

Northern Territory PHN Annual Report 2019-2020





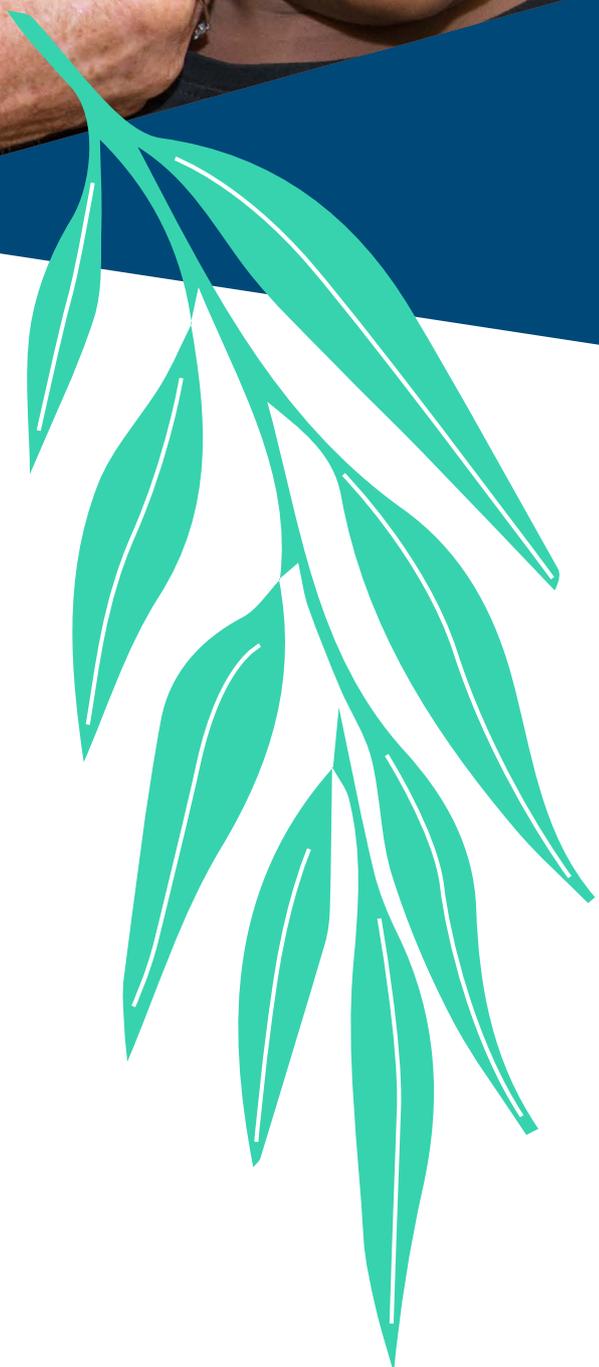
Contents

Acknowledgement of Country	1	10. Performance	29
Vision, Purpose and Values	2	Goal 1: To empower people to take control of their own health and wellbeing	30
1. About this Report	3	Goal 2: Address health equity by identifying those with the greatest health needs and improving access to primary health care	36
2. Snapshot of 2019-20	3	Goal 3: Enable providers to deliver quality primary health care	42
3. A joint message from the Chair and CEO	6	Goal 4: Lead primary health care system integration through effective partnerships	52
4. Who we are and why our work is important	8	Strategic Enabler 1: Corporate governance	56
4.1 Objectives of a PHN	9	Strategic Enabler 2: Engaged and aligned workforce	62
4.2 Vision, Purpose and Values	10	Strategic Enabler 3: Stakeholder engagement	66
4.3 Our Governance	11	11. Acknowledgement to Partners	67
5. Strategic Plan	15	12. Australasian Reporting Awards	67
5.1 2019-20 Performance: What we achieved	15		
5.2 Overview of Financial Performance	20		
6. Reconciliation Action Plan	22		
Our vision for reconciliation	22		
7. Our People	24		
8. COVID-19 Pandemic Response	26		
Support for our staff	27		
Challenges, Opportunities and Learnings	27		
9. Commissioning	28		



Acknowledgement of Country

Northern Territory PHN acknowledges the Traditional Owners of the country on which we work and live and recognise their continuing connection to land, waters, and community. We pay our respects to Elders past, present and emerging, and to their cultures.



Navigating through the Annual Report

Throughout the pages of this report you will see the below buttons. These are prompts for you to click to see an interactive action:



Return to contents page



Click to read more information



Click to view or download a document



Click to listen to an audio file



Click to watch a video

There are also a number of hyperlinks within the text, which are recognisable by their bold font and underline. These will direct you to other relevant website pages.

Vision, Purpose and Values

Our Vision

People in the Northern Territory enjoy their best health and wellbeing

Our Purpose

Build local partnerships and direct resources based on need towards an integrated, high quality primary health care system

Our Values





1. About this Report

This report provides a summarised overview of the key activities and performance of Health Network Northern Territory Ltd, operating as Northern Territory PHN and Rural Workforce Agency NT, (Northern Territory PHN) for the financial year ended 30 June 2020.

This report is designed to provide easy-to-read information on our performance in 2019-20 for our stakeholders including Company Members, funders, commissioned health service providers, health professionals, partners, the community, and our employees.

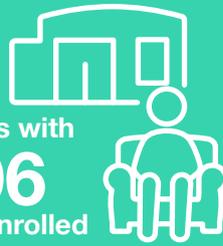
We aim to build awareness of our operations and demonstrate how we delivered on our vision and purpose, while maintaining our values and commitment to people in the Northern Territory.

All dollar figures are expressed in Australian currency, unless otherwise stated.

Read more about our 2019-20 Annual Financial Report and the Directors' Report

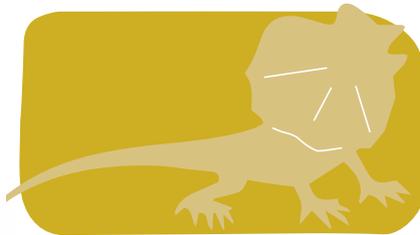
2. Snapshot of 2019-20

Health Care Homes

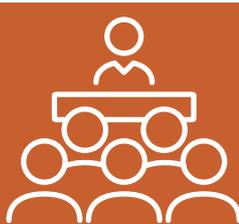


17 sites with
1,096 patients enrolled

Compared to 19 sites with 1,124 patients in 2018-19.
Read more on page 33



Continuing Professional Development for Health Professionals



48 events
1,003 participants

Compared to 113 events with 890 participants in 2018-19
Read more on page 47

Research Partnerships



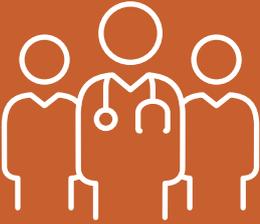
11 current partnerships in place

Read more on page 41



2. Snapshot of 2019-2020 continued

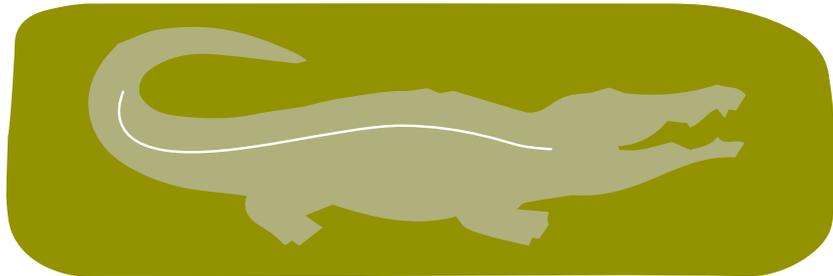
Health Professional Recruitment



88 Health Professionals

- 11 GPs
- 2 Non-Vocationally Registered GPs
- 46 Allied Health Professionals
- 29 Nurses

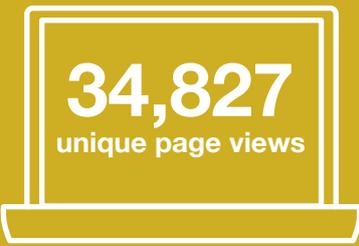
Compared to 2018-19 22 GPs and 85 Allied Health in 2018-19
Read more on page 44



NT HealthPathways



358 Localised pathways



34,827 unique page views

Compared to 250 localised pathways in 2018-19
Read more on page 55

COVID-19 Pandemic Response support

<p>Over 189,000 masks distributed from the National Stockpile</p> 	<p>\$356,500 in grants to support telehealth initiatives in response to pandemic</p> 	<p>4 Pandemic nurse positions supported</p> 
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Read more on page 26



