



# Central Australian Aboriginal Congress Inc.

25 Gap Rd. PO Box 1604 Alice Springs NT 0871 PH (08) 8951 4400 FAX (08) 89530350

## **BUSINESS PLAN**

**2006/07**

## Cabinet aspiration (strategic aims):

1. To be the leading Primary Health Care provider for Aboriginal people in Australia
2. To improve the health of our community
3. To provide the highest quality services to our community

**This will be achieved by:** Provide timely access to quality treatment, early detection, primary and secondary prevention of chronic disease, promotion and rehabilitation services supported by best practice clinical support systems.

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>1 Treatment and social and preventative services and programs</b>							
1. Provide timely access to clinical care by reducing waiting times in the clinic to 1 hour maximum.	1.1	The proportion of patients who waited more than one hour.	6m/6m	DIR (SBM)	Ongoing	Services	SB DIR
2. Provide clinical services and social and preventative programs to resident patients and visitors <b>Monday to Friday 8.30am-5.00pm. (in-hours)</b> Including: Acute care Chronic disease care Immunisation Women's health Maternal and child health Frail Aged and Disability Hearing Male Health Schools Dental Counselling & social support Youth services Pharmacy direct	2.1	Report on normal health centre hours and after hours service.	6m/6m	SBM	Ongoing	Services	SB AB SEWB MH DIR
	2.2	Number of episodes of care by gender, age, locality, branch and program	6m/12m	DIR (All Bchs)	Ongoing	Services	SB AB SEWB MH DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
	2.3	Number of service contacts by branch, program, gender, age and locality.	6m/12m	DIR (All Branches)	Ongoing	Services	SB AB SEWB MH DIR
	2.4	Mean number of episodes of care per unique resident patient, per year, for Congress as a whole and by branch, program,age, gender and locality	6m/12m	DIR (All Branches)	Ongoing	Services	SB AB SEWB MH DIR
	2.5	Number of unqiue resident patients serviced by Congress as a whole and by branch, program, age, gender, and locality.	6m/12m	DIR (All Branches)	Ongoing	Services	SB AB SEWB MH DIR
	2.6	Number of unique visitor patients who have presented to Congress as a whole and by branch, program, age, gender and locality.	6m/12m	DIR (All Branches)	Ongoing	Services	SB AB SEWB MH DIR
3. Provide an <b>after hours</b> (evening) general clinic service between 5.00pm to 8.00 pm Monday to Friday and between 0830am -1230pm Weekends and Public Holidays.	3.1	Number of episodes of care by gender, age and locality for the after hours period.	6m/12m	DIR	Ongoing	Services	SB SEWB –YP DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
4. Provide <b>on call</b> service for CAAC patients for conditions that need immediate assessment and treatment from 8.00pm-1030pm Monday to Friday and from 12.30pm-10.30pm Saturdays, Sundays and Public Holidays.	4.1	Report on procedures implemented for staff safety on after hours call outs. Number of on call episodes of care and report as a percentage of total consultations.	6m/12m	SBM DIR	Ongoing	Management and Support	SB SEWB-YDIC DIR
<b>Dental Services</b>							
5. Provide Dental Care, including: ❖ Restorative treatment ❖ Minor Prosthetics, ❖ Extractions, and ❖ Preventative treatments.	5.1	Report on Dental Services.	6m/6m	SBM	Ongoing	Services	DENT SB DIR
<b>2. Treatment and social and preventative program support Services</b>							
<b>Transport Services</b> 6. Provide a transport service for patients/clients to attend at: ❖ General clinic ❖ Alukura clinic ❖ Social and Emotional and Wellbeing ❖ Specialist appointments when the patient has been referred from Congress. ❖ Dental. ❖ Opportunistic and return home.	6.1	Report on transport service provided.	6m/6m	SBM ABM SEWB	Ongoing	Management and Support	SB AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Pharmacy services</b> 7. In collaboration with the contracted pharmacy provide Pharmacy services for: <ul style="list-style-type: none"> <li>❖ the provision of essential drugs</li> <li>❖ access to Section 100 drugs</li> <li>❖ access to chronic disease medication</li> </ul>	7.1	Report on Pharmacy services	6m/6m	SBM	Ongoing	Management and Support	SB DIR
