Health Implementation Plan

NATIONAL PARTNERSHIP AGREEMENT ON
STRONGER FUTURES IN THE NORTHERN TERRITORY

PART 1: PRELIMINARIES

1. This Implementation Plan is a schedule to the National Partnership Agreement on Stronger Futures in the Northern Territory (NP) and should be read in conjunction with that Agreement. The objective of the NP is to close the gap on Indigenous disadvantage in the Northern Territory (NT) and to support Aboriginal people in the NT, particularly in remote communities, to live strong, independent lives, where communities, families and children are safe and healthy.

2. This initiative aims to improve the health and wellbeing of Aboriginal people in the NT through:

   (a) an integrated hearing health program for Aboriginal children under 16 across the continuum of care;

   (b) an integrated oral health program for Aboriginal children under 16 across the continuum of care;

   (c) child abuse trauma counselling and support services for Aboriginal children under 18 and their families in remote communities;

   (d) a Territory wide integrated and comprehensive primary health care system;

   (e) continuing reform of the Aboriginal primary health care system;

   (f) a short-term health professional placement program that supports the primary health care sector;

   (g) additional alcohol and other drug workers in primary and other health care services; and

   (h) access to high quality and healthy food in remote communities.

3. The Commonwealth seeks to pursue these aims in partnership with the Northern Territory, the Aboriginal Community Controlled Health Organisations (ACCHO) sector and the wider community of Aboriginal people in the NT. The parties to this agreement recognise that the ACCHO sector is an integral part of primary health care delivery in the NT.

4. The ACCHO sector is not party to this NP. The Commonwealth and Northern Territory will work together throughout the life of this agreement to enable effective planning and governance structures that include both governments and the ACCHO sector. This planning will:

(a) maximise improvement in health outcomes through service coordination and integration;

(b) reduce duplication and gaps in service delivery to communities; and

(c) seek to deliver a Territory-wide system to address the health needs of Indigenous Australians living in the NT.

5. The planning will also ensure that services outlined in this Implementation Plan are delivered in an equitable manner across Health Service Delivery Areas (HSDA) in the NT, based on need and taking into account existing services. Mobile Outreach Service Plus services will be provided to HSDAs excluding Darwin Urban and Alice Springs Urban, guided by assessment of individual and community need, including levels of statutory child abuse notifications, the most appropriate form of intervention, availability of other services, and community capacity. Oral and hearing health services will maintain their focus on remote communities largely consistent with services provided previously.

6. A key commitment of this Implementation Plan is to increase local Aboriginal employment, professionalisation and career development in the delivery of government funded services with appropriate targets and goals set for relevant measures.

7. This Implementation Plan commits both governments to working with Aboriginal stakeholders and community groups to ensure services more effectively meet community needs, and that agreed mechanisms are in place to provide for their ongoing feedback.

PART 2: TERMS OF THIS IMPLEMENTATION PLAN

8. This Implementation Plan will commence as soon as it is agreed between the Commonwealth and the Northern Territory, represented by the Ministers with responsibility for Indigenous Health.

9. As a schedule to the NP, the purpose of this Implementation Plan is to provide the public with an indication of how the health elements of the NP package are intended to be delivered and demonstrate the Northern Territory's capacity to achieve the outcomes of the NP.

10. This Implementation Plan will cease on completion or termination of the NP, including the acceptance of final performance reporting and processing of final payments against performance benchmarks or requirements.

11. This Implementation Plan may be varied by written agreement between the Commonwealth and Northern Territory Ministers responsible for it under the overarching NP.

12. 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

Project information

13. The project elements planned are shown in Tables 1.1 and 1.2 as follows:

Table 1.1: Project elements - Northern Territory

No.	Title	Short description	Planned start date	Planned end date	Dependent on projects
1	Hearing Health services	Integrated hearing services program for children.	1 July 2012	30 June 2022	4
2	Oral Health services	Integrated oral health program for children.	1 July 2012	30 June 2022	4
3	The Mobile Outreach Service *Plus* (MOS *Plus*) program	Child abuse trauma counselling service.	1 July 2012	30 June 2022	Nil

Table 1.2: Project elements - Commonwealth

No.	Title	Short description	Planned start date	Planned end date	Dependent on projects
4	Primary Health Care (PHC) service delivery	Funding for primary care health care services.	1 July 2012	30 June 2022	Nil
5	Primary Health Care Reform	The continuing reform of the Aboriginal primary health care system.	1 July 2012	30 June 2022	4
6	Remote Area Health Corps	Short-term placements of health professionals in remote communities.	1 July 2012	30 June 2022	4
7	Alcohol and other drug workers	Alcohol and other drug treatment workers.	1 July 2012	30 June 2022	4
8	Food Security	Increasing the access to healthy food in remote communities.	1 July 2012	30 June 2022	Nil

