CENTRAL AUSTRALIA HEALTH SERVICE

# Service Delivery Agreement

## 2020-21

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# Central Australia Health Service Service Delivery Agreement 2020-21

CAHS SDA 2020-21

Final - 27 August 2020

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## Introduction

Northern Territory Health is committed to working together to deliver better health services for all Territorians; with healthy Territorians engaged and living in healthy communities. Its' vision is to be a world leader in the delivery of remotely located public health services through collaboration, excellence and innovation.

The Service Delivery Agreement (SDA) between the Department of Health (the Department) and the Central Australia Health Service (CAHS) supports more efficient and effective public hospital and community health services delivered safely and to a high standard.

Consistent with the requirements of the *Health Services Act 2014* (the Act) and the National Health Reform Agreement (NHRA), the SDA outlines the responsibilities and accountabilities of the Department and CAHS in the delivery of the services being purchased under this agreement. Under the Act, the Chief Operating Officer of CAHS reports directly to, and is accountable to the Department's Chief Executive.

The SDA is supported by the NT Department of Health Service Delivery Agreement Performance Framework. The Framework provides the performance structure and outlines the processes for the development, monitoring and management of the SDAs.

The SDA is set out in six parts:

A. Describes the strategic directions and priorities which guide this agreement
B. Outlines the responsibilities and accountabilities of each party
C. Provides the service profile and specification of services to be delivered by CAHS
D. Describes the funding to be provided to CAHS for the delivery of these services
E. Lists the key performance indicators (KPIs) against which performance will be assessed
F. Consists of the Schedules to support this agreement including detailed service descriptions, information on support provided by the Department to the health service and data reporting requirements.

## Objectives

The objectives of this SDA are to:

- Outline the service delivery and performance expectations for CAHS, including provision of performance and other data
- Ensure Northern Territory and Commonwealth Government health priorities are implemented and intended outcomes are achieved
- Articulate a performance management and accountability system for monitoring and assuring the achievement of effective and efficient service provision
- Address the requirements of the NHRA and the Act
- Promote accountability to the Northern Territory Government and the community

## Term of the Service Delivery Agreement

This SDA will operate from 1 July 2020 to 30 June 2021.

# Part A: Strategic directions and priorities

The Northern Territory public health system is guided by the Department's Strategic Plan 2018-2022, which sets out strategic directions and objectives to improve the health and wellbeing of Territorians. A list of strategies, policies and frameworks that inform the development of actions, initiatives and work programs to underpin the Strategic Plan is available online: https://health.nt.gov.au/strategies-and-reviews/nt-health-strategies

Strategic initiatives and plans will be prioritised where they are election commitments, whole of Northern Territory Government decisions and policies and national decisions and policies.

In 2020-21, NT Health will work towards optimal health outcomes by prioritising four focus areas:

1. Mental health
2. Renal care
3. Primary care
4. Clinical safety and quality.

CAHS is continuing to manage the impact of the COVID-19 pandemic, which disrupted health service delivery across primary and acute care settings in 2019-20. Pandemic management will be prioritised by CAHS in 2020-21, with a focus on disaster preparedness in the case of possible future waves of infection and resuming services to a post pandemic 'new normal'. Emphasis will be placed on care in community through increased virtual care and managing capacity to meet elective surgery demand.

## Principles

This SDA reflects and enables the principles on which the structure of the Department and the Health Services are based:

- An integrated NT-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
- Focus on prevention and early intervention
- Local decision-making
- Clarity of roles, responsibilities and accountabilities.

# Part B: Responsibilities and accountabilities

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

- The terms of this SDA and its schedules
- The NHRA
- All Northern Territory and Commonwealth Government legislation and applicable agreements
- Dealing, negotiating and entering into agreements with the Commonwealth Government
- Contributing to the negotiation of Northern Territory-wide industrial agreements for the terms and conditions of employees, as required by the Department of Treasury and Finance
- Northern Territory-wide health service, workforce and capital planning
- Northern Territory-wide health policy development
- Northern Territory-wide system management including health system planning, strategic service planning, coordination and setting of standards
- Managing digital heath investments (estimated value exceeds $100,000)
- Strategic oversight for infrastructure planning and facilities management and capital works
- Delivery of Northern Territory-wide services in ways which enable coordination and integration of service delivery in the Top End/Central Australia region

Where the cost of meeting infrastructure, equipment and legal responsibilities cannot be managed within budget due to their significant or unusual nature (for example, provision of emergency services due to major infrastructure failure), the Department will assist the Health Service to identify funding options to address these issues.