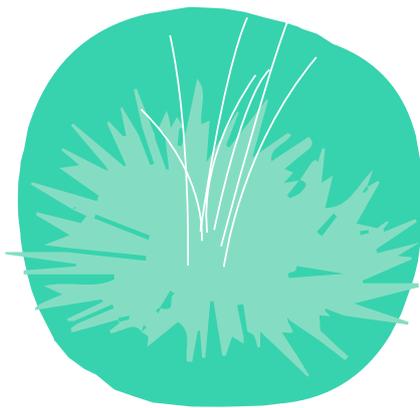
headspace



2,921 Young people supported

across **9,419** separate occasions

Read more on page 40



Commissioned services

11
tenders
delivered

138
services
contracted



Over
\$52m
in executed
contracts



Compared to 27 procurement activities and 78 service providers contracted in 2018-19

Read more on page 38

Reconciliation Action Plan

Finalisation and
launch of Stretch
RAP



87



formal partnerships with
ACCHS, Aboriginal peak
bodies or service
providers



8.23% FTE are Aboriginal or Torres Strait Islander, we are working towards our target of 15%

Compared to 9% of FTE being people of Aboriginal or Torres Strait Islander descent, and 23 formal partnerships with ACCHS, Aboriginal peak bodies or service providers

Read more on page 24

Internal Audits

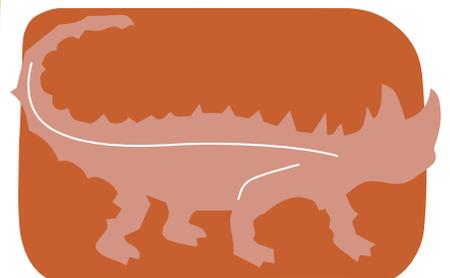
2 internal
audits completed:

- Data Governance
- Contracts Administration



Compared to five internal audits completed in 2018-19

Read more on page 59



3. A joint message from the Chair and CEO

This year has been focused on strengthening our partnerships and stakeholder relationships across the NT primary health care sector through a variety of programs and activities.

No one would have predicted that we would find ourselves responding to a global pandemic but with the onset of COVID-19, Northern Territory PHN (NT PHN) has leveraged existing relationships and established new ones, as part of our sector-wide response. Our role has been diverse and at times changed very rapidly.

NT PHN has played a role in:

- Supporting the primary health care workforce through the provision of current clinical and business management resources, health advice and mental health support as well as participating in Northern Territory-wide planning should a surge workforce be required
- Working with commissioned service providers to adapt their contracts to meet the local needs and align with national health guidelines
- Offering grants to support primary health practitioners to sustain service delivery during COVID-19, for example telehealth grants valued at \$356,500 allowing practices to purchase critical equipment needed to deliver telehealth services
- Liaising with the Australian Government Department of Health to support the establishment of Respiratory Clinics throughout the Territory
- Distributing personal protective equipment (PPE) as part of a national rollout by the Australian Government
- Contributing to a range of Northern Territory and national working groups and committees managing different aspects of the response.

One of the most successful stories out of the COVID-19 response in the Northern Territory has been the extended use of telehealth services in a culturally appropriate manner and we anticipate that many providers will change their ongoing service delivery model as a result of this. This will help deliver more sustainable and accessible services for Territorians, particularly in remote areas.

NT PHN's HealthPathways website has continued to be developed in collaboration with primary care providers and reached 326 pathways this year.

Work has progressed on a joint Regional Mental Health and Suicide Prevention Plan for the Northern Territory, in partnership with NT Department of Health, Aboriginal Medical Services Alliance NT (AMSANT), Territory Families and the NT Mental Health Coalition. This Foundation Plan will be finalised by December 2020 and a website to guide consumers through accessing the right mental health and suicide prevention resources and help is also underway.



Left to right: Ms Diane Walsh – Chair, NT PHN Board, Ms Gillian Yearsley – Chief Executive Officer, Ms Nicki Herriott – former Chief Executive Officer.



One of our internal key achievements for the year was the launch of our Stretch Reconciliation Action Plan, 'Embedding Reconciliation 2020 – 2023'. The plan outlines a set of deliverables NT PHN will progress to embed reconciliation into our long-term business systems, philosophies and behaviours.

We also finalised the development of an NT Digital Health Strategy in partnership with AMSANT and NT Department of Health and this will be launched in the next financial year. The strategy is a key piece of work aligning with the National Digital Health Strategy and is focused on integrating digital health into the Northern Territory health system. A range of initiatives will be implemented in the 20-21 year under the strategy.

The above summarises just a few of our achievements over the past year and none of these would have been possible without the strong partnerships we have in place – particularly with AMSANT and the NT Department of Health and we would like to thank them for their ongoing support and collaboration.

We'd also like to acknowledge the ongoing contribution of our Board and our Councils, the Top End Clinical Council, Central Australia Clinical Council and Community Advisory Council, who have continued to provide the strategic direction for NT PHN and to ensure we are connecting with the community and key stakeholders through all of our work.

Thanks also go to our stakeholders who contribute so generously to the work that we do and in particular, those with lived experience who have participated in a range of activities this year in regards to improving mental health. Your input is highly valued and we look forward to strengthening the relationships forged this year.

Lastly, we would like to acknowledge that the work captured within this annual report was primarily led by former Chief Executive Officer, Nicki Herriot. Nicki led the organisation through a substantial period of change and maintained positive relationships with our Board, staff and stakeholders. We thank her for her valuable contribution over many years at NT PHN.

As we continue to work towards our vision that people in the Northern Territory enjoy their best health and wellbeing, we look forward to continuing to work across the community and primary health care sector; and to the challenges ahead of us in 20-21.

Diane Walsh
Chair, NT PHN Board

Gillian Yearsley
Chief Executive Officer



4. Who we are and why our work is important

We are Northern Territory Primary Health Network (NT PHN), a not-for-profit independent organisation established in 2015 and funded by the Australian Government to commission services that meet local health needs and priorities. Our vision is that people of the NT enjoy their best health and wellbeing.

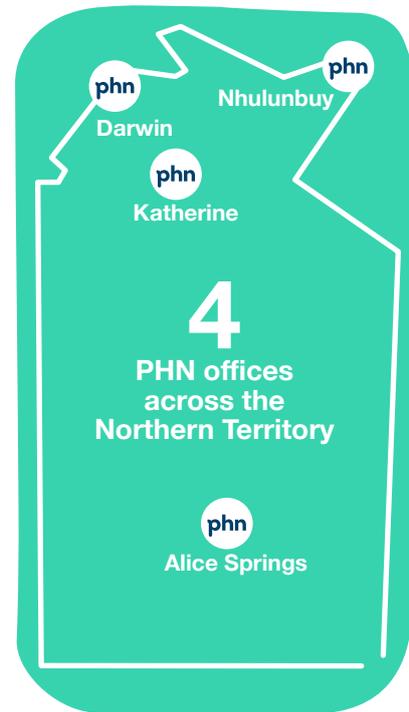
Unique amongst Primary Health Networks (PHNs), we are also the Northern Territory's Rural Workforce Agency, which means we work to attract, recruit, educate and retain professional primary health care workers in the Northern Territory (NT). This ensures that we work to ensure health workforce capability to support the health sector and services we have commissioned. Across Australia, we are one of 31 PHNs coordinating primary health care delivery and addressing local health care needs and service gaps.

Primary health care is recognised as the most effective way to keep communities and individuals healthy and well. It is the treatment of patients who are not admitted to hospital and can often be the first point of contact a person has with Australia's health system.

We identify areas of need – such as regions with a lack of health care services or difficulty accessing services, or regions with particularly high health needs – and we commission services to address these needs.

We have strong and established relationships with primary health care providers such as, general practices, allied health professionals, and Aboriginal community-controlled health services to help deliver these services.

Our four offices in the NT are located in Darwin, Alice Springs, Katherine and Nhulunbuy.



4.1 Objectives of a PHN

We operate in a complex and dynamic environment. Our role is often affected by changes in Australian, state, territory, and local government policies. Our work involves:

- Understanding the health care needs of our communities through analysis and planning as well as identifying and addressing service gaps where needed while ensuring value for money.
- Working directly with general practitioners (GPs), other primary health care providers, secondary care providers and hospitals to avoid patients having to attend emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals.
- Supporting primary health care providers in attaining the highest standards in safety and quality by showcasing and disseminating research and evidence of best practice. This includes collecting and reporting data to support continuous improvement.
- Helping primary health care providers to understand and use eHealth systems to streamline the flow of patient information across the local health provider community.
- Working with other service funders and purchasing or commissioning health and medical/clinical services for local groups most in need.

The Australian Government Department of Health has established seven key priorities for targeted work by PHNs. These are:

1. Mental Health and Suicide Prevention

- > We commission organisations across the NT to deliver a range of mental health and suicide prevention services under the Australian Government's six key mental health objectives.
- > We support improved coordination and integration in the mental health system to make it easier for people to navigate services.

