

Top End Health Service

Service Delivery Agreement 2016/17

TEHS Service Delivery Agreement 2016/17.

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Introduction

This Service Delivery Agreement (SDA) is a formal agreement between the Department of Health (the Department) as system manager and the Top End Health Service (TEHS) 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 TEHS 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 TEHS
- 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 TEHS 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 TEHS with respect to outcomes and outputs
- specify the funding to be provided to TEHS for the provision of these services
- clearly set out the service delivery and performance expectations for the funding provided to TEHS, 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 TEHS.

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.

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

The 2016/17 priorities include the following matters and may be changed by decisions of Government.

Issues for 2016/17	Details	Funding
National Disability Insurance Scheme (NDIS)	The Northern Territory trial site commenced 1 July 2014 in the Barkly area. A Bilateral Agreement between the Northern Territory Government and the Australian Government for Transition to Full Scheme of the NDIS has been finalised. The Transition is due to commence 1 July 2016, with full scheme implementation 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
National Framework for Protecting Australia's Children	National Framework for children in out-of-home care and health assessments. Council of Australian Governments agreement implemented by Northern Territory Department of Children and Families. Department of Health's Child Youth Strategy Unit to coordinate Northern Territory Health response with 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.	Funding to be transferred from Department to Health Services
Adverse events and best practice pricing	The Department will draw upon the Independent Hospital Pricing Authority and Australian Commission on Safety and Quality in Health Care work to establish potential approaches to pricing safety and quality in public hospitals with a view to implement a 'shadow pricing' system in 2016/17.	No impact in 2016/17
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 mental health and alcohol and other drugs services.	Funding to be included in Schedule 3: Tied Funding
Child and Adult Public Dental Scheme National Partnership Agreement	Northern Territory Government-wide strategy; central coordination from the Department 's Oral Health Services NT.	Funding included in Schedule 2.1 and Schedule 3
Primary Health Care reform	Pilot of new models of care.	Funding included in Schedule 2.1
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

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.

Roles and Responsibilities

Service Provider (TEHS)

Without limiting any other obligation of TEHS, 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 (TEHS and non-government organisation operated)
- implementation of any new initiatives as required from time to time.

Health Service Board

Without limiting any other obligation, the Health Service Board will prepare and publish a six monthly performance summary of specified SDA KPIs.

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 Top End 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

As the third SDA to be negotiated, along with the embedding of systems, processes and governance structure, this 2016/17 SDA is made on the basis of on-going work in progress and development of the purchaser-provider model.

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 2016 to the 30 June 2017. 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 TEHS 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 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 (Top End Health Service)

In order to meet strategic and legislative requirements, TEHS 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 or more frequently if possible. 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.

TEHS 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. TEHS must provide 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 TEHS from its corporate information systems. The delivery of the monthly reports will occur by the 9th working day of each month. In addition, the Department will also make available a suite of standard reports to assist TEHS 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 TEHS 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 epidemics 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 disputes 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

