

# Department of Health and Community Services

## EXPENSES AND APPROPRIATION SUMMARY

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>Output Group</b>		
Acute Services	339 247	357 863
Community Health Services	108 651	109 057
Family and Children's Services	41 227	44 799
Aged and Disability Services	54 267	55 055
Mental Health Services	23 136	25 750
Public Health Services	40 725	38 217
Health Research	4 441	4 621
<b>Total Operating Expenses</b>	<b>611 694</b>	<b>635 362</b>
<i>less</i>		
Depreciation and Amortisation	16 635	17 350
DCIS Services Free of Charge	21 513	21 571
Agency Revenue (a)	166 759	158 272
Use of Cash Balances	- 3 298	2 420
<i>equals</i>		
<b>Output Appropriation</b>	<b>410 085</b>	<b>435 749</b>
<b>Capital Expenditure</b>	<b>8 943</b>	<b>8 987</b>
<i>less</i>		
Capital Receipts	22	3 023
Use of Cash Balances	4 292	5 269
<i>equals</i>		
<b>Capital Appropriation</b>	<b>4 629</b>	<b>695</b>
<b>Total 2004-05 Staffing: 4 100</b>		
(a) Operating Revenue <i>less</i> Output Revenue, Goods and Services Received Free of Charge and Profit/Loss on Disposal of Assets		

## Agency Profile

### Overview

The Department of Health and Community Services' mission is to improve the health status and wellbeing of all people in the Northern Territory. This is achieved through:

- providing health and community services for the improvement of individual health and wellbeing of all Territorians, particularly in regional communities;
- working with the community in the planning, development, delivery and evaluation of health services;
- changing attitudes and behaviours harmful to health and wellbeing;
- promoting independence and self sufficiency; and
- enabling families, children and individuals to obtain support services which improve their quality of life.

## Strategic Issues

- The Government's recently-released five-year framework, *Building Healthier Communities*, aims to improve the health and wellbeing of Territorians by focusing on giving kids a good start in life, strengthening families and communities, getting serious about Aboriginal health, creating better pathways to health services, filling service gaps and tackling substance abuse.
- These areas of service improvement need to occur in an environment where: a small population is widely dispersed over a large area, affecting the nature, type and cost of service provided; high levels of morbidity and mortality are experienced by Aboriginal people, two-thirds of whom live in remote communities; and national and international trends of increasing difficulty in recruiting and retaining professional staff especially in rural and remote areas.

## Budget Highlights

- Additional recurrent funding of \$2 million in 2004-05 increasing to \$3 million in 2005-06 to expand intensive care services at Alice Springs Hospital to a combined Intensive Care/High Dependency Unit. The expanded unit will establish a minimum threshold, enabling recruitment of medical specialists and reducing the need to transfer critically ill patients to Darwin and interstate.
- Royal Darwin Hospital 12-bed hospice is scheduled for completion towards the end of 2004-05 (estimated construction cost of \$3.6 million). To enable the centre to commence training staff in preparation for opening, \$0.9 million has been provided in 2004-05. An additional \$0.39 million has been made available in 2005-06 for the final fit out of the facility and an additional \$0.97 million of recurrent funding provided for staffing of the hospice.
- To complete the commissioning of the Critical Care Unit, \$2.5 million is available as part of the 2004-05 Budget funding. The Unit forms part of the redevelopment of Royal Darwin Hospital and includes the opening of three additional beds in the High Dependency Unit, three additional Coronary Care Unit beds and ten short stay beds in the Emergency Department.
- Funding of \$1.4 million is being provided in 2004-05 to commence the phasing out of single-nurse posts. Four clinics will gain additional staff this year, including Kings Canyon, Titjikala and Yuelamu in central Australia and Minjilang in the Top End.
- Oral health programs will receive an additional \$0.6 million to improve clinical dental services throughout the Territory.
- Family and Children's Services includes an increase of \$2.8 million from 2004-05 as part of a 10 per cent increase in funding for Child Protection Services over the next five years. Additional funding of \$1.4 million has been provided.
- The 2004-05 mental health budget has funding to address increasing demand for essential community-based mental health services. A four-year program to reform mental health services commenced in 2003-04 with \$2 million spent in that year and increasing to \$4.6 million in 2004-05.
- In 2004-05, a \$2 million HIV/AIDS treatment and prevention program enhancement will commence, consistent with the Government's commitment to address health issues raised by the Bansemer Review.
- Disability Services has been allocated \$1.2 million to improve generic and specialist services to people with a disability and their carers across the Territory.
- By the end of 2004-05, the Department is expected to achieve the Government's commitment to employ an additional 75 nurses.

- The following table shows the approved major capital projects for 2004-05. Amounts shown are the total project costs and are not necessarily the cash commitments for 2004-05. For further details of these and other projects, see *Budget Paper No.4*.

