

Strengthening Medicare – Supporting Older Australians (Northern Territory)

FEDERATION FUNDING AGREEMENT – HEALTH

| Table 1: Formalities and operation of schedule | |
|---|--|
| Parties | Commonwealth and Northern Territory |
| Duration | This Schedule is expected to expire on 30 October 2028 or upon completion of the initiative(s), including final performance reporting. |
| Purpose | <p>This agreement’s objective is to support older people who are or are at-risk of becoming long stay older patients by:</p> <ul style="list-style-type: none"> • avoiding hospital presentation and admission; • where hospital admission is necessary, reducing the length of the in-hospital stay; • supporting earlier discharge; and • improving the transition out of hospital to other appropriate care. <p>This Schedule will support the delivery of:</p> <ul style="list-style-type: none"> • Residential Aged Care Home Nurse Upskilling Advanced nursing education packages for aged care nurses and personal care workers to attract, retain and upskill staff and support Residential Aged Care Homes (RACHs) to provide complex geriatric-focused care. • Urgent Care Paramedic for Aged Care Urgent care paramedics delivering non-emergency care with multidisciplinary teams, providing follow-up supports, assessment and referral to outreach care services. This model of care will commence in residential aged care homes, with potential expansion to older people’s home in community following evaluation • Front Door Frailty – Acute Care of the Geriatric Patient Geriatrician-led multidisciplinary teams providing specialist assessment and care to older patients presenting at emergency department. |

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| <p>Estimated financial contributions</p> | <p>The Commonwealth will provide an estimated total financial contribution to Northern Territory of \$14.72m in respect of this Schedule.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|---------|---------|---------|---------|-------|-------------------------------|------|------|------|------|-------|--|------|------|------|------|-------|--|-----|-----|-----|-----|-----|
| | <table border="1"> <thead> <tr> <th data-bbox="440 349 799 383">(\$ million)</th> <th data-bbox="839 349 935 383">2024-25</th> <th data-bbox="975 349 1070 383">2025-26</th> <th data-bbox="1110 349 1206 383">2026-27</th> <th data-bbox="1246 349 1342 383">2027-28</th> <th data-bbox="1382 349 1437 383">Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 405 711 439">Estimated total budget</td> <td data-bbox="863 405 911 439">3.68</td> <td data-bbox="983 405 1031 439">3.68</td> <td data-bbox="1102 405 1150 439">3.68</td> <td data-bbox="1238 405 1286 439">3.68</td> <td data-bbox="1358 405 1422 439">14.72</td> </tr> <tr> <td data-bbox="440 472 711 528">Less estimated National Partnership Payments</td> <td data-bbox="863 472 911 506">3.68</td> <td data-bbox="983 472 1031 506">3.68</td> <td data-bbox="1102 472 1150 506">3.68</td> <td data-bbox="1238 472 1286 506">3.68</td> <td data-bbox="1358 472 1422 506">14.72</td> </tr> <tr> <td data-bbox="440 573 791 629">Balance of non-Commonwealth contributions-</td> <td data-bbox="863 607 903 640">0.0</td> <td data-bbox="983 607 1023 640">0.0</td> <td data-bbox="1102 607 1142 640">0.0</td> <td data-bbox="1238 607 1278 640">0.0</td> <td data-bbox="1358 607 1398 640">0.0</td> </tr> </tbody> </table> | (\$ million) | 2024-25 | 2025-26 | 2026-27 | 2027-28 | Total | Estimated total budget | 3.68 | 3.68 | 3.68 | 3.68 | 14.72 | Less estimated National Partnership Payments | 3.68 | 3.68 | 3.68 | 3.68 | 14.72 | Balance of non-Commonwealth contributions- | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| (\$ million) | 2024-25 | 2025-26 | 2026-27 | 2027-28 | Total | | | | | | | | | | | | | | | | | | | | |
| Estimated total budget | 3.68 | 3.68 | 3.68 | 3.68 | 14.72 | | | | | | | | | | | | | | | | | | | | |
| Less estimated National Partnership Payments | 3.68 | 3.68 | 3.68 | 3.68 | 14.72 | | | | | | | | | | | | | | | | | | | | |
| Balance of non-Commonwealth contributions- | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | | | | | | | | | | | |
| <p>Additional terms</p> | <p>Northern Territory will ensure the Commonwealth is provided with contemporary information about the expected delivery schedule for each project (expected major milestone delivery dates including completion) and advise the Commonwealth as soon as practicable of any significant deviations from agreed implementation plans.</p> <p>Initiatives delivered through this schedule will be targeted at older Australians aged 65 years and over, or 50 years and over for people who identify as Aboriginal and/or Torres Strait Islander.</p> <p>The Parties agree that information about the outputs delivered under this Schedule and an evaluation of their outcomes will be shared with all states and territories by the Commonwealth. To inform continuous improvement, the Commonwealth will share data and insights with all states and territories in a timely manner and at least annually.</p> <p>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. 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.</p> <p>The <i>Health Insurance Act 1973</i> prohibits the payment of Medicare benefits where other government funding is provided for that service. Northern Territory will ensure any agreement for the provision of services using funding under this agreement recognises the operation of the <i>Health Insurance Act 1973</i>.</p> <p>The Parties acknowledge their respective roles and responsibilities in supporting the provision of health and aged care for older Australians in</p> | | | | | | | | | | | | | | | | | | | | | | | | |

