

Department of  
**Health and Community Services**

	2004-05 Estimate	2005-06 Budget
	\$000	\$000
<b>Output Group</b>		
Acute Services	371 133	392 034
Community Health Services	115 079	109 612
Family and Children's Services	44 494	47 657
Aged and Disability Services	58 693	58 625
Mental Health Services	25 725	28 815
Public Health Services	41 020	45 511
Health Research	4 680	4 380
<b>Total Operating Expenses</b>	<b>660 824</b>	<b>686 634</b>
<b>Output Appropriation</b>	<b>436 959</b>	<b>475 726</b>
<b>Capital Appropriation</b>	<b>1 321</b>	<b>3 645</b>

**2005-06 Staffing: 4 497**

## Agency Profile

The role of the Department of Health and Community Services 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 facing the agency during 2005-06 include:

- implementing the Giving Kids a Good Start in Life strategy;
- strengthening families and communities;
- implementing the Getting Serious about Aboriginal Health strategy;
- creating better pathways to health services;
- filling service gaps; and
- tackling substance abuse.

These key areas of service improvement are outlined in the Government's Framework For Building Healthier Communities 2004-2009.

## Budget Highlights

- Additional recurrent funding of \$1.94 million from 2005-06 for Alice Springs Hospital, to provide an increased medical staffing level for the Intensive Care Unit (involving the employment of a second intensive care specialist and senior registrar) and the Accident and Emergency Department, including recruitment of a registrar, a part-time second intensive nurse and 9 nursing positions. This funding

will also enable recruitment of six junior medical officers to provide relief support for existing staff, improve rosters to standard working hours and meet expectations of junior medical staff.

- A 12-bed hospice at Royal Darwin Hospital is scheduled for completion during 2004-05. Funding of \$900 000 in 2004-05, increased by \$970 000 in 2005-06 to \$1.87 million to cover costs for the first year of hospice operation.
- Funding of \$0.1 million in 2004-05, increasing to \$0.5 million in 2005-06 to improve the care and support services for Territorians requiring interstate radiotherapy treatment.
- Additional funding of \$1.13 million in 2005-06 for indexation of payments to non-government organisations.
- The construction of a Birthing Centre at Royal Darwin Hospital at a cost of \$2.5 million will provide two family-friendly birthing rooms with deep-water baths for pain relief and four modern birthing rooms. The Hospital's maternity ward will also be refurbished. To enable the centre to commence training staff in preparation for the opening, funding of \$0.33 million will be provided in 2005-06.
- The provision of renal services closer to patients' homes is part of the Government's Framework for Building Healthier Communities, which promotes chronic disease prevention and improves the long-term wellbeing of patients. An additional \$2 million of recurrent funding will be provided in 2005-06.
- Funding of \$0.34 million will be provided to enhance services in the Territory for people with chronic pain.
- Funding of \$0.9 million to provide desktop computers and equipment at all remote clinics.
- Additional funding of \$0.43 million for the operation and staff training requirements of the Nhulunbuy Special Care Centre. Additional funding of \$0.15 million for a community patrol at Nhulunbuy is also provided.
- Additional funding of \$0.4 million will be provided from 2005-06 for home birth care services and provision of outreach ante-natal services to remote communities.
- Funding of \$0.2 million will be provided to enable Territory nurses to study locally as midwives. Local training reduces the need to recruit from interstate or overseas and also provides a greater understanding of Territory health issues and considerations.
- Funding of \$0.5 million will be allocated for the implementation of a strategy to improve maternal and early childhood outcomes through enhanced maternal and child health services in the Territory.
- Additional funding of \$0.6 million will be provided for upgraded oral health equipment, employment of an additional oral health promotion officer and prosthetist, and establishment of an electronic client management system.
- Progress the Government's initiative to upgrade single nurse posts.
- Additional funding of \$1 million will be provided for tailored services for some of the highest need children in care.
- Funding of \$0.5 million will be provided to employ Indigenous cadets, foster care support workers and new community resource staff to work exclusively with Indigenous communities.
- Funding of \$0.5 million will be provided for the development of an intensive family support service providing specialised, short-term, intensive therapeutic and practical support for families the subject of repeat child protection notifications or investigations or both.

