

Northern Territory Health Implementation Plan

NATIONAL PARTNERSHIP ON
NORTHERN TERRITORY REMOTE ABORIGINAL INVESTMENT

PART 1: PRELIMINARIES

1. This Implementation Plan is a schedule to the National Partnership on Northern Territory Remote Aboriginal Investment and should be read in conjunction with that National Partnership. The objective in the National Partnership is to support safe and healthy communities.
2. The outcomes to be achieved under this Implementation Plan include improved health and wellbeing of Aboriginal children under 16 years in the Northern Territory, with a commitment by the Northern Territory to provide services to children and communities in remote areas, by activities delivered through:
 - a. an integrated hearing health programme; and
 - b. an integrated oral health programme.
3. The Northern Territory seeks to pursue these aims in partnership with the Commonwealth, the Aboriginal Community Controlled Health Organisations (ACCHO) sector and the wider community of Aboriginal people in the Northern Territory. The Parties to this National Partnership recognise that the ACCHO sector is an integral part of primary health care delivery in the Northern Territory but that the ACCHO sector is not party to this Agreement. The Northern Territory will work with the Commonwealth throughout the life of this National Partnership to enable effective planning and governance structures that include both governments and the ACCHO sector.
4. Parties to this Implementation Plan recognise the importance of thorough community engagement in delivering these programmes.

PART 2: TERMS OF THIS IMPLEMENTATION PLAN

5. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and the Northern Territory of Australia, represented by the Minister for Health.
6. As a schedule to the National Partnership, the purpose of this Implementation Plan is to provide the public with an indication of how the project is intended to be delivered and demonstrate the Northern Territory's capacity to achieve the outcomes of the National Partnership with regard to improving the hearing and oral health of Aboriginal children under 16 years of age in the Northern Territory.

7. This Implementation Plan will cease on completion or termination of the National Partnership, including final performance reporting and processing of final payments against performance benchmarks or milestones.
8. This Implementation Plan may be varied by written agreement between the Commonwealth and Northern Territory ministers responsible for it under the overarching National Partnership.
9. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to the Plan and its full implementation.

PART 3: STRATEGY FOR IMPLEMENTATION

Relevant Northern Territory context

10. In developing this Implementation Plan consideration has been given to relevant Northern Territory context. Key factors that have influenced the proposed direction are:
 - a. While more than half of the Northern Territory's total population resides in the Darwin Region, the majority of its Aboriginal population lives outside major regional centres. The health needs of Aboriginal people living in Northern Territory communities – particularly remote communities – remain critically high. Additional investment is required to improve the Northern Territory health system to meet these needs.
 - b. 45 per cent of the Northern Territory's Aboriginal population is aged 19 years or under, compared to 26 per cent of the non-Indigenous population. Investments in integrated care – including preventive services and pathways to secondary and other referred services and specialist care – are needed so Aboriginal children can access services (including hearing and oral health services).
 - c. Of the Aboriginal children who received a relevant clinical service in 2012-13, 55 per cent had some form of hearing loss and 41 per cent were treated for dental caries. The level of disease necessitates a continued focus on treatments of existing conditions as well as preventive care. Where possible, services will be provided in the community.
11. The Hearing and Oral Health Programmes described in this Implementation Plan rely on short term professional placements to remote areas through programmes such as the Remote Area Health Corp to supplement the allied health workforce in delivery of hearing and oral health services to remote communities. Short term professional placements are vital to the achievement of the overall aims of this Implementation Plan.
12. The programmes under this Implementation Plan have links to projects such as those described in Table 1.