accordance with any relevant health and aged care legislation, intergovernmental agreements and statements.

The Parties agree that Northern Territory will undertake an evaluation of each initiative funded under this schedule. Northern Territory will undertake best efforts to align with the nationally agreed evaluation plan (national evaluation plan) agreed for all initiatives funded through the Strengthening Medicare Supporting Older Australians investment. Northern Territory will determine the methodology for data collection and scope of any additional evaluation criteria. Evaluation findings will be used to inform future policy and programs. The evaluation will assess effectiveness and efficiency of initiatives across the desired outcomes:

- to reduce avoidable hospital presentations and admissions of older people; and,
- where hospital admission is necessary for older people, to reduce the length of the in-hospital stay, facilitate earlier discharge, and improve their transition out of hospital to other appropriate care.

The Parties agree the Residential Aged Care Home (RACH) Nurse Upskilling initiative will serve to deliver training to residential aged care homes located in all NT Health service regions. Once training modules are developed and operational following needs analysis (by year two), the initiative will aim to achieve the following:

- Year 2: Training to be provided to 40% of RACH nurses employed by RACHs in all Northern Territory regions.¹
- Year 3: Training to be provided to 50% of RACH nurses employed by RACHs in all Northern Territory regions.
- Year 4: Training to be provided to 60% of RACH nurses employed by RACHs in all Northern Territory regions.

The Parties agree that the Northern Territory is committed to ensuring there is no overlap of Commonwealth education initiatives with the RACH Nurse Upskilling.

The Parties agree the Urgent Care Paramedic for Aged Care initiative will serve to establish three urgent aged care paramedic roles in the Greater Darwin region. Once operational, likely by year two, the initiative will aim to achieve:

¹ Provided will be defined as developed and supplied to the RACH with completion and engagement to be reported on through reporting where data is available. The NT will seek to ensure RACHs can provide data on completion and engagement. RACH nurses includes registered and enrolled nurses employed by the aged care provider directly, regions defined as the five health service regions (Central Australia, Big Rivers, Top End, East Arnhem, and Barkly).

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- Year 2: 260 initial patient interactions² in residential aged care homes
- Year 3: 420 initial patient interactions in the community and residential aged care homes
- Year 4: 520 initial patient interactions in the community and residential aged care homes

The Parties agree the Front Door Frailty initiative will serve to establish services at one site within the Royal Darwin Hospital emergency department, operating 5 days per week. The initiative will aim to deliver:

- Year 1: 300 eligible patients will receive comprehensive pathways of care³ from multidisciplinary teams.
- Year 2: 600 eligible patients will receive comprehensive pathways of care from multidisciplinary teams.
- Year 3: 700 eligible patients will receive comprehensive pathways of care from multidisciplinary teams.
- Year 4: 700 eligible patients will receive comprehensive pathways of care from multidisciplinary teams.

The Parties agree that the Northern Territory will establish a multidisciplinary coordinator role to manage the three Supporting Older Australians initiatives, with recruitment to occur in year 1. The Parties acknowledge that the Northern Territory is responsible for ensuring that adequate staffing is provided to support the design, delivery and evaluation of the initiatives.