2004-05 Major Capital Works Projects	\$M
Darwin Birthing Centre – appropriately designed birthing suites, ancillary services and facilities for staff, visitors and the public	2.50
Kalkaringi – construct a new health centre to improve primary health services to the community and surrounding region	1.50
Renal facilities – stage 2, appropriately designed renal units to provide local, community-based renal services at selected locations across the Territory	0.90
Alice Springs Hospital – fire safety upgrade	0.90
Tennant Creek Hospital – fire safety upgrade	0.75

## Outputs and Performance

### OUTPUT COSTS

Output Group/Output	2003-04 Estimate	2004-05 Budget	Variation
	\$000	\$000	\$000
<b>Acute Services</b>	<b>339 247</b>	<b>357 863</b>	<b>18 616</b>
Admitted Patient Services	267 754	280 575	12 821
Non-Admitted Patient Services	71 493	77 288	5 795
<b>Community Health Services</b>	<b>108 651</b>	<b>109 057</b>	<b>406</b>
Community Health Services	108 651	109 057	406
<b>Family and Children's Services</b>	<b>41 227</b>	<b>44 799</b>	<b>3 572</b>
Child care, Early Childhood Development and Parent Support Services	9 686	10 845	1 159
Support Services for Individuals and Families in Crisis	13 496	13 931	435
Child Protection Services	18 045	20 023	1 978
<b>Aged and Disability Services</b>	<b>54 267</b>	<b>55 055</b>	<b>788</b>
Community Support Services for Frail Aged People and People with a Disability	46 171	46 859	688
Support for Senior Territorians and Pensioner Concessions	8 096	8 196	100
<b>Mental Health Services</b>	<b>23 136</b>	<b>25 750</b>	<b>2 614</b>
Mental Health Services	23 136	25 750	2 614
<b>Public Health Services</b>	<b>40 725</b>	<b>38 217</b>	<b>- 2 508</b>
Environmental Health Services	5 375	5 470	95
Disease Control Services	17 217	16 420	- 797
Alcohol and Other Drugs Services	18 133	16 327	- 1 806
<b>Health Research</b>	<b>4 441</b>	<b>4 621</b>	<b>180</b>
Health Research	4 441	4 621	180
<b>Total Operating Expenses</b>	<b>611 694</b>	<b>635 362</b>	<b>23 668</b>

## Key Variations

- Acute Services – increased funding of \$2 million has been provided for the Alice Springs Hospital Intensive Care/High Dependency Unit, \$2.5 million for the Royal Darwin Hospital emergency wing, \$1.5 million for patient assisted travel and aero-medical services, \$2 million for renal dialysis services, and \$0.9 million for the hospice prior to its opening in 2005-06. In addition, funding of \$7.9 million is the net increase of factors built into the budget for CPI and wages.
- Community Health Services – net variation is not substantial, however the result is a combination of a number of factors. Growth in costs of service in 2004-05, including an additional \$0.6 million for oral health services, has been provided, however the comparison between years is affected by one-off increases to the 2003-04 estimate, reflecting adjustments for projects carried forward from 2002-03 of \$1.1 million and increased Commonwealth-funded projects of \$2.6 million.
- Family and Children's Services – an additional \$2.8 million to expand child protection and early childhood development and support services.
- Aged and Disability Services – overall resource increase is the net effect of additional funding of \$1.2 million provided in 2004-05 and a higher 2003-04 budget estimate, reflecting a \$1.2 million carry forward from 2002-03 to 2003-04 and one-off externally-funded projects in 2003-04 of \$1.4 million.
- Mental Health Services – increased commitment for 2004-05 of \$2.6 million for essential community-based mental health services.
- Public Health Services – additional funding of \$2 million for HIV/AIDS is included in the Disease Control Services output. Both this and the Alcohol and Other Drugs outputs have a high proportion of Commonwealth-funded programs. The 2003-04 estimate is affected by \$1.3 million of one-off externally-funded projects and \$3.9 million of projects brought forward from 2002-03.

## Acute Services

Services to inpatients, non-admitted patients and transport of patients provided through the Royal Darwin, Katherine, Gove District, Tennant Creek and Alice Springs hospitals.

### Outcome

Improved health and wellbeing of those in the community who require acute or specialist care.

## Admitted Patient Services

Timely and appropriate admitted patient services.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Hospital Activity Model weighted inlier equivalent separations (WIES) <sup>2</sup>	43 220	43 660
Non-acute bed days <sup>3</sup>	15 140	15 290
<i>Quality</i>		
Beds accredited by the Australian Council on Health Standards	97%	100%
<i>Timeliness</i>		
Elective surgery waiting times:		
– Category 1: admission within 30 days	95%	95%
– Category 2: admission within 90 days	85%	85%
<i>Cost</i>		
Cost per weighted separation	\$3 893	\$4 058

<sup>1</sup> Due to the remoteness, the dispersed population, and the absence of alternative health care providers, Territory public hospitals fill numerous non-acute care service gaps in the community. A number of the measures above are therefore not directly comparable with other jurisdictions.