2. Aboriginal and Torres Strait Islander Health

- > We commission culturally appropriate providers to deliver health services in the NT, ensuring Aboriginal and Torres Strait Islander people can access the right health care.

3. Population Health

- > We work to promote improved health outcomes for the entire NT population.

4. Health Workforce

- > We help health professionals to build their skills and access any extra support they might need.
- > We are unique amongst PHNs in that we also operate as the Rural Workforce Agency NT and deliver initiatives that support recruitment and retention of health professionals in the NT.

5. Digital Health

- > We support a range of digital health initiatives to ensure better coordinated care and to support health professions and consumers to make better-informed treatment decisions.

6. Aged Care

- > We aim to improve accessibility, coordination and integration of health services from a range of providers in a way that meets the individual needs of older people in the NT with the aged care reform agenda, and NT strategic directions in aged care.

7. Alcohol and Other Drugs

- > We commission organisations across the NT to deliver a range of drug and alcohol treatment activities.
- > We support the alcohol and other drugs treatment sector to grow and improve.

4.2 Vision, Purpose and Values



Our Vision

People in the Northern Territory enjoy their best health and wellbeing



Board members (left to right): Ms Diane Walsh – Chair, Mr John Rawnsley – Deputy Chair, Ms Donna Ah Chee, Dr John Boffa, Dr Paul Burgess, Ms Heather D'Antoine, Dr Samuel Goodwin, Ms Judith Oliver, Mr Iain Summers





4.3 Our Governance

We are a not-for-profit company limited by guarantee, registered as a charity with the Australian Charities and Not-for-profits Commission. Our company members are the Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (AMSANT), the NT Government Department of Health and the Health Providers Alliance NT.

Our Board is responsible for providing leadership, overseeing the overall strategy, governance and performance of the company.

Learn more about the key roles and responsibilities of the Board

The strength and effectiveness of our Board is supported by the diversity of its directors. Our independent, skills-based Board reflects the breadth of the NT's health sector, and includes directors with a diverse range of skills, backgrounds and professions. At least three director positions are reserved for people of Aboriginal descent.

The following directors were in office during 2019-20:

- Ms Diane Walsh – Chair
- Mr John Rawnsley – Deputy Chair
- Ms Donna Ah Chee
- Dr John Boffa – appointed 25 November 2019
- Dr Paul Burgess
- Ms Heather D'Antoine
- Dr Samuel Goodwin
- Ms Judith Oliver
- Mr Iain Summers
- Dr Andrew Bell – retired 25 November 2019

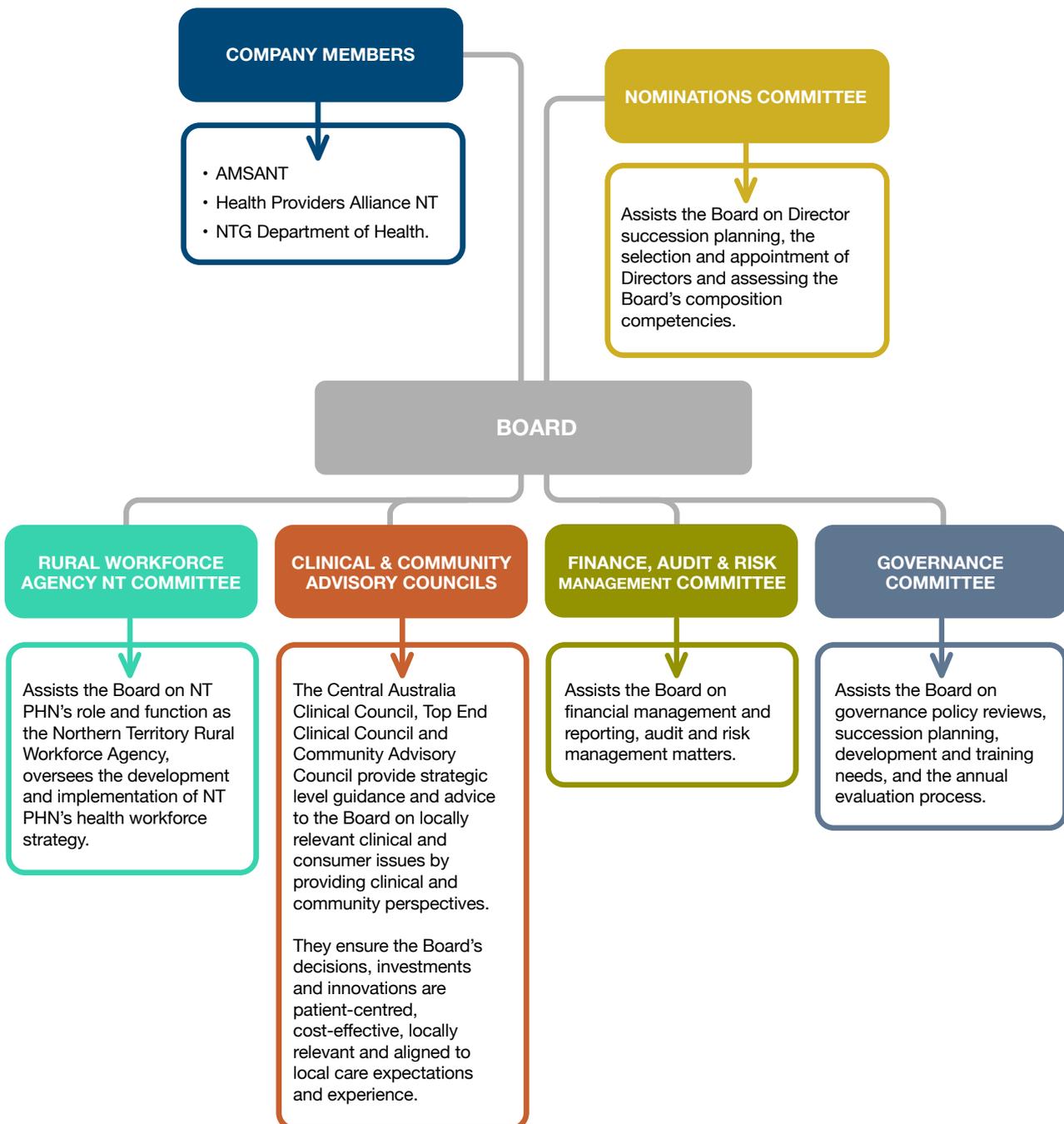
Following the retirement of Dr Andrew Bell as Chair in November 2019, former Deputy Chair Diane Walsh was elected Chair, and John Rawnsley elected Deputy Chair.

To ensure its effective operation, our Board has established a range of committees to provide advice and make recommendations on specific matters to inform its decision making. In accordance with our funding agreements and Constitution, our Board has also established the Central Australia Clinical Council, Top End Clinical Council and Community Advisory Council, which are key components of our governance and advisory structure.

Find out more about our Board and governance structure



Northern Territory PHN Company Structure





The Chief Executive Officer (CEO), with the support of the senior executive leadership team and direction from the Board, is responsible for operational management. The CEO ensures good governance and quality reporting practices, with a high degree of transparency, to maintain the confidence of our stakeholders.

In March 2020, our CEO Ms Nicki Herriot announced her resignation from July 2020. Ms Herriot was with the

