Northern Territory Government

DEPARTMENT OF **HEALTH**

Top End Health Service

Service Delivery Agreement 2015/16

June 2016 Revision

TEHS Service Delivery Agreement 2015/16.

Published by the NTG (© Department of Health, Northern Territory 2015).

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

Table of Contents

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 Top End Health Service (TEHS) consistent with the requirements of the Northern Territory *Health Services Act 2014* 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 of Health as system manager of the Northern Territory public health system to work together to achieve the best health outcomes from available resources.

Objectives

This 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 Territory and Commonwealth 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 Health Services Act (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 Health Services 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 Service Delivery Agreements 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 of Health.

The Northern Territory's public health system is guided by the Department of Health's Strategic Plan 2014-17, which sets out principles, goals and action areas to improve the health and wellbeing of Territorians. The 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. 6). 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 (NPAF) will be implemented.

The TEHS budget includes revenue provided under a range of National Partnership Agreements (NPAs), 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.

In 2015/16 a strong strategic focus will also be on managing an effective implementation process to ensure the smooth transition of further health services from the Department to TEHS and CAHS, including Alcohol and Other Drugs, Grants, Specialist Outreach NT, Oral Health and Hearing and Cancer Screening. 2015/16 priorities include the following matters and may be changed by decisions of Government.

Issues for 2015/16	Details	Funding
Domestic and Family Violence Reduction Strategy	NTG wide strategy; central coordination from the Department's Women's Health Strategy Unit. Operational implementation to come from Health Service	Funding included in Schedule 2.1.
Charter of Rights for children and young people in care in the Northern Territory	UN Convention on the Rights of the Child/COAG Agreement; implemented by NT Department of Children and Families. Department of Health's Child Youth Strategy Unit to coordinate with Health Service.	Funding included in Schedule 2.1.
Transition of services to Health Services: • Alcohol and Other Drugs • Grants • Specialist Outreach NT • Hearing Health • Cancer Screening • Oral Health • Pathology	Transitioning from the Department to the Health Services. Process model for transition being developed through AOD transition will be applied to other functions.	Funding to be transferred from Department to Health Service

Principles

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

- an integrated 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 Health Services 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 Territory and Australian Government legislation applicable to it
- alignment with national and 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
- 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 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
- Territory-wide system management including health system planning, coordination and setting of standards
- managing major capital works (estimated value exceeds $500 000)
- delivery of 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 second SDA to be negotiated, along with the embedding of systems, processes and governance structure, this 2015/16 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 SDA Performance Charter (the Charter) 2015/16. 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 Service Delivery Agreement will operate from 1 July 2015 to the 30 June 2016. SDA review and negotiation of the next agreement will commence at least six months before the end of this term, as detailed in the SDA Performance 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 (TEHS)

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 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 key performance indicators and supporting data to TEHS from its corporate systems. The delivery of the monthly reports will occur by the 10th 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 including Ebola and clinical and laboratory services.

Variation to this Agreement

Consistent with the *Health Services Act 2014*, the SDA may be varied by agreement between the Heath 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 performances 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