<sup>2</sup> Hospital workload is measured in terms of why people are admitted to, and how long they stay in, hospital. WIES is a measure that addresses both factors and is used to report hospital workloads. The measure assigns a weighting to the type of each person's care that reflects the relative intensity of resources required in the different workloads involved.

<sup>3</sup> Non-acute bed days is the number of bed days for non-acute patients e.g. rehabilitation and nursing home-type patients.

## Non-Admitted Patient Services

Non-admitted accident and emergency services and access to specialist clinics.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Non-admitted specialist clinic occasions of service <sup>2</sup>	133 850	135 190
Emergency department attendances <sup>3</sup>	95 215	96 170
<i>Quality</i>		
Hospitals providing 24-hour access to emergency department	100%	100%
<i>Timeliness</i>		
Emergency department waiting times:		
– Category 1: attended to immediately	100%	100%
– Category 2: attended to within 10 minutes	70%	70%
– Category 3: attended to within 30 minutes	70%	70%
<i>Cost</i>		
Cost per non-admitted emergency department attendance	\$385	\$401
Cost per non-admitted occasion of service	\$211	\$220

<sup>1</sup> Due to the remoteness, the dispersed population and the absence of alternative health care providers, Territory public hospitals fill numerous non-acute care service gaps in the community. A number of the measures above are therefore not directly comparable with other jurisdictions.

<sup>2</sup> Number of specialist consultations for non-admitted patients.

<sup>3</sup> Number of patients presenting at an emergency department who are registered and triaged (clinically assessed).

## Community Health Services

Builds the capacity of the community to maintain and improve health through education and development, prevention, early intervention and through access to culturally appropriate assessment, treatment and support services. Medical, nursing, Aboriginal health worker, allied health, oral, nutrition, breast and cervical cancer screenings are provided through Government and non-government providers in a number of settings including community care centres, rural health centres, clinics, schools, and in the home.

### Outcome

The burden of ill health in the community and the need for hospitalisation are reduced.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Funded Government-managed rural community health centres <sup>1</sup>	54	47
Funded non-government-managed rural community health centres	28	35
Community health events urban <sup>2,3</sup>	152 000	153 000
Well person checks <sup>4</sup>	5 210	5 210
Resident child population <5 years participating in Growth Assessment and Action Program <sup>5</sup>	3 085	3 200
Oral health occasions of service	76 110	80 000
<i>Quality</i>		
Rural community health centres providing 24-hour access to emergency medical care <sup>1</sup>	100%	100%
<i>Cost</i>		
Average cost per Government 24-hour rural community health centre <sup>1</sup>	\$0.61M	\$0.67M
Average cost per non-government 24-hour rural community health centre	\$0.35M	\$0.34M
Average cost per community health event urban <sup>3</sup>	\$59.50	\$59.70
Average cost per oral health occasion of service	\$94.22	\$94.22

<sup>1</sup> Rural areas are defined as those situated outside of the five main Territory population centres of Darwin/Palmerston/Outer Darwin, Alice Springs, Katherine, Nhulunbuy and Tennant Creek.

<sup>2</sup> Urban centres are defined as Darwin/Palmerston/Outer Darwin, Katherine, Nhulunbuy, Tennant Creek and Alice Springs.

<sup>3</sup> Community health events are defined as client-related occasions of child and maternal health, disease control, general community health, palliative care, school health surveillance and women's health services provided by the Department's urban-based community care centres.

<sup>4</sup> Well person check is a recommended service for Aboriginal and Torres Strait Islander adults older than 15 years, resident in remote communities. It involves screening for asymptomatic disease (chronic disease, women's cancer and sexually transmitted infections) to detect and manage before complications occur.

<sup>5</sup> The Growth Assessment and Action Program aims to improve child growth in the 0-5 year age group in remote communities. Children are measured regularly according to a schedule based on their age. Every six months data is collected on all children participating in the program. This data is analysed to report on nutrition status of children at a community level.

## Family and Children's Services

Assistance to families, individuals and communities to provide for the care and protection of children and young people, and promotion of the wellbeing of communities, families and individuals. Services include children's services, family support services, child protection, substitute care, adoption services, domestic violence services, sexual assault services, and crisis support and accommodation.

### Outcome

Individuals, families and young people are able to maintain social independence, overcome crises, protect children from harm and promote children's optimal development.