Table 1: Links with existing reforms or projects

Activities	Existing reforms or projects	Complementary nature of activities
Hearing Health Programme	<p>Northern Territory public audiology services</p> <p>Primary health care service delivery</p> <p>Rural Health Outreach Fund (RHOF)/ Specialist Outreach Northern Territory (SONT)</p> <p>Healthy Ears – Better Hearing, Better Listening (HEBHBL) Programme</p> <p>Specialist care - Northern Territory hospital ear care</p>	<p>The systematic organisation of hearing health services in the Northern Territory involves integrating all available resources to prioritise care to Indigenous children and deliver connected pathways of care to communities. Services and work units are organised and deployed as a unified programme and significant effort is invested in integrating electronic hearing health clinical data to support consistent shared care.</p> <p>Since July 2010, Northern Territory Department of Health has provided on average five outreach services each week, integrating services under: the National Partnership, HEBHBL, RHOF/ SONT and Northern Territory Government audiology and Ear, Nose and Throat (ENT). At a community level all outreach hearing health services are delivered under the umbrella of the Hearing Health Programme. Services include: prevention, audiology, teleotology, clinical leadership, case management, professional / skills development, health promotion, ENT consultation and surgical care.</p> <p>Hearing Health Programme</p> <p>The Hearing Health Programme interfaces directly with primary health care and the hospital system.</p>
Oral Health Programme	<p>Northern Territory public dental services</p> <p>Primary health care service delivery</p> <p>Specialist care – Northern Territory hospital dental care</p> <p>Healthy Smiles Programme</p>	<p>The Oral Health Programme delivers preventative and oral health care for eligible children.</p> <p>Existing Northern Territory funded dental health service system, primary health care system, and specialist services will complement and support the Oral Health Programme under this National Partnership to provide a coordinated oral health programme for Aboriginal children.</p> <p>Primary health care services will work to integrate oral health, particularly primary prevention, into primary care delivery.</p> <p>Children identified through the Oral Health Programme as requiring follow up specialist services will be referred to appropriate specialists in the primary health care and hospital system.</p>

Project information

13. The project elements are:

- a. Hearing health services; and
- b. Oral health services.

Estimated costs

14. The maximum financial contribution to be provided by the Commonwealth to the Northern Territory is \$45.313 million payable in accordance with milestones and performance benchmarks set out in Part 4. All payments are exclusive of GST.
15. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and the Northern Territory retains the flexibility to move funds between components and/or years, as long as outcomes are not affected. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

Table 2: Estimated financial contributions

(\$ million)	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Hearing Health Programme	3.114	3.255	3.402	3.555	3.715	3.882	4.057	24.980
Oral Health Programme	2.535	2.650	2.769	2.893	3.024	3.160	3.302	20.333
Total estimated budget	5.649	5.905	6.171	6.448	6.739	7.042	7.359	45.313
Total Commonwealth contribution	5.649	5.905	6.171	6.448	6.739	7.042	7.359	45.313

Programme logic

16. The way in which these project elements will achieve the outcomes and objectives set out in the National Partnership is detailed in Table 3.

Table 3: Programme logic

Activity	Outputs	Outcomes	Objectives
Hearing Health Programme	<p>An integrated and coordinated Hearing Health Programme for Aboriginal children which includes:</p> <ul style="list-style-type: none"> Audiology and specialist services working with primary health care services to provide appropriate care. Clinical Nurse Specialists Hearing Health (CNSHH) [formerly known as Child Hearing Health Coordinators] using a case management approach to oversee the treatment of children with a prioritised need for care by linking primary health services with specialist resources. A hearing health preventative programme that includes an education programme for families on how to prevent and manage ear disease, using culturally appropriate communication methods. 	<p>Improved health of individuals, children and families, through:</p> <ul style="list-style-type: none"> reducing the prevalence and incidence of ear disease among Aboriginal children in the Northern Territory; reducing the severity and impact of ear disease on the health and wellbeing (particularly improving the hearing health status) of Aboriginal children in the Northern Territory; and improving the hearing of children who are in a treatment pathway. 	<p>Safer and healthier remote Aboriginal communities in the Northern Territory.</p>

