BreastScreenNT, CervicalScreenNT and BowelScreenNT services. Promotion Officers also manage BreastScreenNT participant functions such as sending invitations to join the program, reminder letters and text messages.

BreastScreenNT

BreastScreenNT is the Northern Territory component of the national breast cancer screening program, BreastScreen Australia, and provides:

- free mammograms to eligible women aged 50-74 every two years
- annual free mammograms to eligible high risk women
- clinical assessment clinics for women who have abnormalities detected via screening mammograms (held twice yearly in Alice Springs)
- outreach screening services to 20 regional and remote communities Northern Territory-wide via the BreastScreenNT 4WD bus.

CAHS BreastScreenNT has an office at Alice Springs where screening clinics are operated for two by five week blocks per year. CAHS BreastScreenNT provides annual screening in Tennant Creek via the BreastScreenNT Bus. Remote screening services are provided to Central Australia communities approximately three months every second year via the BreastScreenNT Bus.

CervicalScreenNT

CervicalScreenNT manages functions of the Northern Territory Pap Smear (Cervical) Register for the National Cervical Screening Program, including:

- the collection, maintenance and recording of results of cervical cancer tests
- sending secondary reminder letters
- providing clinical information and support to providers
- collecting and collating data to meet national reporting requirements.

BowelScreenNT

BowelScreenNT manages follow up functions for the National Bowel Cancer Screening Program National Register in the Northern Territory, including:

- participant follow-up as well as follow-up with general practitioner and specialist medical officers for interventions and outcomes
- updating the National Bowel Cancer Screening Program National Register with local participant clinical interventions
- collecting and collating data to meet national reporting requirements.

Oral Health, Hearing Health and Cancer Screening Services transitioned to CAHS in December 2016.

1.10 Other hosted services**Medicines Management Policy and Support**

The Top End Health Service hosts a territory-wide policy and support function through the engagement of the Executive Director of Medicines Management and the Pharmaceutical Reform Project Officer based at the RDH. This team is responsible for providing strategic advice and operational support concerning Medicines Management and the Pharmaceutical Reform Agenda for TEHS and CAHS.

Schedule 2: Activity and Funding

2.1 Activity and Finance

Funding Type	Unit	Activity	Purchased (\$) (\$4,910 / WAU)
--------------	------	----------	--------------------------------

Activity Funded Services			
Admitted Acute	WAU	37,033	\$181,830,564
Admitted Sub Acute	WAU	1,480	\$7,265,929
Admitted Mental Health	WAU	1,226	\$6,019,347
Emergency Department	WAU	7,360	\$36,137,927
Non-admitted	WAU	4,412	\$21,661,710
Total Activity Funded Services	WAU	51,510	\$252,915,478

Block Funded Services			
Commonwealth & NT Block Funded Hospital Services			\$56,715,888
Non Hospital Services¹			\$76,845,834
Aged Care Services	OOS	3,800	\$433,252
Community and Residential Mental Health			\$11,643,275
Primary Health Care Services			\$53,445,656
Alcohol and Other Drugs			\$4,626,501
Hearing Health	OOS	2400	\$1,619,511
Oral Health	OOS	13500	\$5,077,637
Total Block Funded¹			\$133,561,722

Efficiency Adjustment²	\$3,706,801
--	--------------------

TOTAL	\$390,184,000
--------------	----------------------

WAU = Weighted Activity Unit

OOS = Occasion of Service

Note1: Funding allocations for non-hospital services are indicative only and will require recasting once the Health Service has loaded budgets into the Budget Forward Estimate System (BFES)

Note2: Efficiency Adjustment is pending final National Hospital Cost Data Collection Results for 2015/16. Updating of the efficiency adjustment will occur at mid-year review

NWAU Version 17

Total SDA funding value excludes Capital Acquisition Program

2.2 Funding Sources

Funding Source	Value (\$)
Commonwealth NHFB Hospital Funding	75,340,979
Commonwealth NHFB Hospital Block Funding	3,279,455
Commonwealth NHFB Public Health Funding	310,000
NT Hospital & Block Funding	257,316,859
Health Service Generated Revenue	30,222,000
Commonwealth and other Tied Funding	23,714,707
TOTAL	\$390,184,000