## Central Australia Health Service

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

- The terms of this SDA and its schedules
- The NHRA
- All Northern Territory and Commonwealth Government legislation and applicable agreements
- Alignment with national and Northern Territory policies, plans, frameworks, and quality and safety standards including the National Safety and Quality Health Service Standards
- Professional registration and clinical credentialing standards and practice
- Manage compliance with the *Migration Act 1958* to ensure all employees have legal work rights in Australia, and maintain these rights for the duration of their employment
- Achievement and maintenance of service and/or facility accreditation
- Planning at the health service level that is aligned with Northern Territory clinical service plans, frameworks and strategic policy
- Work with the Department to progress strategies and initiatives for example: Total Asset Management Plan and NT Health Digital Strategy
- Compliance with program, financial and performance reporting required by funding agreements

The following obligations must also be met by the Health Service:

### Cultural Safety

- Provision of culturally safe and responsive services in accordance with the NT Aboriginal Cultural Security Framework 2016-2026

- Ensure there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback.
- Ensure accredited interpreters are used where language issues may influence interactions or assessments.

### Safety and Quality

- Respond to recommendations and directions from statutory oversight bodies, including the Coroner, the Health and Community Services Complaints Commission, the Anti-Discrimination Commission and the Children's Commission, or any other statutory authority.
- Maintain a register in conjunction with NT Health's Clinical Governance Committee to monitor the status of recommendation and direction responses.

### Risk and Audit

- Implement external and internal audit recommendations and provide recommendations to Risk and Audit Services on priorities for strategic internal audits and scope of audits if needed
- Identify, manage and mitigate risk by maintaining risk registers; adhering to the Department's Risk Management Framework and Policy
- Provide risk management updates to the Department's Governance and Assurance Committee.
- Plan for business continuity to ensure appropriate measures, risk mitigation and preparedness plans are in place, aligning with AS/NZS 5050-2010 Business Continuity – Managing disruption related risk. Disruption risk register requirements are outlined in Appendix 3.

## Public health responsibilities

The Department is the incident controller for any major public health response, under the direction of the Chief Health Officer and Deputy Chief Health Officer. The Department will work collaboratively with CAHS to manage public health issues such as the detention of infected patients (not necessarily requiring health care) under the *Notifiable Diseases Act 1981*, as well as preparation for and response to disasters and clinical and laboratory services.

Public health events include but are not limited to suspected contamination of food source, environmental health risk assessment, emergency response (e.g. cyclone, flood and fire), and contamination of drinking water supply, outbreaks of communicable diseases and the spread of a novel virus or organism that has significant clinical severity.

CAHS shall respond to requests and directions from the Chief Health Officer on activation of a public health event of NT-wide significance by the Chief Health Officer and maintain planning and preparedness for responding to public health events of NT-wide significance. The Department hosts the Radiation Protection function and provides the service NT wide.

## Performance measurement

Performance against KPIs in the SDA are measures of compliance. Performance levels that are not achieved may trigger responses as outlined in the Service Delivery Agreement Performance Framework. Assessment of CAHS performance against the SDA will also be measured using progress reports on the implementation of strategies to improve performance.

The performance measures in the SDA may be varied in response to developments in standards and indicators. This will be managed by variation to the SDA through agreement between the parties.

## Data provision and management

The provision of and access to quality data is integral to the efficient and effective operation of the Health Services and the Department. Data reporting requirements are set out in Schedule 3.

## Research and training

The parties to this SDA will continue current arrangements for research and training. Researchers given approval by the NT 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 clinical training and workplace learning arrangements in hospitals and other service delivery areas within CAHS will continue under current agreements between education providers and the Department. Any (re)negotiation of related contracts occurring during the SDA period will involve both parties. CAHS will provide professional development opportunities for staff in accordance with national standards.

## Variation to this Agreement

The SDA may be varied by written agreement between CAHS and the Department. In reviewing any proposed variation, the parties will consider 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. A proposed variation will be in written form. Agreed variations will be formally documented and only take effect once signed by the Department's Chief Executive and the CAHS Chief Operating Officer.

Formal variation may also be required where a party seeks to alter the scope or nature of any of the services listed in Part C and service schedules. This information is to be provided to the Department three months prior to the proposed date of the change and requires the Chief Executive's agreement.

## Dispute resolution

In the event of a dispute arising under this agreement, the parties must make reasonable endeavours 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 CAHS Chief Operating Officer and Department (or their delegates – officer to officer) and if the matter is not resolved within 30 days, between the Chief Operating Officer and Chief Executive. If the parties are unable to resolve the dispute within 14 days, the parties must refer the matter to alternative dispute resolution conducted by an external party identified by the Australasian College of Health Service Management.

## Execution

**Northern Territory Department of Health**

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

Professor Catherine Stoddart PSM

Chief Executive Officer

Signature: signed by Professor Catherine Stoddart PSM

Date: 6 October 2020

**Central Australia Health Service**

Signed by the Chief Operating Officer, for and on behalf of the Central Australia Health Service

Sue Korner

Chief Operating Officer

Signature: signed by Sue Korner

Date: 11 September 2020

# Part C: CAHS Service profile

CAHS along with the Top End Health Service (TEHS) and the Department of Health as system manager comprise the three entities that form the NT public health system. The region covered by CAHS covers close to 65 percent of the total land area of the NT and around 19 percent of the population. Close to half of Central Australian residents are Aboriginal with most living remotely, in rural areas outside the urban Alice Springs area, and the Barkly region.