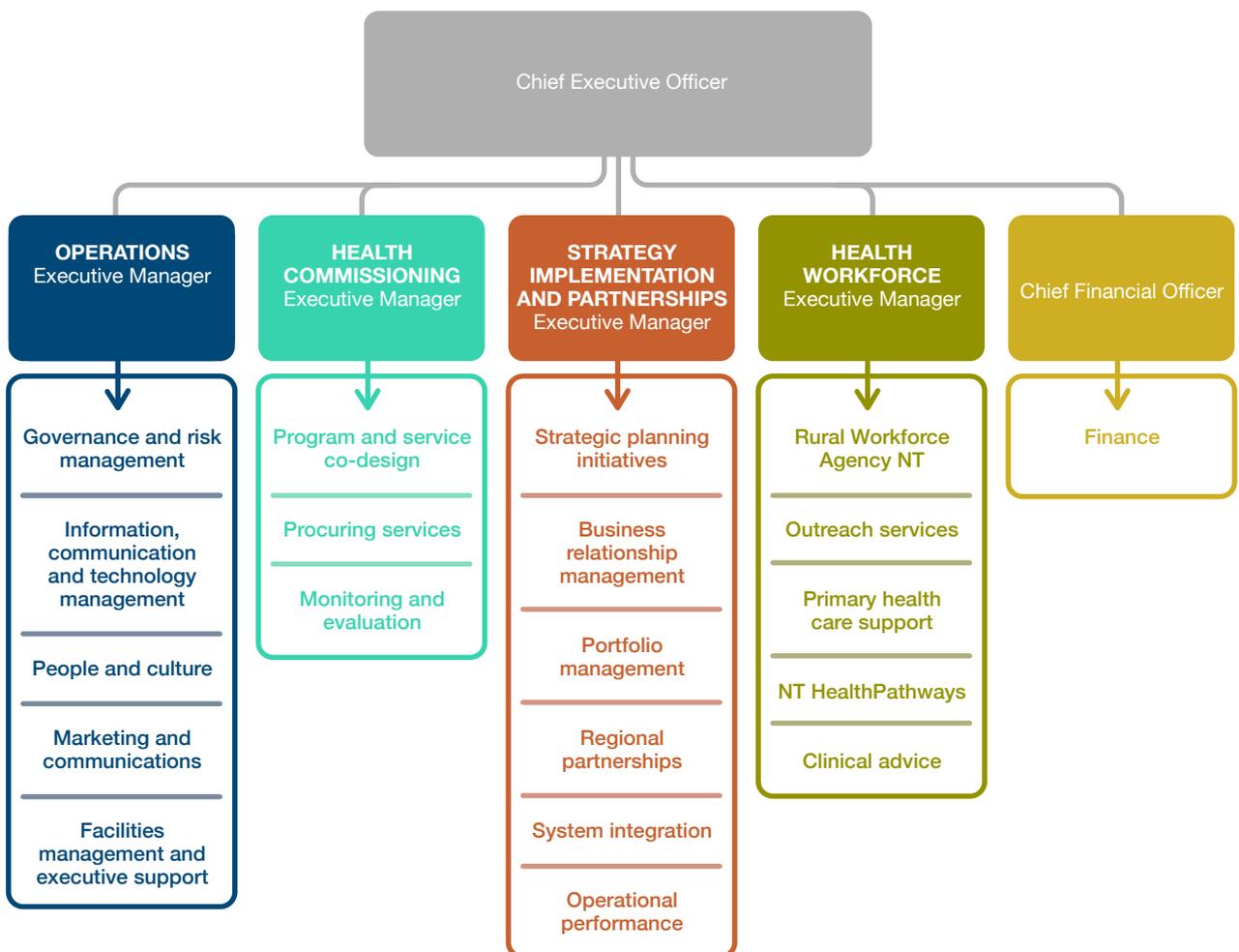
organisation for seven and a half years, initially in a senior management role before being appointed CEO in 2014. On 18 June 2020, the Board approved the appointment of Ms Gill Yearsley as the new CEO after a rigorous selection process, with Ms Yearsley to commence in July 2020.

The CEO oversees a team of executive managers, the Senior Executive Leadership Team, who lead five branches that work together to achieve

our strategic goals. We would like to acknowledge the contribution of Executive Managers over the year, including those who left the organisation in 2019-20.

Find out more about our executive and organisational structure

Northern Territory PHN Organisational Structure



4.4 Why our work is important

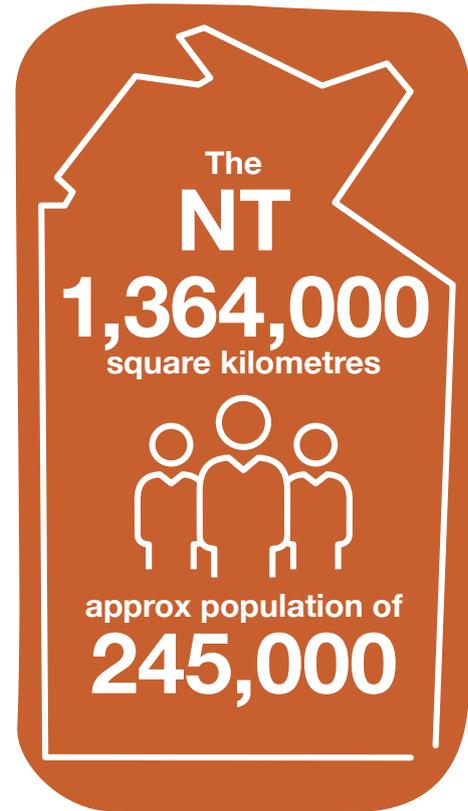
Accessible primary health care underpins good population health.

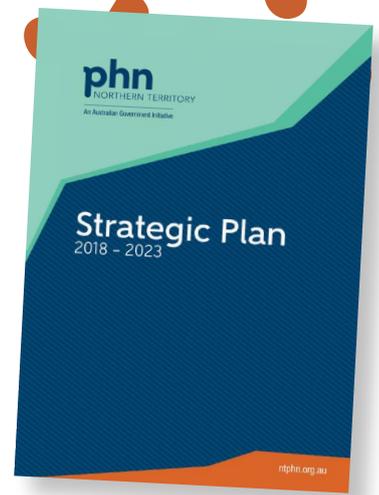
The NT covers 1,364,000 square kilometres, with a population of approximately 245,000. Health service delivery is grouped by locally defined regions and remote (predominantly Aboriginal) communities. According to 2016 census data, there is a slightly higher percentage of males (52%) than females (48%), and the population's median age is 32 years. Aboriginal and Torres Strait Islander people make up an estimated 30% of the population – over 74,000 people.

People living in the NT experience a disproportionately high burden of disease across a range of conditions including cancer, mental illness and substance abuse. On all indicators—health status, quality of life and social and emotional wellbeing—Aboriginal people report worse health outcomes than non-Aboriginal people in the NT. Factors like housing, education and employment play a significant role in shaping health outcomes. Engaging with key partners and communities in addressing these factors is essential.

A widely dispersed population over such a large geographical area poses unique challenges to the implementation and maintenance of an integrated and coordinated primary health system. Ensuring equitable access to health care in remote and very remote locations presents ongoing challenges in building and maintaining appropriate infrastructure, recruitment and retention of staff, cross-cultural awareness, and integration of services. It also presents opportunities, with increased importance of digital technologies, building strong stakeholder relationships, and support for health literacy initiatives to support people's understanding of their health needs.

Our ongoing role is to provide support to general practice, primary health providers, health professionals, and community, to ensure positive health outcomes, a better understanding of the health system and access to health services.





5. Strategic Plan

Our 2018-2023 strategic plan was developed in collaboration with the Board, Clinical and Community Advisory Councils, staff and key external stakeholders. It outlines our vision and purpose and supports the achievement of our constitutional objectives through the delivery of goals and strategies.

Having a five-year strategic plan provides us with greater continuity and longer-term clarity of our direction. The strategic plan builds on the successes of the previous three-year strategic plan while also incorporating the dynamic operating environment and future policy direction of health care in Australia.

The Board monitors our progress against the strategic plan through quarterly reporting on key performance indicators (KPIs) that also align with the PHN Program Performance and Quality Framework, business plans, and vision, purpose, goals and strategies.

Priorities within our strategic plan are integrated into our program priorities to ensure that the work we do supports our overarching objectives, and our vision of people in the NT enjoying their best health and wellbeing.

5.1 2019-20 Performance: What we achieved

In 2019-20, we focused on achieving commissioning excellence and workforce support, while focusing on stakeholder engagement and internal efficiency.

In recognition that our strategic plan has been in place for 18 months, a working group of Board directors was formed in November 2019 to review data sets against current KPIs within our strategic plan. This included a review of wording to ensure consistency with the PHN Program Performance and Quality Framework, and changes in how certain data sets were presented to the Board. This review also included a consolidation of several KPIs which were essentially referencing the same data sets. This has been reflected in the below table which shows a summary of progress in 2018-19 and 2019-20.

At a Glance: Progress against our strategic plan

Here's a summary of our progress achieved during 2019-20 against the goals in our five-year strategic plan.

	On Track	<p>Timeliness: Completed OR Deliverable is on track to meet timeframes</p> <p>Unexpected delivery issues: No unexpected issues have arisen</p>
	Behind	<p>Timeliness: There have been some delays against critical milestones</p> <p>Unexpected delivery issues: Unexpected issues have arisen that are being managed</p>
	At Risk	<p>Timeliness: Deliverable will not be delivered within expected timeframes</p> <p>Unexpected delivery issues: Unexpected issues have arisen that threaten delivery of activity</p>
	No Data Available / Baseline or Historical Data	No data available during 2019-20, or only historical or baseline data available

Goal	Strategy	KPI	Performance	
			2018 – 2019	2019 – 2020
 <p>Goal 1 To empower people to take control of their own health and wellbeing.</p>	Support primary health care teams to empower Territorians with complex and chronic conditions to be active participants in their care.	1 Percentage of potentially preventable hospitalisations includes vaccine preventable conditions, acute conditions and chronic conditions ¹ .	–	–
		2 Increase in proportion of those diagnosed with chronic conditions receiving GP management plan and/or have a team care arrangement.	–	–
	Encourage the adoption of self-management tools through primary health care teams.	3 Implementation of NT PHN's health literacy strategy.	✗	✓
	Support the uptake of preventative health activities through primary health care providers.	4 95% of children under five years are fully immunised, or PHN increases proportion of immunisation ² .	✓	✓
		5 The trend in the proportion of adults in the NT who are immunised against vaccine preventable diseases/illnesses.	–	✓
		6 Cancer screening percentages for cervical, bowel and breast cancer, increase in the percentage(s) of specified population(s) screening ³ .	–	–

¹ Historical trend data is available against this KPI, refer to p.35 for a snapshot.

