Northern Territory Remote Aboriginal Investment 2024-25 – Oral and Hearing Health Services

FEDERATION FUNDING AGREEMENT - AFFORDABLE

HOUSING, COMMUNITY SERVICES AND OTHER

Parties	Commonwealth Northern Territory					
Duration	This Schedule is expected to expire on 30 June 2025.					
Purpose	Northern Territory Remote Aboriginal Investment 2024-25					
	This schedule forms part of the continued investment in Northern Territory remote communities for the <i>Northern Territory Remote</i> <i>Aboriginal Investment 2024-25.</i> The aim of the investment is to ensure First Nations people living in remote communities have equitable access to mainstream services in a way that is relevant to their context.					
	The parties recognise the importance of continued investment in service delivery that benefits Aboriginal people in remote areas of the Northerr Territory is essential to achieving the socio-economic targets under the National Agreement on Closing the Gap.					
	This Schedule will build on investments made under the National Partnership on Northern Territory Remote Aboriginal Investment and replaces that Agreement.					
	The reporting milestones and activities under this Schedule will inform an evaluation approach to identify agreed priorities. The evaluation will be governed by the Joint Steering Committee. The evaluation framework will be aligned with principles of the National Partnership Agreement on Closing the Gap.					
	Key data to be included in the evaluation include:					
	employment data					
	 client and community experience 					
	 data to support achievement of Closing the Gap Priority Reforms and targets 					
	 data to support related social outcomes framework(s) 					

	Oral and Hearing Health Services			
	This Schedule will support the delive culturally safe oral and hearing healt Strait Islander children by continuing to increase access to identified servio	h services for Abo to provide supple	riginal and Torres	
Estimated financial contributions	The Commonwealth will provide an contribution to the Territory of \$7,57			
	Table 1	2004.05		
	(\$ million) Estimated total budget	2024-25 \$7.57977	Total \$7.57977	
	Less estimated National Partnership Payments	7.57977	7.57977	
	Balance of non-Commonwealth contributions	0.0	0.0	
Additional terms	Role of the Northern Territory In addition to Clause 20 of the FFA (Role of the States and Territories), the Northern Territory will be responsible for:			
	a. maximising opportunities for local businesses and employees to be involved in the delivery of the projects			
	b. ensuring that First Nations Australians realise employment and business opportunities by incorporating appropriate First Nations employment and, where relevant, First Nations supplier- requirements			
	Additionally, the Northern Territory agrees to:			
	 liaise with the Joint Steering Committee prior to the release of any media statements relating to the schedule. 			

Shared Roles and Responsibilities
The Commonwealth, the Northern Territory and the Aboriginal Peak Organisations Northern Territory will form a Joint Steering Committee that will guide the implementation of this Schedule and related Schedules under the Northern Territory Remote Aboriginal Investment 2024-25, ensuring shared-decision making, transparency and collaboration with Parties to the agreements.
With regards to the Northern Territory Remote Aboriginal Investment 2024-25, The Joint Steering committee will:
• oversee and monitor remote service delivery under this and related Schedules
 meet at a minimum bi-annually
 supports the development of Aboriginal community-controlled organisations to deliver services
 agree key priorities in remote Aboriginal communities in the Northern Territory for future investments
• develop and maintain an evaluation framework to measure the impact and outcomes of priorities delivered under future investments
• establish an appropriate partnership or tripartite agreement to inform future investments, that implements the Priority Reforms under the National Agreement on Closing the Gap.
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Table 2: Performance requirements, reporting and payment summary					
Output	Performance milestones	Report due	Payment		
An integrated, coordinated and culturally safe Hearing Health Program for Aboriginal and Torres Strait Islander children which includes:	The Northern Territory will report against the agreed Health Performance Measures listed in Attachment A for 12 months (to 31 December 2024) during the operation of this schedule.	1 March 2025	Up to \$4,167,385		
 Audiology and specialist services working with primary health care services to provide appropriate care. 	Payment will be made to the Northern Territory upon meeting performance targets as set out in Attachment A.				
 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. 	Annual performance reporting under the Hearing Programs will be facilitated by the continuation of the current data collection services managed by the Australian Institute of Health and Welfare.				
 Hearing health prevention and education activities for families on how to prevent and manage ear disease, using culturally appropriate communication methods. 					
An integrated, coordinated and culturally safe oral health program for Aboriginal and Torres Strait Islander children which will deliver:	The Northern Territory will report against the agreed Health Performance Measures listed in Attachment A for 12 months (to 31 December 2024) during the operation of this schedule.	1 March 2025	Up to \$3,412,385		
 Preventive oral health services including fluoride varnish, fissure sealants by working with primary health care services and other stakeholders. 	Payment will be made to the Northern Territory upon meeting performance targets as set out in Attachment A.				
Healthy Smiles Oral health training package, a preventive oral health program, will be held across the Northern Territory for remote primary health care sector staff.	Annual performance reporting under the Oral Health Programs will be facilitated by the continuation of the current data collection services managed by the Australian Institute of Health and Welfare.				
 Clinical oral health care provided by oral health professionals. 					