Estimated costs

14. The maximum financial contribution to be provided by the Commonwealth for the project is $754.4 million, consisting of $111.0 million in National Partnership Payments to the Northern Territory and $643.4 million in Commonwealth Own Purposes Expense payments. National Partnership Payments to the Northern Territory are payable in accordance with the performance requirements at Part 5 of this implementation plan. 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)	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Hearing Health Services	2.416	2.816	3.184	3.114	3.255	3.402	3.555	3.715	3.882	4.057	**33.396**
Oral Health Services	2.343	2.564	2.604	2.535	2.650	2.769	2.893	3.024	3.160	3.302	**27.843**
Mobile Outreach Service *Plus*	4.300	4.386	4.474	4.563	4.770	4.985	5.209	5.444	5.689	5.945	**49.765**
Total estimated budget	62.941	67.793	70.675	71.138	72.881	75.731	78.564	81.670	84.747	88.229	**754.369**
less estimated Commonwealth contribution	9.059	9.766	10.262	10.212	10.675	11.156	11.658	12.182	12.731	13.303	**111.004**
equals estimated balance of non-Commonwealth contributions	-	-	-	-	-	-	-	-	-	-	-
Commonwealth own purpose expense	53.882	58.027	60.413	60.926	62.206	64.575	66.906	69.488	72.016	74.926	**643.365**
Total **Commonwealth contribution**	**62.941**	**67.793**	**70.675**	**71.138**	**72.881**	**75.731**	**78.564**	**81.670**	**84.747**	**88.229**	**754.369**

Program logic

16. The way in which these project elements will be managed by the Northern Territory to achieve the outcomes and objectives set out in the NP is detailed in Table 3.1 below.

Table 3.1: Program logic: Northern Territory elements

Project Elements	Outputs	Outcomes	Reform Objectives
1. Hearing Health Services	An integrated hearing health program for Aboriginal children across the continuum of care.	Improved health and wellbeing.	To reduce: • the prevalence and incidence of ear disease among Aboriginal children in the NT; and • the severity and impact of ear disease on the health and wellbeing (particularly improving the hearing health status) of Aboriginal children in the NT. The program will: • enable audiological and specialist services to work with primary health care services to provide appropriate services across the continuum of care; • maintain a co-ordinated system that strengthens the diagnosis and management of ear disease at primary health level and enables timely access to referred services; and • support a prevention program to educate families about how to prevent and manage ear disease using culturally appropriate communication methods.

Project Elements	Outputs	Outcomes	Reform Objectives
2. Oral Health Services	An integrated oral health program for Aboriginal children across the continuum of care.	Improved health and wellbeing.	To reduce: • the prevalence and incidence of oral health problems among Aboriginal children in the NT; and • the severity and impact of oral health problems on the health and wellbeing of Aboriginal children in the NT. The program will: • work with primary health care services and other stakeholders to deliver preventive oral health programs including fluoride varnish; • provide 'joined up' service delivery that ensures that children receive appropriate services across the continuum of care; and • provide appropriate dental clinical services, including, in the first 3 years of the agreement, services under general anesthetic where required.
3. The Mobile Outreach Service *Plus* program	Child abuse trauma counseling and support services to Aboriginal children and their families in remote communities.	Improved health and wellbeing	To reduce child abuse related trauma and improve the psychosocial and emotional wellbeing, and increase the safety of Aboriginal children in their families and communities in remote NT. The program will provide timely, culturally-safe, and valued responses to Aboriginal children who are usual residents in a community or town camp, aged between 0 and 17 and their families and communities in remote NT, who are experiencing trauma associated with any form of child abuse and neglect, including sexual assault, and who are willing to accept service.

17. The project elements detailed in table 3.2 below will be managed by the Commonwealth to achieve the health outcomes and objectives in this NP.

Table 3.2: Program logic: Commonwealth elements

Project Elements	Outputs	Outcomes	Reform Objectives
4. Primary Health Care Service Delivery	A Territory-wide integrated and comprehensive primary health care system.	Improved health and wellbeing.	Providing or funding the Northern Territory or ACCHOs to deliver: • employment and training of staff to deliver primary health care services; • activities to improve the quality, sustainability and effectiveness of service delivery involving Continuous Quality Improvement (CQI), Key Performance Indicators (KPIs) and a Core Primary health care services Framework; • regional 'hub' services to deliver jurisdiction-wide chronic disease prevention and management services; and • limited capital works investment in staff housing and limited maintenance of staff housing and clinics. Aboriginal employment strategy: • provision of training programs targeted at Aboriginal people in administrative, management and Aboriginal Health Worker (AHWs) roles; and • annually increase the number of Aboriginal people employed in PHC services. Baseline data will be developed and agreed based on an analysis of 2011-2012 Office of Aboriginal and Torres Strait Islander Health Service Reporting data.
5. Primary Health Care Reform	Continuing to reform the Aboriginal primary health care system.	Improved health and wellbeing.	Funding for the reform of primary health care to deliver a more efficient, effective and sustainable service delivery model through economies of scale and coordinated planning and service delivery arrangements.
6. Remote Area Health Corps	A short-term health professional placement program that supports the primary health care sector.	Improved health and wellbeing.	Support the remote primary health care sector by supplementing the primary and allied health workforce. The program will provide short-term placements of health professionals to remote communities.