² Historical trend data is available against this KPI, refer to p.35 for a snapshot.

³ Historical trend data is available against this KPI, refer to p.35 for a snapshot.

-  On Track
-  Behind
-  At Risk
-  No Data Available/
Baseline or
Historical Data

Goal	Strategy	KPI	Performance		
			2018 – 2019	2019 – 2020	
 <p>Goal 2 Address health equity by identifying those with the greatest health needs and improving access to primary health care.</p>	Undertake comprehensive health care needs assessment.	7	100% of delivered activities address the prioritised needs in the PHN needs assessment.		
	Address service gaps and fragmentation by co-designing, co-commissioning and commissioning services that meet the health needs arising from the health care needs assessment.	8	Trend in the number and type of after-hours projects by region.		
		9	The proportion of the population receiving NT PHN commissioned mental health services, including headspace.		
		10	The number of outreach health service days by region per 1,000 of population.		
		11	Percentage distribution of funding to service providers by quarter.		
		12	Percentage of funds contracted by provider type, program type and location.		
		13	Per capita funding distribution of NT PHNs contracted funding by region.		
	Commission primary health care providers that provide culturally safe care.	14	Proportion of contracts containing cultural respect framework requirements.		
	Collaborate with researchers to improve our understanding of Northern Territory health care needs.	15	Trend in research collaborations that contribute to NT PHN's evidenced-based commissioning.		
	Develop partnerships with relevant stakeholders outside of the health system to address social determinants of health.	16	Trend in partnerships with stakeholders external to the health sector.		

Goal	Strategy	KPI	Performance	
			2018 – 2019	2019 – 2020
 <p>Goal 3 Enable providers to deliver quality primary health care.</p>	Support the use of data to drive service improvement.	17 Increase in proportion of health care providers accredited under the Safety and Quality Commissions National General Practice Accreditation Scheme.		
		18 Proportion of general practices data sharing with NT PHN increases over time.		
	Drive accountability by delivering transparent commissioning policies, processes and methods for the monitoring and evaluation of commissioned services.	19 The number of contracts for commissioned health services that include both outputs and outcome performance indicators.		
		20 All procurement decisions comply with approved procurement policy.		This KPI was consolidated and not reported against from Quarter 4
		21 All contractors meet prequalification requirements as outlined in NT PHN's commissioning framework.		This KPI was consolidated and not reported against from Quarter 4
	Support the primary health care workforce to adapt and embrace innovation and technology in the provision of health care.	22 Increasing use of the My Health Record by general practices and other health care providers.		
		23 Increase in the proportion of discharge summaries uploaded to My Health Record.		
		24 Proportion of health care providers using specific digital health systems (e.g. secure messaging, e-referrals, and tele-health) increases over time.		
	Collaborative workforce planning and service design to inform the right workforce mix for the population's needs.	25 100% of delivered activities address prioritised workforce needs in PHN needs assessment.		

-  On Track
-  Behind
-  At Risk
-  No Data Available/
Baseline or
Historical Data

Goal	Strategy	KPI	Performance	
			2018 – 2019	2019 – 2020
 <p>Goal 3 Enable providers to deliver quality primary health care.</p>	Work with primary health care providers to attract and retain their workforce especially increasing Aboriginal and Torres Strait Islander participation in primary health care delivery.	26 NT PHN provides support for Aboriginal and Torres Strait Islander identified health workforce in the region.		
		27 Trend in number of GPs and allied health professionals recruited to work in the NT in a Modified Monash Model two, six, or seven areas, for a period of 12 months or greater.		
		28 Trend in number and type of retention activities delivered to the broader NT health workforce.		
		29 Trend in number of education events delivered, by health professional provider attendance and region.		
	Support the development of NT pathways for future workforce from selection, employment to retention across all primary health care professions.	30 NT PHN provides support to health care providers for skill development of future workforce and cultural appropriateness that matches the level of need identified in the PHN needs assessment and PHN activity work plan.		
	 <p>Goal 4 Lead primary health care system integration through effective partnerships.</p>	Collaborate with our stakeholders to develop a shared vision and plan for comprehensive primary health care in the Northern Territory.	31 NT PHN engages with a broad range of stakeholders in the NT.	
Co-invest in shared health information and establish shared quality improvement initiatives with key stakeholders.		32 NT PHN delivers a mix of GP support activities each year, based on the needs of the general practices in the regions.		
		33 Support provided to general practices and other health care providers to address factors impacting population health, workforce, aged care and digital health.		
Improve health care pathways for Territorians by working in close partnership with our stakeholders.		34 An increasing level of regular use of health pathways by general practices.		

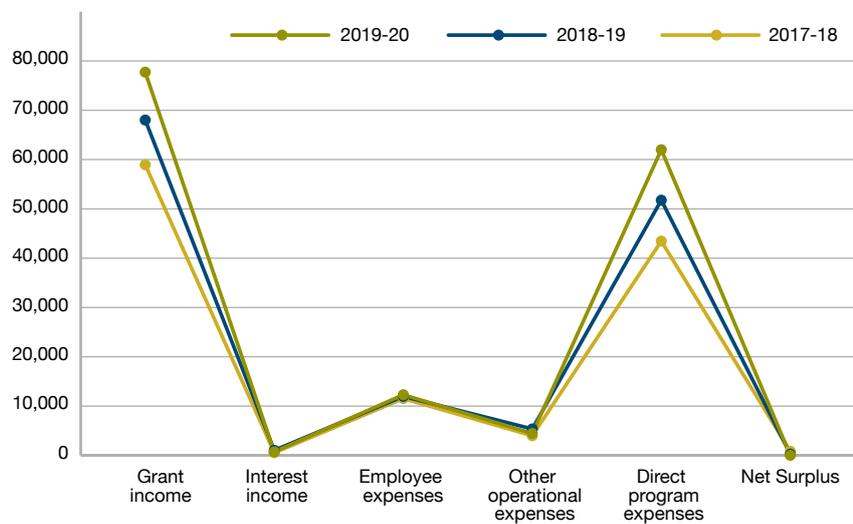
5.2 Overview of Financial Performance

In 2019-20, NT PHN has seen a year of significant growth despite the impacts of the COVID-19 pandemic. Total grant income increased by 15% from \$60.3M in 2018-19 to \$69M in 2019-20. Whilst significantly increasing our investment in commissioned services with direct program expenditure increasing by 20% from \$45.9M to \$55M, we reduced operational costs from the prior year by 3% or \$521,000.

An ongoing impact of the global pandemic has been the reduction in activity across funded services due to the unavailability of travel to communities and decrease in numbers of people accessing services. NT PHN has, however, maintained a commitment to funded providers and worked with them to determine strategies for continuation of service delivery using alternate methodologies.