2.3 Specific Funded Items

Specific Funded Item	Description	Value (\$)
Back on Track	To employ 2 additional Aboriginal Health Practitioners and 2.5 Trainees (FTE).	292,000
Palliative Care Facility	To staff the Palliative Care Facility at Alice Springs Hospital	565,000
Pathway to Community Control	Work in partnership with the Department to create a framework that supports Aboriginal Community Control in the planning, development and management of primary health care and community care services. Will fund the employment of 1 SAO2 and 1 AO6.	278,000
Renal Services Demand Growth	Expansion of dialysis treatment across Central Australia through the acquisition of additional dialysis chairs and extended clinic hours	3,353,000
Alcohol and Drug treatment services	To provide assessment, withdrawal and specialised alcohol treatment services to assist people with alcohol misuse and dependence, as part of the reintroduction of the Banned Drinker Register.	1,940,000
TOTAL		\$ 6,428,000

Schedule 3: Tied Funding

Agreement Name	Expiry	Value (\$)
Aged Care Assessment Program	30/06/2018	\$ 449,455
Australian Government - National Intravenous Drug Strategy ^B		\$ 310,000
Flinders University	31/12/2017	\$ 491,000
Baker IDI Fellowship [*]		\$ -
Community and Home Support	30/06/2018	\$ 400,591
Fred Hollows - ACW Eye Health Support & Training Project	31/12/2017	\$ 42,550
Highly Specialised Drugs	30/06/2018	\$ 2,969,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Overall	30/06/2018	\$ 13,204,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Chronic Disease		\$ 246,600
Indigenous Australians' Health Programme Multiple Schedule Funding - Maternal and Child Health		\$ 663,336
Indigenous Australians' Health Programme Multiple Schedule Funding - Primary Health Care (PHC)		\$ 7,836,469
Indigenous Australians' Health Programme Multiple Schedule Funding - Stronger Futures Primary Health Care (SFNT PHC)		\$ 4,057,594
Indigenous Australians' Health Programme Primary Health Care (New Directions) Schedule 3		\$ 400,000
Oral, Hearing Health and Cancer Services	30/06/2022	\$ 1,315,390
NPA Remote Aboriginal Investment - Oral Health		\$ 692,690
NPA Remote Aboriginal Investment - Hearing Health		\$ 378,709
Healthy Ears-Better Hearing, Better Listening	30/06/2020	\$ 243,991
Remote Aboriginal Investment - Schedule 1: Alcohol	30/06/2022	\$ 3,520,000
STP - Specialist Training Programs	31/12/2017	\$ 1,050,000
STP- EMET Emergency Medical Education & Training (CAHS)	30/12/2017	\$ 272,726
TOTAL		\$ 24,024,711

* - Agreements have yet to be confirmed.

^B - Block Funded Public Health (\$0.310 million)

Schedule 4: Reports from Health Services – Safety, Quality and Risk

4.1 Cultural Security

Cultural security is fundamental to enhancing service access, equity and effectiveness and leads to improved health outcomes for Aboriginal Territorians. The Northern Territory Health Aboriginal Cultural Security Policy, Aboriginal Cultural Security Framework 2016-2026 and supporting resources aim to support and increase NT Health's capacity to provide culturally secure services. NT Health's commitment to the development and provision of culturally secure and safe health services will focus on key priorities across six domains:

- Whole of Organisation Approach
- Workforce
- Communication
- Consumer and Community Participation
- Leadership
- Quality improvement, planning and evaluation

CAHS commits to working collaboratively with the Department of Health to support cultural security across its services focusing on the following key domains over the 2017/2018 period. The Health Services will provide a report at mid-year and year end of activities undertaken to progress the priorities across the domains.