Project Elements	Outputs	Outcomes	Reform Objectives
7. Alcohol and other drug workers	Recruitment of alcohol and other drug workers in primary and other health services.	Improved health and wellbeing.	Increasing the capacity of existing health and/or substance use services to support those affected by the introduction of Alcohol Management Plans (AMPs) and contributing to the success of these plans for the community as a whole.
8. Food Security	Access to high quality and healthy food in remote communities.	Improved health and wellbeing.	Increasing the access to healthy food in remote communities. Community stores are assessed and licensed. Encouraging Aboriginal employment and skills development in community stores and related retail services.

Risk management

18. A risk management plan will be developed by the Commonwealth for Commonwealth Own Purpose funded elements; and the Northern Territory will develop a risk management plan for elements funded through National Partnership payments. Risks will be identified, entered into a risk log and assessed in terms of impact and likelihood.

Relevant Northern Territory Context

19. In developing this Implementation Plan consideration has been given to the relevant NT context. Key factors that have influenced the proposed direction are listed below.

    (a) According to ABS 2011 census data on population and housing and population characteristics of Aboriginal and Torres Strait Islander Australians:

        i. the NT has the highest proportion of Aboriginal people of all Australian States and Territories, comprising over 30 per cent of its population compared to 2.5 per cent nationally;

        ii. forty five per cent of the NT's Aboriginal population is aged 19 years or under compared to 26 per cent of the non-Indigenous population; and

        iii. while more than half of the NT's total population resides in the Darwin Region, the majority of the NT's total Indigenous population lives outside major regional centres.

    (b) While significant gains have been made to improve Indigenous outcomes, Aboriginal Territorians still experience unacceptable levels of disadvantage in living standards, life expectancy, education, health and employment.

    (c) The health needs of Aboriginal people living in NT communities (particularly remote communities) remain critically high, as does the need for improvement in the health system to meet these needs.

    (d) Integrated care including preventive services and pathways to secondary and other referred services and specialist care are needed so children can access services (including hearing health, dental health and child abuse trauma services).

Table 4: Links with existing reforms or projects

Proposed project elements	Existing reforms or projects	Complementary nature of activities
Element 1 - Hearing Health Services	Northern Territory public audiology services; Medical Specialist Outreach Assistance Program (MSOAP) / Specialist Outreach Northern Territory (SONT); Project Agreement for Improving Ear Health Services for Aboriginal Australian Children.	Existing Northern Territory funded hearing health service system, primary health care system, and specialist services will complement and support the NP Hearing Health Services. The NP Hearing Health Services funding will support audiological referrals required for the Project Agreement. Children identified as requiring follow up will be referred to specialist services.
Element 2 - Oral Health Services	Northern Territory public dental services.	Northern Territory public dental services will work in parallel with this investment to provide a coordinated oral health program for Aboriginal children. Primary health care services will work to integrate oral health, particularly primary prevention into primary care delivery.
Element 3 - The Mobile Outreach Service *Plus* program	Provision of child protection and family support services, and primary health care services in remote NT delivered by the Northern Territory and Aboriginal Community Controlled Health Services.	MOS *Plus* provides voluntary child abuse trauma services, which support and complement statutory child protection, family support, and primary health care services.

PART 4: ROLES AND RESPONSIBILITIES

Role of the Commonwealth

20. In addition to the roles and responsibilities described in paragraph 17 of the NP, the Commonwealth is responsible for establishing and funding independent evaluations of all of the projects associated with this agreement.

PART 5: PERFORMANCE AND REPORTING ARRANGEMENTS

21. To qualify for the associated payment, the Northern Territory must provide the six monthly reports as set out in Tables 5-7 and meet the performance benchmarks as set out in Tables 8-10.

22. With respect to the achievement of service delivery benchmarks in Tables 5-7, funding will be calculated using the weightings in Tables 8-10.

23. If the Northern Territory does not achieve one or more performance benchmark(s) (as outlined in tables 8-10) in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Implementation Plan, the Commonwealth may provide a partial payment to the Northern Territory. Where applicable, partial payments will be calculated based on the proportion of each benchmark achieved.

24. The Commonwealth will only consider making a partial payment if:

    (a) The Northern Territory is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance benchmarks but for those circumstances;

    (b) at least 70 per cent of the performance benchmark has been met; and

    (c) the Northern Territory has submitted a satisfactory performance report.