CAHS provides a range of hospital and non-hospital-based services including primary health care services. Details of the services are provided in the service schedules at Part F.

## Hospital services

CAHS has responsibility for a wide range of hospital services in inpatient, outpatient, outreach, and in-home settings that are currently delivered by two hospitals:

- Alice Springs Hospital providing Level 4 services for a range of secondary and some tertiary inpatient and outpatient services.
- Tennant Creek Hospital providing Level 2/3 services for a range of secondary care services.

Schedule 1.1 outlines the range of clinical, diagnostic and support services provided by each hospital.

Any changes to the level of services provided by CAHS requires a variation to this SDA and Chief Executive approval as highlighted in 'Variation to this Agreement' section above.

## Non-hospital services

CAHS provides primary health care in clinic, home or community settings, which includes health promotion, prevention and screening, identification, early intervention and treatment through 28 urban and remote centres.

Other non-hospital services include:

- CAHS Primary & Public Health Care Services comprising both the Centre for Disease Control and Environmental Health
- Primary Health Care
- Sexual Assault Referral Centre
- Mental Health
- Oral health services
- Hearing health services
- Aged care services
- Alcohol and other drugs services.
- Remote Morgues
- Community Allied Health

Schedule 1.2 details the range of non-hospital services provided by CAHS.

# Part D: Funding and activity

## Purchased Activity and Services

| Funding Type | Activity WAU | Price per WAU | Funding Allocated ($) |
|---|---|---|---|
| **Activity Funded Services** | | | |
| Admitted Acute | 37,956 | 5,320 | 201,925,920 |
| Admitted Sub Acute | 2,643 | 5,320 | 14,060,760 |
| Admitted Mental Health | 1,730 | 5,320 | 9,203,600 |
| Emergency Department | 9,455 | 5,320 | 50,300,600 |
| Non-admitted | 6,814 | 5,320 | 36,250,480 |
| **Total ABF Allocation** | **58,598** | | **311,741,360** |
| **Funding Type** | **Activity OOS** | | **Funding Allocated ($)** |
| **Block Allocation** | | | |
| Teaching, Training & Research | | | 8,400,000 |
| Community & Residential Mental Health | | | 10,000,000 |
| Child & Adolescent Mental Health | | | 1,900,000 |
| Patient Travel | | | 14,000,000 |
| Primary Health Care Services | | | 68,000,000 |
| Alcohol and Other Drugs | | | 2,750,000 |
| Aged Care | 4,750 | | 1,500,000 |
| Other block funded services | | | 41,838,702 |
| **Total Block Allocation** | | | **148,388,702** |
| **Operating Expense Budget** (excluding Depreciation, Amortisation and Lease Interest Expense) | | | **460,130,062** |
| | | | |
| **Depreciation** | | | **15,444,000** |
| **Other Balance Sheet items** | | | **135,000** |
| **Operating Expense Budget** (including Depreciation, Amortisation and Lease Interest Expense) | | | **475,709,062** |
| WAU = Weighted Activity Unit (20) OOS = Occasion of Service | | | |



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## Funding Sources

| Funding Source | Value $ (000) |
|---|---|
| Commonwealth NHFB Hospital Funding | 92,157 |
| Capital and other Balance Sheet items Budget | 3,105 |
| Commonwealth NHFB Hospital Block Funding | 5,338 |
| Commonwealth NHFB Public Health Funding | 309 |
| NT Hospital & Block Funding | 290,156 |
| Health Service Generated Revenue | 31,299 |
| Commonwealth and other Tied Funding | 32,648 |
| Shared Services Received | 8,108 |
| Capital and other Balance Sheet items Budget (Tied) - Revenue | -250 |
| Capital and other Balance Sheet items Budget (Tied) - Expense | 250 |
| **Block Funding Total** | **463,120** |

## National Weighted Activity Unit

| Funding Type | Activity |
|---|---|
| Admitted Acute | 36,965 |
| Admitted Sub Acute | 2,512 |
| Admitted Mental Health | 1,692 |
| Emergency Department | 9,347 |
| Non-admitted | 6,150 |
| **Activity Funded Services** | **56,666** |

## Independent Hospital Pricing Authority Funding model

The Activity Based Funding model is used by the Department to budget activity in National Weighted Activity Units (NWAUs), in line with the determinations of the Independent Hospital Pricing Authority (IHPA). The Department will inform the Administrator of the National Health Funding Pool of the levels of services purchased from CAHS for 2020-21. In addition to the NHRA arrangements, the NT Performance Framework states that activity exceeding the purchased values may not receive NTG funding for the additional activity, however, additional Commonwealth funds up to $15 million per annum, may be available to the Northern Territory if, and when the national funding cap is exceeded. The Department and CAHS will work closely to monitor and manage activity volume. This will occur in quarterly performance meetings.