- Funding of \$0.3 million will be provided to support seven new youth services in remote communities across the Territory. Five of these services are receiving recurrent funding for two years.
- An additional \$1.5 million will be allocated from 2005-06 for the provision of essential mental health services. This includes \$0.2 million to strengthen 24-hour emergency response and consultation across the Territory and \$0.35 million to establish four additional child and adolescent psychiatrist positions in rural centres.
- A further \$0.6 million will be provided from 2005-06 for community-based residential care services in Darwin and Alice Springs, with 24-hour support for people with mental illness and their carers.
- An additional \$0.35 million will be provided for enhanced mental health and disability clinical and behavioural support services to the Darwin Correctional Centre.
- The Life Promotion Program will be expanded, with \$0.25 million of recurrent funding provided to enable more suicide prevention work in regional and remote communities.
- Funding of \$0.5 million for the new NT Health Direct service. This telephone-based health service will provide Territory residents and visitors with fast access to confidential and reliable health advice.
- Additional funding of \$0.5 million will be provided to enhance the HIV and sexually transmitted infections treatment and prevention program.
- Funding of \$2 million will be provided from 2005-06 to implement a service network for people with volatile substance misuse problems. The new *Volatile Substance Abuse Prevention Act* provides legislative support for the establishment of rehabilitation and treatment services across the Territory which provide increased options and opportunities for people with volatile substance abuse problems.
- The following table shows the approved major capital works projects for 2005-06. For further details of these and other projects, see *Budget Paper No. 4*.

<b>2005-06 Major Capital Works Projects</b>	<b>\$M</b>
Alice Springs Hospital – upgrade Ward 4 with eight renal stations and associated services for patients	1.0
Flynn Drive renal facilities – upgrade existing facility to provide additional renal stations and associated services for patients	1.0
Darwin and Alice Springs Mental Health Facilities – community-based residential facilities to provide 24 hour support for people with mental illness	1.2
Darwin and Alice Springs – office accommodation – refurbishment and fitout of office premises within Casuarina Plaza in Darwin and the Centrelink Building in Alice Springs	3.1

## Output Costs

Output Group/Output	2004-05 Estimate	2005-06 Budget	Variation
	\$000	\$000	\$000
<b>Acute Services</b>	<b>371 133</b>	<b>392 034</b>	<b>20 901</b>
Admitted Patient Services	292 212	315 312	23 100
Non-Admitted Patient Services	78 921	76 722	-2 199
<b>Community Health Services</b>	<b>115 079</b>	<b>109 612</b>	<b>-5 467</b>
Community Health Services	115 079	109 612	-5 467
<b>Family and Children's Services</b>	<b>44 494</b>	<b>47 657</b>	<b>3 163</b>
Child Care, Early Childhood Development and Parent Support Services	9 740	10 289	549
Support Services for Individuals and Families in Crisis	13 400	12 831	- 569
Child Protection Services	21 354	24 537	3 183
<b>Aged and Disability Services</b>	<b>58 693</b>	<b>58 625</b>	<b>- 68</b>
Community Support Services for Frail Aged People and People with a Disability	49 639	49 933	294
Support for Senior Territorians and Pensioner Concessions	9 054	8 692	- 362
<b>Mental Health Services</b>	<b>25 725</b>	<b>28 815</b>	<b>3 090</b>
Mental Health Services	25 725	28 815	3 090
<b>Public Health Services</b>	<b>41 020</b>	<b>45 511</b>	<b>4 491</b>
Environmental Health Services	5 361	5 441	80
Disease Control Services	16 631	17 466	835
Alcohol and Other Drugs Services	19 028	22 604	3 576
<b>Health Research</b>	<b>4 680</b>	<b>4 380</b>	<b>- 300</b>
Health Research	4 680	4 380	- 300
<b>Total Operating Expenses</b>	<b>660 824</b>	<b>686 634</b>	<b>25 810</b>