<b>Alice Springs Hospital</b> 8 To promote an effective working relationship and integration with Alice Springs Hospital	8.1	Report on activities including participation in the Central Australian Health Services Coordination Group	6m/6m	DIR SBM	Ongoing	Linkages Policy Advocacy	SB DIR
<b>3 Secondary prevention programs and services</b>							
<b>Sexually transmitted infections</b>							
9. Provide appropriate and confidential screening, treatment and support services for the management of STI separately for males and females.	9.1	Proportion of population who have been screened (80% of tests) for an STI by age group, gender and locality . (Alukura separately.)	6m/12m	DIR (SBM, MH,A B)	Ongoing	Services	SB AB MH DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Abnormal PAP follow up</b>							
10 Implement strategies to ensure patients are followed up in accordance with NH&MRC guidelines.	10.1	Proportion of resident patients who have an abnormal pap smear in the previous 12 months who have had appropriate follow up using NH&MRC guidelines	6m/12m	DIR (ABM SBM)	Ongoing	Services	SB AB DIR
<b>Abnormal Pathology results follow up</b>							
11 Implement strategies to ensure that all patients with abnormal pathology results are appropriately followed up	11.1	Report on procedures in place to follow up on abnormal laboratory tests.	6m/6m	ABM SBM	Ongoing	Management and Support	SB AB DIR
<b>Male health</b>							
12. Provide a Community based Male Health program for Aboriginal males of Alice Springs which will: <ul style="list-style-type: none"> <li>❖ improve access to services and social support,</li> <li>❖ provide outreach early detection and screening</li> <li>❖ provide treatment for men who are violent and / or abusing alcohol</li> <li>❖ provide treatment for sexual offenders</li> <li>❖ Community and personal development activities.</li> </ul>	12.1	Report on Male health program outcomes from the operational plan including interagency collaboration and community engagement	6m/6m	SBM	Ongoing	Services Linkages Policy Advocacy Community Engagement	MH DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Aged Care</b>							
13. Provide medical services to Congress patients at aged care facilities in accordance with Medical Service Agreements.	13.1	Report on Aged care services	6m/6m	SBM	Ongoing	Services	SB DIR
14. Provide a community outreach service to Aboriginal patients who cannot access Congress due to frailty, or disability; providing: <ul style="list-style-type: none"> <li>❖ palliative care,</li> <li>❖ healthcare management</li> <li>❖ social support advocacy</li> </ul>	14.1	Report on the FAAD program including interagency collaboration	6m/6m	SBM	Ongoing	Services Linkages Policy Advocacy	SB DIR
<b>Hearing Services</b>							
15. Provide a comprehensive accessible hearing program providing: <ul style="list-style-type: none"> <li>❖ Hearing clinic; diagnosis and treatment, ENT consultation, case management of ear conditions and hearing loss.</li> <li>❖ Screening and intervention program with Yipirinya, Amoonguna, and Yirara.</li> <li>❖ Coordinate support services to address educational and developmental needs of patients with otitis media.</li> <li>❖ Provide hearing services to Alice Springs jail</li> </ul>	15.1	Report on Hearing Service including interagency collaboration.	6m/6m	SBM	Ongoing	Services Linkages Policy Advocacy	HEAR Dept of Community Corrections SB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>School program</b>							
16. Provide acute health care and health education to primary school children attending the following schools: ❖ Yarrenyty Arltere Learning Centre (Larapinta Valley) ❖ Yipirinya School	16.1	Report on School program	6m/6m	SBM	Ongoing	Services	SB DIR
<b>Youth Program</b>							