Whole of Organisation Approach	<p><i>Governance and Accountability</i></p> <p>Evidence of actions to prioritise cultural security in health service planning, delivery and evaluation.</p>
Workforce	<p><i>Training and Professional Development:</i></p> <ul style="list-style-type: none"> • Staff at all levels are supported to participate in training and development opportunities to enhance cultural knowledge • Support staff at all levels to attend training to strengthen skills in working with language assistance services <p><i>Aboriginal Workforce:</i> Aboriginal workforce initiatives are actioned to:</p> <ul style="list-style-type: none"> • Increase the number of Aboriginal employees to a goal of 16% by 2020 including increased representation of Aboriginal staff at senior and executive levels • Increase the number of Aboriginal nurses (including midwives); Aboriginal health practitioners; doctors; allied health professionals as a proportion of overall FTE; and • Implement the Special Measures initiative to all recruitment processes.
Communication	<p><i>Language Assistance Services (Aboriginal Interpreter Services)</i></p> <ul style="list-style-type: none"> • Undertake research to assess the language services need in Health Services with a particular focus on service areas of high demand • Health services to record the first language/language spoken at home by all health consumers
Consumer and Community Participation	<ul style="list-style-type: none"> • <i>Consumers Engagement and Feedback:</i> A Patient experience survey that is culturally appropriate and suitable for the NT context will be implemented in 2017/2018. • <i>Consumer Participation and Control:</i> Ongoing commitment to the principles of Pathways to Community Control demonstrated through collaboratively with the Department of Health and the Aboriginal Community Controlled Health Sector in the transition of programs and or remote primary health care centres and projects to increase Aboriginal participation in NTG operated clinics.

4.2 Consumer Feedback

CAHS will ensure there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback and ensure where there is any feedback of concern (that may attract significant media attention or substantial liability) this is escalated to the Chief Executive Officer.

CAHS will provide the Department with a report at mid-year and year-end review meetings which includes:

- a trend analysis outlining the overall number of complaints and compliments (formal and point of service) received for the six month period by severity rating
- an overview of key themes identified from complaints reporting and what actions the Health Service is taking to address these themes.
- developing and promoting opportunities for the voices and experiences of consumers to be reflected in quality and safety improvements within health care environments.

4.3 Risk Management and Audit

The Strategic Internal Audit Plan is oversighted by the agency Risk and Audit Committee on behalf of the Chief Executive Officer, supported by Risk and Audit Services.

Audit

The Health Service is responsible for implementation of external and internal audit recommendations in the Health Service and may make recommendations to the system level Risk and Audit Committee regarding priorities for strategic internal audits and scope of audits. Health Service staff with appropriate and relevant knowledge will be included in meetings with auditors relating to audits and in response to draft audit findings.

Risk

The Health Service is responsible for identifying, managing and mitigating risk; maintaining a risk register; and adhering to the Department's Risk Management Framework and Policy. Risk and Audit Services will provide strategic advice to the Health Service in risk management.

In line with the ad hoc reporting requirements of the Risk Management Framework, the Health Service will notify the Chief Executive Officer, immediately or as soon as practicable, of any new extreme emerging risks.

The Health Service is responsible for developing, maintaining and testing business continuity plans for essential services, and will provide the Department with a quarterly report detailing the plan coverage and dates of regular testing.

Schedule 5: Key Performance Indicators

Key Performance Indicator (KPI)	Target
---------------------------------	--------

Safety and Quality

Staphylococcus Aureus Bacteraemia (SAB) infections

SAB infections	0.92
----------------	------

This indicator measures the rate of healthcare-associated SAB infection acquired (per 10,000 occupied bed days) while patients are receiving care in hospital.

Hand hygiene compliance

Hand hygiene compliance	80%
-------------------------	-----

This indicator measures the rate of correctly performed hand hygiene actions observed for a hospital during a hand hygiene audit.

Potentially preventable hospitalisations

(A) National Target	9.1%
(B) NT Excluding Dialysis	11.9%

This indicator measures admissions to hospital that could potentially have been prevented and managed through the provision of appropriate non-hospital health services.

Mental health community follow up within first 7 days of discharge

Mental health community follow up within 7 days of mental health inpatient discharge	70%
--	-----

This indicator measures the proportion of patients separating from public acute mental health inpatient units for which a community service contact was recorded in the seven days following the separation.