### Key Variations

- Output costs reflect resource variations for growth, wages, inflation and productivity dividend.
- A review of the mapping of services and allocation of overheads against outputs for 2005-06 has resulted in an increase of \$7 million in Acute Services and a decrease in \$6 million for Community Health Services, with minor variations in the costs of other outputs.
- Acute Services – 2005-06 costs include additional funding of:
  - \$0.97 million for the Royal Darwin Hospital Hospice Unit;
  - \$0.33 million for the Royal Darwin Hospital Birthing Centre;
  - \$1.7 million for patient assisted travel and aero-medical services;
  - \$2.0 million for renal dialysis services;
  - \$0.4 million for radiation oncology services; and
  - a net increase of \$17.2 million due to factors built into the budget for growth, CPI and wages and the matching requirements of the Australian Health Care Agreements.
  - A further \$6.6 million increase in Acute Services is due to the effect of the mapping of services to outputs. This is offset by additional costs for 2004-05 which include \$6.9 million in one-off revenue and carry-forwards from 2003-04, and a reduction of \$2 million in corporate overheads in 2005-06.

- Community Health Services – the reduction of \$5.5 million is due to a reallocation of \$6.1 million as a result of the remapping of services, offset by \$1.9 million additional funding for growth and \$0.6 million for oral health. The balance, a decrease of \$1.9 million, is mainly due to adjustments for Australian Government funding and one-off revenue adjustments in 2004-05.
- Family and Children’s Services – the increase of \$3.2 million is due to additional funding of:
  - \$3 million to expand child protection services;
  - \$0.3 million for volatile substance abuse;
  - \$0.2 million for Children Service Plan Strategies; and
  - \$0.1 million for Parenting Support Initiatives carried forward from 2004-05 to 2005-06. These are partially offset by \$0.6 million in costs carried forward from 2003-04 to 2004-05.
- Aged and Disability Services – overall decrease is the net effect of \$1.2 million funding carried forward from 2003-04 into 2004-05 which has offset planned growth in Northern Territory-funded programs for 2005-06.
- Mental Health Services – the increase of \$3.1 million is due to additional funding of:
  - \$1.5 million as part of the increased commitment for essential community-based mental health services;
  - \$0.6 million for community-based residential services in Darwin and Alice Springs;
  - \$0.35 million for enhanced mental health and disability clinical and behavioural support services for the Darwin Correctional Centre; and
  - \$0.15 million increase for the quality through outcomes program.
- Public Health Services – the net increase of \$4.5 million is due to an increase of \$3.6 million for Alcohol and Other Drugs Services and \$0.8 million for Disease Control. Both outputs have a high proportion of Australian Government-funded programs. The increased funding for Alcohol and Other Drugs Services is due to:
  - the carry-forward of \$2.1 million from 2004-05 into 2005-06 for the National Illicit Drug Strategy (\$1.2 million) and volatile substance abuse (\$0.9 million);
  - additional funding of \$0.15 million for a community patrol at Nhulunbuy;
  - \$0.43 million for staffing and operation of the Nhulunbuy Special Care Centre;
  - this growth is partly offset by \$1.1 million in funds carried forward from 2003-04 to 2004-05 and a \$0.4 million capital grant for the construction of the Nhulunbuy sobering-up shelter in 2004-05; and
  - the increased funding for Disease Control Services is mainly due to Australian Government funding carried forward and one-off revenue adjustments in 2004-05.

### **Output Group: 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.

The outcome is 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>		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Hospital Activity Model weighted inlier equivalent separations (WIES) <sup>2</sup>	44 560	44 750
	Non-acute bed days <sup>3,4</sup>	15 260	23 900
<i>Quality</i>	Beds accredited by the Australian Council on Health Standards	100%	100%
<i>Timeliness</i>	Elective surgery waiting times:		
	- Category 1: admission within 30 days	88%	95%
	- Category 2: admission within 90 days	74%	85%

1 Due to remoteness, the dispersed population and 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.

2 Hospital workload is measured in terms of why people are admitted to hospital and how long they stay. 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.