17. Provide a service to reduce self harming behaviours amongst Aboriginal Youth aged 12-25yrs living in Alice Springs, Including: ❖ Substance misuse, ❖ Attempted suicide, ❖ Other forms of physical self harm, ❖ violent acts, and other patterns of at risk behaviours.	17.1	Report on Youth Program including interagency collaboration and community engagement	6m/6m	SEWB	Ongoing	Services Linkages Policy Advocacy Community Engagement	SEWB YP / YDIC DIR
<b>Social and Emotional Well Being Program</b>							
18. Provide a holistic and culturally appropriate counselling, therapeutic treatment and support service that strengthens the social and emotional well being of Aboriginal people.	18.1	Report on SEWB program including interagency collaboration and community engagement	6m/6m	SEWB	Ongoing	Services Linkages Policy Advocacy Community Engagement	SEWB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Chronic disease best practice management</b>							
19. Implement the proposal to improve primary prevention and secondary prevention (care planning incorporating self-management) of chronic disease at Congress (Clinic redesign)	19.1	Report on the clinic redesign and the recommendations implemented.	6m/6m	SBM	31Dec06	Management and Support	SB DIR
20. Assess and improve clinical management of patients with chronic disease, through validating and maintaining CD registers for Diabetes, Hypertension, Asthma, Coronary Heart Disease (CDD) and Chronic Renal Disease (CRD), and by benchmarking against other primary health care (PHC) organisations contributing through the National Primary Care Collaboratives (NPCC)	20.1	Prevalence of preventable chronic disease in resident patients aged 15yrs and over by age and gender, and by CD.	6m/	DIR	Ongoing	Services H4L	SB DIR AB
	20.2	Change over time in the proportion of adults (aged 15-54yrs) registered at the service, identified with a chronic disease (diabetes, coronary heart disease) who have have a disease self-management plan established (Medicare (MBS) item number 721 or equivalent), between reporting periods.	6m/	DIR	Ongoing	Services H4L	SB AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
	20.3	Proportion of resident patients with diabetes who have had at least one HbA1c test in the last 12 months.	6m/12m	DIR	Ongoing	Services	SB AB DIR
	20.4	Proportion of resident patients with diabetes with HbA1c less than 7%, between 7%- 9.5% and over 9.5% in the last 12 months. (NPCC)	6m/12m	DIR	Ongoing	Services	SB AB DIR
	20.5	Mean HbA1c level for resident diabetic patients in the last 12 months.	6m/12m	DIR	Ongoing	Services	SB AB DIR
	20.6	Percentage of patients with diabetes with last recoded BP reading of <130/80mm Hg within the previous 12 months. (NPCC)	6m/12m	DIR	Ongoing	Services H4L	SB AB DIR
	20.7	% of patients with CHD whose last recorded BP withn the last 12 months <140/90mmHg.	6m/12m	DIR	Ongoing	Services H4L	SB AB DIR
21. Audit diabetic patient records and recall patients who have an ACR above 100. Ensure patients are on an ACE inhibitor and a care plan.	21.1	Proportion of diabetic patients with albuminuria (ACR>100) who are on an ACE inhibitor.	6m/12m	DIR	Ongoing	Services	SB AB DIR
22. In collaboration with Health Living NT provide culturally appropriate diabetes, cardiac and healthy living education service.	22.1	Report on service provided.		SBM	Ongoing	Services	HL NT SB AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
23. In collaboration with CADPHC and ASH provide access to specialist services for the continuum of care of chronic disease management. Services to include: ❖ Physician ❖ Ophthalmologist ❖ Optometrist ❖ Dietician ❖ Podiatrist ❖ Paediatrician ❖ Cardiologist ❖ Obstetrician and Gynaecologist	23.1	Report on service provided.		SBM	Ongoing	Management and Support	MAHS DHCS SB AB DIR
<b>Eye health</b>							
24. Implement the Central Australian Eye program in accordance with the Eye Health Operational Plan	24.1	Report on Eye health Operational Plan		DIR	Ongoing	Management and Support	Eye health DIR
<b>4 Primary prevention services and programs</b>							
<b>Immunisation</b>							