Table 5: Hearing Health Performance Requirements: project (or output based)

Performance Requirements item	Report	Due Date	Percentage of Annual Total
2012-13 Total Hearing Health Performance requirement			
Six monthly reporting: for period 1 July – 31 Dec 2012 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2012	1 March 2013	90% 10%
2013-14 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2013 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2013	1 September 2013	35% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2013 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2013	1 March 2014	35% 10%

Performance Requirements item	Report	Due Date	Percentage of Annual Total
Agreement on the ear health prevention program performance indicators and benchmarks (for the 1 July – 31 Dec 2013 reporting period only)	n/a	1 March 2014	10%
2014-15 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2014 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2014	1 September 2014	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2014 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2014	1 March 2015	40% 10%
2015-16 Total Hearing Health Performance requirement			
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services: Achievement of health outcomes and access and quality indicator benchmarks as outlined in Table 8	Commonwealth accepted report for the previous three financial years	1 September 2015	60%
Six monthly reporting: for preceding 1 Jan – 30 June 2015 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2015	1 September 2015	10% 10%

Performance Requirements item	Report	Due Date	Percentage of Annual Total
Six monthly reporting: for preceding 1 July – 31 Dec 2015 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2015	1 March 2016	10% 10%
2016-17 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2016 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2016	1 September 2016	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2016 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2016	1 March 2017	40% 10%
Subject to five year review			
2017-18 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2017 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2017	1 September 2017	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2017 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2017	1 March 2018	40% 10%

Performance Requirements item	Report	Due Date	Percentage of Annual Total
2018-19 Total Hearing Health Performance requirement			
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services: Achievement of health outcomes and access and quality indicator benchmarks as outlined in Table 8	Commonwealth accepted report for the previous three financial years	1 September 2018	70%
Six monthly reporting: for preceding 1 Jan – 30 June 2018 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2018	1 September 2018	10% 5%
Six monthly reporting: for preceding 1 July – 31 Dec 2018 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2018	1 March 2019	10% 5%
2019-20 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2019 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2019	1 September 2019	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2019 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2019	1 March 2020	40% 10%
2020-21 Total Hearing Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2020 • Achievement of service delivery benchmarks as outlined in Table 8 Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2020	1 September 2020	40% 10%

Performance Requirements item	Report	Due Date	Percentage of Annual Total
Six monthly reporting: for preceding 1 July – 31 Dec 2020 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2020	1 March 2021	40% 10%
2021-22 Total Hearing Health Performance requirement			
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services Achievement of health outcomes and access and quality indicator benchmarks as outlined in Table 8	Commonwealth accepted report for the previous three financial years	1 September 2021	80%
Six monthly reporting: for preceding 1 Jan – 30 June 2021 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2021	1 September 2021	5% 5%
Six monthly reporting: for preceding 1 July – 31 Dec 2021 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2021	1 March 2022	5% 5%
Six monthly reporting: for preceding 1 Jan – 30 June 2022 • Achievement of service delivery benchmarks as outlined in Table 8 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2022	30 June 2022	n/a

Table 6: Oral Health Performance requirements: project (or output based) and implementation

Performance requirement	Report	Due Date	Percentage of Annual Total
2012-13 Total Oral Health Performance requirement			
Six monthly reporting: **for period 1 July – 31 Dec 2012** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2012	1 March 2013	90% 10%
2013-14 Total Oral Health Performance requirement			
Six monthly reporting: **for preceding 1 Jan – 30 June 2013** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2013	1 September 2013	40% 10%
Six monthly reporting: **for preceding 1 July – 31 Dec 2013** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2013	1 March 2014	40% 10%
2014-15 Total Oral Health Performance requirement			
Six monthly reporting: **for preceding 1 Jan – 30 Jun** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2014	1 September 2014	40% 10%
Six monthly reporting: **for preceding 1 July – 31 Dec** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2014	1 March 2015	40% 10%

Performance requirement	Report	Due Date	Percentage of Annual Total
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services: • Achievement of health outcomes and access indicator benchmarks as outlined in Table 9	Commonwealth accepted report for the previous three financial years	1 September 2015	60%
Six monthly reporting: for preceding 1 Jan – 30 June 2015 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2015	1 September 2015	10% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2015 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2015	1 March 2016	10% 10%
2016-17 Total Oral Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2016 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2016	1 September 2016	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2016 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2016	1 March 2017	40% 10%
Subject to five year review			
2017-18 Total Oral Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2017 • Achievement of service delivery benchmarks outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2017	1 September 2017	40% 10%