### Child Care, Early Childhood Development and Parent Support Services

Policy advice, quality promotion and financial assistance to children's day care for working parents and parents participating in other activities, children's early learning and development activities and parenting information and education. Services include assistance to and regulation of child care services and provision of resources to toy libraries, mobile services, playgroups, parenting support and information programs.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Subsidised child care places	3 316	3 500
Parent support and information services <sup>1</sup>	28	30
<i>Quality</i>		
Child care subsidy payments made on time	90%	91%
<i>Cost</i>		
Subsidy for each licensed child care place <sup>2</sup>	\$1 113	\$1 113

<sup>1</sup> Recording measures currently being developed for utilisation of other services provided.

<sup>2</sup> Cost calculated at 90 per cent utilisation.

## Support Services for Individuals and Families in Crisis

Services supporting individuals and families who are in crisis to minimise further harm, strengthen capacity and achieve wellbeing and independence. This includes services for people who are victims of family, domestic and sexual assault and violence, people who are homeless or at risk of homelessness and families in financial crisis.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Clients accessing crisis support services <sup>2,3</sup>	3 100	3 100
Days of support <sup>2,4</sup>		0.13M
Clients accessing other crisis services <sup>5,6</sup>		1 000
<i>Quality</i>		
Services assessed against service agreements <sup>7</sup>		100%
Areas of non-compliance addressed with providers		100%
<i>Cost</i>		
Cost per client accessing crisis support services <sup>2</sup>		\$2 390

<sup>1</sup> Majority of measures are new and commence from 1 July 2004. Thus estimates for 2003-04 are not available.

<sup>2</sup> Data for these measures is obtained annually from the Supported Accommodation Assistance Program national data collection conducted by the Australian Institute of Health and Welfare.

<sup>3</sup> Crisis support services include accommodation, counselling, general advocacy, financial and employment assistance, referral to specialist services and basic support such as meals, laundry/shower facilities, recreation and transport.

<sup>4</sup> Total number of days that support was provided to all clients of crisis support services.

<sup>5</sup> Other crisis services include domestic and family violence counselling, sexual assault services, financial counselling and parent support.

<sup>6</sup> 2004-05 will be the first year that data will be collated and target may need to be reassessed.

<sup>7</sup> The performance of providers is assessed against the terms and conditions of their service agreements biannually.

## Child Protection Services

Services aiming to protect and minimise harm to children, including:

- investigation of reports of abuse;
- placement and support of children when they are no longer able to safely stay with their families and are in the care of the Minister;
- family reunification and reconnection;
- intensive family support; and
- early intervention services.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Notifications of child harm <sup>2</sup>		1 860
Child protection reports investigated <sup>3</sup>	835	930
Children admitted to care during the year <sup>4</sup>		460
Days of care <sup>5</sup>		96 000
Clients accessing support services <sup>6</sup>		500
<i>Quality</i>		
Average number of placements of children in care <sup>7</sup>		2.6
<i>Timeliness</i>		
Investigations commenced within 48 hours of notification		100%

<sup>1</sup> Majority of measures are new and commence from 1 July 2004. Thus estimates for 2003-04 are not available.

<sup>2</sup> In the Territory, any person who suspects that a child is being, or has been, abused has a legal responsibility to report their concern. This measure is the total number of all notifications.

<sup>3</sup> All notifications are assessed to ensure that the report is valid before determining if an investigation is required. This measure is the number of notifications that proceed to investigation.

<sup>4</sup> Number of children for whom the Minister has some form of legal responsibility for the child's care. This includes Temporary Custody Agreements, Holding Orders, Transfer of Orders from Interstate (finalised or pending), *Immigration Act* Orders (Adoption or Unattached Minor), Family Matters Court Orders (including Adjournment of Proceedings, Interim, Directions to Parents, Directions on Residency, Joint Guardianship, Sole Guardianship), Family Law Court Orders, Supreme Court Orders and Consent to Adopt Orders.

<sup>5</sup> Total number of days that care was provided to children in care (as definition above).

<sup>6</sup> Support services include parenting skills development, early intervention, intensive family support, support services for families in remote areas and youth development services.

<sup>7</sup> Average number of placements per child exiting care during the reporting period.

## Aged and Disability Services

Services to maximise community participation and independence of senior Territorians, people with disabilities and people who receive pensions. Services are provided to people in their homes and in the community. Also includes the provision of pensioner concessions to eligible clients.

### Outcome

People with a disability, the frail aged and people who receive pensions are supported to maintain independence in, and contact with, their community and families.