25. Provide immunisation as required to patients opportunistically (with consent) and on request.	25.1	Change over time in the proportion of children aged 0-6 months, 6-12 months, 12-18months and 4 yrs registered at the service who have been immunised as specified by MBS items/Australian Childhood Immunisation Register (ACIR) between reporting periods.	6m/moment in time	DIR	Ongoing	Services (H4L)	SB AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
	25.2	Report on Australian Children Immunisation Register (ACIR) percentage.	6m/12m	SBM	Ongoing	Services	SB DIR
	25.3	Proportion of resident patients aged 50 years and over who were immunised for influenza in the previous 12 months, by gender and locality.	6m/12m	DIR	Ongoing	Services (H4L)	SB AB MH DIR - CIP
<b>Risk behaviour intervention</b>							
26. Improve the health and well being of Aboriginal people in Central Australia through improving early detection and management of risk factors for chronic disease: ❖ Provide brief interventions to patients. ❖ Provide brief intervention training for practitioners, ❖ Identify and make accessible health education resources to support brief intervention strategies and ❖ Identify clinical codes required for data entry for H4L reporting.	26.1	Number and proportion of patients in the overweight and obese range by age group and gender.  Percentage of appropriate patients who have had a brief intervention given for alcohol, smoking, diet and exercise.	6m/12m	DIR	Ongoing	Services (H4L)	SB AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Social and Emotional Well Being</b>							
27. Family Well Being program	27.1	Report on program	6m/12m	SEWB	Ongoing	Services	SEWB DIR
28. Positive parenting program	28.1	Report on program	6m/12m	SEWB	Ongoing	Services	SEWB DIR
<b>Young peoples Lifestyle Education (including school based education)</b>							
29. Mooditj Program and Young Women's Community Health Education	29.1	Report on program	6m/12m	SEWB ABM	Ongoing	Services	SEWB YWCHEP DIR
<b>Maternal and Child health</b>							
30. Cervical screening including active recall of women who are overdue pap smears > 2 yrs.	30.1	Proportion of current (resident) female patients having PAP tests for cervical cancer in the previous 24 months period for the target group (20– 69 years), by Alukura, Gen clinic and as Congress as a whole.	6m/24m	DIR (AB)	Ongoing	Services	SB AB DIR
31. Provide antenatal care through case loading to women, their partners and family unit.	31.1	Number and proportion of women attending first antenatal visit before 13 and between 13 and 20 weeks gestation for resident and visitor women by locality.	6m	DIR	TBA	Services H4L	AB SB DIR
	31.2	Number and proportion of low birth weight babies (less than 2500gms).	6m	DIR	Ongoing	Services H4L	AB DIR
	31.3	Mean birth weight of liveborn infants born to resident clients.		DIR	Ongoing	Services H4L	AB DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
32. Develop and refine the early childhood program including the intensive home visitation program and the community picnics in accordance with the H4L proposal.	32.1	Number and proportion of children less than 5 years of age who are underweight (less than 3 <sup>rd</sup> percentile) by client population, by age and as a total.	6m/12m	DIR	TBA	Services H4L	SB - IHV AB DIR
	32.2	Number and proportion of children between 6 months and 5 years of age who are anaemic.	6m/6m	DIR	Ongoing	Services	SB - IHV AB DIR
<b>Well Person screening</b>							
33. Provide well person's screening for all Aboriginal patients over the age of 15yrs...	33.1	Number of resident clients 15 to 54 yrs who had an (AHC) (710) well person's screen during the past 2 years by age group, by gender, by locality by clinic, Alukura, FAAD, male health. .	6m/24m	DIR	Ongoing	Services H4L	SB AB MH DIR –CIP,
	33.2	Proportion of residents over 55 years who have had a full adult health check in the past 12 months by age group, gender and locality, by clinic, Alukura and FAAD.	6m/12m	DIR	Ongoing	Services H4L	SB DIR –CIP,