Performance requirement	Report	Due Date	Percentage of Annual Total
Six monthly reporting: **for preceding 1 July – 31 Dec 2017** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2017	1 March 2018	40% 10%
2018-19 Total Oral Health Performance requirement			
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services: Achievement of health outcomes and access indicator benchmarks as outlined in Table 9	Commonwealth accepted report for the previous three financial years	1 September 2018	70%
Six monthly reporting: **for preceding 1 Jan – 30 June 2018** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2018	1 September 2018	10% 5%
Six monthly reporting: **for preceding 1 July – 31 Dec 2018** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2018	1 March 2019	10% 5%
2019-20 Total Oral Health Performance requirement			
Six monthly reporting: **for preceding 1 Jan – 30 June 2019** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2019	1 September 2019	40% 10%
Six monthly reporting: **for preceding 1 July – 31 Dec** • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2019	1 March 2020	40% 10%

Performance requirement	Report	Due Date	Percentage of Annual Total
2020-21 Total Oral Health Performance requirement			
Six monthly reporting: for preceding 1 Jan – 30 June 2020 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2020	1 September 2020	40% 10%
Six monthly reporting: for preceding 1 July – 31 Dec 2020 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2020	1 March 2021	40% 10%
2021-22 Total Oral Health Performance requirement			
3 Year Progress Report on Improvements to Health Outcomes and Equitable Access to Services: Achievement of health outcomes and access indicator benchmarks as outlined in Table 9	Commonwealth accepted report for the previous three financial years	1 September 2021	80%
Six monthly reporting: for preceding 1 Jan – 30 June 2021 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2021	1 September 2021	5% 5%
Six monthly reporting: for preceding 1 July – 31 Dec 2021 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 July – 31 Dec 2021	1 March 2022	5% 5%
Six monthly reporting: for preceding 1 Jan – 30 June 2022 • Achievement of service delivery benchmarks as outlined in Table 9 • Six monthly data transmission with all agreed data items completed	Commonwealth accepted six monthly report for the period 1 Jan–30 Jun 2022	30 June 2022	n/a

Table 7: Mobile Outreach Service *Plus* Performance Requirements: project (or output based) and implementation

Performance Requirements	Report	Due Date	Percentage of Annual Total
2012-13 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2012** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2012	1 March 2013	90% 10%
2013-14 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 Jul 2012 – 30 Jun 2013** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2012 to 30 June 2013	1 September 2013	40% 10%
Six monthly reporting: for preceding 1 Jan – 31 Dec 2013 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2013	1 March 2014	40% 10%
2014-15 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2013 – 30 June 2014** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2013 to 30 June 2014	1 September 2014	40% 10%
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2014** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2014	1 March 2015	40% 10%

Performance Requirements	Report	Due Date	Percentage of Annual Total
2015-16 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2014 – June 2015** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2014 to 30 June 2015	1 September 2015	40% 10%
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2015** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month period 1 Jan to 31 Dec 2015	1 March 2016	40% 10%
2016-17 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2015 – 30 June 2016** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2015 to 30 June 2016	1 September 2016	40% 10%
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2016** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2016	1 March 2017	40% 10%
Subject to five year review			
2017-18 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2016 – 30 June 2017** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2016 to 30 June 2017	1 September 2017	40% 10%

Performance Requirements	Report	Due Date	Percentage of Annual Total
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2017** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2017	1 March 2018	40% 10%
2018-19 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2017 – 30 June 2018** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2017 to 30 June 2018	1 September 2018	40% 10%
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2018** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2018	1 March 2019	40% 10%
2019-20 Total MOS *Plus* Performance Requirement			
Six monthly reporting: **for preceding 1 July 2018 – 30 June 2019** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2018 to 30 June 2019	1 September 2019	40% 10%
Six monthly reporting: **for preceding 1 Jan – 31 Dec 2019** • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2019	1 March 2020	40% 10%

Performance Requirements	Report	Due Date	Percentage of Annual Total
2020-21 Total MOS *Plus* Performance Requirement			
Six monthly reporting: for preceding 1 July 2019 – 30 June 2020 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jul 2019 to 30 June 2020	1 September 2020	40% 10%
Six monthly reporting: for preceding 1 Jan – 31 Dec 2020 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2020	1 March 2021	40% 10%
2021-22 Total MOS *Plus* Performance Requirement			
Six monthly reporting: for preceding 1 July 2020 – 30 June 2021 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2020 to 30 June 2021	1 September 2021	40% 10%
Six monthly reporting: for preceding 1 Jan – 31 Dec 2021 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 Jan to 31 Dec 2021	1 March 2022	40% 10%
Six monthly reporting: for preceding 1 July 2021 – 30 June 2022 • Achievement of service delivery benchmarks as outlined in Table 10 • Six monthly data transmission with all agreed data	Commonwealth accepted six monthly report for the 12 month reporting period 1 July 2021 to 30 June 2022	30 June 2022	n/a
Final Project Report		1 October 2022	n/a

Performance benchmarks

25. The performance indicators and benchmarks are set out in Tables 8-10. The achievement of these targets and the weightings for each target, as set out below; will determine the payments to be made to the Northern Territory for the project elements in Tables 5-7.