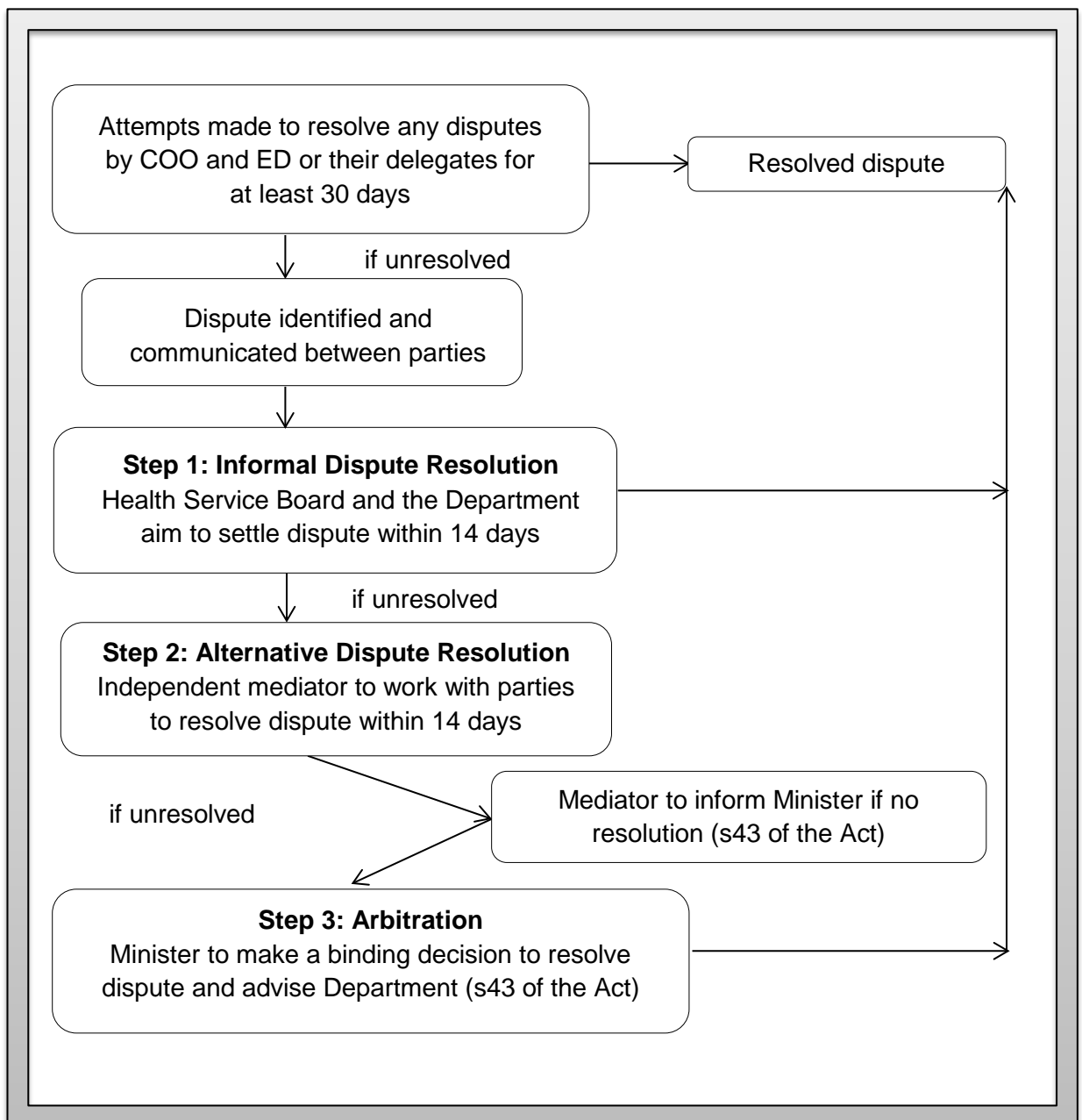
In the event of a dispute arising under this agreement, the parties must make reasonable endeavours to attempt to resolve the dispute in good faith and in the public interest.

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

Prof Len Notaras AM
Chief Executive Officer

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

Signature:

Date:

Top End Health Service

Mrs Annette Burke
Chair, Top End Health Service Board

Signed by the Board Chair for and on behalf of TEHS

Signature:

Date:

Schedule 1: Service Description

1.1 Hospital Services

Under this SDA, TEHS has responsibility for delivery and ongoing development of a wide range of hospital services in inpatient, outpatient, community health, residential aged care and in-home settings. These are delivered by three hospitals.

Royal Darwin Hospital

Total active overnight beds: 367.

Royal Darwin Hospital (RDH) will continue its role as the Northern Territory's largest tertiary referral and university teaching hospital. This involves providing acute hospital services to the residents and visitors of the Top End of the Northern Territory and tertiary hospital services Northern Territory-wide.

RDH will continue to provide a comprehensive range of services including:

- general medicine core services, also including cancer, cardiology, diabetes services, gastroenterology, infectious disease, renal services and respiratory medicine
- emergency medicine core services
- general surgery core services – ear, nose and throat; gynaecology, neurology, ophthalmology, orthopaedics, urology and vascular
- maternal and child health core services – neonatology, obstetrics and paediatrics
- integrated community and hospital core services – mental health and rehabilitation
- clinical support services - allied health, anaesthetics, diagnostic imaging and nuclear medicine, intensive care/high dependency unit, operating suite/theatres, pathology and pharmacy.

Gove District Hospital

Total active overnight beds: 30.

Gove District Hospital (GDH) will continue its role in providing hospital services to the East Arnhem region by providing an appropriate range of medical, surgical, paediatric, respite and maternity services including:

- 24 hour accident and emergency care, general surgical, medical and paediatric care, two respite places and two emergency respite places, elective and emergency surgery, maternity services including caesarean capability, visiting specialists care, 24 hour medical imaging (on call service after hours)
- pharmacy, pathology (on call service after hours)
- stores, mortuary (post mortems are not performed) and cyclone shelter (the stores building is the town designated cyclone shelter).

GDH will also maintain its provision of inpatient, outpatient and specialist care services to patients referred from the 15 remote community health centres in the region. Primary Health Care will support GDH services through the provision of a remote medical practitioner service to the region, which includes medical advice, community clinic visits, orders to patients to the hospital and evacuations via Air Medical Services to RDH.

Katherine Hospital

Total active overnight beds: 60.