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
34. Provide screening for all children from birth to 15 years	34.1	Changeover time in the proportion of children (aged 0-5yrs who have had an early child hood health check (MBS 708 or equivalent) provided between reporting periods.		SBM	Ongoing	Services H4L	SB AB DIR

**Aspiration 4 and 7 : Assist communities to set up their own health services and maximise self determination**

**This will be achieved by: Provide Remote Health Services to Aboriginal Communities including the development of Aboriginal health boards and community controlled health services.**

35. Improve the health and well being of Aboriginal people in Central Australia by providing assessable primary health care services and programs to remote Aboriginal Communities including:  ❖ Areyonga ❖ Western Arernte zone ❖ Warlpiri zone	35.1	Report on the delivery of Remote Health Services against zonal business plans including interagency collaboration and community engagement	6m/6m	DIR RHSM	Ongoing	Services Linkages Policy Advocacy Community Engagement	RHS DIR
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**Aspiration 5 and 7: Remain a community controlled organisation and achieve self determination**  
**This will be achieved by: good clinical governance as well as developing our workforce to deliver Congress’ business, minimising risk, and managing our assets and financial position. Engage with the community and in other linkages, policy and advocacy activities that enhance the strategic interests of Congress.**

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Clinical governance</b> 36. Develop and maintain a clinical governance framework for the clinical governance of services and programs, including; <ul style="list-style-type: none"> <li>❖ Service delivery planning and development.</li> <li>❖ Regular review and evaluation.</li> <li>❖ A framework to measure services and programs.</li> <li>❖ Statistical analysis.</li> <li>❖ Quality assurance through routine file audit.</li> <li>❖ Benchmarking and peer review with other organisations.</li> <li>❖ Within a framework of continuous quality improvement.</li> <li>❖ Accreditation of service delivery.</li> <li>❖ Client satisfaction</li> </ul>	36.1	Report on quality improvement systems including the use of best practice guidelines; eg CARPA	6m/6m	DIR	Ongoing	Management and Support	DIR CS SB AB SEWB MH
	36.2	Report on actions taken to ensure compliance with formalised policies and guidelines for clinical management.	6m/6m	DIR	Ongoing	Management and Support	CS DIR
	36.3	Report if health service is accredited and processes in place to assess client satisfaction.	6m/6m	DIR	Ongoing	Management and Support Community Engagement	DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
37. Develop and implement HR Operational plan to ensure an appropriate structure and HR management, recruitment and development systems are implemented and maintained to support the organisation to deliver Congress' business. Including but not limited to: <ul style="list-style-type: none"> <li>▪ Appropriate skill mix,</li> <li>▪ Recruitment, retention.</li> <li>▪ Orientation, education and training of staff,</li> <li>▪ Increase in Aboriginal workforce.</li> <li>▪ Cultural awareness training</li> </ul>	37.1	Report on unplanned staff turnover (where possible by occupation) over each 12 month period	6m/6m			Management and Support	CS DIR
	37.2	The proportion of workforce filled by Aboriginal people.	6m/6m	CSM	Ongoing	Management and Support	CS DIR
	37.3	Ratio of full time equivalent staff to estimated zone population, by profession.	6m/6m	CSM	Ongoing	Management and Support	CS DIR
	37.4	Proportion of new staff who have been employed for at least 6 months who have attended an orientation program.	6m/6m		Ongoing	Management and Support	CS DIR
	37.5	Report on processes in place to ensure cultural awareness of staff.	6m/6m		Ongoing	Management and Support	CS DIR
38. Implement and maintain Congress' Risk Management Strategy	38.1	Provide evidence of risk management strategies and discuss their implementation.	6m/6m		Ongoing	Management and Support	CS DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
39. Develop and Implement Directorate, Corporate services, Services, Alukura, SEWB, Male Health Education and Training and Childcare Operational Plans	39.1	Report on operational plans.	6m/6m		Ongoing	Management and Support	DIR, CS SB AB, MH SEBW E&TB
<b>Cabinet</b> 40. To have a strong participatory Cabinet that meets in accordance with constitutional requirements.	40.1	Average number of filled Cabinet places in the previous 12 months per meeting.	6m/12m	DIR	Ongoing	Community Engagement	DIR
	40.2	Proportion of FTE Cabinet members in attendance at each meeting.	6m/12m	DIR	Ongoing	Community Engagement	DIR
	40.3	Report on turnover of Cabinet members and any issues related to recruitment of Cabinet members.	6m/12m	DIR	Ongoing	Community Engagement	DIR
	40.4	Proportion of FTE Cabinet members undertaking governance training by type of training undertaken i.e. financial, management, computing etc in the previous 12 months.	6m/12m	DIR	Ongoing	Community Engagement	DIR
41. Develop new Strategic Plan in accordance with guide for 2007-2010	41.1	Strategic plan developed with active community participation	12m	DIR	12m	Community Engagement	DIR
<b>Workforce</b> 42. Work with other key stakeholders on the development of policies and strategies to address the recruitment and retention of professional staff	42.1	Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research)	6m/6m			Linkages Policy Advocacy	DIR