Table 8: Hearing Health services Performance Indicators and Benchmarks

Category	Performance indicators	Baseline Data	Performance Benchmarks	Weighting
			2012-13 to 2016-17	
1. Service delivery	Occasions of audiology service per annum	1,481 services in 2010-2011	1700 audiology checks per annum.	2012-13 and 2013-14 = 50% then 40% for subsequent years.
	Number of children receiving complex case management services from Child Hearing Health Coordinators (CHHC)	Comparable data not available	Coordination services for 700 children per annum provided by Child Hearing Health Coordinators working with primary health care (PHC) services.	2012-13 and 2013-14 = 50% then 40% for subsequent years.
	Delivery of preventative program	Comparable data not available	Performance indicator and benchmark to be developed and agreed by 31 Dec 2013; Program to be developed from July 2013 and implemented from July 2014.	Nil for 2012-13 and 2013-14 then 20% for subsequent years.
2. Outcomes	The proportion of children tested who have moderate or severe hearing impairment	11% of children tested in period 2007-2011 were found to have moderate or severe hearing impairment	2014-15 – Less than 11% of all children tested between 2012-13 and 2014-15 are found to have moderate or severe conductive hearing impairment. 2017-18 – Proportion of children to be agreed in 2014-15. 2020-21 – Proportion of children to be agreed in 2017-18.	26%

Category	Performance indicators	Baseline Data	Performance Benchmarks	Weighting
	The rate of improvement in hearing for children who are in a treatment pathway: a) 0-4 yr. olds[1]	a) 46% of children in a treatment pathway had improved hearing in the period 2007-2011	2014-15 – At least 46% of children (aged 0-4) who are tested between 2012-13 and 2014-15, and who are in a treatment pathway, have improved hearing; and At least 55% of children (aged 5-15) who are tested between 2012-13 and 2014-15, and who are in a treatment pathway, have improved hearing.	25%
	b) 5-15 yr. olds[2]	b) 55% of children in a treatment pathway had improved hearing in the period 2007-2011	2017-18 – rate of improvement to be agreed in 2014-15. 2020-21 – rate of improvement to be agreed in 2017-18.	

[1] The children included in this data are aged between 0-4 years of age at first check, the time interval between checks is more than 6 months and less than 24 months, for children with conductive hearing loss at first service and Chronic Suppurative Otitis Media or dry perforation.

[2] The children included in this data are aged between 5-15 years of age at first check, time interval between checks is more than 6 months and less than 24 months, for children with conductive hearing loss at first service and Eustachian tube disease, Acute Otitis Media, Chronic Suppurative Otitis Media, Otitis Media with Effusion or dry perforation.

Category	Performance indicators	Baseline Data	Performance Benchmarks	Weighting
	The proportion of children aged 0-5 and 6-15 years with Chronic Suppurative Otitis Media	1) 14% for 0-5 year olds; and 2) 11% for 6-15 year olds.	2014-15 – 1) 15% or less of children aged 0-5 years; and 2) 12% or less for children aged 6-15 years; that have received an audiology check or Child Hearing Health Coordinator service and found to have Chronic Suppurative Otitis Media. 2017-18 – rate of improvement to be agreed in 2014-15. 2020-21 – rate of improvement to be agreed in 2017-18.	6% 6%
	The proportion of children aged 0-5 and 6-15 years with dry perforation	1) 10% for 0-5 year olds; and 2) 17% for 6-15 year olds.	1) 9% or less of children aged 0-5 years; and 2) 18% or less of children aged 0-5 years that have received an audiology check or Child Hearing Health Coordinator service and found to have dry perforation. 2017-18 – rate of improvement to be agreed in 2014-15. 2020-21 – rate of improvement to be agreed in 2017-18.	6% 6%
3. Access and Equity	Equitable service delivery across HSDAs and by remoteness	2012-14 data as baseline	Parties agree to pilot an approach to measuring equitable access to services in line with need. This performance indicator will be introduced in 2014-15 and benchmarks agreed for 2017-18 and 2020-21.	12.5%

Category	Performance indicators	Baseline Data	Performance Benchmarks	Weighting
	Referrals and number of children assessed and treated by prioritisation category. Prioritisation HP1- children under 12 months of age with Acute Otitis media Post-Surgical – follow-up and case management of children under 21 years who received surgery in the preceding 3 years for perforation and hearing impairment. HP2 – children aged 13 to 36 months of age with perforation, recurrent Acute Otitis Media (AOM) or persistent Otitis Media with Effusion (OME). HP3- children aged 3-5 years with perforation, recurrent AOM or persistent OME. HP4- children 6-10 years with a documented bilateral hearing impairment.	Comparable data not available	Benchmarks to be agreed for 2014-15 by 31 December 2014. 2017-18 – benchmarks to be agreed in 2014-15. 2020-21 – benchmarks to be agreed in 2017-18.	