### Incentive Pool

Incentive pools provide an opportunity to link funding to discrete performance measures. The 2020-21 incentive pool will prioritise quality and safety improvements.

The following criteria apply for incentive payment:

- Payment for meeting at least four (4) of the five (5) KPI targets: $2 million payment
- Payment for meeting at least two (2) of the five (5) KPI targets: $1 million payment

The KPIs for incentive pool payments for the 2020-21 SDA:

| KPI | Target |
|---|---|
| ✓ Potentially preventable hospitalisations | Target: 10% |
| ✓ Hospital acquired complications | Target: Decrease from prior year |
| ✓ Mental Health 28 day re-admissions: | Target: 10% |
| ✓ Telehealth | Target: 6,000 occasions of service |
| ✓ Coding timeliness | Target: 100% within 10 Weeks |

Incentive funding will be paid to CAHS following achievement of the specific reform milestones, based on a 12-month period July-June with a retrospective payment in the next financial year.

## Tied Funding

| Agreement name | Expiry | Total 2020-21 funding (000) |
|---|---|---|
| Indigenous Australians' Health Programme - Comprehensive Primary Health Care | 30/06/2020 | $ 15,729 |
| Indigenous Australians' Health Programme - Coordination of Indigenous Eye Health | 30/06/2022 | $ 100 |
| Indigenous Australians' Health Programme - Eye and Ear Surgical Support | 30/06/2021 | $ 85 |
| Indigenous Australians' Health Programme - Healthy Ears - Better Hearing, Better Listening Program | 30/06/2022 | $ 409 |
| Aged Care Assessment Program (ACAP) | 30/06/2022 | $ 614 |
| Home Support Program (replacing HACC) | 30/06/2022 | $ 342 |
| Highly specialised Drugs | | $ 3,877 |
| Rural Junior Doctor Training Innovation Fund (RJDTIF) | 30/06/2021 | $ 31 |
| NT Remote Aboriginal Investment (Ex Stronger Futures NT) - NT Implementation Plan - Oral Health Program | 30/06/2022 | $ 835 |
| NT Remote Aboriginal Investment (Ex Stronger Futures NT) - NT Implementation Plan - Hearing Health Program | 30/06/2022 | $ 529 |
| NT Remote Aboriginal Investment (Ex. Stronger Futures NT) - AOD Remote Workforce | 30/06/2022 | $ 2,245 |
| Improving Trachoma Control Services for Aboriginal Australians | 30/06/2021 | $ 1,890 |
| Rheumatic Heart Disease Register | 30/06/2021 | $ 284 |
| Public Dental Services for Adults | 30/06/2021 | $ 319 |
| Comprehensive Palliative Care in Aged Care Measures | 30/06/2024 | $ 77 |
| Clinical Teaching Services Agreement | 30/06/2021 | $ 499 |
| Specialist Training Program (STP) | 30/06/2021 | $ 2,681 |
| McGrath Foundation | 30/06/2021 | $ 103 |
| NTPHN - TCH - After Hours Social Worker | | $ 108 |
| NTPHN - ASH - After Hours Social Worker | | $ 175 |
| NTPHN - ASH - After Hours Pharmacy | | $ 88 |
| NTPHN - TCH - After Hours Care Coordination Services to Renal | | $ 200 |
| NTPHN - Integrated Team Care (ITC) | 30/06/2021 | $ 238 |
| NTPHN - Mental Health Nurse Program | | $ 144 |
| NTPHN - Mental Health - Youth Severe Mental Health Program | | $ 359 |
| NTPHN - Outreach Services Ophthalmology | | $ 179 |
| Emergency Medicine Education and Training | 30/06/2021 | $ 145 |
| Fred Hollows Ophthalmology Project 2 | 31/12/2020 | $ 25 |
| PHC NTGPE Registrar funding | | $ 215 |
| IHPA Non Admitted Costing Study | | $ 122 |
| **TOTAL** | | **$ 32,647** |



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## Part E: Key performance indicators

In 2020-21, Key Performance Indicators (KPIs) are structured across five domains: Patient flow; Safety and quality; Access and effectiveness; Finance and efficiency; and Workforce and culture.