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
<b>Substance Misuse</b> 43. Work on policies and strategies to address substance misuse	43.1	Qualitative report on initiatives targeted at reducing use of hazardous substances eg alcohol, tobacco and kava.	6m/6m	DIR	Ongoing	Linkages Policy Advocacy	DIR
<b>Social determinants</b> 44. Work on the development of a Congress position on the social determinants of health	44.1	Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research)	6m/6m			Linkages Policy Advocacy	DIR
<p><b>Aspiration 6</b> Provide opportunities for Aboriginal People to train as health professionals.  <b>This will be achieved by:</b> Aboriginal Health Worker Training within the Australian Qualification Training Framework and providing access to scholarships for Aboriginal staff to train in the health professions.</p>							
<b>Education and Training</b> 45. Contribute to the development of a competent AHW workforce through the delivery of AHW training; certificate III AHW (clinical) NT customised version in accordance with the Australian Qualification Training Framework...	45.1	Report on Education and Training Program.	6m/6m	EBM	Ongoing	Management and Support	E&TB DIR DEET
46. Provide opportunities for Aboriginal employees to access Puggy Hunter, CRCAH scholarships, traineeships, cadetships and other scholarships	46.1	Report on the number of scholarships, traineeships and cadetships accessed by staff by health profession				Management and Support	CS DIR E&TB

## Aspiration 8 & 9:

8. To secure the financial resources to continue the mission and to expand

9. To expand the services offered by Congress (where service expansion is consistent with meeting the needs of the community)

**This will be achieved by:** collaboration and advocacy for needs based funding submissions and more efficient use of Medicare

Strategy	Core Indicator No	Performance Indicator	Frequency of reporting/dat a period	Bch/s to report	Time frame	PI Domain	Budget Linkage against strategy
47. To continue to increase Medicare income in a manner that also enhances the quality of services.	47.1	Report on total Medicare revenue .	6m/6m	All	Ongoing	Management and Support	CS DIR
48. Advocate for the full funding of the Primary Health Care Access Program in the NT and specifically the Alice Springs zone.	48.1	Submission developed Alice Springs zone fully funded	6m/6m	DIR		Linkages Policy Advocacy	DIR
49. Seek funding for the maternal and child health program as developed through the Healthy for Life process	49.1	Submission developed Funding achieved	6m/6m	DIR		Linkages Policy Advocacy	DIR AB
50. Seek funding for additional AHW positions to expand outreach well person's screening and access to "over the counter medicines" in the community.	50.1	Submission developed Funding achieved	6m/6m	DIR		Linkages Policy Advocacy	DIR SB MH AB
51. Seek funding for chronic disease peer educators	51.1	Submission developed Funding achieved	6m/6m	DIR		Linkages Policy Advocacy	DIR SB