Activity	Outputs	Outcomes	Objectives
Oral Health Programme	<p>An integrated and coordinated oral health programme for Aboriginal children which will deliver:</p> <ul style="list-style-type: none"> Preventive oral health services including fluoride varnish and fissure sealants by working with primary health care services and other stakeholders. Healthy Smiles Oral health training package, a preventive oral health programme, will be held across the Northern Territory for remote primary health care sector staff. Clinical oral health care provided by oral health professionals. 	<p>Improved health of individuals, children and families, through:</p> <ul style="list-style-type: none"> reducing the prevalence and incidence of oral health problems among Aboriginal children in the Northern Territory; and reducing the severity and impact of oral health problems on the health and wellbeing of Aboriginal children in the Northern Territory. 	<p>Safer and healthier remote Aboriginal communities in the Northern Territory.</p>

Risk management

17. A risk management plan is in place. Risks have been actively identified, entered into a risk log and categorised in terms of impact and likelihood.

PART 4: PERFORMANCE AND REPORTING ARRANGEMENTS

Performance benchmarks

18. Funding will reward the Northern Territory upon meeting performance targets, as set out in Tables 4 and 5.
19. Activity under this Implementation Plan is based on calendar years. Payments will be made based on financial years (2015-16 to 2021-22).

Table 4: Performance indicators and benchmarks - Hearing Health Programme

			Payment \$ millions						
Performance indicators	Baseline data	Performance benchmarks	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Service delivery measures									
Hearing Health Performance Measure 1 Occasions of audiology service per annum by locational spread of services.	1,481 services in 2010-11	1,700 audiology checks per annum including by community and identifying the spread across urban, remote and very remote communities across the Northern Territory.	0.467	1.302	1.361	0.391	1.486	1.553	0.325
Hearing Health Performance Measure 2 Number of children receiving complex case management services from Clinical Nurse Specialists Hearing Health working with primary health care services.	Comparable data not available	Coordination services for 700 children per annum provided by Clinical Nurse Specialists Hearing Health.	0.467	1.302	1.361	0.391	1.486	1.553	0.325
Hearing Health Performance Measure 3 Delivery of hearing health preventative programme, including hearing health promotion/training, community-based Hearing Health Prevention Programme, and employment of Indigenous staff.	2014 data: 1) 48 hearing health promotion or training services/activities 2) 1 community receiving community-based Hearing Health prevention programme (in partnership with community organisations) 3) 1 full time equivalent (FTE) Indigenous staff member employed	Programme implemented with the following indicators: 2015: 1) 50 preventative hearing health promotion or training services/activities. 2) 3 communities receiving community-based Hearing Health prevention programmes. 3) 2 FTE Indigenous staff employed. 2016: 1) 55 preventative hearing health promotion or training services/activities. 2) 6 communities receiving community-based Hearing Health prevention programmes. 3) 7 FTE Indigenous staff employed. 2017: 1) 60 preventative hearing health promotion or training services/activities. 2) 10 communities receiving community-based Hearing Health prevention programmes. 3) 8 FTE Indigenous staff employed. 2018: 1) 60 preventative hearing health promotion or training services/activities. 2) 12 communities receiving community-based Hearing Health prevention programmes. 3) 9 FTE Indigenous staff employed. 2019-2021: 1) 60 preventative hearing health promotion or training services/activities.	0.310	0.651	0.680	0.283	0.743	0.776	0.162