Category	Performance indicators	Baseline Data	Performance Benchmarks	Weighting
4. Systems and data	Data capture and delivery.	N/A	Hearing service delivery and hearing health status data collection for Aboriginal children under 16 years of age in the NT.	

Table 9: Oral health Service Performance Indicators and Benchmarks

Note: The total service delivery indicators and total health outcome indicators each sum to 100%. However, in some years particular indicators are not operational. In these instances the denominator to be used is the sum of all active indicators.

Category	Performance indicators	Baseline	Performance Benchmarks 2012-13 to 2015-16	Weighting
1. Service delivery	Occasions of service per annum by clinical and preventative service types.	3,609 services in 2010-2011.	3,200 occasions of clinical service. Fluoride varnish applications will be counted separately. Appropriate weighting to be developed and implemented from July 2013.	40%
	Aboriginal children receiving fluoride varnish per annum within recommended time period for re-application.		Twice yearly application of fluoride varnish. Yearly benchmarks for population coverage for each age group are set out in Schedule A (on page 33 of this Implementation Plan) By 2018-19 80% of Aboriginal population aged between 18 months and 15 years of age will receive twice yearly application of fluoride varnish The reason the population target is less than 100% is in light of the population of Aboriginal children who are not engaged with health services, parents declining treatment for their child, and children not appropriate for services	40%
	Aboriginal children receiving fissure sealant per annum within recommended time period for re-application.		Each child to receive at least one fissure sealant. Yearly benchmarks for population coverage for each age group are set out in Schedule B (on page 34 of this Implementation Plan) By 2021-22 the following population targets for the application of fissure sealant will be reached: 80% for 6 to 8 year olds by 2014-15; and 75% for 9 to 15 year olds by 2018-19. The reason the population target is less than 100% is in light of the population of Aboriginal children who are not engaged with health	10% for first 3 years then 20% for subsequent years.

Category	Performance indicators	Baseline	Performance Benchmarks 2012-13 to 2015-16	Weighting
			services, parents declining treatment for their child, and service not appropriate for some children at some times.	
	Occasions of surgery under general anaesthetic.	104 occasions of dental surgery under general anaesthetic in 2010-2011.	100 occasions of dental surgery under general anaesthetic in 2012-13, 50 in 2013-14 and 25 in 2014-15.	10% for first 3 years then nil.
2. Outcomes	Percentage of children having treatment for previously untreated dental caries.	52% of children seen in the period 2007-2012 were found to have existing teeth with untreated decay.	2014-15 – Less than 52% of all Aboriginal children seen between 2012-13 and 2014-15 and found to have existing teeth with untreated decay. 2017-18 - Percentage of Aboriginal children to be agreed in 2014-15. 2020-21 - Percentage of Aboriginal children to be agreed in 2017-18.	25%
	5-6 year old dmft/DMFT[3].	Between 2012-13 and 2014-15 baseline dmft/DMFT to be developed	Between 2012-13 and 2014-15 baseline dmft/DMFT to be developed and targets for 2014-15, 2017-18 and 2020-21 to be agreed.	25%
	12 year old DMFT	Between 2012-13 and 2014-15 baseline DMFT to be developed	Between 2012-13 and 2014-15 baseline DMFT to be developed and targets for 2014-15, 2017-18 and 2020-21 to be agreed.	25%
3. Access and Equity	Equitable service delivery across HSDAs and by remoteness	2012-14 data as baseline	Parties agree to pilot an approach to measuring equitable access to services in line with need. This performance indicator will be introduced in 2014-15 and benchmarks agreed for 2017-18 and 2020-21.	25%

[3] dmft = decayed, missing or filled teeth. This is an oral health measuring tool. The lower case 'dmft' indicates damage to deciduous (baby) teeth. The upper case 'DMFT' indicates damage to permanent (adult) teeth.

Table 10: Mobile Outreach Service *Plus* Performance Indicators and Benchmarks

Category	Performance Indicators	Baseline benchmark in 2011-12	Performance benchmarks for reporting periods from 1 July 2012.	Weighting %
1. Case-related service delivery	1.1. Number of case-related services provided in previous twelve month period	580	800	30%
2. Service delivery to communities	2.1. Number of visits to remote locations to provide services in previous twelve months.	360	360	25%
	2.2. Percentage of agreed communities receiving a minimum of 8 visits in previous twelve months	n/a	90%	15%
3. Non case-related services	3.1. Number of professional development and/or community education services delivered to remote service providers and community members in previous twelve months	n/a	60	10%
4. Service integration	4.1. Proportion of referrals from community-based services and individuals in previous twelve months	n/a	50%	10%
	4.2 Proportion of 'contact about' case related services with community based services that are with primary health care providers in previous twelve months	20%	20%	10%
5. Counselling outcomes	5.1 PI to be developed, trialled and operational by 1 July 2014	n/a	To be developed for use from 1 July 2014.	-

Note (1): Indicators are based on a twelve month period to enable any anomalies such as seasonal fluctuations impacting on service delivery over a reporting period to be 'smoothed out' over the longer period. The number of communities referred to in the Performance Indicators, and to be reported against visits, has been changed from 2012-13. As a result, benchmark 2.2 may not be fully met until 30 June 2013 as twelve month data prior to that date will include data that relates to the previous service model. This does not affect other Performance Indicators and a full payment will be made unless other benchmarks are not met and the NT Government has not demonstrated adequate and appropriate arrangements to meet the required benchmarks.