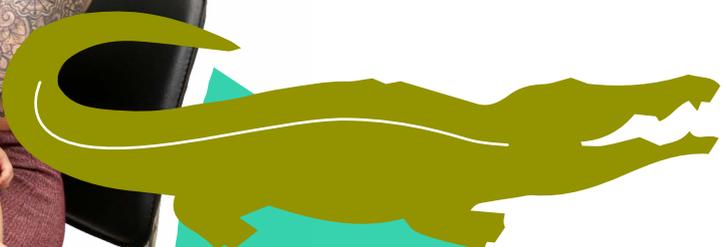
Operating Performance

Operating Performance (in '000s)



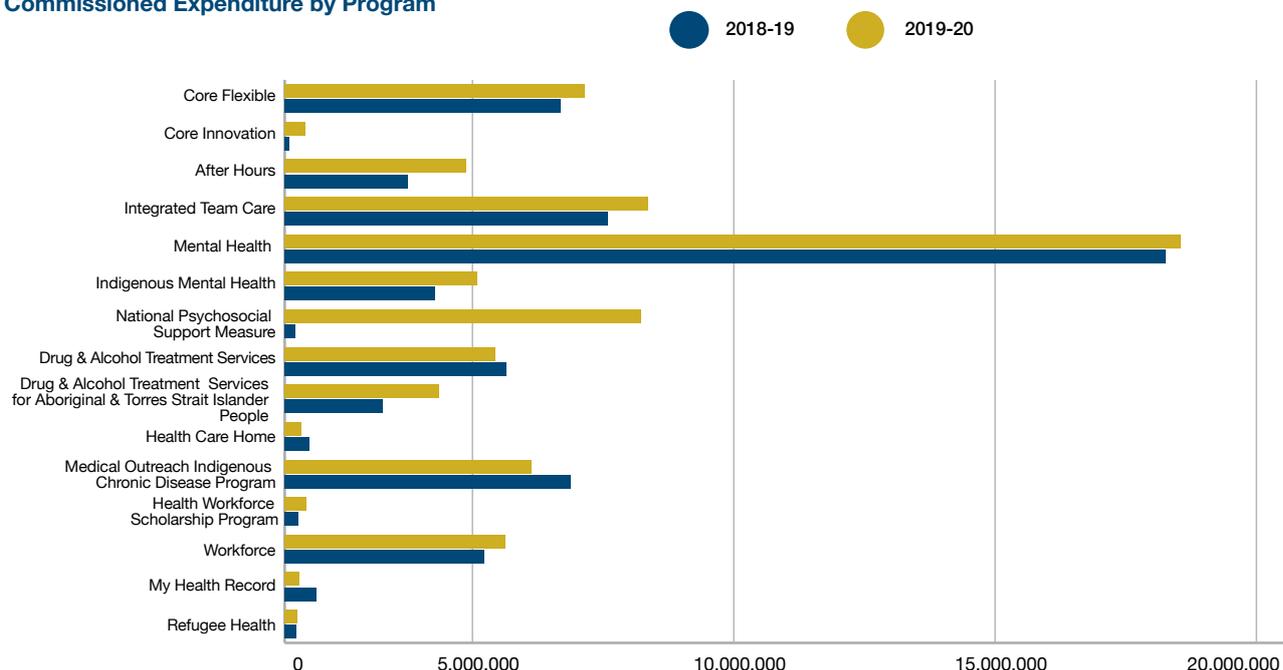
The above graph illustrates the trend in the significant increase in direct program expenditure over the last few years, whilst employee and other operational expenditure remains relatively constant.

In 2019-20, NT PHN has seen a year of significant growth despite the impacts of the COVID-19 pandemic.





Commissioned Expenditure by Program



This graph indicates the commissioned expenditure by program area, with the largest growth from prior year being in the National Psychosocial Support Measure Program, followed by After Hours, Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people, Indigenous Mental Health, Integrated Team Care and Core Flexible. Commissioned expenditure in the Medical Outreach Indigenous Chronic Disease program reduced from the prior year, mainly due to the travel restrictions stemming from the COVID-19 pandemic.

Our Financial Statements for the year ended 2019-20 have been audited within the required timeframes and the auditors, Merit Partners, have issued an unqualified audit report.

Key points:

- Approximately 98% of total income received by NT PHN in 2019-20 was from the Australian Government Department of Health.
- The Statement of Comprehensive Income is in a Net Deficit position of \$130,400, as budgeted, as a result of some business development work and external sponsorship costs being paid for out of the company's retained funds.
- NT PHN has total assets of \$30.1M and total liabilities of \$27.5M, resulting in a net asset position of \$2.6M as at 30 June 2020.

98%
of NT PHN total income in 2019-20 was from the Australian Government Department of Health.

6. Reconciliation Action Plan

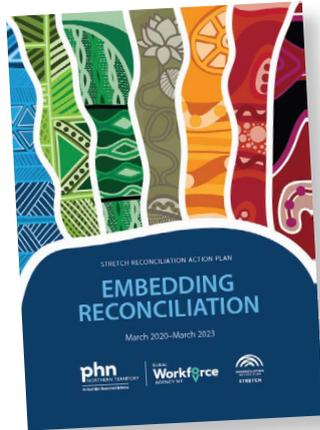
Our Stretch Reconciliation Action Plan (RAP) was endorsed by our Board and Reconciliation Australia in March 2020. The Stretch RAP signals our continued commitment to supporting Australia's First Peoples to achieve better health outcomes by addressing the health inequities experienced by Aboriginal and/or Torres Strait Islander peoples.

Our RAP outlines the guiding principles and actions that will assist us on our journey to embed reconciliation into our long-term business systems, philosophies and behaviours.

It focuses on building relationships of trust and inclusion to ensure that Aboriginal and/or Torres Strait Islander voices are heard, not only throughout our workplace but in our sphere of influence. We seek to support local primary health care clinics, service providers, health professionals and other stakeholders to deepen their individual understanding of, and in turn our shared industry commitment to, reconciliation.

Key achievements from 2019-20 include:

- Development and launch of our Stretch RAP: Embedding Reconciliation 2020-2023. The Stretch RAP builds on our Innovate RAP and includes a range of deliverables to support our vision for reconciliation. The Stretch RAP was endorsed by our Board and Reconciliation Australia in March, and officially launched during National Reconciliation Week in May.
- Participation in Reconciliation Australia's 2019 RAP Impact Measurement Survey.
- Display of our RAP artwork through a mural on our Darwin premises.
- Included (and continue to include) the RAP as a standing agenda item at strategic SELT, cross branch managers' and branch meetings.
- Incorporation of mandatory cultural awareness training into staff inductions. As at 30 June, 89% of staff have completed, or are in the progress of completing, online training modules.

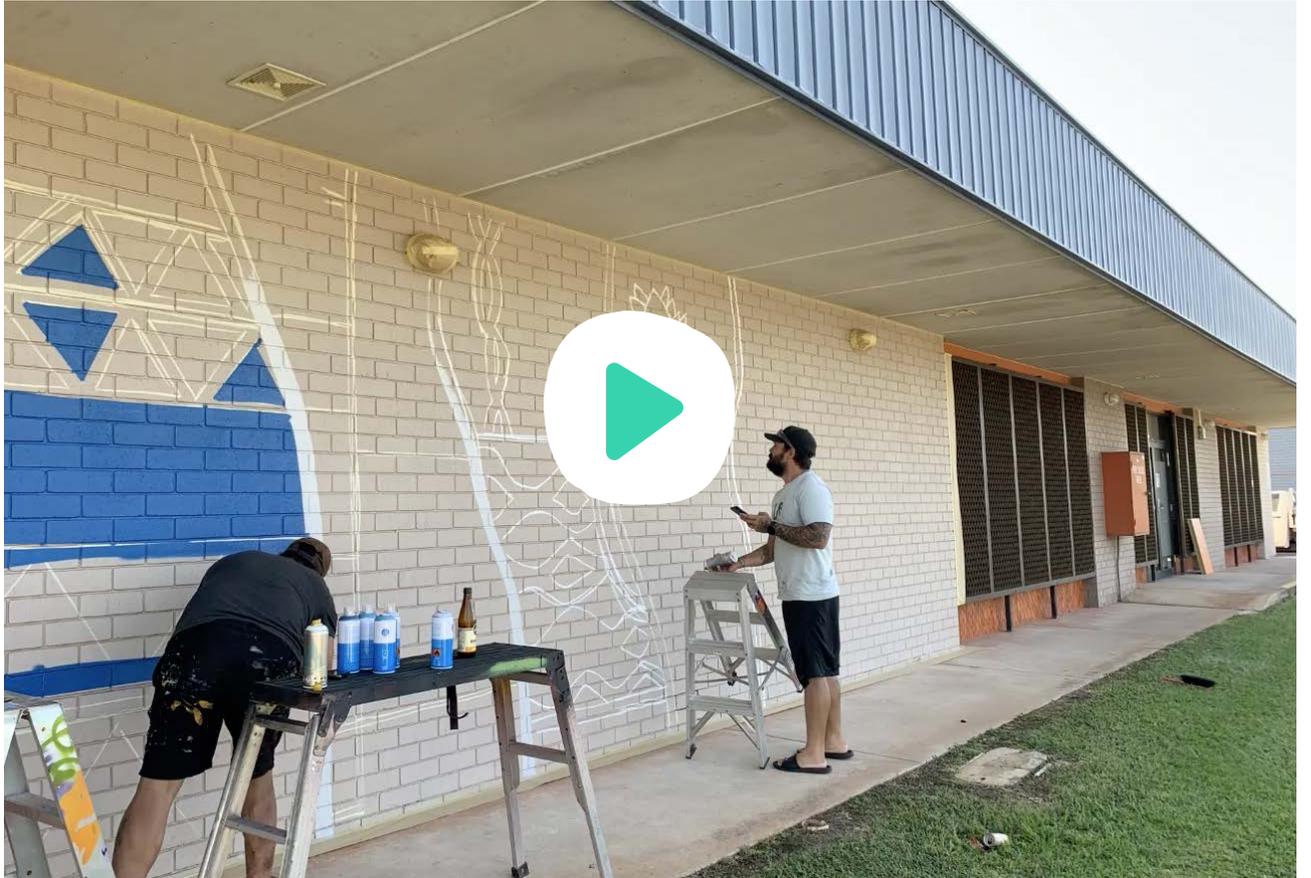


Our vision for reconciliation

Our vision for reconciliation is that the current health and social gaps between Aboriginal and Torres Strait Islander people and other Territorians will close.