Mental health 28 day readmissions

Mental health 28 day readmissions	10%
-----------------------------------	-----

This indicator measures the proportion of separations from public acute mental health inpatient units that are followed by readmission to the same or to another unit within 28 days of discharge.

Mental health seclusion rate

Mental health rate of acute seclusion episodes (per 1000 bed days)	≤10
--	-----

This indicator measures the number of seclusion episodes per 1000 bed days in public acute mental health inpatient units.

Discharge summaries dispatched within 48 hours

Discharge summaries dispatched within 48 hours	95%
--	-----

This indicator measures the percentage of discharge summaries sent to a patient's primary health care medical officer /general practitioner within 48 hours of a patient having discharged from care as a hospital inpatient.

Aboriginal admitted patients discharged or left against medical advice

Aboriginal inpatients who discharged from a hospital or left hospital against medical advice	8.5%
--	------

This indicator measures the proportion of Aboriginal admitted patients who discharged from a hospital or left hospital against medical advice.

Patient experience

Patient experience (survey)	-
-----------------------------	---

A survey that is culturally appropriate and suitable to the NT context will be implemented in 2017/18 and form the baseline for future surveys. The survey will target a specific area of hospital services, where patient experience and satisfaction is represented by a composite performance indicator of measured patient experience.

Access**Elective surgery – long waits**

Elective surgery – long waits (Category 1)	0%
Elective surgery – long waits (Category 2)	2.4%
Elective surgery – long waits (Category 3)	2.4%

This indicator measures elective surgery patients waiting longer than the clinically recommended timeframe for their urgency category.

Emergency Department presentations departing within 4 hours

Emergency Department presentations departing within 4 hours	78%
---	-----

This indicator measures the percentage of Emergency Department attendances who are admitted, discharged or transferred within four hours.

Aged Care Assessment Program (ACAP) clients receiving timely intervention

ACAP clients receiving timely intervention	85%
--	-----

This indicator measures the percentage of clients assessed by an Aged Care Assessment Team who have a contact of a clinical nature within the recommended time for the client's assessed priority category.

Adult health check coverage

Adult health checks – proportion of resident remote Aboriginal population	70%
---	-----

This indicator measures the proportion of the resident remote Aboriginal population with adult health checks (being Medical Benefit Scheme item 715 Indigenous adult health or Indigenous adult health check similar to MBS item 715.)

First antenatal visit for Aboriginal clients within specified periods

Timing of first antenatal visit within three months for regular Aboriginal clients	70%
--	-----

This indicator measures the proportion of regular Aboriginal clients who gave birth in the reference period and who attended their first antenatal visit in the specified gestational periods.

Proportion of clients 15 years and over who have a chronic disease management plan

Proportion of clients \geq 15 years type II diabetes and/or coronary heart disease with a chronic disease management plan	90%
---	-----

This indicator measures the proportion of resident Aboriginal clients, who are 15 years old and over, who have been diagnosed with type II diabetes and/or coronary heart disease and who have a valid chronic disease management plan.

Proportion of clients 15 years and over who have had a recent HbA1c test

Proportion of resident clients aged 15 years and over with type II diabetes who have had an HbA1c test in the last six months	80%
---	-----

This indicator measures the proportion of Aboriginal clients who are aged 15 years old and over who have been diagnosed with type II diabetes, and who have had one or more HbA1c tests during the reporting period.

Percentage of children under five checked for anaemia

Children between 6 months and 5 years of age who have been checked for anaemia.	87%
---	-----

This indicator measures the proportion of Aboriginal children between six months and five years of age within the health clinic's regular practice population who have had their haemoglobin levels checked.

TeleHealth occasions of service

TeleHealth occasions of service	2540
---------------------------------	------

This indicator measures the number of occasions of service provided via TeleHealth.

Effectiveness

Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels

The number and proportion of Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels	35%
--	-----

This indicator measures remote Aboriginal clients with type II diabetes who have had one or more HbA1c test and whose HbA1c measurements are within certain levels.