### Community Support Services for Frail Aged People and People with a Disability

Services are provided to clients in their homes and in the community to enable them to maximise their participation in the community and remain independent for as long as possible. Services include professional support services such as assessment, case management, allied health and specialist services, as well as community support services such as community care and access, information and advocacy, and accommodation support.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Supported accommodation places		123
Clients accessing professional support services <sup>2</sup>	2 400	4 240
Clients accessing community support services <sup>3</sup>		3 650
Occasions clients access professional support services	13 200	13 200
Hours clients access community support services <sup>4</sup>		87 900
<i>Quality</i>		
HACC urban services reviewed against service standards	30%	30%
CSTDA urban services reviewed against service standards		10%
<i>Timeliness</i>		
Aged Care Assessment Team clients receiving timely intervention in accordance with priority at referral		90%
<i>Cost</i>		
Average cost per aged care assessment		\$867
Average cost per supported accommodation place		\$86 579

<sup>1</sup> Majority of measures are new and commence from 1 July 2004. Thus estimates for 2003-04 are not available.

<sup>2</sup> Professional support services (formerly described as support services) are the Department of Health and Community Services including Aged Care Assessment Scheme, Disability Resources Unit, Local Area Coordination Transition Care Program, Public Guardian, Taxi and TIME Scheme. Excludes School Therapy, Paediatric Team and Specialist Adult Health Service which are included under the Community Health output.

<sup>3</sup> Community support services include services funded through the Commonwealth State/Territory Disability Agreement (CSTDA) and the Home and Community Care (HACC) Program. Community support services include community care and support, in-home support, community access, and respite care services. Excludes supported accommodation (group homes). Clients accessing both HACC and CSTDA services may be counted more than once.

<sup>4</sup> Hours of support include disability support hours calculated on hours over a typical week. HACC support services included in total number of hours.

## Support for Senior Territorians and Pensioner Concessions

Support for senior Territorians and Pensioner Concession recipients to maintain financial independence and promotion of health, fitness and community participation. This involves the Pensioner Concession Scheme<sup>1</sup>, which provides a number of concessions/rebates to eligible clients.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Pensioner concession recipients <sup>1</sup>	16 700	17 000
<i>Timeliness</i>		
Applicants able to access pensioner concessions within 14 days	90%	95%
<i>Cost</i>		
Average pensioner concession provided	\$381	\$381

<sup>1</sup> Services or items for which the Department of Health and Community Services provides concessions/rebate are electricity/alternate energy, local council property rates, water charges, sewerage charges, garbage charges, motor vehicle registration, drivers licences, spectacles, public transport and interstate travel.

## Mental Health Services

Services that aim to promote mental health, prevent the development of mental disorders and provide specialist mental health services including assessment, case management and treatment.

### Outcome

The emotional and social wellbeing of the Territory community is promoted and strengthened and, where possible, the development of mental disorders is prevented or the impact reduced.

Performance Measures <sup>1</sup>	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Individuals receiving community-based mental health services <sup>2</sup>	4 500	4 300 – 4 600
Occupied bed days by designated services <sup>3</sup>	9 750	8 500 – 10 500
Raw inpatient separations from designated services <sup>4</sup>	1 150	1 100 – 1 200
Mental health budget allocated to non-government organisations <sup>5</sup>		5 – 10%
<i>Quality</i>		
Public mental health services accredited <sup>6</sup>		50%
<i>Cost</i>		
Average cost per acute inpatient bed day <sup>7</sup>		\$950 – \$1 500
Average cost per individual treated by community-based mental health services <sup>8</sup>		\$2 400 – \$2 600

<sup>1</sup> Majority of measures are new and commence from 1 July 2004. Thus estimates for 2003-04 are not available.

<sup>2</sup> Community-based public mental health services include all mental health services provided by Government (excluding Government funded non-government organisations) dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients.

<sup>3</sup> This indicator refers to occupied bed days in designated services, which are the two approved treatment facilities (Darwin and Alice Springs Mental Health Inpatient Units), declared pursuant to s20 of the *Mental Health and Related Services Act 1998*.

<sup>4</sup> Separation is the process whereby an inpatient is discharged from an inpatient service setting. Person may/may not be referred to another service setting (e.g. community-based mental health services). This indicator represents raw (non-adjusted) separations only.

<sup>5</sup> This is a new measure for 2004-05 indicating the proportion of the total mental health budget invested in the non-government sector for the delivery of services and support to consumers of mental health services and their carers in the reporting period. It is anticipated that the indicator will show growth over time as new funds are invested in partnerships with the non-government sector.

<sup>6</sup> There are two public mental health services subject to accreditation (Top End service and central Australian service).

<sup>7</sup> The development of unit cost indicators/estimates for mental health is in its infancy and the measure is likely to require refinement with targets subject to change in future years. Development of a mental health case complexity (casemix) classification is underway. It is not anticipated that a nationally agreed casemix formula for mental health will be available for several years.

<sup>8</sup> As advised above, unit cost indicators/estimates for mental health are not well developed at this time. This measure is an indicative estimate only and does not take account of case complexity regarding community-based mental health services. Measure refers to all non-admitted patient services provided by specialist public mental health services. Community-based services provided in the non-government sector are not captured.