Performance indicators	Baseline data	Performance benchmarks	Payment \$ millions						
			2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
		2) 16 communities receiving community-based Hearing Health prevention programmes. 3) 10 FTE Indigenous staff employed. 2022¹: 1) 15 preventative hearing health promotion or training services/activities. 2) 4 communities receiving community-based Hearing Health prevention programmes. 3) 2 FTE Indigenous staff employed. The Northern Territory will also provide a plan for the delivery of the balance of services to 30 June 2022 with this reporting.							
Health outcome measures									
Hearing Health Outcome Measure 1 The proportion of children tested who are found to have moderate or severe conductive hearing impairment.	11% of children tested in period 2007-2011	Progress Report 1²: Less than 11% of all children tested between July 2012 and June 2015 Progress Report 2: Less than 10% of children tested between July 2015 and December 2018 Progress Report 3: Less than 7.5% of children tested between January 2019 and December 2021	0.374	-	-	0.498	-	-	0.649
Hearing Health Outcome Measure 2 The proportion of children aged 0-5 and 6-15 years that have received an audiology check or CHHC service who are found to have Chronic Suppurative Otitis Media (CSOM).	1) 14% of children (0-5 year olds) tested in period 2007-2011 2) 11% of children (6-15 year olds) tested in period 2007-2011	1) Progress Report 1: 15% or less of children tested between July 2012 and June 2015 Progress Report 2: 14% or less of children tested between July 2015 and December 2018 Progress Report 3: 7% or less of children tested between January 2019 and December 2021 2) Progress Report 1: 12% ³ or less for children tested between July 2012 and June 2015 Progress Report 2: 11% or less for children tested between July 2015 and December 2018 Progress Report 3: 7% or less of children tested between January 2019 and December 2021	1) 0.187 2) 0.187	-	-	1) 0.498 2) 0.498	-	-	1) 0.649 2) 0.649

¹ Hearing Health Performance Measure 3 targets for 2022 are lower than previous years, as they are reported on as at 31 March 2022, so represent 25% of annual service delivery.

² Progress Report 1 for Hearing Health Outcome Measures 1-4 refer to activities undertaken under the former National Partnership on Stronger Futures in the Northern Territory.

³ Hearing Health Outcome Measure 2, (2) Progress Report 1 is a small increase on the baseline as the introduction of Teleotology and integrated surgical pathways meant more children with CSOM who were school age, were anticipated to use services.

Performance indicators	Baseline data	Performance benchmarks	Payment \$ millions						
			2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Hearing Health Outcome Measure 3 The proportion of children aged 0-5 and 6-15 years that have received an audiology check or CHHC service who are found to have dry perforation.	1) 10% of children (0-5 year olds) tested in period 2007-2011 2) 17% of children (6-15 year olds) tested in period 2007-2011	1) Progress Report 1: 9% or less of children tested between July 2012 and June 2015 Progress Report 2: 8% or less of children tested between July 2015 and December 2018 Progress Report 3: 5% or less of children tested between January 2019 and December 2021 2) Progress Report 1⁴: 18% or less of children tested between July 2012 and June 2015 Progress Report 2: 17% or less of children tested between July 2015 and December 2018 Progress Report 3: 9% or less of children tested between January 2019 and December 2021	1) 0.187 2) 0.187	-	-	1) 0.498 2) 0.498	-	-	1) 0.649 2) 0.649
Hearing Health Outcome Measure 4 The rate of improvement in hearing for children who are in a treatment pathway.	1) 46% of children (0-4 years) in a treatment pathway had improved hearing in the period 2007-2011 2) 55% of children (5-15 years) in a treatment pathway had improved hearing in the period 2007-2011	1) Progress Report 1: at least 46% of children who are tested between July 2012 and June 2015. 2) Progress Report 1: at least 55% of children who are tested between July 2012 and June 2015.	1) 0.187 2) 0.187	-	-	-	-	-	-
Hearing Health Outcome Measure 5⁵ Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	1) Coverage by regions (number of outreach trips) between July 2012 and June 2015, including an overview of the integrated program scheduling principles that support equitable service delivery. 2) Demand for audiology service by region at 1 July 2012 and 30 June 2015, including qualitative detail on the methodologies for:	0.374	-	-	-	-	-	-

⁴ Hearing Health Outcome Measure 3, (2) Progress Report 1 is a small increase on the baseline as the introduction of Teleotology and integrated surgical pathways meant more children with dry perforation who were school age, were anticipated to use services.

⁵ Hearing Health Outcome Measure 5 reports on the Northern Territory's service delivery regional coverage, and demand for services at a regional level, under the former National Partnership on Stronger Futures in the Northern Territory. As this National Partnership ceased at the end of 2014-15, this is a final, one-off report.