Note (2): The 'agreed communities' identified in benchmark 2.2 relate to approximately 30 communities identified as having a likely high service need, based on factors including larger remote population numbers, the availability of related community service supports, a MOS *Plus* service and referral history, and an even geographic spread of locations. The 'agreed communities' will receive more regular and frequent scheduled visits and where capacity permits, other NT communities will be prioritised and visited on the basis of identified need and/or referral. Note (3): A tool for assessing counseling outcomes will be developed, trialed and operational by 1 July 2014. Performance indicator 5.1, with an agreed benchmark will become operational from 1 July 2014.

Reporting

26. The Northern Territory will report against the agreed performance indicators every 6 months during the operation of the Agreement. Reports must be provided to the Commonwealth by the dates set out in Tables 5-7.

27. Circumstances may give rise to additional reporting being requested from Northern Territory. Such requests should be kept to the minimum necessary for the effective assessment of the project or reform. Requests should not place an undue reporting burden on jurisdictions and portfolio agencies.

Review and Evaluation

28. The Implementation Plan will be reviewed in line with the NP in 2017 and no later than twelve months prior to the completion of the Agreement with regard to progress made by the Parties in respect of the agreed outcomes.

29. The Commonwealth and the Northern Territory will work in partnership to ensure that all elements of the NP Health measure are evaluated by an independent consultant by 2015-16.

30. Evaluation of the hearing health and oral health programs will be supported by audiology services data collection and a dental health services data collection respectively. These will be managed by the Australian Institute of Health and Welfare (AIHW).

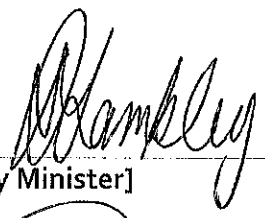
31. Data for preventive oral health care components including fluoride varnish and fissure sealant will be provided as unit record data.

32. The Commonwealth will fund and work in partnership with the Northern Territory to evaluate the effectiveness, efficiency and appropriateness of MOS *Plus* to report by 2015-16, with a particular focus on measuring the therapeutic elements of the program.

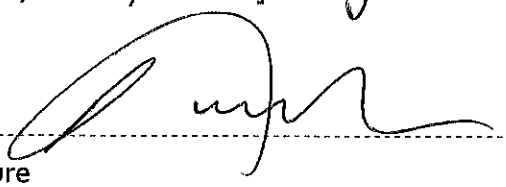
33. Evaluation of the MOS *Plus* will be supported by data collection from the Mobile Outreach Database (MOD) and/or other data sources as agreed by the Commonwealth and the Northern Territory.

Sign off

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

Signature  Date 25/3/13

[By state/territory Minister]

 18/4/13

Signature Date

[By Commonwealth Minister]

Annual targets for two applications of fluoride varnish

Agreed targets for two applications of Fluoride Varnish, Aboriginal Children in the NT

Reduction	18 months to 15 years
Population	20,950
Target of population	80%
	16,760

Coverage schedule: Proportion of Aboriginal children receiving fluoride application

FV applications	2 apps p.a.	Population
2012-13	20%	3,352
2013-14	30%	5,028
2014-15	40%	6,704
2015-16	50%	8,380
2016-17	60%	10,056
2017-18	70%	11,732
2018-19	80%	13,408
2019-20	80%	13,408
2020-21	80%	13,408
2021-22	80%	13,408

Annual targets for fissure sealant application

Agreed "full coverage" targets for Fissure sealants

Reduction	6 to 8 years	9 to 15 years
Population	5,100	9,100
Target of population	80%	75%
	4,080	6,825

Coverage schedule for fissure sealants

Age group	6 to 8 years	9 – 15 years
Coverage target	Each child receives at **least one** sealant once between 6-8 years of age (3 yrs. to move thru cohort)	Each child receives at **least one** sealant twice between 9 -15 yrs. of age (takes 7 yrs. to move thru cohort)
2012-13	30%	15%
2013-14	60%	25%
2014-15	70%	35%
2015-16	80% (full coverage)	45%
2016-17	80% (full coverage)	55%
2017-18	80% (full coverage)	65%
2018-19	80% (full coverage)	75% (full coverage)
2019-20	80% (full coverage)	75% (full coverage)
2020-21	80% (full coverage)	75% (full coverage)
2021-22	80% (full coverage)	75% (full coverage)