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

4 The large deviation in non-acute bed days between the 2004-05 and 2005-06 estimates is a result of changes in the operational system (Caresys), improving the quality of data. If a patient's care type is not classified as acute, it is grouped into nine other non-acute care types that include rehabilitation, palliative care, geriatric and psychogeriatric care. In the prior year estimates, the only care types included in non-acute care figures were non-acute (unspecified) and non-acute psychiatric care.

## Non-Admitted Patient Services

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

Performance Measures <sup>1</sup>		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Non-admitted specialist clinic occasions of service <sup>2</sup>	132 500	135 400
	Emergency department attendances <sup>3,4</sup>	102 500	113 000
<i>Timeliness</i>	Emergency department waiting times:		
	- Category 1: resuscitation - attended to immediately	100%	100%
	- Category 2: emergency - attended to within 10 minutes	65%	70%
	- Category 3: urgent - attended to within 30 minutes	64%	70%
	- Category 4: semi-urgent - attended to within 60 minutes	58%	60%
	- Category 5: non-urgent - attended to within 120 minutes	85%	85%

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

2 Number of specialist consultations for non-admitted patients.

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

4 Previous estimates for emergency department attendances excluded patients who did not wait. This has been amended for the estimates of 2005-06 as these patients represent a significant use of resources in the emergency department.

## Output Group: 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.

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

Performance Measures		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Funded Government-managed rural community health centres <sup>1</sup>	52	52
	Funded non-government-managed rural community health centres	29	29
	Community health events urban <sup>2,3</sup>	98 000	98 000
	Well person checks <sup>4</sup>	4 850	5 210
	Resident child population <5 years participating in Growth Assessment and Action Program <sup>5</sup>	3 400	3 400
	Oral health occasions of service	50 000	55 000
<i>Quality</i>	Proportion of Indigenous babies born with low birth weight <sup>6</sup>	15% <sup>7</sup>	12.5%
	Proportion of screened Indigenous children < 5 years who are underweight <sup>6</sup>	15%	15%

1 Rural areas are defined as those situated outside the urban centres.

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

3 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. Some clients previously counted in this measure are now included in the output Community Support Services for Frail Aged People and People with a Disability.

4 A 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.

5 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 the nutritional status of children at a community level.

6 Data is collected biannually.

7 This figure relates to 2003, as 2004 data is not yet available.

## Output Group: 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.

The outcome is that 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, for children's early learning and development activities, and for 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		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Subsidised child care places	3 300	3 600
<i>Timeliness</i>	Child care subsidy payments made on time	95%	95%

### 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		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Clients accessing crisis support services <sup>1,2</sup>	3 100	3 100
	Days of support <sup>1,3</sup>	130 000	130 000
	Clients accessing other crisis services <sup>4</sup>	1 000	1 000

1 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.

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

3 Total number of days that support was provided to all clients of crisis support services.

4 Other crisis services include domestic and family violence counselling, sexual assault services, financial counselling and parent support.

## 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>		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Notifications of child harm <sup>2</sup>	2 050	2 200
	Child protection reports investigated <sup>3</sup>	1 050	1 100
	Children in care during the year <sup>4</sup>	460	460
	Days of care <sup>5</sup>	120 000	130 000
	Clients accessing support services <sup>6</sup>	500	500
<i>Quality</i>	Proportion of children on a care and protection order exiting care after less than 12 months, who had one or two placements	79%	80%
	Proportion of children on a care and protection order exiting care after 12 months or more, who had one or two placements	62%	62%
<i>Timeliness</i>	Investigations of reports commenced:		
	- Category 1: within 24 hours of notification <sup>7</sup>	100%	100%
	- Category 2: within 72 hours of notification <sup>8</sup>	100%	100%
	- Category 3: within 5 days <sup>9</sup>	100%	100%

1 Output cost has been increased by \$3 million in 2005-06 for growth and additional performance measures are still to be determined for the output group.