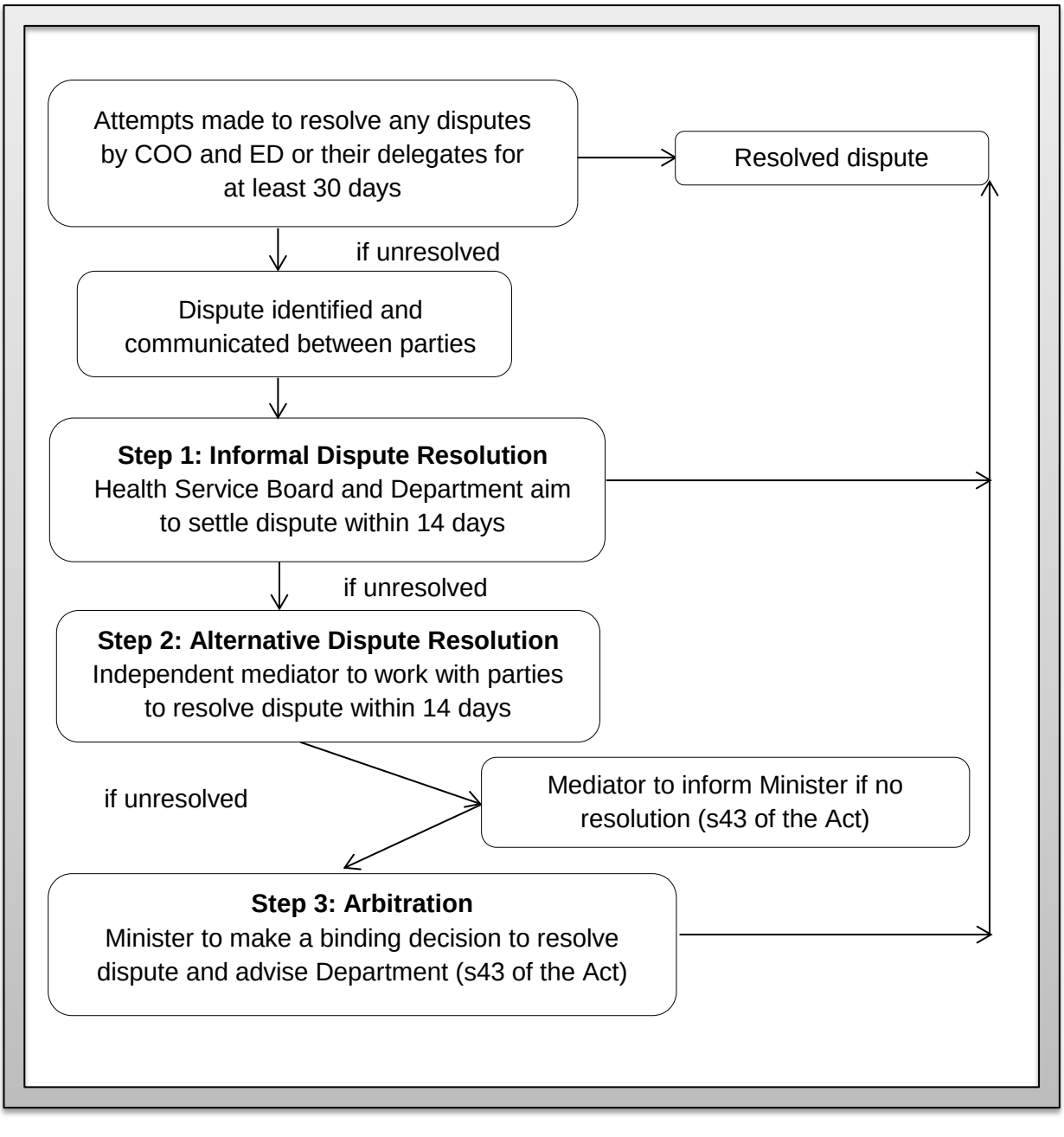
In the event of a dispute arising under this agreement, the parties must make reasonable endeavours to attempt to resolve the dispute in good faith and in the public interest.

This begins with an informal process to be conducted at two levels: between the 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 *Health Services Act 2014 (*the Act*),* before 30 June in a year, a Service Delivery Agreement (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).

NT Department of Health

Prof Len Notaras AM
Chief Executive Officer

Signed by the Executive Officer, Department of Health for an 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 Territory and tertiary hospital 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 admit patients to the hospital and evacuation of patients via Air Medical Services to RDH.

Katherine Hospital

Total active overnight beds: 60.

Katherine Hospital (KH) 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, pathology, physiotherapy, social worker, visiting medical specialists
- Aboriginal 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 also deliver some agreed services to the Central Australia Health Service (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 and Torres Strait Islander 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 and Torres Strait Islander 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.