Children under five who are anaemic

Percentage of measured children less than 5 years of age who are anaemic	15%
--	-----

This indicator measures children between six months and five years of age who had their haemoglobin levels checked in a six month period and were found to be anaemic.

Early detection of conductive hearing loss in remote Aboriginal communities

Early Intervention for Conductive Hearing Loss in remote Aboriginal children	45%
--	-----

Measures services provided to prevent and manage hearing loss in Aboriginal children, aged five years or less, as percentage of total hearing assessments provided under the Northern Territory Remote Aboriginal Investment.

Efficiency

Full year forecast operating position

Full year forecast operating position	\$742,000
---------------------------------------	-----------

This indicator measures projected full year expenditure versus projected full year revenues.

Full time equivalent

Full time equivalent (FTE) and average labour cost	1,915
--	-------

This indicator represents the average number of FTEs allocated to all cost centres of the Health Service at a point in time pay period, compared to the Health Centre's targeted FTEs for the financial year.

Workforce

Aboriginal health workforce and practitioners

Aboriginal health workforce as a proportion of overall FTE ¹	12.7%
Aboriginal health practitioners (FTE) ²	33.7

¹ This indicator measures the number of Aboriginal health workforce as a proportion of overall full time equivalents (FTE).

² This indicator measures the number of Aboriginal health practitioners (FTE) to be employed by the Health Service within the financial year (based on number of FTE at 1 July 2016).

Schedule 6: Northern Territory and Department Strategic Directions

6.1 Strategic Directions within which services are to be delivered

The following strategies will frame the development of actions, initiatives and work programs to underpin the achievement of the seven strategic directions of the Northern Territory (NT) Strategic Plan 2014-17.

- Northern Territory Health Aboriginal Cultural Security Framework 2016 – 2026
- Northern Territory Health Aboriginal Cultural Security Policy
- Appropriate Workplace Behaviour Strategy
- Business Intelligence Security NT Health Model
- Clinical Safety and Quality Governance NT Health Framework
- Core Functions of primary health care: a framework for the Northern Territory
- Data Governance NT Health Framework
- Domestic and Family Violence Reduction Strategy Resources
- Gifts and Benefits Framework - NT Ombudsman
- Great Start Great Future - Northern Territory Early Years Implementation Plan
- Great Start Great Future - Northern Territory Early Years Strategic Plan
- Indigenous Employment and Career Development Strategy 2015-2020
- Information Services Communications Strategy
- Leadership Capability and Development Framework
- Musculoskeletal Injury Reduction Strategy Summary
- Musculoskeletal Injury Reduction WHS Strategy
- NT Health Nutrition and Physical Activity Strategy 2015-2020
- NT Suicide Prevention Strategic Action Plan 2015-2018
- NTPS Employability Strategy
- National Mental Health Strategy
- Northern Territory Aboriginal Health Forum - Pathways to Community Control
- Northern Territory Cancer Plan 2013-2016
- Northern Territory Cardiac Services Framework
- Northern Territory Chronic Conditions Prevention and Management NT Strategy 2010-2020
- Northern Territory Government (NTG) - Framing the Future
- Northern Territory Health Governance and Accountability Framework
- Northern Territory Health Hospital Services Capability Framework
- Northern Territory Health Promotion Framework

- Northern Territory Medicines Management Framework
- Northern Territory Mental Health Services Strategic Plan 2015-2021
- Northern Territory Public Sector Capability and Leadership Framework
- Professional Practice Supervision Framework
- Project Management CSB Framework
- Renal Services Framework 2012-2017
- Stakeholder Engagement Framework
- Northern Territory Rehabilitation Strategy 2017 - 2021
- Strategic Information Plan 2014-2018
- Strategic Plan for Nurse Practitioners in the Northern Territory 2014-2016
- Strategic Plan for Nursing and Midwifery in the Northern Territory 2015-2018
- Tackling Ice in the Northern Territory
- The Northern Territory Chronic Conditions Self-Management Framework 2012-2020
- The Northern Territory Implementation Plan 2014-2016 – Chronic Conditions Prevention and Management Strategy 2010-2020
- WHS Consultation and Communication Strategy
- Workplace Health and Safety Management System
- Workplace Health and Safety Strategy 2014-2017
- Workplace Health and Safety Strategy Summary

6.2 Corporate Policies and Standards

All Northern Territory Government and Department corporate policies and standards in relation to finance, human resource management, procurement and contract management, grant management and related matters are to be adopted and implemented by CAHS, as required under the Act.