We will work towards this vision through nurturing relationships and respecting and deeply learning about the diverse range of cultures, beliefs, histories, and traditions of Aboriginal and/or Torres Strait Islander people in the Territory, to ensure all Territorians reach their full potential.

We will use this knowledge to inform our work in improving primary health care systems and services for all Territorians.



7. Our People

Our experienced staff work together with health care providers to make a positive difference in our community. We undertake a range of activities to better co-ordinate the primary health sector in the NT, such as services provided by GPs and allied health practitioners, chronic disease management, aged care, mental health, and Aboriginal and Torres Strait Islander health.

We work closely with GPs, allied health care providers, hospitals, and the broader community to increase the efficiency and effectiveness of primary health care to ensure Territorians receive the right care, in the right place, at the right time.

Employee Engagement initiatives

A range of employee engagement activities were held during the year. This included:

- Our Stress Down Day in August
- Pets at Work Friday
- BrunchBox/LunchBox Learning sessions – these will continue into 2020-21 after a pause due to COVID-19 restrictions
- Christmas decorating competition in the office
- NTGPE and NT PHN cricket match – February friendly game of cricket in recognition of the 27th Imparja Cup and the 12th anniversary of the National Apology to Australia's First Peoples.
- Random Acts of Kindness activity in February - we reflected on the random acts of kindness that have taken place inside or outside of the workplace. This was an opportunity to recognise someone and post about kindness we have seen take place.
- Rewards and Recognition – quarterly events to recognise staff who exemplify the organisation's values and who collaborate well
- Strong staff social club with regular events
- Physical distancing 'champions' as part of COVID-19 response

We continually strive to increase the diversity of our organisation, and build our Aboriginal and Torres Strait Islander staff base so that we can better reflect the NT population, increase our understanding of local needs, and build collaborative and culturally appropriate relationships.

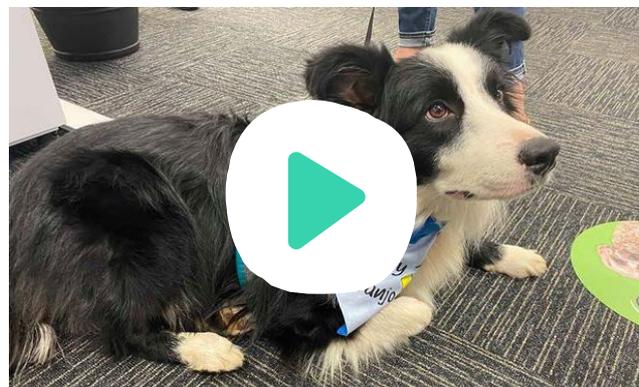
We are an equal opportunity employer and treat all staff and potential employees on their merits, without consideration of race, age, marital status, religion or any other factor that is unlawfully discriminatory. We are committed to providing a workplace that is free of discrimination and harassment.

Our people and culture policies and procedures support:

- treating people fairly and reasonably
- providing equal opportunity to all
- employing fair and equitable performance management
- providing learning and development opportunities.

We strive to provide an environment which values and supports our staff. We support flexible working environments, with some staff working remotely.

Read more about our people



Pets at Work Fridays



Our FTE has increased over the years due to significant increases to our funding and the range of responsibilities allocated to PHNs as aligned to national policy directions. We continue to work within operational budget allocations set out by our funders.



Read more information about how we build an engaged and aligned workforce, refer to Strategic Enabler 2.

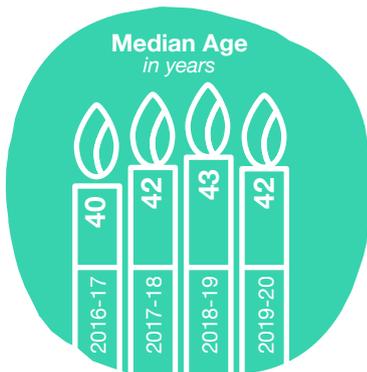
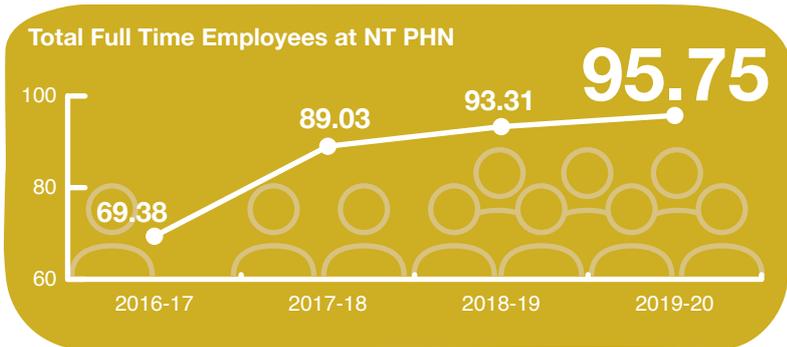
Ebony Miller – Regional Coordinator Alice Springs

A proud Arrernte woman born and raised in Alice Springs with strong ties to surrounding communities, Ebony is passionate about the improvement of Aboriginal health outcomes and has a keen interest in local access to health services. She actively promotes positive lifestyle choices through sport and recreation and is a motivated advocate for youth mental health and suicide prevention.

Ebony began her career in health as an Indigenous Outreach Worker with the organisation in 2010. This role exposed her to the barriers faced by local Indigenous peoples in relation to their health and wellbeing and prompted her to complete further study to qualify as an Aboriginal Health Practitioner through completion of a Certificate IV in Primary Health Care Practice in 2014. Ebony then took on the position of Chronic Disease Care Coordinator with NT PHN, a role focused on increasing Indigenous access to primary health care services and improvement of the patient journey through promotion of patient-centred care.

Since 2017, Ebony has been working as NT PHN's Regional Coordinator in Central Australia and Barkly regions.

Staffing profile data



8. COVID-19 Pandemic Response

The second half of the year was dominated by the international, national and NT response to the COVID-19 pandemic. Nationally, PHNs have taken a leading role in supporting the primary care response to the pandemic.

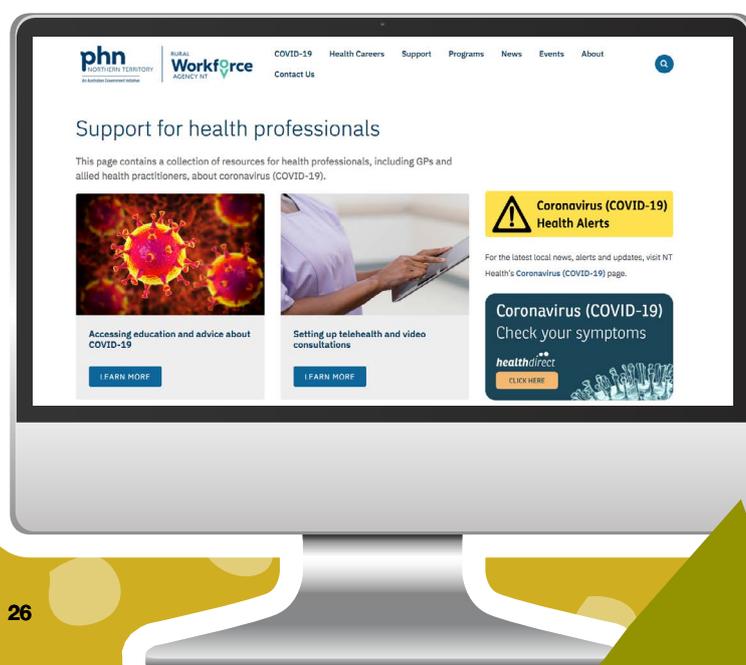
Staff prioritised COVID-19 activities, which included changes to duties and increased collaboration across the organisation as teams worked together to achieve tasks. We established an internal COVID-19 working group in early March 2020 with regular meetings (peaking at daily meetings) to determine our actions in response to new information and how to communicate this information internally and externally. The working group was chaired by the CEO, with senior representatives from all branches attending.