## Public Health Services

Strategies that increase people's capacity to live healthily and lead to lasting improvements in physical, mental and social health outcomes, and less demand for services to recover or cope with lost health.

### Outcome

Strengthened capacity of individuals, families and communities to improve and protect their health through promotion and prevention strategies and appropriate interventions that minimise harm from disease, substance use and environmental factors.

## Environmental Health Services

Education, statutory surveillance and monitoring, and complaint resolution relating to physical, chemical, biological and radiological agents in the environment. Services include managing environmental health standards, environmental planning, sanitation and waste management, food safety, radiation protection and poisons control.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Regulatory compliance activities <sup>1</sup>	9 000	9 100
Other environmental health activities <sup>2</sup>	2 000	2 050
<i>Quality</i>		
Premises achieving a satisfactory standard of compliance with environmental health legislation <sup>3</sup> within 28 days of receiving legal notice <sup>4</sup>	100%	100%
<i>Timeliness</i>		
Environmental health complaints investigations initiated within one working day of notification	80%	85%
<i>Cost</i>		
Average cost per regulatory compliance activity	\$246	\$280

<sup>1</sup> Regulatory compliance activities include premises inspections, issuance of licences, registrations and legal notices, complaint investigations, food sampling, radiation equipment inspections, processing of development and building applications, septic system activities, water quality activities, food recalls and health protection activities, for example vector and vermin monitoring.

<sup>2</sup> Other environmental health activities include surveys, health promotion activities, supporting community housing and health infrastructure projects, environmental health worker activities, disaster management activities, solid waste management activities, housing surveys, safe food activities, administration, legislation and policy development.

<sup>3</sup> Environmental health legislation consists of the *Food Act*, *Public Health Act*, *Notifiable Diseases Act*, *Radiation (Safety Control) Act* and *Poisons and Dangerous Drugs Act* and regulations subordinate to each.

<sup>4</sup> Legal notices are those which relate to issues of imminent or actual public health risk, and require the owner to carry out such alterations, repairs and general improvement works to ensure the health of the public. These notices usually require the owner/occupier to carry out this work in a set timeframe and requires at least another inspection to check compliance with the notice.

## Disease Control Services

Provision of services that include disease prevention and early intervention, immunisation, disease surveillance, monitoring and response, medical management, screening services, contact tracing for mycobacterial diseases and for HIV/AIDS and sexually-transmitted diseases, and environmental management for mosquito-borne diseases.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Vaccines distributed <sup>1</sup>	0.11M	0.10M
Mosquito traps analysed <sup>2</sup>	2 440	2 190
Hectares treated by mosquito control program	1 000	1 000
<i>Quality</i>		
Children fully immunised:		
– at age 12 months <sup>3</sup>	91%	91%
– at age 2 years <sup>4</sup>	87%	92%
People completing treatment for tuberculosis	95%	95%
Male clients with symptoms of gonorrhoea/chlamydia treated on presentation at Clinic 34 in Darwin	95%	95%
<i>Timeliness</i>		
Public health response instigated within guidelines and specified timeframe	95%	100%
Larval control operations in Darwin urban area within guidelines and specified timeframe of trigger (tides, rain, mosquito numbers) <sup>5</sup>	95%	100%
<i>Cost</i>		
Average cost per hectare treated for mosquitoes <sup>6</sup>	\$160	\$160

<sup>1</sup> Vaccines are distributed to all Department of Health and Community Services health centres and hospitals, general practitioners, Aboriginal medical services and other independent medical services that administer vaccinations. The diseases these vaccines protect against are diphtheria, haemophilus influenzae type b infection, hepatitis B, influenza, measles, meningococcal C disease, mumps, pertussis, pneumococcal disease, poliomyelitis, rubella and tetanus.

<sup>2</sup> Mosquito traps analysed are overnight mosquito trap collections set weekly from major towns in the Territory and sent dead to Medical Entomology Branch for species identification and count. During disease transmission periods occasional samples are requested alive and processed for virus presence. Information is used to assess mosquito disease risks, evaluate mosquito control programs and for media alerts and warnings.

<sup>3</sup> In this category (12 months), to be assessed as fully immunised each child must have received the recommended number of vaccinations for diphtheria, tetanus, pertussis, poliomyelitis and either PRP-OMP haemophilus influenzae type b vaccine or HBOC haemophilus influenzae type b vaccine.

<sup>4</sup> In this category (two years) to be assessed as fully immunised each child must have received the recommended number of vaccinations for diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella and either vaccine for PRP-OMP haemophilus influenzae type b or HBOC haemophilus influenzae type b.