Schedule 7: Support Services to Health Services

The Chief Executive of the Department will be responsible for providing specific areas of corporate support to the Health Services. This will principally be through the Corporate Services Bureau and the Office of the Chief Executive/Executive Services.

Services to be provided by the Corporate Services Bureau will include:

- Financial Services, providing financial information and forecast to support Service Delivery Agreements, establishment and oversight, accounting, revenue, budget and financial policy development on behalf of NT Health
- Infrastructure Services, providing strategic advice and program oversight of the capital works program, capital equipment program, strategic asset planning, lease management, and facilities management to non-hospital properties as requested on behalf of the Department of Health
- Corporate Services providing travel, transport and general services to staff and contractors.
- Human Resource Services:
 - Human Resource Management and Industrial Relations, including policy and system framework advice and quality assurance, strategic work health and safety, and specialised career development.
 - Learning and Development, through traditional and eLearning mechanisms grows and builds corporate capability and skills of employees.
- Information Systems and Services, developing Northern Territory Health (NT Health) policy, strategies, services and standards for the use of information and communications technology (ICT) through:
 - Acute Care Information Services
 - Community Care Information Services
 - Health Interoperability Services
 - Health Services Information Systems
 - ICT Infrastructure
 - Strategic eHealth Services
- Provision of corporate information services (including records management) and Library Services.
- Data Management and System Reporting, providing the source of health information to support evidence-based decision making to improve health outcomes, performance monitoring, service planning and policy development, including:
 - Provision of validation reports to enable the Health Service to confirm the data is in accordance with national standards on a monthly basis.
- Procurement and Contract Services, providing the development, management and governance of NT Health's procurement policies and procedures, and a range of procurement and contract management services

Services to be provided by the Office of the Chief Executive/Executive Services will include:

- strategic media and corporate communications services
- legal services
- freedom of information and information privacy services
- disaster coordination
- ministerial liaison services
- risk and assurance services.

Service Standards between branches of the Department and CAHS have been put in place to clearly establish the scope and quality of services to be provided. Other services will be developed as required.

Appendix 1: Interpretations

Aboriginal, the term Aboriginal should be taken to include Torres Strait Islander people.

Board means a Health Service Board.

Chairperson, see section 31(1) of the *Health Services Act 2014*.

Charter, means the Northern Territory Service Delivery Agreement Performance Charter.

Chief Executive Officer, within the meaning of the Public Sector Employment and Management Act, of the Department.

COO, of a Service, means the Chief Operating Officer appointed for that Service under section 34 of the *Health Services Act 2014*.

Department means the Agency principally responsible for health policy in the Northern Territory.

Health Service means an entity established under section 17(1) of the *Health Services Act 2014*.

Health Service Board, see section 21 of the *Health Services Act 2014*.

Health Service Directive means a written directive by the Department to a Service or the COO of a Service, directing the Service or COO to do, or not do, certain things or take certain actions.

hospital services means services provided by or on behalf of a public hospital.

performance, of a function, includes the purported performance of the function.

PSEMA means the *Public Sector Employment and Management Act*.

public health service means a health service provided by:

- (a) a Service; or
- (b) the Department; or
- (c) an affiliated health organisation.

Service Delivery Agreement, see section 45 of the *Health Services Act 2014*.

System Manager, see section 11(2) of the *Health Services Act 2014*.