<b>Strategy</b>	<b>Core Indicator No</b>	<b>Performance Indicator</b>	<b>Frequency of reporting/dat a period</b>	<b>Bch/s to report</b>	<b>Time frame</b>	<b>PI Domain</b>	<b>Budget Linkage against strategy</b>
52. Seek funding to expand the male health program in accordance with the needs analysis and the operational plan	<b>52.1</b>	Submissions developed Funding achieved	<b>6m/6m</b>	<b>DIR</b>		<b>Linkages Policy Advocacy</b>	<b>MH DIR</b>
53. Seek funding for 3 additional psychologist positions and a social worker for the maternal and child health program, social and emotional well being to meet the demand for CBT and male health.	<b>53.1</b>	Submissions developed Funding achieved	<b>6m/6m</b>	<b>DIR</b>		<b>Linkages Policy Advocacy</b>	<b>DIR SEWB AB MH</b>
54. Seek funding for an interpreter service	<b>54.1</b>	Submissions developed Funding achieved	<b>6m/6m</b>	<b>DIR</b>		<b>Linkages Policy Advocacy</b>	<b>DIR</b>
55 Seek funding for a school nurse position	<b>55.1</b>	Submissions developed Funding achieved	<b>6m/6m</b>	<b>DIR</b>	Ongoing	<b>Linkages Policy Advocacy</b>	<b>DIR SB</b>
56 Seek funding for the Ilpe Apmere regional hearing service	<b>56.1</b>	Funding achieved	<b>6m/6m</b>	<b>DIR</b>		<b>Linkages Policy Advocacy</b>	<b>DIR</b>
57 Seek funding for an optometrist position	<b>57.1</b>	Funidng achieved	<b>6m/6m</b>	<b>DIR</b>		<b>Linkages Policy Advocacy</b>	<b>DIR</b>

**Budget Reference Table**

<b>Name of Area</b>	<b>Abbreviation</b>	<b>Amount (06/07)</b>
<b>1. Services Branch</b>	SB	4 235 841 (Core OATSIH and Medicare)
• Home Visitation Program	IHV	155 573 (DHCS funding)
• Hearing Services	HEAR	64 999 (OATSIH)
• Chronic Disease Healthy Living NT	HL NT	30,867 (OATSIH)
• More Allied health services (MAHS)	MAHS	15 000 (OATSIH)
• Dental	DENT	186 526 (OATSIH)
<b>2. Alukura Branch</b>	AB	783 045 (Core OATSIH and Medicare)
• Young Women’s Community Health and education program	YWCHPEP	152 293 (OATSIH)
<b>3. Social Emotional and Wellbeing Branch</b>	SEWB	470 080 (Stolen Gen OATSIH) 189 004 (Reg Cent OATSIH) 64 022 (AMHW DHCS) 20,000 (FACSIA)
• Youth Program	YP	218 370 (OATSIH) 146 412 (NIDS DoHA)
❖ Youth Drop in Centre	YDIC	255 000 (YDIC DHCS)
<b>4. AHW Education and Training Branch</b>	E&TB	208,000 (OATSIH) 78,282 (DHCS) 23 000 (DEET)
<b>5. Male Health</b>	MH	76 212 (Core OATSIH and Medicare)
• Male violence program	MVP	188 394 (FACSIA)
• Sexual health	SH	162 191 (OATSIH)
• Work for the dole	WD	16 887 (DEWAR)
<b>6. Directorate (including Public Health Unit)</b>	DIR	756 552 (Core OATSIH and Medicare-)
• Continuous Improvement Project Funding	CIP	177 634 (OATSIH)
• Healthy for Life	H4L	amount and branch unknown
• CA Regional Eye Health Program	EYE HLTH	96,512 (OATSIH)
<b>7. Corporate Services</b>	CS	2 580 170 (Core OATSIH and Medicare)
• Training	CST	83 893 (OATSIH)
<b>SUBTOTAL [Congress health service area (HAS) ]</b>		<b>\$11 434 759</b>

**Budget Reference Table (cont.)**

<b>Name of Area</b>	<b>Abbreviation</b>	<b>Amount (06/07)</b>
<b>8. Remote Health Services</b>	RHS	186,325 (Areyonga OATSIH ) 90,000 (Areyonga DHCS) 1,063,607 (WYN OATSIH) 323 983 (WAHAC OATSIH) 42,000 (WAHAC GPPHCNT) 34,800 (WAHAC DHCS)
<b>TOTAL (Congress HSA plus auspiced services)</b>		<b>\$13 175 474</b>