| | Target | Performing (GREEN) | Performance concern (AMBER) | Not performing (RED) |
|---|---|---|---|---|
| **Patient flow** | | | | |
| 1. Relative Stay Index | 1 | ≤1 | >1 – 1.2 | >1.2 |
| 2. Elective Surgery Timely Admissions Cat 1 | 100% | 100% | <100% - 95% | <95% |
| Cat 2 | 97% | ≥97% | <97% - 92% | <92% |
| Cat 3 | 97% | ≥97% | <97% - 92% | <92% |
| 3. Emergency Department presentations departing within 4 hours | 78% | ≥78% | <78% - 68% | <68% |
| **Safety and Quality** | | | | |
| 4. Unplanned hospital readmissions | Decrease prior year | ≤ previous year | No change | > previous year |
| 5. Potentially preventable hospitalisations (excluding dialysis) | 10% | ≤10% | >10% - 17% | >17% |
| 6. Hospital acquired complications | Decrease prior year | ≤ previous year | No change | > previous year |
| 7. Mental health Phase of Care completion rates | 100% | 100% | <100% - 80% | <80% |
| 8. Mental health 28 day readmissions | 10% | ≤10% | >10% - 16% | >16% |
| 9. Community follow up within first 7 days of mental health inpatient discharge | 80% | ≥ 80% | <80% – 72% | <72% |
| 10. Mental health seclusion rate (per 1,000 OBDS) | 8 | ≤8 | >8 - 13 | >13 |
| 11. Aboriginal clients discharged against medical advice (DAMA) | 7% | ≤7% | >7% - 12% | >12% |
| 12. Sentinel events against nationally agreed events | 0 | 0 | NA | > 0 |
| 13. SAB infections (per 10,000 OBDS) | 1.0 | ≤ 1.0 | >1.0 - 1.5 | > 1.5 |
| 14. Hand Hygiene Compliance | 85% | ≥ 85% | <85% - 80% | <80% |
| **Access and Effectiveness** | | | | |
| 15. Telehealth | 6,000 | ≥10% | <10% -15% | < 15% |
| 16. HbA1c measurement within certain levels | 41% | ≥41% | <41% - 30% | <30% |
| 17. Recent HbA1c test for clients aged 15 years and over | 80% | ≥80% | <80% - 75% | <75% |
| 18. Rheumatic heart disease prophylaxis adherence | 60% | ≥60% | <60% - 52% | <52% |
| 19. Children under 5 who are anaemic | 10% | ≤ 10% | >10 – 15% | > 15% |
| 20. Children under 5 measured for anaemia | 80% | ≥80% | <80% - 75% | <75% |
| 21. Adult health check coverage | 70% | ≥ 70% | <70% - 67% | <67% |
| 22. Aged care assessment program clients receiving timely intervention | 90% | ≥ 90% | <90% - 85% | <85% |
| 23. First antenatal visit | 70% | ≥70 | <70% - 65% | <65% |
| 24. Chronic disease management plan | 85% | ≥85% | <85% - 80% | <80% |
| 25. Early intervention for conductive hearing loss | 45% | ≥45% | <45% - 37% | <37% |
| **Finance and Efficiency** | | | | |
| 26. Cost per NWAU (compared with NEP) | 1 | ≤1 | >1 - ≤1.15 | >1.15 |
| 27. Variance against purchased activity [in WAUs per category] | 0% | +/- 1.5% | >1.5% - 5% | >5% |
| 28. Expenditure - Variance against budget | 0% | +/- 1.0% | >1.0% - 2.5% | >2.5% |
| 29. Coding Timeliness | 100% | 100% | <100% - 80% | <80% |
| **Workforce and Culture** | | | | |
| 30. Aboriginal health workforce as a proportion of overall FTE | 10% | ≥ 10% | <10% - 7.5% | < 7.5% |
| 31. Full time equivalent (FTE) | n/a | | | |
| 32. Patient Experience | 90% | 90% | <90% - 80% | <80% |

☐ new KPIs in 2020-21

# PART F: Schedules

## Schedule 1: CAHS service descriptions

### 1.1 CAHS Hospital Services

| | |
|---|---|
| **Alice Springs Hospital** | – 24-hour accident and emergency care<br>– General Medicine including Oncology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Renal, Respiratory, Palliative care, Addiction Medicine<br>– General Surgery including ENT, Gynaecology, Neurology* (as outpatient service only), Ophthalmology, Orthopaedics, Urology, Vascular<br>– Maternity and Child Health including Neonatology, Obstetrics, Paediatrics<br>– Integrated community and hospital - Mental Health and Rehabilitation<br>– Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Intensive care/high dependency unit, Operating suite/theatres, Pathology, Pharmacy, Radiography, Sonography, Visiting medical specialists<br>– Mortuary and stores, post-mortems<br>– Inpatient, outpatient and specialist care to remote health centres including provision of Remote Medical Practitioner, and access to Medivac and retrieval services<br>– Aboriginal liaison |
| **Tennant Creek Hospital** | – 24-hour accident and emergency care<br>– General Medicine including Gerontology<br>– Rehabilitation<br>– Clinical Support including Allied health, Pathology, Pharmacy, Radiography, Sonography<br>– Outreach to remote health centres<br>– Aboriginal liaison |

### 1.2 CAHS Non-hospital services

**Primary Health Care**

CAHS provides Primary Health Care (PHC) through 28 urban and remote centres.

PHC encompasses a range of services in clinic, home or community settings and includes health promotion, prevention and screening, identification, early intervention, treatment and management. The *Core functions of primary health care: a framework for the Northern Territory* (2011), underpins the provision of PHC services in the NT.