Performance indicators	Baseline data	Performance benchmarks	Payment \$ millions						
			2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
		a. targeting Child Hearing Coordination (case management) and audiology services to highest need; and b. determining demand for audiology service by region at 1 July 2012 and 30 June 2015.							
Total ⁶			3.114	3.255	3.402	3.555	3.715	3.882	4.057

Table 5: Performance indicators and benchmarks – Oral Health Programme

			Payment \$ millions						
Performance indicators	Baseline data	Performance benchmarks	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Service delivery measures									
Oral Health Performance Measure 1 Occasions of service per annum by clinical and preventative service types and locational spread of services.	3,609 services in 2010-2011.	3,800 occasions of clinical service per annum ⁷ by community identifying the spread across urban, remote and very remote communities across the Northern Territory. Fluoride varnish applications will be counted separately.	1.268	1.390	2.144	1.809	2.451	2.612	2.152

⁶ Some totals may not add up due to rounding of individual payments.

⁷ For the purpose of this Implementation Plan, an "occasion of service" is defined as the service provided to a patient by one operator on a single visit. Within each occasion of service, multiple service activities – for example: preventative or restorative services, tooth extraction, diagnostic services or assessments, orthodontic and periodontic services, oral health education, dental hygiene advice and diet advice – may occur. Australian Dental Association (ADA) item codes are used to denote each single item of examination, consultation or treatment (including preventive, restorative and surgical).

Performance indicators	Baseline data	Performance benchmarks	Payment \$ millions						
			2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Oral Health Performance Measure 2 Number of fluoride varnish applications per annum.	Comparable data not available.	Fluoride varnish applications (percentage of target population ⁸). 2014 ⁹ :4,190 (25%) 2015:4,525 (27%) 2016:5,028(30%) 2017:5,531 (33%)) 2018:6,369 (38%) 2019:7,206 (43%) 2020:8,380 (50%) 2021:9,553 (57%) 2022 (to 31 March) ¹⁰ :1,383 (8%) The Northern Territory will also provide a plan for the delivery of the balance of services to 30 June 2022 with this reporting. By 2021 57% of the target Aboriginal population aged greater than 18 months and less than 16 years of age will receive at least once yearly application of fluoride varnish with a second application within the year being applied where possible. The population target is 80% to take into account the population of Aboriginal children who are not engaged with health services.	0.254	0.265	0.277	0.289	0.302	0.316	0.330

⁸ Target population refers to 80% of the 20,950 children (18 month to 15 years old) estimated to be in the Northern Territory in 2012.

⁹ For fluoride varnish application milestones prior to the commencement of this Health Implementation Plan, see previous, now superseded Health Implementation Plan under the National Partnership Agreement on Stronger Futures in the Northern Territory.

¹⁰ Oral Health Performance Measure 2 targets for 2022 are lower than previous years, as they are reported on as at 31 March 2022.

Performance indicators	Baseline data	Performance benchmarks	Payment \$ millions						
			2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Oral Health Performance Measure 3 Number of fissure sealants per annum.	Comparable data not available.	Fissure sealant applications Calendar Year: Number of fissure sealants 2014 ¹¹ :7,000 2015:6,547 2016:5,000 2017:4,500 2018:4,000 2019:3,500 2020:3,000 2021: 2,500 2022 (to 31 March) ¹² :250 The Northern Territory will also provide a plan for the delivery of the balance of to 30 June 2022 with this reporting. The declining number of fissure sealants is due to the one-time only application of fissure sealants per tooth as well as clinicians determining the most appropriate clinical treatment.	0.507	0.265	0.348	0.289	0.271	0.232	0.242
Oral Health Performance Measure 4 Healthy Smiles Programme Participants.	Comparable data not available.	Healthy Smiles Oral health training package, a preventive oral health programme, will be held across the Northern Territory for remote primary health care sector staff. 2015: 66 participants 2016: 72 participants	0.507	0.265	-	-	-	-	-

¹¹ For fissure sealant milestones prior to the commencement of this Health Implementation Plan, see previous, now superseded, Health Implementation Plan under the National Partnership Agreement on Stronger Futures in the Northern Territory.

¹² Oral Health Performance Measure 3 targets for 2022 are lower than previous years, as they are reported on as at 31 March 2022.