Crisis Assessment and Triage Team (CATT)

The TEMHS will operate a 24 hour telephone crisis assessment, triage and referral service for the Northern Territory community and visitors. It will continue to be the first point of contact for most people accessing TEMHS services. TEMHS will provide CATT service to cover TEHS catchment population all 24 hours of the day.

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 (FMHS)

FMHS will be provided by TEHS and will cover Top End and Central Australia Health Services. 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 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. In addition to providing direct clinical services to adult prisoners with a mental health condition, Forensic Mental Health 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 NT Forensic Mental Health Team and is based at the Courts. The team supports Top End Mental Health Services 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 Facility is a 31 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.

1.3 Aged Care Services

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

- Aged Care Assessment Program (ACAP)
- Home and Community Care (HACC) – Dementia Nurse
- Memory Service
- HACC Equipment Program for Older People in the Northern Territory
- Psychogeriatric Service
- Transition Care Program

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

All Commonwealth funded aged care programs are currently undergoing reviews as part of the Aged Care Reforms.

Aged Care Assessment Program (ACAP)

Through this program, 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.

Aged Care Assessment Teams (ACAT) provide multi-disciplinary, comprehensive holistic assessments which include psychosocial, medical, functional and restorative aspects. 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 with ACAT assessments in remote communities. Disability staff undertake mandatory ACAT training.

The program is currently transitioning into the My Aged Care "Gateway" system commencing 1 July 2015. The current ACAP agreement will expire on 30 June 2016.

Home and Community Care (HACC) – Dementia Nurse

The Dementia Nurse located within the Darwin Aged Care Unit will assist in and coordinate the dementia screening process of individuals where dementia is suspected, in conjunction with the Community Geriatrician and the client's General Practitioner (GP). The Dementia Nurse will also assist ACAT in the 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.

From 1 July 2015 all HACC services will amalgamate with three other community based programs into the new Community Home Support Program (CHSP). The current HACC agreement runs until 31 October 2015, and new agreements are being negotiated to extend until 30 June 2017.

Memory Service

This service provides a diagnostic pathway and support to people with cognitive impairment. The team includes the Community Geriatrician, the HACC 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.

Home and Community Care (HACC) Equipment Program for Older People in the Northern Territory

The HACC Equipment Program for Older People is a national program that aims to enhance the quality of life for frail older people and their carers through a range of basic services 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 NT Clinical Leader position based with TEHS.

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 within the Department's Territory Wide Services supports the HACC Equipment Program with administrative and procurement support and assists with assessments for eligible HACC clients in Top End rural and remote communities including Katherine. A memorandum of agreement between Territory Wide Services and the Health Service will be developed in 2015/16 to detail the support for this program being provided by the Department and to delineate the roles and responsibilities of both parties.

The current agreement has been extended until 31 October 2015, with discussions underway for a new agreement through until 30 June 2017.

Psychogeriatric Service

The Psychogeriatric (PG) Service will 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 PG 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 which has two TEHS positions based in the Darwin Aged Care Unit.

Transition Care Program

The NT Transition Care Program (TCP) is a TEHS work unit 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 and manages clients in Darwin and also case manages packages across other regions in the Northern Territory.

1.4 Primary Health Care

Primary Health Care (PHC) comprises five core functions[1]:

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.

[1] NT 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.

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.

Primary Health Care Service Scope

The PHC services provided by the Top End Health Service 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) and relevant elements of community engagement, control and cultural safety (core function 5). It is noted that not all clinical services will be provided at every PHC centres (see Appendix 3 for a description of the service scope at each health centre/clinic).

TEHS 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 GP 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 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.
- Child health services, including immunisation, nutrition, 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
- Chronic disease management and prevention of complications
- Immunisation programs
- Communicable disease control actions including notifications
- Delivery of brief interventions 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

Provide 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) work with local health and community services and 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

TEHS Tobacco, Alcohol and other Drugs Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems. The service operates within a multidisciplinary team process.