Katherine Hospital will continue to provide services to the residents and visitors to the Katherine region and surrounding remote areas. The hospital will maintain its comprehensive range of clinical, diagnostic and support services including:

- 24 hour accident and emergency care, obstetrics and gynaecology, general surgical, medical and paediatric care, elective surgery, renal dialysis
- pharmacy, radiography, sonography, pathology, physiotherapy, social worker, dietician, visiting medical specialists
- Aboriginal¹ Liaison to assist with 85% Aboriginal clients
- mortuary (post mortems are not performed) and stores
- access to Medivac and retrieval services.

1.2 Mental Health

The Top End Mental Health Services (TEMHS) will provide comprehensive mental health services to the catchment population within TEHS and deliver some agreed services to the CAHS.

TEMHS is a specialist clinical service that will provide a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem in the Top End. This will include 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.

Access to services will be determined in accordance with clinical need, following a comprehensive assessment that includes assessment of risk. Inpatient and outpatient services will have a recovery focus with an emphasis on rehabilitation and relapse prevention. TEMHS will actively promote shared care planning and interagency collaboration in provision of its services.

Principles from the Department's Cultural Security agenda are in operation in TEMHS. Aboriginal people and individuals from other cultures will present with symptoms that are the result of, or behaviours which are mediated by, cultural factors. Consequently:

- in cases involving Aboriginal people, Aboriginal Mental Health Workers will contribute to the assessment process to determine a suitable service and culturally appropriate response
- in the case of culturally and linguistically diverse people, TEMHS staff will ensure the involvement of appropriate cultural brokers to enhance assessment
- where language issues may influence interactions and assessments, accredited interpreters will be used.

¹ Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.

Mental Health Access Team

TEMHS provide members of the public in the Northern Territory Top End region (and Central Australia after hours) with a single point of access mental health service that is responsive to the requirements of individual's needs. The Mental Health Access Team promotes, restores and/or maintains mental health and wellbeing by providing time sensitive responses to consumer's mental health needs, as assessed based on presentation and risk. Components of the Mental Health Access Team include:

- the NT Mental Health Line 1800 682 288 provides 24 hours a day, seven days a week initial contact and triage via telephone
- the Mental Health Emergency Team and Consultation Liaison Team provide acute crisis response in the emergency department and mental health consultations at RDH medical and surgical units
- the Acute Care Team provides assessment, short term treatment and assertive follow-up on a community basis.

Community Mental Health Services

Comprehensive and age-appropriate assessment, treatment, consultation, liaison, and case management services in the community will be provided to catchment population within TEHS. Outreach services to remote communities will be provided across the Top End and include making services more accessible through telephone and video conferencing.

Forensic Mental Health Services

Forensic Mental Health Services (FMHS) will be provided by TEHS and will cover the population within TEHS and CAHS. This service's primary focus will be with people who have a mental disorder and become involved in the criminal justice system as a result of being charged with an offence. The Forensic Mental Health Team will work in the community and in the prison. A component of the team's work will involve the preparation of reports for the courts and the Parole Board of the Northern Territory. In addition to providing direct clinical services to adult prisoners with a mental health condition, team members will provide:

- education to prison officers on mental illness
- group work, mental health education and skills development training for prisoners
- continuing clinical support for clients on parole in the community.

Mental Health Court Liaison Services

Mental Health Court Liaison Services forms part of the Forensic Mental Health Team and is based at the Northern Territory Courts. The team supports TEMHS in responding to requests from the Court under the *Mental Health and Related Services Act* and other mental health presentations including travelling on the regional and remote Bush Court circuit.

Acute Mental Health Inpatient Services

The Top End Mental Health Inpatient Services is a 28 bed facility comprised of a general mental health ward, a high security unit with forensic capacity and a child and adolescent unit. It provides treatment and care for individuals experiencing an acute phase of mental illness or mental disturbance and has the capacity to provide inpatient care for clients requiring high dependency mental health care, correctional services clients and clients with complex cognitive impairment requiring inpatient assessment.

Youth Inpatient Program

The Youth Inpatient Program provides mental health services to young people aged 12 to 18 years at a three bed specialist child and adolescent mental health facility at RDH. The Youth Inpatient Program is short term therapeutic program; acceptance to the program is by pre-arranged admission based on systematic, standardised assessment by qualified professionals.

1.3 Aged Care Services

TEHS's Aged Care Unit is based in Darwin and delivers the following programs:

- Aged Care Assessment Program
- Community Home Support Program
- Memory Service
- Psychogeriatric Service
- Transition Care Program.

This work unit is managed by the Northern Territory Clinical Leader Aged Care, who also has an overarching role across Aged Care Services delivered in TEHS and is the Northern Territory representative for Australian Government funded aged care programs.