² Reflecting the needs of the patient, further follow up beyond initial patient interaction may occur as determined by the multidisciplinary team. Interactions may be greater than the stated target if follow-up is required. Community rollout will be contingent on Year 2 evaluation and outcomes, in the event community rollout does not occur in planned timeframes the NT will ensure the target outputs will be delivered in RACH.

³ 'Pathways of care' is care from start to finish and may include, but is not limited to, a comprehensive geriatric assessment, identification of issues for management, care coordination and required follow-up action to ensure the patient has established linkages with community supports. Comprehensive Multidisciplinary team pathways of care may be greater than the stated target if follow-up is required or the patient re-presents to hospital.

Table 2: Performance requirements, reporting and payment summary

| Output | Performance milestones | Report due | Payment |
|--|--|---|-----------------|
| <p>Residential Aged Care Home Nurse Upskilling <i>Advanced nursing education packages for aged care nurses and personal care workers to attract, retain and upskill staff and support RACHs to provide complex geriatric-focused care.</i></p> | <p>Provision of an Implementation Plan for the Commonwealth's approval for training to support aged care nurses to provide specialist care for older patients including:</p> <ul style="list-style-type: none"> • Identified RACH through which services will be provided, including: <ul style="list-style-type: none"> ○ Suitability assessment to participate in initiative. • Information about the arrangements for the establishment, oversight and evaluation of the expansion of services including: <ul style="list-style-type: none"> ○ recruitment of project officer; ○ development of model, including standardised clinical guidelines; ○ the expanded services to be provided by RACH nurses (specifications); ○ information about aged care nurse eligibility criteria for participation in the Nurse Upskilling program; ○ delivery milestones and anticipated phasing across all sites, ○ data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth. • An evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the agreed long stay older patient (LSOP) data indicators. | <p>16 February 2025</p> | <p>\$0.330m</p> |
| | <p>Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. • Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. | <p>14 April 2025 (reporting period: 1/9/24-1/4/25)</p> | <p>\$0.400m</p> |

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| | <ul style="list-style-type: none"> Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. | | |
| | <p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> Progress against the implementation plan. Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. | <p>1 February 2026 (reporting period: 2/4/25-15/1/26),</p> | <p>\$0.730m</p> |
| | | <p>1 February 2027 (reporting period: 16/1/26-15/1/27),</p> | <p>\$0.730m</p> |
| | <p>Provision of a Final Report for the Commonwealth's approval, including:</p> <ul style="list-style-type: none"> A plan for long term continuation of the initiative after funding ceases (including any recommendations and sustainable solutions to be implemented). An evaluation of the impact of the initiative on long stay older patients against the initiative evaluation plan, based on the agreed minimum evaluation criteria outlined in the national evaluation plan. Cumulative data reporting on the agreed data indicators for duration of schedule presented either month-by-month or quarterly. Outcomes of the initiative, key achievements and challenges, and lessons learned with supporting data where available. | <p>1 February 2028 (reporting period: 16/1/27-15/1/28)</p> | <p>\$0.730m</p> |
| | | <p>30 October 2028</p> | <p>Nil</p> |

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| <p>Urgent Care Paramedic for Aged Care <i>Urgent care paramedics delivering non-emergency care in older people's homes with multidisciplinary teams providing follow-up supports, assessment and referral to outreach care services.</i></p> | <p>Provision of an Implementation Plan for the Commonwealth's approval for the establishment of urgent care paramedic's in Darwin including:</p> <ul style="list-style-type: none"> • Information about the arrangements for the establishment, oversight and evaluation of the expansion of services including: <ul style="list-style-type: none"> ○ recruitment of project officer and three Extended Care Paramedics; ○ service specifications (including the developed model of care); ○ information about patient eligibility criteria; ○ delivery milestones, ○ data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth. • An evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the agreed long stay older patient (LSOP) data indicators. | <p>16 February 2025</p> | <p>\$0.625m</p> |
| | <p>Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. • Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. • Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. • Number of patients receiving care monthly within the reporting period. | <p>14 April 2025 (reporting period: 1/9/24-1/4/25)</p> | <p>\$0.800m</p> |
| | <p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. | <p>1 February 2026 (reporting period: 2/4/25-15/1/26)</p> | <p>\$1.425m</p> |
| | <p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. | <p>1 February 2027 (reporting period: 16/1/26-15/1/27)</p> | <p>\$1.425m</p> |

