

Comprehensive Primary Health Care Delivery – NT Health

Supporting the delivery of culturally appropriate primary health care services in remote Northern Territory

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule	
Parties	Commonwealth Northern Territory (NT)
Duration	This Schedule is expected to expire on 30 June 2028 or upon completion of the initiative, including final performance reporting.
Purpose	<p>This Schedule supports the delivery of culturally appropriate comprehensive primary health care services tailored to the needs of First Nations people in the NT. The Schedule intends to support the ongoing provision of sustainable primary healthcare services operated by the NT that are responsive to the health needs of First Nations people, especially those in remote communities across the NT. In addition, where feasible and appropriate these services will be transitioned to Aboriginal community control.</p> <p>Improving the health of First Nations people is a national priority. The National Agreement on Closing the Gap (the National Agreement) includes a commitment by all Australian governments to improve health and wellbeing outcomes for First Nations people. This schedule supports the National Agreement by providing funding to support the delivery of culturally appropriate and responsive healthcare services that are essential to improving health and life expectancy and reducing child mortality.</p>

<p>Estimated financial contributions</p>	<p>The Commonwealth will provide an estimated total financial contribution to the Northern Territory of \$193.83m in respect of this schedule.</p> <hr/> <p>Table 1</p> <table border="1"> <thead> <tr> <th>(\$ million)</th> <th>2024-25</th> <th>2025-26</th> <th>2026-27</th> <th>2027-28</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget</td> <td>46.33</td> <td>47.72</td> <td>49.15</td> <td>50.63</td> <td>193.83</td> </tr> <tr> <td><i>Less estimated National Partnership Payments^{1,2}</i></td> <td>46.33</td> <td>47.72</td> <td>49.15</td> <td>50.63</td> <td>193.83</td> </tr> <tr> <td>Balance of non-Commonwealth contributions³</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> </tbody> </table> <hr/> <p>Note:</p> <p>¹ The Commonwealth contribution over the life of this schedule may be adjusted by agreement of the Parties where a primary health care service clinic (PHC Clinic) transitions from NT Health to Aboriginal community control.</p> <p>² Where a PHC clinic transitions to Aboriginal community control during the term of this Schedule the Commonwealth intends to provide equivalent Commonwealth funding for that PHC clinic through alternate mechanisms.</p> <p>³ The NT is contributing funding to this initiative, however, amounts are not known at this time. The NT will report to the Commonwealth on expenditure at the end of each financial year.</p>	(\$ million)	2024-25	2025-26	2026-27	2027-28	Total	Estimated total budget	46.33	47.72	49.15	50.63	193.83	<i>Less estimated National Partnership Payments^{1,2}</i>	46.33	47.72	49.15	50.63	193.83	Balance of non-Commonwealth contributions ³	0.0	0.0	0.0	0.0	0.0
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<p>Additional terms</p>	<p>Provision of Comprehensive Primary Health Care</p> <p>For the term of this Schedule the NT will provide Comprehensive Primary Health Care Services as defined in Attachment A at the clinics identified in Attachment B. All services are to be delivered by suitably qualified health professionals.</p> <p>The Parties agree that the NT has discretion to determine what other additional Primary Healthcare Services will be delivered (additional to those outlined in Attachment A) in order to meet identified community health and wellbeing needs, and determine the appropriate workforce required to implement those services, provided the additional services relate to:</p> <ul style="list-style-type: none"> • population health programs • activities that support the delivery of essential clinical services • improving access to antenatal care and child, maternal and family health services by First Nations children, their mothers and families • the prevention, detection and management of chronic diseases • investment in priority health areas in regions of high health need or population growth, and • improving the clinical effectiveness of the health system and supporting sustainable, long term service reform delivery and improvement through Continuous Quality Improvement (CQI). 																								

Funding distribution

The Parties will reach in-principle agreement on the allocation of the Commonwealth funding (at Table 1) to each clinic identified in Attachment B in each financial year. The annual in-principle agreement for the allocation of the Commonwealth funding contribution will be confirmed in writing between the Parties at senior official level.

Transition to Community Control

The parties acknowledge that the key purpose for this schedule is the provision of comprehensive primary health care services. The parties also acknowledge that the transition of services to Aboriginal community control, where feasible and appropriate, may occur during the life of this schedule.

The Parties agree that the transition of an NT Health clinic to Aboriginal community control during the term of this Schedule will necessitate a variation to this Schedule to remove the clinic from Attachment B. The Parties agree to reduce the Commonwealth funding contribution under this Schedule by the amount of the Commonwealth contribution to that clinic on a pro rata basis.