Aged Care Assessment Program

Through the Aged Care Assessment Program (ACAP), TEHS will maintain/improve the independence and ability of older people to remain at home and, should this be required, exercise its Commonwealth delegation to approve people for admission to residential aged care facilities. In particular this program will ensure that older persons from Aboriginal communities, those from culturally and linguistically diverse backgrounds, living in rural and remote areas, financial or socially disadvantage, veterans, homeless, care-leavers and lesbian, gay, bisexual, transgender or intersex people have equitable access to assessments and services.

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 that meet client, carer and family needs. This may include referral for Community Home Support Programs, support to carers, approvals for Residential Care and Respite, Home Care Packages (Levels 1-4) and Transition Care.

ACAT will provide education and training to clients, family, carers, service providers, build community capacity, gather electronic data and identify gaps in services.

The Department's Top End Disability Remote Team assists TEHS carry out ACAT assessments in remote communities. Disability staff also undertake mandatory ACAT training.

On 29 February 2016, ACAP transitioned to the My Aged Care "Gateway" system. The current ACAP agreement will expire on 30 June 2016, with a new agreement being negotiated for the period 1 July 2016 to 30 June 2018.

Community Home Support Program

The Community Home Support Program (CHSP) amalgamates previous Home and Community Care program into one and includes 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 Service provided by the Dementia Nurse located in the Darwin Aged Care Unit coordinates and assists the dementia screening process of individuals where dementia is suspected, in conjunction with the Community Geriatrician and the client's general practitioner. The Dementia Nurse also assists other aged care work units in their assessment of people with dementia.

The Dementia Nurse provides education and support to people with dementia, 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. Funding for equipment for both TEHS and CAHS is managed by the Northern Territory Clinical Leader position based with TEHS.

The program also funds Allied Health assessments and interventions required in the provision of equipment and home modifications. The program funds two fulltime Occupational Therapists and a Therapy Assistant based at the Darwin Aged Care Unit, a Therapy Assistant based in Katherine and another based in Alice Springs with CAHS.

The Office of Disability in the Department's Territory Wide Services supports the CHSP Aged Care Equipment Program with administrative and procurement support and undertakes assessments for eligible clients in Top End rural and remote communities including Katherine

Memory Service

The Memory Service provides a diagnostic pathway and support to people with cognitive impairment. The Memory Service Team includes the Community Geriatrician, the CHSP Specialist Dementia Nurse and Allied Health support. Most clients are seen in their homes or in scheduled Memory Clinics held in RDH, Palmerston, Katherine and in remote communities as required. This service also provides education and support, gathers electronic data, identifies gaps in service, and maintains a reference library.

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 to maintain this client group successfully in their community

This is a Northern Territory Government funded program that has two TEHS positions based in the Darwin Aged Care Unit.

Transition Care Program

The Northern Territory Transition Care Program is a TEHS work unit funded by Medicare revenue which delivers 29 transition care packages across the whole of the Northern Territory. The Darwin based work unit consists of a Team Leader and Case Coordinators. The unit manages clients in Darwin and case manages packages across other regions in the Northern Territory.

1.4 Primary Health Care

Primary Health Care comprises five core functions²:

- 1) **Clinical services** delivered to individual clients and/or families in clinic, home or community settings including treatment, prevention and early intervention, rehabilitation and recovery, and clinical support.
- 2) **Health promotion**, being non-clinical measures to improve the health of the community, as a whole, such as healthy public policy, health information and education and community development.
- 3) **Corporate services and infrastructure** that support the provision of health services including workforce and financial management, administration, management and leadership, and systems for quality improvement.
- 4) **Advocacy, knowledge and research, policy and planning** such as health advocacy on behalf of clients, research and its application, and participation in policy and planning across the health system.
- 5) **Community engagement, control and cultural safety** to ensure cultural safety throughout the organisation, engagement of clients with their own healthcare, community participation in priority setting, program design and delivery, and community control and governance.

² Northern Territory Aboriginal Health Forum, *Core functions of primary health care: a framework for the Northern Territory*, prepared by Edward Tilton Consulting and the Lowitja Institute, August 2011.

Primary Health Care Service Scope

Primary Health Care (PHC) services provided by TEHS are largely captured in the clinical services core function, with the expectation that there will be appropriate investment in corporate services and infrastructure (core function 3) as well as relevant elements of community engagement, control and cultural safety (core function 5) and health promotion (core function 2). It is noted that not all clinical and outreach services will be provided at every PHC centre.

Primary Health Care Settings

The size and mix of services provided by TEHS PHC centres vary according to the size and health 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 TEHS: 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. Should TEHS wish to significantly alter the scope or nature of any of these services, approval must be first sought from the Department. Approval by the Department will be dependent on provision of details regarding the basis for any proposed change and its broad impact on the community. This information should be provided to the Department no less than three months prior to the proposed date of the change.