2 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.

3 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.

4 Number of children who were in substitute care at any time during the financial year for whom the Minister has some form of legal responsibility. 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 Adjudgment 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.

5 Total number of days that care was provided to children in care (as defined above).

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

7 Category 1 – Child in danger.

8 Category 2 – Child at risk.

9 Category 3 – Child concern.

## Output Group: 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 pensioner concessions to eligible clients.

The outcome is that 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		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Supported accommodation places	129	133
	Clients accessing professional support services <sup>1,2</sup>	4 540	4 840
	Clients accessing community support services <sup>1,3</sup>	3 500	4 400
	Occasions clients access professional support services <sup>1</sup>	41 000	48 000
	Hours clients access community support services <sup>1,4</sup>	375 000	470 000
<i>Quality</i>	HACC urban services reviewed against service standards	30%	30%
	CSTDA urban services reviewed against service standards	20%	20%
<i>Timeliness</i>	Aged Care Assessment Team clients receiving timely intervention in accordance with priority at referral	90%	90%

1 Estimates now include clients previously included in Community Health Services.

2 Professional support services are provided by 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 Territory Independence and Mobility Equipment (TIME) Scheme. Excludes School Therapy, Paediatric Team and Specialist Adult Health Service which are included under the Community Health output.

3 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.

4 The estimate for 2004-05 has increased significantly on the original estimate as the measure was introduced for the first time in 2004-05 and now more accurately reflects expected activity. The increase in 2005-06 is due to the projected increase in community support clients.

## 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 includes the Pensioner Concession Scheme, which provides a number of concessions/rebates to eligible clients.

Performance Measures		Estimate 2004-05	Estimate 2005-06
Quantity	Pensioner concession <sup>1</sup> recipients	18 200	18 900
Timeliness	Applicants able to access pensioner concessions within 14 days	100%	100%

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

## Output Group: 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.

The outcome is that 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		Estimate 2004-05	Estimate 2005-06
Quantity	Individuals receiving community-based mental health services <sup>1</sup>	4 500	4 500 to 4 800
	Occupied bed days by designated services <sup>2</sup>	11 500	11 200 to 12 800
	Non-weighted inpatient separations from designated services <sup>3</sup>	1 500	1 400 to 1 600
	Mental health budget allocated to non-government organisations <sup>4</sup>	7%	10 to 12%
Quality	Public mental health services accredited <sup>5</sup>	50%	100%

<sup>1</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>2</sup> Measure refers to inpatient services provided within two approved treatment facilities (Darwin and Alice Springs Mental Health Inpatient Units), declared pursuant to section 20 of the *Mental Health and Related Services Act 1998*.

<sup>3</sup> Separation is the process whereby an inpatient is discharged from an inpatient service setting. The person may or may not be referred to another service setting (such as community-based mental health services). This indicator represents non-adjusted separations only.

<sup>4</sup> This measure indicates the proportion of the mental health budget invested in the non-government sector for delivery of services and support to consumers of mental health services and their carers. It is anticipated that the indicator will show growth over time as new funds are invested in partnerships with the non-government sector.

<sup>5</sup> There are two public mental health services subject to accreditation (Top End service and Central Australian service).

## Output Group: 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 lower demand for services to recover or cope with lost health.

The outcome is 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		Estimate 2004-05	Estimate 2005-06
Quantity	Regulatory compliance activities <sup>1</sup>	7 450	9 100
	Other environmental health activities <sup>2</sup>	3 900	2 050
Quality	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%
Timeliness	Environmental health complaints investigations initiated within one working day of notification	92%	92%

1 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.

2 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.

3 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.

4 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 require 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 infections, and environmental management for mosquito-borne diseases.