<sup>5</sup> Larval control operations are regular helicopter applied insecticide application to swamps bordering Darwin northern suburbs within 5km of urban areas in response to environmental indicators of tides and rainfall and mosquito indicators from trap sampling program. Darwin urban areas are treated only as it is not practical or feasible to conduct such operations across Darwin rural or other towns.

<sup>6</sup> Includes insecticide costs and helicopter costs for survey and control.

## Alcohol and Other Drugs Services

Services that relate to the use and misuse of alcohol, tobacco and other drugs and include community development, education and training, intervention, treatment and care options.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Community education and community development activities	60	100
Completed accredited training units <sup>1</sup>	399	399
Sobering up shelter beds	91	91
Admissions to sobering up shelters	19 100	20 534
Closed episodes <sup>2</sup> in non-government treatment services <sup>3</sup>	2 150	2 214
Closed episodes in alcohol and other drugs treatment services <sup>4</sup>	629	629
Grants for community development activities	\$0.36M	\$0.36M
Grants to non-government alcohol and other drugs services <sup>5</sup>	\$8.59M	\$6.54M
<i>Quality</i>		
Accredited training units meeting national accreditation guidelines	90%	90%
Closed episodes completed in non-government treatment services	60%	60%
Closed episodes completed in Government treatment services	50%	50%
<i>Cost</i>		
Average cost of a sobering up shelter bed <sup>6</sup>	\$17 900	\$17 900
Average cost of alcohol and other drugs treatment episode <sup>7</sup>	\$2 451	\$2 451

<sup>1</sup> Alcohol and Other Drug workers can participate in a range of Vocational Education and Training accredited qualifications where a qualification comprises at least 12 units.

<sup>2</sup> An episode of alcohol and other drugs treatment is a "period of contact, with defined dates of commencement and cessations, between a client and a treatment provider ... that occurs in one setting and in which there is no change in the main treatment type of principal drug of concern, and there has not been a non-planned absence of contact for greater than three months" (National Health Data Dictionary). A closed episode of treatment is one where there is a valid date of cessation.

<sup>3</sup> Non-government treatment services are alcohol and other drugs client services provided by the non-government organisation sector.

<sup>4</sup> Alcohol and other drugs treatment services are alcohol and other drugs client services provided directly by the Department of Health and Community Service's clinical teams in Darwin and Alice Springs.

<sup>5</sup> Includes Territory grant funds, Community Harmony project funds and Commonwealth specific purpose grants.

<sup>6</sup> Total cost of sobering up shelter grants divided by the number of sobering up shelter beds.

<sup>7</sup> Total cost of client services provided by the Department's alcohol and other drugs clinical teams divided by the number of closed episodes in alcohol and other drugs treatment services.

## Health Research

Health research spans population health, the burden of disease, non-communicable and communicable diseases, social and environmental determinants of health, health systems and information systems. Research is undertaken by the Department and external organisations such as the Menzies School of Health Research and the Cooperative Research Centre for Aboriginal Health, which have multi-disciplinary research programs.

### Outcome

Improved health of people of northern and central Australia and regions to the near north through multi-disciplinary research and education.

Performance Measures	2003-04 Estimate	2004-05 Estimate
<i>Quantity</i>		
Grant funding provided	\$3.36M	\$3.41M
<i>Timeliness</i>		
Grant payments made within stipulated timeframe	100%	100%

# Statement of Financial Performance

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>OPERATING REVENUE</b>		
Taxation Revenue		
<i>Grants and Subsidies</i>		
Current	138 114	132 295
Capital	6 057	5 167
<i>Sales of Goods and Services</i>		
Output Revenue	410 085	435 749
Other Agency Revenue	22 039	20 179
Interest Revenue		
Miscellaneous Revenue	549	631
Goods and Services Received Free of Charge	21 513	21 571
Profit/Loss on Disposal of Assets		
<b>TOTAL OPERATING REVENUE</b>	<b>598 357</b>	<b>615 592</b>
<b>OPERATING EXPENSES</b>		
Employee Expenses	307 635	323 146
<i>Administrative Expenses</i>		
Purchases of Goods and Services	156 644	162 090
Repairs and Maintenance	8 132	7 556
Depreciation and Amortisation	16 635	17 350
DCIS Services Free of Charge	21 513	21 571
Other Administrative Expenses		
<i>Grants and Subsidies</i>		
Current	95 512	99 108
Capital	3 115	2 047
Community Service Obligations	2 488	2 488
Interest Expense	20	6
<b>TOTAL OPERATING EXPENSES</b>	<b>611 694</b>	<b>635 362</b>
<b>NET OPERATING SURPLUS</b>	<b>- 13 337</b>	<b>- 19 770</b>
<b>AGENCY REVENUE FOR APPROPRIATION PURPOSES</b>	<b>166 759</b>	<b>158 272</b>
(Operating Revenue less Output Revenue, Goods and Services Received Free of Charge and Profit/Loss on Disposal of Assets)		