1.4.1 Treatment

- First contact treatment of illness and injury using evidence-based standard treatment practices and protocols.
- Continuing management of chronic illness, including development and implementation of chronic disease management plans, support for self-care approaches, dispensing of medicines and monitoring for adverse effects.
- 24 hour after-hours on-call service, including response to emergency incidents and access to the advice of a doctor either on site or via telecommunications.
- Provision of essential drugs including provision of medicine kits to designated holders.
- Facilitate access to specialist and allied health treatment services in the community or through referral, including palliative care.
- Renal dialysis services.

1.4.2 Prevention and Early Intervention

- Maternal health services, including:
 - antenatal care including engagement of woman, men/partners and family in routine reviews, coordination of access to external service providers and antenatal health education
 - facilitating access to birthing services
 - postnatal care for mother and baby, including engagement/involvement of fathers.
- Child health services, including immunisation, growth monitoring (wasting/stunting, overweight and obesity), 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.

1.4.3 Rehabilitation and Recovery

- 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.

1.5 Sexual Assault Referral Centre

The Sexual Assault Referral Centre provides free 24 hour medical access for men, women and children victims of acute, recent and historical 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 Katherine Cancer Service

From 1 January 2015 to 31 December 2016 (spanning two financial years) Katherine Cancer Services will work with local health and community services and Northern Territory and national specialist services to develop and implement services and programs to support people in the Katherine region on their cancer journey by:

- supporting clients and their families based on assessed need providing information, counselling, resources and referrals
- coordinating and facilitating access to available cancer services
- providing client and community education and information about cancer and cancer treatment options to support making informed choices
- working with local Aboriginal health services to ensure accessibility of services
- providing advice to management on the challenges faced by people in the Katherine region.

1.7 Alcohol and Other Drugs Services

TEHS Alcohol and Other Drugs Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems in the Top End. The service operates within a multidisciplinary team process, with staff based in Darwin, Katherine and Nhulunbuy.

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; case management; withdrawal; opioid pharmacotherapy program; volatile substance abuse management and treatment; clinical liaison team; prison inreach program; Nhulunbuy; and Alcohol and Mandatory Treatment assessment services located at Katherine Hospital and the Stringybark Centre in Berrimah, which also has residential services.

1.8 Specialist Outreach Northern Territory

Specialist Outreach Northern Territory (SONT) manages the Rural Health Outreach Fund which supports the delivery of health services to rural and remote locations. The current SONT agreement runs until 30 June 2016, with a new agreement being negotiated until 30 June 2017.

SONT coordinates air charter, travel and logistics Northern Territory-wide for specialist teams in Australian Government funded priority areas, including:

- maternal and child health – including obstetrics and gynaecology, paediatrics, paediatric cardiology and midwifery
- eye health – ophthalmology
- mental health.

TEHS also provides visiting sonography outreach services to Bulman, Ngukurr, Minyerri, Borroloola, Yarralin, Kalkarindji, Lajamanu on a four weekly basis.

1.9 Oral Health Services

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

Services provided by TEHS 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.

1.10 Hearing Health Services

TEHS Hearing Health Services integrate resources to deliver connected pathways of hearing healthcare to urban and remote communities to prevent and manage ear disease (otitis media) and hearing loss in Northern Territory population.

TEHS Hearing Health Services provide:

- diagnostic audiological and audiometric services
- hearing loss education
- health promotion
- professional/skills development
- Neonatal Hearing Screening
- ear, nose and throat specialist outreach services for Aboriginal children living in remote communities.

Coordination and clinical leadership is provided by regional specialist nursing and Aboriginal Health Practitioners who strengthen partnership with families, communities and primary health organisations.

TeleHealth technology is an integral component of TEHS Hearing Health Services.

TEHS provides Northern Territory-wide program direction, guidance and support for Australian Government funded outreach services and coordinates the Neonatal Hearing Screening services. The Principal Audiologist position in TEHS provides professional support to Audiologists Northern Territory-wide. The System Manager provides Northern Territory-wide hearing health strategic policy.

1.11 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.

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 every three weeks in Darwin)
- outreach screening services to 20 regional and remote communities Northern Territory-wide via the BreastScreenNT 4WD bus.

TEHS BreastScreenNT has offices at Casuarina and Palmerston. Regional services are provided annually at Katherine. Remote screening services are provided to Top End communities every second year via the BreastScreenNT Bus.

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 (pap smears and Human papillomavirus testing)
- sending secondary reminder letters to women who are overdue for their pap smear
- providing clinical information and support to pap smear providers and pathology providers
- collecting and collating data to meet national reporting requirements.

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

- participant follow-up after positive Faecal Occult Blood Test, as well as follow-up with participant 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.