The Parties agree that where a variation to this Schedule is required because of an NT Health clinic transitioning to Aboriginal community control during the term of this Schedule, each party will make reasonable and appropriate efforts to negotiate and progress the variation, and that:

- variations to the Schedule, if made, will occur no more frequently than annually, with an intention to take effect on 01 July and/or the first payment after this date; and
- where a transition occurs at times not coinciding with the commencement of a financial year the NT will put in place arrangements to continue to support the clinic through the provision of the funding amount agreed to be the Commonwealth contribution to that clinic on a pro rata basis until a variation to the Schedule is executed.
- the underpinning principle is that a clinic that transitions from NT Health operation to Aboriginal community control during the term of this Schedule is not impacted detrimentally from a Commonwealth funding contribution perspective during the term of this Schedule.

Reporting

The NT will provide an Annual Plan by NT Health region that sets the direction for delivering comprehensive primary health care across NT Health Clinics.

The plan will outline:

- Key activities and relevant targets/ measures by regional areas/clinics
- Agreed annual Commonwealth funding breakdown per clinic over the life of the agreement (*Negotiations will occur prior to submission of the Annual Plan*).

The Annual plan will be a flexible document that may be varied to accommodate changed circumstances as agreed by both parties. Changes will be agreed to, prior to the submission of the Annual plan for the relevant year.

Provision of a yearly Performance Report to demonstrate progress against the submitted and accepted Annual Plan. The report will include:

- Progress on activities and targets specific to regional areas/clinics.
- Actual Commonwealth and NT Health funding breakdown per clinic.
- Good news stories/ Health innovations.

The NT will provide the following data extraction reports through the Health Data Portal (HDP) according to the HDP reporting requirements.

- Biannual reports on National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care used to track and evaluate progress towards the goals of the National Aboriginal and Torres Strait Islander Health Plan goals and Closing the Gap Health outcomes.
- Annual Online Service Report (OSR) that provides contextual information about NT Health clinics as well as aggregate counts of number of clients, episodes of care and Staffing (FTE).
- Annual Health Care Provider (HCP) Report on Health Care provider numbers as part of 19(2) circumstances.

The frequency and timing of reporting under this Schedule is set out at Table 2: Performance requirements and payment summary.

Other

The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. The Northern Territory will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.

The NT will ensure any arrangements for the provision of services at the NT Health clinics identified in Attachment B using funding under this agreement recognise the operation of the Health Insurance Act 1973 and any associated exemptions.

Table 2: Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Payment
The provision of culturally appropriate comprehensive primary health care services to First Nations peoples in the Northern Territory	Provision of an Annual Plan in accordance with the requirements outlined in the Additional Terms.	31/07/2024 31/07/2025 31/07/2026 31/07/2027	50% of annual allocation on Commonwealth acceptance of the Annual Plan
	Provision of an annual Performance Report in accordance with the requirements outlined in the Additional Terms.	30/09/2025 30/09/2026 30/09/2027 30/09/2028	\$0.00m
DATA REPORTING – Data extraction reports submitted through the Health Data Portal			
	National Key Performance Indicator (nKPIs) Reports for the periods: <ul style="list-style-type: none"> - 1 January to 30 June 2024 - 1 July to 31 December 2024, and - 1 January to 30 June 2025 - 1 July to 31 December 2025, and - 1 January to 30 June 2026 - 1 July to 31 December 2026, and - 1 January to 30 June 2027 - 1 July to 31 December 2027, and - 1 January to 30 June 2028 	15/08/2024 15/02/2025 15/08/2025 15/02/2026 15/08/2026 15/02/2027 15/08/2027 15/02/2028 15/08/2028	50% of annual allocation on Commonwealth acceptance of the February nKPIs report each year.
	Online Service Report (OSR) for the period: <ul style="list-style-type: none"> - 1 July 2023 to 30 June 2024 - 1 July 2024 to 30 June 2025 - 1 July 2025 to 30 June 2026 - 1 July 2026 to 30 June 2027 - 1 July 2027 to 30 June 2028 	15/08/2024 15/08/2025 15/08/2026 15/08/2027 15/08/2028	\$0.00m
	Annual Health Care Provider (HCP) Report <ul style="list-style-type: none"> - 1 July 2024 to 30 June 2025 - 1 July 2025 to 30 June 2026 - 1 July 2026 to 30 June 2027 - 1 July 2027 to 30 June 2028 	30 June 2025 30 June 2026 30 June 2027 30 June 2028	\$0.00m

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

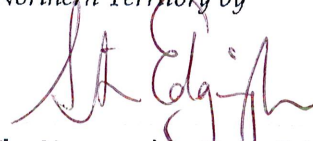
*Signed for and on behalf of the
Commonwealth of Australia by*



The Honourable Mark Butler MP
Minister for Health and Aged Care

26 / 09 / 2024

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



The Honourable Steve Edgington

Minister for Health; Minister for Mental Health;
Minister for Aboriginal Affairs; Minister for
Alcohol Policy; Minister for Housing, Local
Government, and Community Development;
and Minister for Essential Services

10 / 10 / 2024

ATTACHMENT A - COMPREHENSIVE PRIMARY HEALTH CARE SERVICES

1. clinical services including:

- diagnosis and treatment of acute and emergency primary health care presentations
- prevention, detection and management of chronic conditions
- specific interventions such as eyes, ears and oral health activities
- health crisis intervention and
- referral.