			Payment \$ millions
Performance indicators	Baseline data	Performance benchmarks	2024-25
I	Hearing Health Servic	e Delivery Measures	L
Hearing Health Performance Measure 1 Occasions of audiology service per annum by locational spread of services.	2,452 services in 2016 1,700 services in 2017 1,751 services in 2018 1,896 services in 2019 1,772 services in 2020	1,700 audiology checks per annum including by community and identifying the spread across urban, remote and very remote communities across the Northern Territory.	1,636,795
Hearing Health Performance Measure 2 Number of children receiving complex case management services from Clinical Nurse Specialists working with primary health care services.	1,156 services in 2016 830 services in 2017 848 services in 2018 1,008 services in 2019 926 services in 2020	Coordination services for 700 children per annum provided by Clinical Nurse Specialists Hearing Health.	1,636,795
Hearing Health Performance Measure 3 Delivery of hearing health preventative program, including hearing health promotion/training, community-based Hearing Health Prevention Program, 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 program (in partnership with community organisations) 3) 1 full time equivalent (FTE) Indigenous staff member employed 	The Northern Territory will also provide a plan for the delivery of the balance of services to 30 June 2025 with this reporting.	893,795

			Payment \$ millions
Performance indicators	Baseline data	Performance benchmarks	2024-25
	Hearing Health Ou	tcome Measures	L
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: Less than 7.5% of children tested between July 2024 and June 2025	-
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 years) tested in period 2007-2011 2) 11% of children (6- 15 years) tested in period 2007-2011 	Progress Report: 7% or less of children tested between July 2024 – June 2025	-
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 years) tested in period 2007-2011 2) 17% of children (6- 15 years) tested in period 2007-2011 	 Progress Report 1: 5% or less of children tested between January 2024 and December 2021 Progress Report 1¹: 9% or less of children tested between January 2024 and July 2025 	-
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	1) Progress Report 1: at least 46% of children who are tested between July 2024 and June 2025.	
	2) 55% of children (5- 15 years) in a treatment pathway had improved hearing in the period 2007-2011	2) Progress Report 1: at least 55% of children who are tested between July 2024 and June 2025.	
Hearing Health Outcome Measure 5 Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	1) Coverage by regions (number of outreach trips) between July 2024 and June 2025, including an overview of the integrated	-

¹ 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.

			Payment \$ millions
Performance indicators	Baseline data	Performance benchmarks	2024-25
		 program scheduling principles that support equitable service delivery. 2) Demand for audiology service by region at 1 July 2024 and 30 June 2025, including qualitative detail on the methodologies for: 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 2024 and 30 June 2025. 	
	I	Total ²	4,167,385
	Oral Health Service	Delivery Measures	l
Oral Health Performance Measure 1 Occasions of service per annum by clinical and preventative service types and locational spread of services.	6,614 services in 2016 4,274 services in 2017 3,886 services in 2018 4,780 services in 2019 4,500 services in 2020 2021 target = 3,600	 2,160 occasions of clinical service in 2024 (July-December)³. 432 occasions of service in 2025 (January-March). By community identifying the spread across urban, remote and very remote communities across the Northern Territory (excluding fluoride varnish). 	2,696,795

 $^{^{\}rm 2}$ Some totals may not add up due to rounding of individual payments.

³ 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).

			Payment \$ millions
Performance indicators	Baseline data	Performance benchmarks	2024-25
Oral Health Performance Measure 2	5,269 services in 2016	At least 3450 fluoride varnish applications in 2024 (July-December).	
Number of fluoride varnish applications per annum.	5,267 services in 2017	At least 690 fluoride varnish applications in 2025 (January-March).	
	6,429 services in 2018		
	6,815 services in 2019 (target reduced from 7,206)		436,795
	5,485 services in 2020		
	(target reduced from 8,380)		
	2021 target = 9,553		
Oral Health Performance Measure 3	8,506 services in 2016	At least 1000 fissure sealants in 2024 (July- December) ⁴	
Number of fissure sealants per annum.	7,695 services in 2017	At least 200 fissure sealants in 2025 (January-March) ^s .	
	6,927 services in 2018		278,795
	6,266 services in 2019		
	4,187 services in 2020		
	2021 target = 2,500		

⁴ 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.

⁵ Proposed 2025 target (Jan-March) is 20% of 2024 annual activity, which reflects usual activity levels during seasonal monsoonal weather in Northern Australia.

			Payment \$ millions
Performance indicators	Baseline data	Performance benchmarks	2024-25
	Oral Health Oute	come Measures	L
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 the 2024/25 financial year as demonstrated through the schedule for delivery of services provided to the Commonwealth by 1 March 2025. This will detail the communities anticipated to be visited in the current calendar year and communities visited in the previous calendar year.	-
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.	-
Oral Health Outcome Measure 3 Equitable service delivery across HSDAs and by remoteness.	Comparable data not available.	 Coverage by regions (number of outreach trips) between July 2024 and June 2025, including an overview of the integrated program scheduling principles that support equitable service delivery. Demand for service by region at 1 July 2024 and 30 June 2025. 	
	<u> </u>	Total ⁶	3,412,385

 $^{^{\}rm 6}$ Some totals may not add up due to rounding of individual payments.

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

Signed for and on behalf of the Commonwealth

of Australia by

The Honourable Mark Butler MP Minister for Health and Aged Care

25196/2024

Signed for and on behalf of the Northern Territory of Australia by

elena Uibo

The Honourable Selena Uibo MLA Minister for Health / / 2024 - 2 JUL 2024