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

Note: Formal transition of Oral Health, Hearing Health and Cancer Screening Services is proposed for 1 July 2016, pending formal completion of the transition process.

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Schedule 2: Activity and Funding

2.1 Activity and Finance

Funding Type	Unit	Activity	Purchased (\$) (\$4,883 / WAU)
Activity Funded Services			
Admitted Acute	WAU	65,102	317,890,880
Admitted Sub Acute	WAU	5,902	28,819,466
Admitted Mental Health	WAU	2,063	10,073,629
Emergency Department	WAU	10,971	53,571,393
Non-admitted	WAU	10,689	52,194,387
Total Activity Funded Services	WAU	94,727	\$ 462,549,755
Block Funded Services			
Commonwealth and NT Block Funded Hospital Services			43,484,118
NT Only Block Funded - Hospital Services			161,003,454
Non Hospital Services			
Aged Care Services			3,805,363
Aged Care Occasions of Service	OOS	11,300	
Community and Residential Mental Health			20,441,120
Primary Health Care Services			118,313,824
Alcohol and Other Drugs			13,064,673
BreastScreening	Screens	4,400	
Hearing Health	OOS	6,773	
Oral Health	OOS	35,500	
Total Block Funded			\$ 360,112,551
Efficiency Adjustment			\$ 27,606,694
TOTAL			\$ 850,269,000

WAU = Weighted Activity Unit

OOS = Occasion of Service

2.2 Funding Sources

Funding Source	Value (\$)
Commonwealth NHFB Hospital Funding	121,724,302
Commonwealth NHFB Hospital Block Funding	13,079,145
Commonwealth NHFB Public Health Funding	1,119,000
NT ABF Hospital Funding	280,457,453
NT Hospital Block Funding	190,289,427
NT Non Hospital Block Funding	96,599,979
NT Transition Funding	27,606,694
Health Service Generated Revenue Funding	60,368,000
Commonwealth and other Tied Funding	59,025,000
TOTAL	\$ 850,269,000

2.3 Specific Funded Items

Specific Funded Item	Description	Value (\$)
Allied Health Workforce Model	Increase the capacity of allied health services through the employment of 15 additional staff.	2,255,000
Back on Track	To employ 4.4 Aboriginal Health Practitioners and 5.5 trainees (FTE) (1 July 2015 baseline).	643,165
Cardio-Thoracic and Neuro Surgical Services	Establishment of a cardio-thoracic and neuro surgical services.	4,900,000
Palmerston Project Team	Funding is provided for the Palmerston Project Team. The Team is responsible for the operational and clinical commissioning of the Palmerston Regional Hospital project.	3,000,000
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.	285,846
Renal Services Demand Growth	Expansion of dialysis treatment across the Top End through the acquisition of additional dialysis chairs and extended clinic hours.	5,204,000
TOTAL		\$ 16,288,011

Schedule 3: Tied Funding

Agreement Name	Expiry	Value (\$)
Aboriginal Health Career Coaching Network	30/06/2017	150,000
Adult Public Dental Scheme	31/12/2016	1,074,122
Aged Care Assessment Program	30/06/2018	935,898
Australian Government National Intravenous Drug Strategy		408,000
CHSP - Allied Health and Therapy Services	30/06/2018	355,804
CHSP - Goods, Equipment and Assistive Technology	30/06/2018	322,000
CHSP - Home Modifications	30/06/2018	137,820
CHSP - Specialised Support Services	30/06/2018	402,669
Diesel Fuel Rebate		630,000
Emergency Medicine Education and Training	31/12/2016	156,000
Flinders University – Northern Territory Medical Program	30/06/2017	1,088,500
Gove Multi-Purpose Service	30/06/2017	340,000
Healthy Ears – Better Hearing, Better Listening	30/09/2017	937,000
Highly Specialised Drugs	30/06/2017	7,000,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Chronic Disease	30/06/2018	439,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Maternal and Child Health	30/06/2018	1,249,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Primary Health Care (PHC)	30/06/2018	11,108,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Stronger Futures Primary Health Care (SFNT PHC)	30/06/2018	11,847,000
Indigenous Australians' Health Programme Primary Health Care (ANFPP) Schedule 4	30/06/2018	1,650,702
Indigenous Core Blood Program	30/06/2017	300,000
McGrath Breast Care Nurse Funding Agreement	30/06/2017	284,000
National Critical Care and Trauma Response Centre	30/06/2016	5,245,000
National Reform Programme - Organ and Tissue Donation	30/06/2016	1,170,000
Nucleic Acid Amplification Testing finance adjustment	30/06/2017	113,000
Oral, Hearing Health and Cancer Services	30/06/2022	1,860,000
Primary Health Network Northern Territory	30/06/2016	1,500,000
Program of Experience in the Palliative Approach (PEPA)	30/06/2017	288,000
Public Health Block Funding Cervical and Breast Cancer Screening		707,000
Remote Aboriginal Investment – Schedule 3: Alcohol	30/06/2022	1,010,000
Rural Health Outreach Fund	30/09/2016	3,050,208
South Australia/Northern Territory Youth Cancer Service	30/06/2017	83,000
STP - Specialist Training Programs	31/12/2016	3,000,000
Substance Misuse Service Delivery (COPE) – Nhulunbuy Alcohol and Other Drugs Rehabilitation Services	30/06/2017	183,000
TOTAL		\$ 59,024,723