Clinical staff and client treatment options are guided by the Clinical Management Team (CMT) process. The specialist clinical service 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 AMT assessment services located at the Stringybark Centre in Berrimah.

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.

Schedule 2: Activity and Funding

2.1 TEHS Activity and Funding

Funding Type	Activity (WAUs)	Purchased $ (4,971 / WAU)
Activity Funded Services		
Admitted Acute	60,274	299,622,054
Admitted Sub Acute	4,122	20,490,462
Admitted Mental Health	2,631	13,078,701
Emergency Department	11,589	57,608,919
Non-admitted	11,088	55,118,448
Total Activity Funded Services	**89,704**	**445,918,584**
Block Funded Services		
Commonwealth and NT Block Funded Hospital Services		**45,717,416**
NT Only Block Funded - Hospital Services	**3,287**	**127,639,801**
NT Only Block Funded - Non Hospital Services		
Aged Care Services		3,840,230
Community and Residential Mental Health		29,961,719
Primary Health Care Services		94,002,404
Alcohol and Other Drugs		12,811,576
Total NT Only Block Funded - Non Hospital Services		**140,615,929**
Total Block Funded		**313,973,146**
Transition adjustment		**28,983,270**
TOTAL		**$ 788,875,000**

2.2 Funding Sources

Funding Source	Value ($)
Commonwealth and NT - ABF Funding	383,253,584
Commonwealth and NT - Block Funded Hospital Services	11,292,857
NT Only Block Funded - Hospital Services	191,459,648
NT Only Block Funded - Non Hospital Services	85,710,911
Tied Funding	54,493,000
Controllable revenue (including cross border)	62,665,000
TOTAL	**$ 788,875,000**

2.3 In-scope/Out of scope Activity

	In-scope WAUs	Out of Scope WAUs	Total
Admitted	55,306	4,968	60,274
Admitted Sub Acute	4,050	72	4,122
Admitted Mental Health	2,147	484	2,631
Emergency Department	10,897	692	11,589
Non-admitted	8,344	2,744	11,088
TOTAL	**80,744**	**8,960**	**89,704**

2.4 Specific Funded Items TEHS

Specific Funded Item	Description	Value ($)
Pathway to Community Control (PCC)	Work in partnership with the Department to create a framework that supports Aboriginal Community Control in the planning, development and management of primary health care and community care services. Will fund the employment of 1 SAO2 and 1 AO6.	277,915
Back on Track	To employ 4.4 Aboriginal Health Practitioners and 5.5 trainees (FTE).	643,164
EEMU	To improve quality of care, patient experience and NEAT performance. • Increase in RDH Neat performance for admitted stream from 14-20% within first 3 months and 37.5% at 12 months, when fully operational. • 150% patient turnover in EEMU (18 patients/day). • Conversion of EEMU to overnight inpatient admission of no greater than 10%. • Reduced purchase of beds from Darwin Private Hospital.	3,892,000
Katherine Hospital Visiting Sonography Services	To resume sonography outreach services to Bulman, Ngukurr, Minyerri, Borroloola, Yarralin, Kalkarindji, Lajamanu on a four weekly basis.	196,000
Enhancing Mental Health Services	• Child and Adolescent Inpatient Unit incorporating day program • 2 new Remote Mental Health Clinicians (Maningrida/ Borroloola) • 2 new positions for Mental Health Court Liaison Services • 4 new positions for Mental Health Access Team • 2 new Mental Health housing officers	2,300,000
TOTAL		**$ 7,309,079**