Appendix 2: Abbreviations

ABF	Activity Based Funding
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
CAHS	Central Australia Health Service
CEO	Chief Executive Officer
CHSP	Community Home Support Program
COO	Chief Operating Officer
CSB	Corporate Services Bureau
ED	Emergency Department
FMHS	Forensic Mental Health Services
HSD	Health Service Directive
KPI	Key Performance Indicator
NHA	National Healthcare Agreement
NHRA	National Health Reform Agreement
NTPHN	Northern Territory Primary Health Network
OOS	Occasions of Service
PHC	Primary Health Care
RDH	Royal Darwin Hospital
SAB	Staphylococcus aureus bacteraemia
SDA	Service Delivery Agreement
TCH	Tennant Creek Hospital
TEHS	Top End Health Service
WAU	Weighted Activity Units

Appendix 3: CAHS Primary Health Care Services

Services Provided at Remote Health Centres

Health Centre Location	Number in catchment	Public health nutrition services	A&E response / medevac 24/7	Primary health care	Antenatal care	Healthy School aged kids program	Healthy Under 5 Kids program	Childhood & adult Immunisation	Well Women's & Men's health screens	Preventable chronic conditions program	Infectious disease prevention and control
Wallace Rockhole	72	✓	✓	Visiting Services from Hermannsburg							
Ali Curing	656	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Docker River	285	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haast's Bluff	180	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hart's Range	257	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bonya	52	✓	✓	Visiting services from Harts Range							
Hermannsburg	724	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
King's Canyon	55	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lake Nash	526		✓	✓	✓	✓	✓	✓	✓	✓	✓
Aputula	154	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Imanpa	113	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nyirripi	192	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Papunya	400	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Health Centre Location	Number in catchment	Public health nutrition services	A&E response / medevac 24/7	Primary health care	Antenatal care	Healthy School aged kids program	Healthy Under 5 Kids program	Childhood & adult Immunisation	Well Women's & Men's health screens	Preventable chronic conditions program	Infectious disease prevention and control
Willowra	208	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yuelemu	227	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yuendumu	772	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yulara	3500	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mt Liebig	185	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Titjikala	237	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tara	94	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wilora	106	✓	✓	Visiting services from Tara							
Ti-Tree (incl. 6 mile)	449	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elliott	395	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alcoota	167	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Epenarra	191	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Canteen Creek	186	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laramba	256	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Community Health Services Provided in Urban and Regional Centres

Community Care Centre / Service location	Primary Health Care	Healthy Under 5 Kids Partnering -Families Program	Childhood & Adult Immunisation	Well Women's & Men's Health Screens	Specialist Nursing Service
Flynn Drive Alice Springs	✓	✓	✓	✓	✓
Tennant Creek	✓	✓	✓	✓	

Service coverage	Outreach Child, Youth and Family Services / School based services			
	Healthy Under 5 Kids – Partnering Families Program	School Health Service	School Immunisation Program	School Screening Service
Alice Springs and suburbs	✓	✓	✓	✓
Tennant Creek	✓	✓	✓	✓

Prison Primary Health Care Services

Services and Delivery Location	Alice Springs Correctional Centre Health Centre – men and women	G Block (maximum security)	Cottages Clinic (low security)	Juvenile Detention Centre	Aranda House (overflow)	Police Watch House	Approximate split of Full Time services (%)
Intervention and Reception	✓	✓	✓	✓	✓	✓	20
Treatment and Emergency Care	✓	✓	✓	✓	✓	✓	50
Health Promotion and Health Protection	✓	✓	✓	✓	✓	✓	5
Rehabilitation / Chronic Disease Prevention	✓	✓	✓	✓	✓	✓	12
Specialist Referral	✓	✓	✓	✓	✓	✓	5
Dept/NTDCS staff Education	✓	✓	✓	✓	✓	✓	3
Prison Health Administration	✓	✓	✓	✓	✓	✓	5
After Hours on-call and Emergency	✓	✓	✓	✓	✓	✓	N/A
Visiting Services							Frequency
Physiotherapy	✓	✓	✓	✓	✓	✓	As required
Podiatry	✓	✓	✓	✓	✓	✓	As required
Optometry	✓	✓	✓	✓	✓		5hrs/month main prison, remainder as required