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| | <ul style="list-style-type: none"> Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. | <p>1 February 2028 (reporting period: 16/1/27-15/1/28)</p> | <p>\$1.425m</p> |
| | <p>Provision of a Final evaluation report for the Commonwealth's approval, including:</p> <ul style="list-style-type: none"> A plan for long term continuation of the initiative after funding ceases (including any recommendations and sustainable solutions to be implemented). Information on the anticipated phasing of the initiative across other regions of the NT. An evaluation of the impact of the initiative on long stay older patients against the initiative evaluation plan, based on the agreed minimum evaluation criteria outlines in the national evaluation plan. Cumulative data reporting on the agreed data indicators for duration of schedule presented either month-by-month or quarterly. Outcomes of the initiative, key achievements and challenges, and lessons learned with supporting data where available. | <p>30 October 2028</p> | <p>Nil</p> |

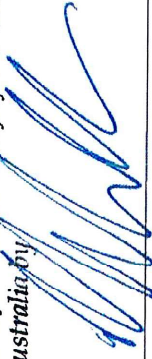
| | | | |
|--|--|-------------------------|-----------------|
| <p>Front Door Frailty – Acute Care of the Geriatric Patient <i>Geriatrician-led multidisciplinary teams providing specialist assessment and care to older patients presenting at emergency departments.</i></p> | <p>Provision of an Implementation Plan for the Commonwealth's approval for the establishment of a geriatric-focused care service for older patients presenting at the emergency department including:</p> <ul style="list-style-type: none"> Information about the arrangements for the establishment, oversight and evaluation of the expansion of services including <ul style="list-style-type: none"> establishment of governance committee; establishment of a project manager or multidisciplinary coordinator role; recruitment of interdisciplinary team within Royal Darwin Hospital; service specifications (including the developed model of care); information about patient eligibility criteria; delivery milestones and anticipated phasing/handover to regional health services; data collection, monitoring, evaluation, and reporting arrangements. A program logic using the template provided by the Commonwealth. | <p>16 February 2025</p> | <p>\$0.725m</p> |
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| | <ul style="list-style-type: none"> An evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. Collection of baseline data for initiative and in line with the agreed long stay older patient (LSOP) data indicators. | | |
| | <p>Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following:</p> <ul style="list-style-type: none"> Progress against the implementation plan. Recruitment of a multidisciplinary coordinator to provide program oversight and lead the design, delivery and evaluation of all three of the Supporting Older Australians initiatives Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. Number of patients receiving services monthly within the reporting period. | <p>14 April 2025 (reporting period: 1/9/24-1/4/25)</p> | <p>\$0.800m</p> |
| | <p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> Progress against the implementation plan. Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. | <p>1 February 2026 (reporting period: 2/4/25-15/1/26)</p> | <p>\$1.525m</p> |
| | | <p>1 February 2027 (reporting period: 16/1/26- 15/1/27)</p> | <p>\$1.525m</p> |
| | | <p>1 February 2028 (reporting period: 16/1/27-15/1/28)</p> | <p>\$1.525m</p> |
| | <p>Provision of a Final Report for the Commonwealth's approval, including:</p> <ul style="list-style-type: none"> A plan for long term continuation of the initiative after funding ceases (including any recommendations and sustainable solutions to be implemented). | <p>30 October 2028</p> | <p>Nil</p> |

| | | |
|--|---|--|
| | <ul style="list-style-type: none">• An evaluation of the impact of the initiative on long stay older patients against the initiative evaluation plan, based on the agreed minimum evaluation criteria outlines in the national evaluation plan.• Cumulative data reporting on the agreed data indicators for duration of schedule presented either month-by-month or quarterly.• Outcomes of the initiative, key achievements and challenges, and lessons learned with supporting data where available. | |
|--|---|--|

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

Signed for and on behalf of the Commonwealth of Australia



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] 2025

28 Jan

Signed for and on behalf of the Northern Territory



The Honourable Steven Edgington MLA
Minister for Health

[Day] [Month] 2025

28 Feb