Department of Health and Community Services

## Revenue Administered for Central Holding Authority

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>OPERATING REVENUE</b>		
Taxation Revenue		
<i>Grants and Subsidies</i>		
GST Revenue		
Current		
Capital		
<i>Sales of Goods and Services</i>		
Fees from Regulatory Services	412	420
Interest Revenue		
Royalties and Rents		
Other Revenue		
<b>TOTAL OPERATING REVENUE</b>	<b>412</b>	<b>420</b>

# Statement of Financial Position

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>ASSETS</b>		
Cash and Deposits	16 314	8 625
Receivables	4 809	4 809
Prepayments	624	624
Inventories	4 525	4 525
Advances and Investments	631	631
Land and Improvements	355 177	346 055
Plant and Equipment	15 478	13 214
Other Assets		
<b>TOTAL ASSETS</b>	<b>397 558</b>	<b>378 483</b>
<b>LIABILITIES</b>		
Deposits Held	266	266
Creditors and Accruals	15 653	15 653
Borrowings and Advances	86	86
Provisions	31 277	31 277
Other Liabilities		
<b>TOTAL LIABILITIES</b>	<b>47 282</b>	<b>47 282</b>
<b>NET ASSETS</b>	<b>350 276</b>	<b>331 201</b>
<b>EQUITY</b>		
<i>Capital</i>		
Opening Balance	369 055	376 515
Equity Injections/Withdrawals	7 460	695
Reserves	6 263	6 263
<i>Accumulated Funds</i>		
Opening Balance	- 19 165	- 32 502
Current Year Surplus/(Deficit)	- 13 337	- 19 770
<b>TOTAL EQUITY</b>	<b>350 276</b>	<b>331 201</b>

## Assets and Liabilities Administered for Central Holding Authority

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>Assets</b>		
Taxes Receivable		
Grants and Subsidies Receivable		
Royalties and Rent Receivable		
Other Receivables	1	1
<b>Total Assets</b>	<b>1</b>	<b>1</b>
<b>Liabilities</b>		
Central Holding Authority Revenue Payable	1	1
Unearned Central Holding Authority Revenue		
<b>Total Liabilities</b>	<b>1</b>	<b>1</b>
<b>Net Assets</b>		

# Statement of Cash Flows

	2003-04 Estimate	2004-05 Budget
	\$000	\$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>Operating Receipts</b>		
Taxes Received		
<i>Grants and Subsidies Received</i>		
Current	138 114	132 295
Capital	6 057	5 167
<i>Receipts from Sales of Goods and Services</i>		
Output Revenue Received	410 085	435 749
Other Agency Receipts	22 588	20 810
Interest Received		
<b>Total Operating Receipts</b>	<b>576 844</b>	<b>594 021</b>
<b>Operating Payments</b>		
Payments to Employees	307 635	323 146
Payments for Goods and Services	164 776	169 646
<i>Grants and Subsidies Paid</i>		
Current	95 512	99 108
Capital	3 115	2 047
Community Service Obligations	2 488	2 488
Interest Paid	20	6
<b>Total Operating Payments</b>	<b>573 546</b>	<b>596 441</b>
<b>NET CASH FROM OPERATING ACTIVITIES</b>	<b>3 298</b>	<b>- 2 420</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
<b>Investing Receipts</b>		
Proceeds from Asset Sales	22	3 023
Repayment of Advances		
Sales of Investments		
<b>Total Investing Receipts</b>	<b>22</b>	<b>3 023</b>
<b>Investing Payments</b>		
Purchases of Assets	8 773	8 342
Advances and Investing Payments		
<b>Total Investing Payments</b>	<b>8 773</b>	<b>8 342</b>
<b>NET CASH FROM INVESTING ACTIVITIES</b>	<b>- 8 751</b>	<b>- 5 319</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>Financing Receipts</b>		
Proceeds of Borrowings		
Deposits Received		
<i>Equity Injections</i>		
Capital Appropriation	4 629	695
Other Equity Injections		
<b>Total Financing Receipts</b>	<b>4 629</b>	<b>695</b>
<b>Financing Payments</b>		
Repayment of Borrowings		
Finance Lease Payments	170	645
Equity Withdrawals		
<b>Total Financing Payments</b>	<b>170</b>	<b>645</b>
<b>NET CASH FROM FINANCING ACTIVITIES</b>	<b>4 459</b>	<b>50</b>
Net Increase in Cash Held	- 994	- 7 689
Cash at Beginning of Financial Year	17 308	16 314
<b>CASH AT END OF FINANCIAL YEAR</b>	<b>16 314</b>	<b>8 625</b>