**Prevention, Identification and Early Intervention**

- maternal health services including antenatal care in routine reviews, coordination of access to external service providers and antenatal health education and facilitating access to birthing services and postnatal care for mother and baby
- child health and well-being services including growth monitoring, hearing health, oral health and developmental screening/follow up
- screening and early detection of disease through appropriate health checks for infants, children, adults and older persons, with a focus on risk factors



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- chronic disease management and prevention of complications, through both clinical and risk factor management approaches
- immunisation programs
- communicable disease control actions including notifications

**Treatment**

- first contact treatment of illness and injury
- continuing management of chronic illness
- 24-hour after-hours on-call service in remote communities
- provision of essential drugs
- facilitating access to specialist and allied health treatment services in the community or through referral
- renal dialysis services.

**Visiting Specialist and Allied Health Services**

- supporting clients' access to specialist services and managing schedule of visitors
- supporting and maintaining telehealth/telemedicine services
- transporting clients
- managing referrals and recalls and use of use of case-management/case coordination approaches to ensure access to a full range of specialist consultation and assessment services

**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.

The size and mix of PHC services to meet the specific need of the population and the level of access to alternative PHC services such as general practitioner practices and hospital emergency departments. This has resulted in three distinct PHC service settings in CAHS: urban, remote and prison PHC centres.

**Remote Primary Health Care Centres**

| | |
|---|---|
| Wallace Rockhole[1], Ali Curung, Docker River, Haast's Bluff, Hart's Range, Bonya[2], Hermannsburg, King's canyon, Lake Nash, Aputula, Imanpa, Nyirripi, Papunya, Willowra, Yuelemu, Yuendumu, Yulara, Mt Liebig, Titjikala, Tara[3], Wilora[3], Ti Tree (incl. 6 Mile), Elliott, Alcoota, Epenarra, Canteen Creek, Laramba | – Primary Health Care<br>– Public health nutrition<br>– Accident and emergency/medevac 24/7<br>– Antenatal care<br>– Healthy school aged kids program<br>– Healthy Under 5 Kids – Partnering with Families Program<br>– Immunisation<br>– Well Women's and Men's health screens<br>– Preventable chronic conditions program<br>– Infectious disease prevention and control |

[1] Mostly visiting services from Hermannsburg
[2] Mostly visiting services from Hart's Range
[3] Primary health care visiting service from Ti Tree



NORTHERN TERRITORY GOVERNMENT

| **Community Health Services Provided in Urban and Regional Centres**<br><br>Flynn Drive, Alice Springs | – Primary Health Care<br>– Community<br>– Healthy Under 5 Kids Partnering with Families Program<br>– Immunisation<br>– Well Women's & Men's Health Screening<br>– Specialist Nursing Service<br>– Allied health |
|---|---|
| Tennant Creek | – Primary Health care<br>– Healthy Under 5 Kids Partnering with Families Program<br>– Immunisation<br>– Well Women's & Men's Health Screening |
| **Outreach Child, Youth and Family Services / School based services** | |
| Alice Springs and suburbs, Tennant Creek | – Healthy Under 5 Kids – Partnering with Families<br>– School Health/Screening Service<br>– School Immunisation Program |
| **Prison Primary Health Care Centres** | |
| Alice Springs Correctional Centre health centre – men and women, G Block (maximum security), Cottages clinic (low security), Juvenile Detention Centre, Aranda House (overflow), Police Watch House, | – Early Intervention and Reception<br>– Treatment and Emergency Care<br>– Health Promotion and Health Protection<br>– Rehabilitation / Chronic Disease Prevention<br>– Specialist Referral<br>– Staff Education<br>– Prison Health Administration<br>– After Hours on-call and Emergency<br>– Visiting services including Physiotherapy, Optometry, Podiatry |

Other non-hospital services provided by CAHS are described as follows:

### Remote Morgues

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

### Public Health

The CAHS Public Health Unit (PHU) comprises both the Centre for Disease Control and Environmental Health. The role of the PHU includes the control of communicable diseases, the implementation of preventative health programs as well as reducing the amount of disease caused by physical, chemical, biological and radiological factors in the environment. The PHU supports both government and non-government primary health clinics.

### Sexual Assault Referral Centre

The Sexual Assault Referral Centre provides medical access for men, women and children victims of acute, recent and historical sexual assault. Centres provide 24-hour medical access for medical and forensic examinations as well as screening and pregnancy prevention.

### Mental Health

Mental Health is a specialist clinical service that provides a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem. Priority access to mental health services are determined in accordance with clinical need and risk assessments. Inpatient and outpatient services have a recovery focus with an emphasis on early intervention, relapse prevention and rehabilitation. Services will be provided within the

National Mental Health Standards and the National Framework for Recovery Oriented Mental Health Services and will be culturally secure, delivered through a trauma informed care model.

**Oral Health Services**

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

**Hearing Health Services**

Hearing services are available through urban and regional facilities and hospital-based services. CAHS hearing health services provide diagnostic audiological and audiometric services, outreach services to remote communities, hearing loss education, ear and hearing health promotion and teleotology/telehealth services to increase ENT access to children living in remote communities.