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

4.1 Cultural Security

The Cultural Security Policy and Framework aims to support and drive action on delivering culturally secure health services across the Northern Territory. Cultural Security requires that health services offered to Aboriginal Territorians by TEHS will respectfully recognise and respond to the cultural rights and values of Aboriginal people in service planning, delivery and evaluation.

TEHS commits to working collaboratively with the Department to ensure that systems and processes are in place to facilitate culturally secure health services by providing evidence of:

- Aboriginal communities and representatives are actively engaged in health service planning, delivery and evaluation.
- the offer and provision of Aboriginal Territorians with language assistance services in their preferred language at all points of contact within the health system, including primary health care, hospital services and outreach specialist services
- active development and promotion of cultural security initiatives and their implications for service delivery and best practice models of care
- staff at all levels regularly accessing and participating in cultural security, health literacy and health communication programs and training
- Aboriginal workforce initiatives are actioned to:
 - increase the number of Aboriginal employees to a goal of 16% by 2020
 - effectively implement the Back on Track project initiatives
 - implement the Special Measures initiative to all recruitment processes
 - on-going commitment to the principles of the Pathways to Community Control framework.

4.2 Consumers Feedback

TEHS will ensure there are mechanisms in place to capture, monitor and evaluate consumer 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.

TEHS 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.

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 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
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Safety and Quality

Staphylococcus Aureus Bacteraemia (SAB) infections

SAB infections	1.07
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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	75%
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This indicator measures the rate of correctly performed hand hygiene actions observed for a hospital during a hand hygiene audit.

Potentially preventable hospitalisations

Potentially preventable hospitalisations	9.1%
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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%
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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%
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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)	≤20
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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%
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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.

Discharged or left against medical advice

Inpatients who discharged from a hospital or left hospital against medical advice	9.1%
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This indicator measures the disparity between the proportion of Aboriginal and non-Aboriginal admitted patients who discharged from a hospital or left hospital against medical advice, representing a 5% improvement on prior year figures.

Patient experience

Patient experience (survey)	-
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A survey that is culturally appropriate and suitable to the NT context will be developed in 2016/17 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

ED presentations departing within 4 hours	78%
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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%
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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%
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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 clients within specified periods

Timing of first antenatal visit within three months for regular Aboriginal clients	60%
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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 aged 15 years and over with type II diabetes and/or coronary heart disease and with a chronic disease management plan	85%
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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%
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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 tested for anaemia

Children between 6 months and 5 years of age who have been tested for anaemia.	87%
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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	1040
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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	42%
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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 5 who are anaemic

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

Prevalence of children diagnosed with moderate hearing impairment

Percentage of measured children diagnosed with moderate/severe/profound hearing impairment	9.5%
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This indicator measures the number of Aboriginal children assessed with a diagnosis of moderate/ severe/ profound hearing impairment.

Efficiency

Full year forecast operating position

Full year forecast operating position	balanced
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This indicator measures projected full year expenditure versus projected full year revenues.

Full time equivalent

Full time equivalent (FTE)	4072
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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, practitioners and trainees

Aboriginal health workforce as a proportion of overall FTE ¹	9.7%
Additional Aboriginal health practitioners (FTE) ²	4.4
Additional Aboriginal health practitioner trainees (FTE) ²	5.5

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

² This indicator measures the additional number of Aboriginal health practitioners and trainees (FTE) to be employed by the Health Service within the financial year (based on number of FTE at 1 July 2015).

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 2014-17³.