Health outcome measures								
Oral Health Outcome Measure 1 Percentage of communities receiving a dental service.	Number of communities receiving dental service in 2015.	75% of all communities across Northern Territory (excluding the major centres: Darwin, Katherine, Nhulunbuy and Alice Springs) receive a dental service within each calendar year as demonstrated through the schedule for delivery of services provided to the Commonwealth by 1 March each year. This will detail the communities anticipated to be visited in the current calendar year and communities visited in the previous calendar year.	-	0.166	-	0.181	-	0.206
Oral Health Outcome Measure 2 Prioritisation of preventive services.	Proportion of preventive services delivered within total occasions of service for 2015.	At least 50% of total items of service are preventive services.	-	0.166	-	0.325	-	0.372
Oral Health Outcome Measure 3¹³ Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	1) Coverage by regions (number of outreach trips) between July 2012 and June 2015, including an overview of the integrated program scheduling principles that support equitable service delivery. 2) Demand for service by region at 1 July 2012 and 30 June 2015.	-	0.133	-	-	-	-
Total¹⁴			2.535	2.650	2.769	2.893	3.024	3.160
								3.302

¹³ Oral Health Outcome Measure 3 reports on the Northern Territory's service delivery regional coverage, and demand for services at a regional level, under the former National Partnership on Stronger Futures in the Northern Territory. As this National Partnership ceased at the end of 2014-15, this is a final, one-off report.

¹⁴ Some totals may not add up due to rounding of individual payments.

Reporting

20. The Northern Territory will report against the agreed Health Performance Measures listed in Tables 4 and 5 every 12 months during the operation of the National Partnership. Reports are expected by 1 March each year for the previous calendar year. The following exceptions apply:
 - a. The first report against the agreed Health Performance Measures (listed in Tables 4 and 5) will cover the period 1 January 2015 to 31 December 2015. This report is due by 1 May 2016.
 - b. The final report against the agreed Health Performance Measures (listed in Tables 4 and 5) for the calendar year commencing 1 January 2021, will cover the period to 31 March 2022. This report is due by 1 May 2022.
21. Performance reporting under the Hearing and Oral Health Programmes will be facilitated by the continuation of the current data collection services managed by the Australian Institute of Health and Welfare.
22. The Northern Territory will provide Progress Reports against the agreed Health Outcome Measures, listed in Tables 4 and 5 of this Implementation Plan, in accordance with Table 6.

Table 6: Health outcome reporting timeframes

Reporting period	Reporting due date
Hearing Health Programme	
Progress Report 1: 1 July 2012 to 30 June 2015	1 May 2016
Progress Report 2: 1 July 2015 to 31 December 2018	1 March 2019
Progress Report 3: 1 January 2019 to 31 March 2022	1 May 2022
Oral Health Programme	
Progress Report 1: 1 July 2012 to 30 June 2015	1 March 2017
Progress Report 2: 1 July 2015 to 31 December 2018	1 March 2019
Progress Report 3: 1 January 2019 to 31 March 2022	1 May 2022

Review and Evaluation

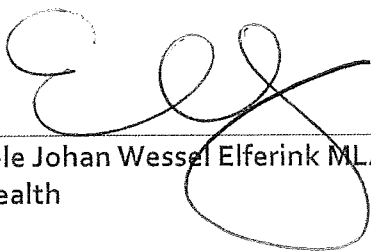
23. The Implementation Plan will be reviewed in line with reviews of the overarching National Partnership.

Sign off

The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Northern Territory by

Signature



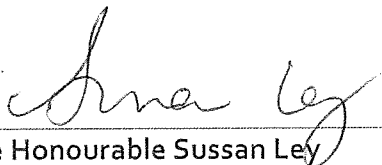
Date

10.10 6/5/10

The Honourable Johan Wessel Elferink MLA
Minister for Health

Signed for and on behalf of the Commonwealth of Australia by

Signature



Date

28 April 2016

Senator the Honourable Sussan Ley
Minister for Health