2. population health activities including:

- antenatal care services: providing advice about healthy eating and physical activity; referrals to other health services; referrals to support services; referrals to specialists; parenting advice; social and emotional wellbeing; and antenatal consultations.
- postnatal care services: breastfeeding support/information; parenting advice about providing supportive and nurturing healthy environments, nutrition and healthy eating support; and midwife consultations.
- child health services: child health and development checks; hearing screening; and providing parenting advice to mothers and families with children.
- child and adult immunisation.
- well-persons' screening for: diabetes, sexually transmissible infections, cardio-vascular, renal disease etc.
- health promotion programmes: nutrition, tackling smoking, alcohol, physical activity, sexual health, blood borne viruses, holistic health services, women's health services, men's health services, harm and injury reduction programmes.
- client/community assistance and advocacy on health-related matters.

3. activities that support service delivery including:

- access to secondary and tertiary health services and community services: outreach, aged care and disability services;
- system-level improvements to enhance service quality, and CQI such as Plan Do Study Act (PDSA) cycles, process mapping, clinical audits;
- training in CQI activities, including quality use of data systems for improvement and managing and leading change;
- activities contributing towards higher standards of practice management, evidence-based treatment approaches, CQI and delivery of multi-disciplinary care;
- strengthening organisational and governance capacity;

- maintaining systems to support clinical and organisational accreditation;
 - establishing and strengthening partnerships and collaboration at the local, regional and national level to support, for example, cross-sectoral, holistic integrated care pathways;
 - monitoring, evaluation and research including collection and reporting of national key performance indicators and other data;
 - using patient and service data for planning programmes and targeting patient care and reporting and accountability to their communities and governments; and
 - development and dissemination of information including promotion of innovation and good practice;
 - information and computer technology;
4. activities that support the primary health care workforce including:
- working environments and conditions which attract, support and retain workforce; and
 - high quality education and training arrangements for both new and existing workforce.

ATTACHMENT B – COMMONWEALTH FUNDED NTG PHC CLINICS

Clinic Name	Health Service Delivery Area
Ali Curung (Alekenge)	Barkly
<i>Tara (Neutral Junction) (visiting service from Ali Curung)</i>	Barkly
Alpurrurulam (Lake Nash)	Barkly
Canteen Creek (Orwatijilla)	Barkly
Elliot	Barkly
Epenarra (Wutungurra)	Barkly
Borrooloola	Big Rivers
Numbulwar	Big Rivers
Pine Creek	Big Rivers
Robinson River	Big Rivers
Amunturrngu (Mt Liebig)	Central Australia
Aputula (Finke)	Central Australia
Atitjere (Harts Range)	Central Australia
<i>Bonya (visiting service from Atitjere)</i>	Central Australia
<i>Engawala (visiting service from Atitjere)</i>	Central Australia
Laramba (Napperby)	Central Australia
Ntaria (Hermansburg)	Central Australia
<i>Wallace Rockhole (visiting service from Ntaria)</i>	Central Australia
Nyirripi (Waite River)	Central Australia
Papunya	Central Australia
<i>Ikuntji (Haasts Bluff) (visiting service from Papunya)</i>	Central Australia
Ti Tree (Nturiya)	Central Australia
<i>Pmara Jutunta (visiting service from Ti Tree (Nturiya))</i>	Central Australia
<i>Wilora (Stirling) (visiting services from Ti Tree (Nturiya))</i>	Central Australia
Titjikala	Central Australia
Watarrka	Central Australia
Willowra	Central Australia
Yuendumu	Central Australia
<i>Yuelamu (Mt Allan) (visiting services from Yuendumu)</i>	Central Australia
Alyangula	East Arnhem
Angururgu	East Arnhem
Milyakburra	East Arnhem
Umbakumba	East Arnhem
Adelaide River	Top End
Batchelor	Top End
Belyuen	Top End
Gunbalanya (Oenpelli)	Top End
Jabiru (Djabiluka)	Top End
Milikapiti	Top End
Nauiya Nambiyu (Daly River)	Top End
<i>Woodycupildiya (visiting services from Nauiya Nambiyu)</i>	Top End
Palumpa (Ngangmarriyanga)	Top End
Peppimenarti	Top End
<i>Emu Point (Nganambala) (visiting services from Peppimenarti)</i>	Top End
Pirlangimpi	Top End
Wadeye	Top End
Wurrimyanga (Nguiu) - Julanimawu	Top End