**Aged Care Services**

CAHS Aged Care Unit delivers the Aged Care Assessment Program (ACAP), Community Home Support Program Equipment Scheme, Memory Service, Psychogeriatric Service and the Transition Care Program, hosted by TEHS. Line management for this work unit is provided by a manager based in Alice Springs. The Northern Territory Clinical Leader Aged Care, based in TEHS, also has an overarching role across Aged Care Services delivered in CAHS and is the NT representative for Australian Government funded aged care programs.

**Alcohol and other Drugs Services**

Alcohol and Other Drugs (AOD) Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems. Specialist clinical treatment pathways include triage and brief intervention, assessment and case management, outpatient and inpatient withdrawal, opioid pharmacotherapy program, volatile substance abuse management and treatment and hospital clinical liaison.

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

### Hosted Services

**Specific Public Health Functions**

CAHS hosts the Trachoma team, funded with tied funding from the Commonwealth for functions provided NT-wide.

TEHS hosts a number of public health services that are provided across both TEHS and CAHS including:

- Sexual health physician, sexual health and blood borne virus surveillance officer, sexual health promotion officer and Aboriginal Health Practitioner, to oversee sexual health clinical services and governance, provide statistical support and enhanced surveillance services, promote sexual health and facilitate social marketing activities
- Medical Entomology
- Rheumatic heart disease physician, data analyst and Clinical Nurse Manager for clinical governance and program service delivery

- Head of Surveillance, OzFoodNet epidemiologist and Surveillance Data Manager to support the public health responses to notifiable diseases, syndromic surveillance, outbreak management, food-borne disease surveillance and response
- After-hours and weekend disease control public health physicians.

**Other services hosted by TEHS NT-wide include:**

**After-hours Mental Health -** TEHS provides a single point of access mental health service responsive to individual requirements to Top End and Central Australia after-hours.

**Aged Care Transition Care and Restorative Care Programs –** TEHS provides an NT-wide Transition Care Program (Medicare funded) and Short-Term Restorative Program. The Darwin based work unit consists of a team leader (case coordinators), therapy assistants, patient care assistants and administration support. The unit case manages packages across the Northern Territory.

The Short Term Restorative Care Program aims to reverse or slow functional decline in aged persons through time limited, goal oriented, multidisciplinary and coordinated range of services. These services are delivered in the person's home or a residential care setting if available.

**Specialist Outreach Northern Territory (SONT) -** SONT coordinates air charter, travel and logistics NT-wide for specialist teams in Australian Government funded priority areas, including maternal and child health, eye health and mental health. TEHS also provides visiting sonography outreach services.

**Hearing health services program and newborn screening -** TEHS provides NT-wide program direction, quality and professional support for Australian Government funded outreach services and coordinates the newborn hearing screening services.

**Cancer screening services -** The NT Cancer Screening Service is a TEHS based work unit that delivers BreastScreenNT, CervicalScreenNT and BowelScreenNT services across the whole of the NT.

### Co-located services

**Pathology -** Territory Pathology is a network of six public hospital laboratories located at Royal Darwin Hospital, Alice Springs Hospital, Palmerston Regional Hospital, Katherine Hospital, Gove District Hospital and Tennant Creek Hospital. TEHS delivers Territory Pathology on behalf of the Department.

## Schedule 2: Support to Health Services

The Chief Executive of the Department will be responsible for providing specific areas of support to the Health Services. This will principally be through the following divisions: Finance Support Services, Health System Policy and Strategy, Public Health and Clinical Excellence and the Office of the Chief Executive.

**Services to be provided by Finance Support Services will include:**

- Financial accounting, financial policy advice, revenue strategy, agency budget development
- Activity based funding and system performance
- Enterprise Portfolio Management Office supporting NT Health in the management of its project portfolio
- Health informatics and digital innovation; developing policy, strategies, services and standards for the use of digital information and communications technology
- Grants management services
- Strategic oversight for infrastructure planning and facilities management and capital works
- Strategic Contracting
- Business support services providing travel, transport and asset billing

**Services to be provided by Health System Policy and Strategy will include:**

- Developing, monitoring, evaluating and contributing to implementation of policies, strategies and leadership in:
  - Aboriginal health policy, mental health, alcohol and other drugs, disability, health promotion, ageing, child and youth health.
  - Primary health care; chronic conditions; palliative care; domestic, family and sexual violence; sexuality and gender identity and diversity, innovation and research
  - Workforce strategy and reform including standards and regulation
  - Prevocational medical assurance services
  - Governance and Information Services including the Policy Guideline Centre

**Services to be provided by Public Health and Clinical Excellence will include:**

- Developing policy, strategies and leadership in:
  - Patient safety and clinical quality
  - Public health
  - Pathology

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

- Legal services; ministerial liaison, risk and assurance services, media and corporate communications

The Department of Corporate and Information Services, and Department of Infrastructure, Planning and Logistics provide the following services to the Department of Health:

- Data management and system reporting, strategic procurement services, infrastructure services, records management, human resources, fleet management.