Schedule 3: Tied Funding

Agreement Name	Expiry	Value ($)
Aged Care Assessment Program	30/06/2016	902,000
Australian Government – National Intravenous Drug Strategy		426,000
Diesel Fuel Rebate	30/06/2016	630,000
Emergency Medicine Education and Training	31/12/2016	156,000
Flinders University – Clinical Teaching Services		1,088,000
Fred Hallows Eye Health Support	31/12/2015	195,000
Gove Multipurpose Service	30/06/2015	340,000
HACC - Goods, Equipment and Assistive Technology - Community and Home Support	30/06/2018	824,000
HACC - Home Support - Service System Development	31/10/2015	20,000
HACC - Nursing - Community and Home Support	30/06/2018	134,000
HACC - Specialised Support Services - Community and Home Support	30/06/2018	134,000
Health Networks NT - Mental Health and Primary Care Agreements		1,508,000
Highly Specialised Drugs	30/06/2017	7,000,000
Indigenous Cord Blood Program	30/06/2017	375,000
McGrath Breast Care Nurse Funding Agreement - TEHS	30/06/2017	284,000
MOPRA Service Agreement	30/06/2016	178,000
Indigenous Australians' Health Programme Multiple Schedule Funding Primary Health Care (PHC)	30/06/2018	11,019,000
Indigenous Australians' Health Programme Multiple Schedule Funding Stronger Futures Primary Health Care (SFNT PHC)	30/06/2018	11,847,000
Indigenous Australians' Health Programme Multiple Schedule Funding Maternal and Child Health	30/06/2018	1,249,000
Indigenous Australians' Health Programme Multiple Schedule Funding Chronic Disease	30/06/2018	439,000
Indigenous Australians' Health Programme Primary Health Care (ANFPP) Schedule 4	30/06/2018	864,000
National Critical Care and Trauma Response Centre	30/06/2015	5,245,000
National Reform Programme - Organ and Tissue Donation	30/06/2016	1,170,000
Nucleic Acid Amplification Testing Program (NAAT)		300,000
Program of Experience in the Palliative Approach (PEPA)	30/06/2017	288,000
Project Agreement for the Indigenous Teenage Sexual and Reproductive Health and Young Parent Support		1,260,000
SA/NT Youth Cancer Service	30/06/2017	80,000
Rural Health Outreach Fund	30/09/2016	3,655,000
STP - Specialist Training Programs	30/06/2016	2,699,000
Substance Misuse Service Delivery (COPE) - Nhulunbuy AOD Rehabilitation Services	30/06/2016	183,000
TOTAL		**$ 54,492,000**

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 to and participate 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
    - 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 monitor and evaluate consumer feedback and report back to the Department through their governance arrangements and ensure where there is any feedback of concern (that may attract significant media attention or substantial liability) is escalated to the CEO.

TEHS will provide the Department, as system manager, with a quarterly report which presents the number of: complaints and compliments; complaints finalised /outstanding by average time to closure/outstanding/waiting to be finalised; and complaints by severity rating.

4.3 Reporting of Significant Risks and Action on their Mitigation

To provide assurance of effective risk identification and mitigation, TEHS will adhere to the Department's Risk Management Policy. TEHS will advise the Department of the identification of an extreme or very extreme risk that emerges and the proposed action to mitigate that risk, within two working days of when it has been identified. It will also advise the Department when the risk has been addressed to the point where its rating has reduced to an acceptable level and/or the risk has been fully resolved.

Schedule 5: Key Performance Indicators

Key Performance Indicator (KPI)	TEHS Target

Safety and Quality

Staphylococcus Aureus Bacteraemia (SAB) infections

SAB infections	1.07

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	70%

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%

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.

Patient experience

Patient experience (survey)	-

A survey that is culturally appropriate and suitable to the NT context will be developed in 2015/16 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%

This indicator measures the percentage of ED 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 (ACAT) who have a contact of a clinical nature within the recommended time for the client's assessed priority category.

Aged care occasions of service

Aged care occasions of service	9700

This indicator measures the number of occasions of service provided by the Aged Care Service area.