Performance Measures		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Mosquito traps analysed <sup>1</sup>	2 160	2 200
	Hectares treated by mosquito control program	1 195	1 070
	Notifications of:		
	- Sexually transmitted infections	3 920	3 960
	- HIV	4	4
	- Hepatitis C	280	240
	Occasions of service at Clinic 34 in Darwin and Alice Springs	8 450	8 450
<i>Quality</i>	Children fully immunised:		
	- at age 12 months <sup>2</sup>	91%	91%
	- at age 2 years <sup>3</sup>	92%	92%
	People completing treatment for tuberculosis	95%	95%
	Male clients with symptoms of gonorrhoea or chlamydia treated on presentation at Clinic 34 in Darwin	95%	100%
<i>Timeliness</i>	Public health response instigated within guidelines and specified timeframe	100%	100%
	Mosquito larval control operations in Darwin urban area within guidelines and specified timeframe of trigger (tides, rain, mosquito numbers) <sup>4</sup>	100%	100%

1 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.

2 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.

3 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.

4 Larval control operations are regular insecticide applications to swamps within five kilometres of Darwin urban areas bordering the northern suburbs. These are applied by helicopter in response to environmental indicators of tides and rainfall and mosquito indicators from trap sampling program. Only Darwin urban areas are treated as it is not practical or feasible to conduct such operations across Darwin rural or other towns.

## 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		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Community education and community development activities	200	200
	Completed accredited training units <sup>1</sup>	350	350
	Utilisation rate of sobering up shelter bed hours	33%	33%
	Admissions to sobering up shelters	17 000	20 000
	Closed episodes <sup>2</sup> in non-government treatment services <sup>3</sup>	2 214	2 200
	Closed episodes in alcohol and other drugs treatment services <sup>4</sup>	300	300
	Grants for community development activities	\$0.36M	\$0.36M
	Grants to non-government alcohol and other drugs services <sup>5</sup>	\$7.28M	\$9.95M
<i>Quality</i>	Accredited training units meeting national accreditation guidelines	90%	90%
	Closed episodes completed in non-government treatment services	65%	65%
	Closed episodes completed in Government treatment services	30%	30%

1 Alcohol and Other Drugs workers can participate in a range of vocational education and training and accredited qualifications where a qualification comprises at least 12 units.

2 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.

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

4 Alcohol and other drugs treatment services are alcohol and other drugs client services provided directly by the Department of Health and Community Services' clinical teams in Darwin and Alice Springs.

5 Includes Territory grant funds, Community Harmony project funds and Australian Government specific purpose grants.

## Output Group: 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.

The outcome is improved health of people of northern and central Australia and regions to the near north through multi-disciplinary research and education.

Performance Measures		Estimate 2004-05	Estimate 2005-06
<i>Quantity</i>	Grant funding provided	\$3.44M	\$3.53M
<i>Timeliness</i>	Grant payments made within stipulated timeframe	100%	100%

## Statement of Financial Performance

	2004-05 Estimate	2005-06 Budget
	\$000	\$000
<b>OPERATING REVENUE</b>		
Taxation revenue		
Grants and subsidies		
Current	146 405	137 716
Capital	1 804	2 002
Sales of goods and services		
Output revenue	436 959	475 726
Other agency revenue	24 805	21 629
Interest revenue		
Miscellaneous revenue	522	56
Goods and services received free of charge	22 971	22 971
Profit/loss on disposal of assets	476	
<b>TOTAL OPERATING REVENUE</b>	<b>633 942</b>	<b>660 100</b>
<b>OPERATING EXPENSES</b>		
Employee expenses	340 122	356 850
Administrative expenses		
Purchases of goods and services	160 795	173 334
Repairs and maintenance	7 582	8 300
Depreciation and amortisation	17 350	17 642
DCIS services free of charge	22 971	22 971
Other administrative expenses		
Grants and subsidies		
Current	108 576	104 109
Capital		
Community service obligations	3 421	3 421
Interest expense	7	7
<b>TOTAL OPERATING EXPENSES</b>	<b>660 824</b>	<b>686 634</b>
<b>NET OPERATING SURPLUS</b>	<b>-26 882</b>	<b>-26 534</b>