## Schedule 3: Data reporting requirements

The Act provides for the SDA to set out the performance data and matters to be reported to the Department by a Health Service and the frequency of that reporting.

This Schedule specifies the data CAH will provide to the Department and the requirements for the provision of the data.

### Data Principles

The following principles guide the collection, storage, transfer and disposal of data:

- Trustworthy: data is accurate, relevant, timely, available and secure;
- Private: personal information is protected in accordance with the law;
- Valued: data is a core strategic asset;
- Managed: collection of data is actively planned, managed and compliant; and
- Quality: data provided is complete, consistent, undergoes regular validation and is of sufficient quality to enable the purposes outlined in this schedule.

The parties agree to constructively review the data reporting requirements as set out in this schedule on an ongoing basis to ensure data reporting requirements are able to be fulfilled; and minimise regulatory burden.

### Roles and responsibilities

CAHS will provide the following data, in accordance with this schedule:

- Data required to deliver and manage clinical care and services
- Data required to report to national bodies
- Data required under relevant legislation
- Data required to facilitate reporting against the KPIs set out in this SDA
- Data required to determine activity based funding and block funding amounts
- Data required to monitor implementation of NT Health policies and whole of government plans
- Data requested in writing by the Chief Executive of the Department, or delegate, from time to time, whether or not specified in this schedule or the SDA, where the request specifies the form and manner of the data and at the timeframes for provision.

CAHS will also:

- provide data in the form and manner as established in front-line clinical settings and relevant agreements
- provide data of suitable quality and completeness in accordance with the principles in this schedule
- address, in a timely manner, any issues related to the quality and completeness of data provided.
- provide data in accordance with the following timeframes, unless otherwise agreed:
    i. Data required for reporting to national bodies (such as the IHPA) must be provided in accordance with the national data provision timeframes;
    ii. All other data required, including data to facilitate reporting against the KPIs set out in this SDA, must be provided monthly or quarterly, where agreed.

The Department will provide CAHS with routine access to data for the purposes of benchmarking and performance improvement and advise CAHS of any updates to data requirements as they occur.

# Appendix 1. Abbreviations and Interpretations

## Abbreviations

| | |
|---|---|
| ABF | Activity based funding |
| AHP | Aboriginal Health Practitioner |
| AOD | Alcohol and other drugs |
| ACAP | Aged Care Assessment Program |
| ACAT | Aged care assessment team |
| BCP | Business continuity plans |
| CAHS | Central Australia Health Service |
| CEO | Chief Executive Officer |
| CHSP | Community Home Support Program |
| COO | Chief Operating Officer |
| D&FV | Domestic and family violence |
| ED | Emergency department |
| ENT | Ear, nose and throat |
| FTE | Full time equivalent |
| FMHS | Forensic Mental Health Services |
| HSD | Health Service Directive |
| HU5K-PF | Healthy Under 5 Kids – Partnering with Families program |
| ICT | Information and communications technology |
| KPI | Key performance indicator |
| NGO | Non-government organisation |
| NHA | National Healthcare Agreement |
| NHRA | National Health Reform Agreement |
| NTG | Northern Territory Government |
| NTPHN | Northern Territory Primary Health Network |
| OHS | Oral Health Service |
| OOS | Occasions of service |
| PHC | Primary health care |
| PRH | Palmerston Regional Hospital |
| RDH | Royal Darwin Hospital |
| SAB | *Staphylococcus aureus* bacteraemia |
| SDA | Service Delivery Agreement |
| TCH | Tennant Creek Hospital |
| TEHS | Top End Health Service |
| TEMHS | Top End Mental Health Services |
| WAU | Weighted activity units |
| WHS | Work Health and Safety |

## Interpretations

***Act*** means the Health Services Act 2014 and Health Services Amendment Act 2019

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

***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.

***Framework*** means the Northern Territory Service Delivery Agreement Performance Framework.

***Health Service*** means an entity established under section 17(1) 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.

***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. Disruption Risk Register Requirements

| | **Requirements/Frequency** |
|---|---|
| Disruption Risk Register | Each Health Service to establish a disruption risk register by Jun 2020 |
| | Annual Review Risk Report for each Health Service (by Jun 2021) |
| Business Continuity Plan | Establish comprehensive BCP for each Health Service (by Dec 2020) |
| | Establish annual scenario/testing program for each Health Service based on their disruption risks (by Jun 2020) |
| | Functional Group Preparedness Reports provided to NT Health Crisis and Business Continuity Leadership Group Annually (Oct) |
| | Significant Incident, EM and BCM Activities Report – to NT Health Crisis and Business Continuity Leadership Group Quarterly (Jan, Apr, Jul, Oct 2020) |
| | Annual Performance Report – to NT Health Crisis and Business Continuity Leadership Group Annually (Jul) |