Adult health check coverage

Adult health checks – proportion of resident remote Aboriginal population	65%

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

Timing of first antenatal visit for regular clients delivering Indigenous babies

First antenatal visit for clients within specified periods	50%

This indicator measures the proportion of regular Indigenous 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	68%

This indicator measures the proportion of resident Indigenous 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 Indigenous 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 5 tested for anaemia

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

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

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%

This indicator measures remote Indigenous 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%

This indicator measures children between 6 months and 5 years of age who had their haemoglobin levels checked in a six month period and were found to be anaemic.

Efficiency

Full year forecast operating position

Full year forecast operating position	balanced

This indicator measures the percentage of total expenditure year-to-date compared with the year-to-date budget.

Total Weighted Activity Units (WAUs)

Total WAUs	89,704

A WAU is a measure of activity that enables comparison and valuing of services, irrespective of the setting (e.g. admitted versus ED) in which they are delivered. The indicator measures the sum of WAUs calculated for episodes of care in the Health Service.

Coded separations within time

Coded separations within time (within 5 weeks of end of discharge month)	80%

This indicator measures the proportion of all separations which have been clinically coded within the required time.

Full time equivalent (FTE)

Full time equivalent (FTE)	3,884

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 and Torres Strait Islander Health Practitioners and Trainees

Additional Aboriginal health practitioners (FTE)	4.4
Additional Aboriginal health practitioner trainees (FTE)	5.5

This indicator measures the additional budgeted number of Aboriginal health practitioners and trainees (full time equivalent) to be employed by the Health Service within the financial year.

Schedule 6: 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 Strategic Plan.

- Clinical Services Plan 2014
- Chronic Conditions Prevention and Management Strategy 2010-20
- Chronic Conditions Prevention and Management Strategy Implementation Plan 2014-16
- Chronic Conditions Self-Management Framework 2012-20
- Health Promotion Strategic Framework
- Investment Strategy 2015-18 – Major Clinical Information Systems
- NT Aboriginal and Torres Strait Islander Health Practitioner Workforce Strategy 2015-16
- NT Health Aboriginal Workforce Development Strategy 2015-16
- NT Health Aboriginal Health Plan 2015-18
- NT Cancer Plan 2013 – 2016
- NT Cardiac Framework
- NT Domestic and Family Violence Strategy 2014-17
- NT Health Aboriginal Cultural Security Policy
- NT Health Aboriginal Cultural Security Framework 2015-20
- NT Maternity Services Plan 2013-14
- NT Mental Health Strategic Plan 2014-19
- NT Suicide Prevention Action Plan 2014-16
- Pathways to Community Control Framework
- Renal Services Framework 2012-17
- Stakeholder Engagement Framework (Health Service specific)
- Strategic Information Plan 2014-18
- Strategic Plan for Nurse Practitioners in the NT 2014-16
- Territorians as Partners in Health Care: 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.

Schedule 7: Support Services to Health Services

The Chief Executive of the Department of Health will be responsible for providing specific areas of corporate support to the Health Services. This will principally be through the Corporate Support Bureau (CSB).

The services to be provided by the Department of Health will include:

- financial accounting services
- infrastructure services
- learning and development services
- workforce services
- reporting services (including management reports to support KPI monitoring)
- major contracting services
- media and communications services
- legal services
- research services.

A Customer Council has been established to monitor service provision and provide feedback on the quality and effectiveness of services. TEHS will be represented on the Customer Council.

Service Level Agreements (SLAs) 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

Board means a Health Service Board.

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

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

Charter, means the Service Delivery Agreement Performance Charter.

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

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

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

Health Service Board, see section 21 of the Act.

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 Act.

System Manager, see section 11(2) of the Act.