## Revenue Administered for Central Holding Authority

<b>OPERATING REVENUE</b>		
Taxation revenue		
Grants and subsidies		
GST revenue		
Current		
Capital		
Sales of goods and services		
Fees from regulatory services	420	428
Interest revenue		
Royalties and rents		
Other revenue		
<b>TOTAL OPERATING REVENUE</b>	<b>420</b>	<b>428</b>

## Statement of Financial Position

	2004-05 Estimate	2005-06 Budget
	\$000	\$000
<b>ASSETS</b>		
Cash and deposits	10 030	60
Receivables	13 186	13 186
Prepayments	844	844
Inventories	5 261	5 261
Advances and investments	800	800
Land and improvements	387 888	378 580
Plant and equipment	16 656	14 050
Other assets		
<b>TOTAL ASSETS</b>	<b>434 665</b>	<b>412 781</b>
<b>LIABILITIES</b>		
Deposits held	325	325
Creditors and accruals	26 443	26 443
Borrowings and advances	188	188
Provisions	33 553	33 553
Other liabilities		
<b>TOTAL LIABILITIES</b>	<b>60 509</b>	<b>60 509</b>
<b>NET ASSETS</b>	<b>374 156</b>	<b>352 272</b>
<b>EQUITY</b>		
Capital		
Opening balance	417 576	423 931
Equity injections/withdrawals	6 355	4 650
Reserves	6 263	6 263
Accumulated funds		
Opening balance	-29 156	-56 038
Current year surplus(+)/deficit(-)	-26 882	-26 534
<b>TOTAL EQUITY</b>	<b>374 156</b>	<b>352 272</b>

## Statement of Cash Flows

	2004-05 Estimate	2005-06 Budget
	\$000	\$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>Operating receipts</b>		
Taxes received		
Grants and subsidies received		
Current	146 405	137 716
Capital	1 804	2 002
Receipts from sales of goods and services		
Output revenue received	436 959	475 726
Other agency receipts	25 327	21 685
Interest received		
<b>Total operating receipts</b>	<b>610 495</b>	<b>637 129</b>
<b>Operating payments</b>		
Payments to employees	340 122	356 850
Payments for goods and services	160 351	181 634
Grants and subsidies paid		
Current	108 576	104 109
Capital		
Community service obligations	3 421	3 421
Interest paid	7	7
<b>Total operating payments</b>	<b>612 477</b>	<b>646 021</b>
<b>NET CASH FROM OPERATING ACTIVITIES</b>	<b>-1 982</b>	<b>-8 892</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
<b>Investing receipts</b>		
Proceeds from asset sales	2 699	23
Repayment of advances		
Sales of investments		
<b>Total investing receipts</b>	<b>2 699</b>	<b>23</b>
<b>Investing payments</b>		
Purchases of assets	7 787	5 106
Advances and investing payments	800	
<b>Total investing payments</b>	<b>8 587</b>	<b>5 106</b>
<b>NET CASH FROM INVESTING ACTIVITIES</b>	<b>-5 888</b>	<b>-5 083</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>Financing receipts</b>		
Proceeds of borrowings		
Deposits received		
Equity injections		
Capital appropriation	1 321	3 645
Other equity injections	61	1 005
<b>Total financing receipts</b>	<b>1 382</b>	<b>4 650</b>
<b>Financing payments</b>		
Repayment of borrowings		
Finance lease payments	645	645
Equity withdrawals		
<b>Total financing payments</b>	<b>645</b>	<b>645</b>
<b>NET CASH FROM FINANCING ACTIVITIES</b>	<b>737</b>	<b>4 005</b>
Net increase in cash held	-7 133	-9 970
Cash at beginning of financial year	17 163	10 030
<b>CASH AT END OF FINANCIAL YEAR</b>	<b>10 030</b>	<b>60</b>