- Aboriginal Cultural Security
- Domestic and Family Violence Reduction Strategy 2014-17: Safety is Everyone's Right
- Framing the Future
- Great Start, Great Future – NT Early Years Strategic Plan 2016-2020
- Indigenous Employment and Career Development Strategy 2015-20
- NT Aboriginal Health Plan 2015-18
- NT Cancer Plan 2013–16
- NT Cardiac Services Framework 2012-22
- NT Chronic Conditions Prevention and Management Strategy 2010-20
- NT Chronic Conditions Self-Management Framework 2010-20
- NT Health Hospital Services Capability Framework
- NT Health Promotion Framework
- NT Implementation Plan 2014-16 (Chronic Conditions Prevention and Management Strategy 2010-20)
- NT Maternity Services Plan 2013-15
- NT Mental Health Service Strategic Plan 2015-21
- NT Suicide Prevention Strategic Action Plan 2015-18
- Nutrition and Physical Activity Program Action Plan 2007-12
- Pathways to Community Control
- Renal Services Framework 2012-17
- Stakeholder Engagement Framework
- Strategic Information Plan 2014-18
- Strategic Plan for Nurse Practitioners in the NT 2014-16
- Tackling Ice in the NT
- Territorians as Partners in Healthcare: The Department of Health Consumer and Community Participation Policy.

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 TEHS, as required under the Act.

³ Available at NT Health Policy Guideline Centre: <http://internal.health.nt.gov.au/PGC/SitePages/Home.aspx>

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 accounting services
- infrastructure services, including capital works and minor new works
- human resource services, including learning and development and workforce services
- information systems and services
- reporting services (including management reports to support KPI monitoring)
- procurement and contract 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 privacy services
- Executive Officer of Adult Guardianship
- disaster coordination
- ministerial liaison services
- risk and assurance services.

Service Standards between branches of the Department and TEHS 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
COPE	Commonwealth Own Purpose Expenditure
CSB	Corporate Services Bureau
ED	Emergency Department
FMHS	Forensic Mental Health Services
GDH	Gove District Hospital
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	<i>Staphylococcus aureus</i> bacteraemia
SDA	Service Delivery Agreement
TCH	Tennant Creek Hospital
TEHS	Top End Health Service
TEMHS	Top End Mental Health Services
WAU	Weighted Activity Units

Appendix 3: TEHS Primary Health Care Services

Services Provided at Remote Health Centres

Health Centre Location	No in catchment	A&E response/ medevac 24/7	Primary health care	Ante natal 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	Public health nutrition services
Batchelor	536	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adelaide River	223	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pine Creek	473	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wadeye	2800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daly River	400	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palumpa	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pirlamgimpi	370	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milikapiti	900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julanimawu	1600	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramingining	1175	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gapuwiyak	1150	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Health Centre Location	No in catchment	A&E response/ medevac 24/7	Primary health care	Ante natal 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	Public health nutrition services
Maningrida	3000	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alyangula	1100	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Angurugu	900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Numbulwar	800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Umbakumba	450	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milyakburra	120	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milingimbi	1350	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Borrooloola	925	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robinson River	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wurruwi	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gunbalanya	1300	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jabiru	1135	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minjilang	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Belyuen	250	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wagait Beach	450			✓			✓				✓
Peppimenarti	185	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Community Health Services Provided in Urban and Regional Centres

Community Care Centre / Service location / coverage	Primary Health Care	PHC Outreach to Darwin region	Healthy Under 5 Kids Partnering -Families Program	Childhood & Adult Immunisation	Well Women's & Men's Health Screens	Specialist Nursing Service
Casuarina	✓	✓	✓	✓	✓	✓
Stuart Park Infant Health			✓	✓		
Karama Infant Health			✓	✓		
Palmerston & Rural	✓		✓	✓	✓	✓
Katherine	✓		✓	✓	✓	
Nhulunbuy	✓		✓	✓	✓	

Service coverage	Outreach Child, Youth and Family Services / School based services			
	Healthy Under 5 Kids – Partnering Families Program	Home Birth Service	School Health Service	School Immunisation Program
Darwin City & Suburbs	✓	✓	✓	✓
Palmerston	✓	✓	✓	✓
Rural Area	✓	✓	✓	✓
Katherine	✓		✓	✓
Nhulunbuy	✓		✓	✓

Prison Primary Health Care Services

Services and Delivery Location	Early Intervention and Reception	Treatment and Emergency Care	Health Promotion and Health Protection	Rehabilitation / Chronic Disease Prevention	Specialist Referral	Staff Education	Prison Health Administration	After Hours on-call and Emergency	Visiting Services	Physiotherapy	Podiatry	Optometry
Approximate split of full time services (%)	8	38	9	14	5	5	3	1		4hrs/month	6hrs/month	6hrs/month
Berrimah Prison Correctional Centre Health Centre	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Living Skills Unit	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
J Block (Women)	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓

Services and Delivery Location	Early Intervention and Reception	Treatment and Emergency Care	Health Promotion and Health Protection	Rehabilitation / Chronic Disease Prevention	Specialist Referral	Staff Education	Prison Health Administration	After Hours on-call and Emergency	Visiting Services	Physiotherapy	Podiatry	Optometry
Don Dale Juvenile Detention Centre Berrimah	✓	✓	✓	✓	✓	✓	✓	✓		✓		