Appendix 2: Abbreviations

ABF	Activity Based Funding
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACHS	Australian Council on Healthcare Standards
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ASH	Alice Springs Hospital
ATSI	Aboriginal and Torres Strait Islander
CAHS	Central Australia Health Service
CATT	Crisis Assessment and Triage Team
CEO	Chief Executive Officer
COO	Chief Operating Officer
COPE	Commonwealth Own Purpose Expenditure
CSB	Corporate Support Bureau
ED	Emergency Department
FMHS	Forensic Mental Health Services
GDH	Gove District Hospital
GP	General Practitioner
HACC	Home and Community Care
HSD	Health Service Directive
IPHS	Improving Public Hospital Services
KH	Katherine Hospital
KPIs	Key Performance Indicators
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NHA	National Healthcare Agreement
NHRA	National Health Reform Agreement
NPA	National Partnership Agreement
NMDS	National Minimum Data Sets
NPAF	National Performance and Accountability Framework
NPAs	National Partnership Agreements
NTEP	Northern Territory Efficient Price
NWAUs	National Weighted Activity Units
PG	Psychogeriatric
PHC	Primary Health Care
RCA	Root Cause Analysis
RDH	Royal Darwin Hospital
SAB	*Staphylococcus aureus* bacteraemia
SDA	Service Delivery Agreement
SLAs	Service Level Agreements
TCH	Tennant Creek Hospital
TCP	Transition Care Program
TEHS	Top End Health Service
TEMHS	Top End Mental Health Services
TIME	Territory Independence and Mobility Equipment
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	Opening times for health services		
											Monday to Friday (no weekends or PH)	Closed for admin & prof. development	24hr On-call
Batchelor	536	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Wed pm	✓
Adelaide River	223	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Thu pm	✓
Pine Creek	473	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Fri pm	✓
Wadeye	2800	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-2100	Thu pm	✓
Daly River	400	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Thu pm	✓
Palumpa	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Thu pm	✓
Pirlamgimpi	370	✓	✓	✓	✓	✓	✓	✓	✓	✓	0845-1630	Wed pm	✓
Milikapiti	900	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Wed pm	✓

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	Opening times for health services		
											Monday to Friday (no weekends or PH)	Closed for admin & prof. development	24hr On-call
Julanimawu	1600	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Wed pm	✓
Ramingining	1175	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Gapuwiyak	1150	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Maningrida	3000	✓	✓	✓	✓	✓	✓	✓	✓	✓	0800-2100	Thu pm	✓
Alyangula	1200	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900--1600	Thu pm	✓
Angurugu	1100	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Numbulwar	800	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Umbakumba	450	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Milyakburra	135	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Milingimbi	3000	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓

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	Opening times for health services		
											Monday to Friday (no weekends or PH)	Closed for admin & prof. development	24hr On-call
Borroloola	925	✓	✓	✓	✓	✓	✓	✓	✓	✓	0830-1630	-	✓
Robinson River	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	0800-1700	-	✓
Wurruwi	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Gunbalanya	1300	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Jabiru	1135	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Minjilang	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Belyuen	250	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600	Thu pm	✓
Wagait Beach	450			✓			✓				1700-2100		✓
Peppimenarti	185	✓	✓	✓	✓	✓	✓	✓	✓	✓	0900-1600		✓

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	Service Hours	
							Monday to Friday Only	After-hours on-call
Casuarina	✓	✓	✓	✓	✓	✓	0800-1700	✓
Stuart Park Infant Health			✓	✓			By Appointment	
Karama Infant Health			✓	✓			By Appointment	
Palmerston & Rural	✓		✓	✓	✓	✓	0800-1700	✓
Katherine	✓		✓	✓	✓		0800-1630	
Nhulunbuy	✓		✓	✓	✓		0800-1630	

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	Service Hours Mon-Fri
Darwin City & Suburbs	✓	✓	✓	✓	0800-1630
Palmerston	✓	✓	✓	✓	0800-1630
Rural Area	✓	✓	✓	✓	0800-1630
Katherine	✓		✓	✓	0800-1630
Nhulunbuy	✓		✓	✓	0800-1630

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	Physio-therapy	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	Physio-therapy	Podiatry	Optometry
Don Dale Juvenile Detention Centre Berrimah	✓	✓	✓	✓	✓	✓	✓	✓		✓		