Whilst the NT has been spared much of the impact of COVID-19 to date, it has been felt in other areas of Australia. For the foreseeable future, there will be a new 'business as usual' with COVID-19 considerations incorporated.

We have played a key role in the NT public health response to COVID-19, particularly from March to June 2020.

This included the following support:

- sourcing and delivering appropriate training and education materials related to the COVID-19 response through webinars
- linking health professionals to mental health and wellbeing support resources, including commissioning Doctors Health SA to provide telephone psychological support services for NT GPs in relation to their own mental health
- participating in a number of NT and national working groups to integrate the health system response
- distributing Personal Protective Equipment (PPE) to GPs, Aboriginal community-controlled health services and allied health services across the Northern Territory
- raising awareness of COVID-19 requirements set at both Territory and national levels
- communicating the Chief Health Officer directions to our stakeholders
- supporting primary health care peak bodies
- contributing to NT Government outbreak management and workforce planning
- supporting the establishment of dedicated GP-led respiratory clinics funded by the Australian Government, including two in Darwin and two in Alice Springs
- commissioning grants to support provision of telehealth services across the NT
- commissioning infectious disease nurses to support remote health services, with four positions commissioned to support primary health care services in relation to pandemic management
- development of NT HealthPathways to support our response to COVID-19
- managing the ongoing recruitment of health professionals to remote communities, within the COVID-19 guidelines and biosecurity restrictions
- undertaking needs assessments by working with the NT Centre for Disease Control to coordinate access to influenza vaccinations for staff and residents of residential aged care facilities.





96% staff said they had adequate information about COVID-19 and staff arrangements

NT PHN staff sharing documents while meeting 1.5m physical distancing measures



Support for our staff

The CEO delivered weekly information sessions to staff to provide them with an opportunity to ask questions about anything concerning them around the COVID-19 response and our arrangements.

The communications team distributed a range of material to staff, including guidelines on interstate, international and remote travel and links to Frequently Asked Questions.

We also reviewed and tested our pandemic plan and business continuity plans.

The internal working group decided that staff should work from home from 30 March 2020 across all sites. A small core group remained in the Darwin office (approximately six staff). Whilst working from home, staff had access to relevant documents and systems due to our cloud-based IT systems, and an online 'lunch-room' was set up to support continuing engagement with colleagues. A phased return-to-work process took place from mid-May, with changes to our workplace to promote and encourage physical distancing measures, good hygiene and cleaning protocols (which continue to be maintained).

Challenges, Opportunities and Learnings

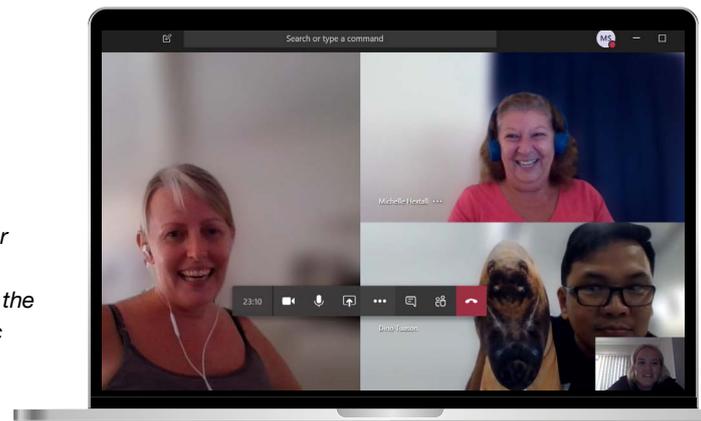
COVID-19 has had a significant impact on our operations, with the 2020 Compass event cancelled (rescheduled to June 2021), Continued Professional Development (CPD) events cancelled or delivered by webinar, and cancellations or changes to our Outreach Health Services due to biosecurity restrictions on travel to remote areas in the NT. We communicated regularly with commissioned providers, including those in regional communities via our regional coordinators.

We have held several debriefs since the peak of COVID-19 response activities, and identified key lessons:

- reviewing our internal governance around the COVID-19 working group structure
- developing a greater understanding of future needs for emergency and crisis planning beyond the pandemic
- undertaking an all-staff survey following the return to the office, which included consideration of working from home arrangements and communication to staff during this period.

96% of staff said they had adequate information about COVID-19 and staff arrangements. The survey responses will continue to be reviewed by our management and executive team and will inform our future policies and emergency response planning.

Read more about our support for health professionals during the COVID-19 pandemic



9. Commissioning

Commissioning is the process we use to partner with the community and providers in developing and implementing primary health services in the NT; it is an iterative cycle based on needs assessment, planning, co-design, procurement, monitoring and evaluation. It helps ensure resources are best directed to meet the health service needs of the communities in our region, particularly those at highest risk of poor health outcomes.

To establish those needs, we collaborate with local service providers, consumers and health care providers to analyse and then report on the health status and needs of our region to deliver health needs assessments.

Our high-quality, evidence-based commissioning framework underpins the organisation's core capabilities and structure. It ensures we:

- conduct needs assessment to determine the health needs of our area
- design effective and efficient services to meet prioritised health needs
- empower communities and partners to co-design services and solutions
- consider the most appropriate delivery method (e.g. purchase, partner, or coordinate).

We aspire to an outcomes-based commissioning model, aiming to achieve equitable health outcomes for target populations through more integrated person-centered services that support integration and coordination, and discourage fragmentation and duplication.

Principles within our commissioning policy and commissioning procedure highlight our commitment to working in partnership with our stakeholders, with the aim to:

- be consumer-centric
- strengthen capacity
- be collaborative
- take a whole system view
- be evidence based.

Our collaborative approach to working with stakeholders includes adopting a co-design approach to service delivery, including the use of program-underspends to ensure maximum efficiency, and the fostering of innovation, across our commissioned services.

Our commissioning policy also outlines our support for Aboriginal community control of primary health care, with our commitment to contracting Aboriginal specific, place-based health programs and services through Aboriginal community controlled health services (ACCHS) where possible.

Commissioning Cycle





10. Performance

This section provides information on our performance in 2019-20 against the goals, enablers and strategies in our strategic plan, including some of this year's challenges and major achievements.



Goal 1



Goal 2



Goal 3



Goal 4



Strategic Enabler 1



Strategic Enabler 2



Strategic Enabler 3





Goal 1: To empower people to take control of their own health and wellbeing

Promoting health literacy, encouraging preventative health activities and supporting the adoption of self-management tools.

Strategies:

- support primary health care teams to empower Northern Territorians with complex and chronic conditions to be active participants in their care
- encourage the adoption of self-management tools through primary health care teams
- support the uptake of preventative health activities through primary health care providers.

Our Journey in 2019-20:

Achievement of this goal requires long-term health system changes, and ongoing work with our partners to embed health literacy strategies and support preventive health activities. In 2019-20 we have commissioned a range of activities to support health literacy and other preventative health activities. The Health Care Homes Trial has continued in the NT, with some challenges with implementation being noted.

Empowering people

Remote Laundries Project

In 2020, we sponsored the Aboriginal Investment Group to deliver the Remote Laundries Project in Barunga to help empower locals to take control of their own health and wellbeing.

The Remote Laundries Project provides a fully automated, purpose-built laundromat within a secure shipping container to remote communities. This simple concept improves sanitisation in overcrowded houses and the overall health and quality of life of Aboriginal people living in remote communities.

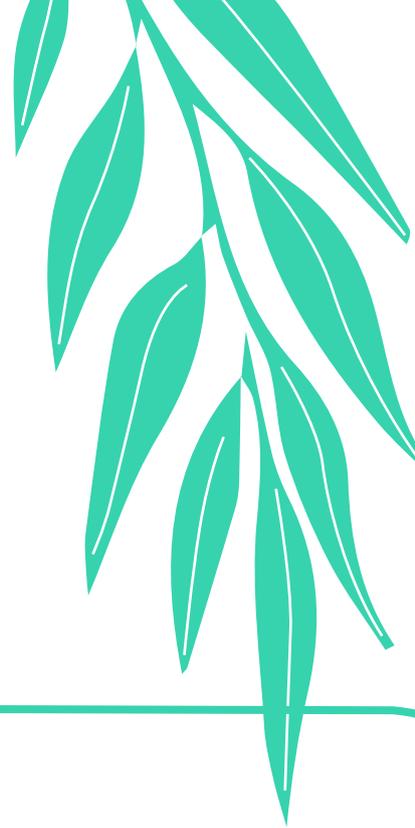
Since the laundry facility was installed in Barunga, the community has recorded a reduction in skin diseases and a decrease in discarded linen.

The laundry has also created employment stability and economic growth within the community. Staffed by the locals, the laundry operates 38 hours per week across six days and injects an average of \$1,000 per week back into the community.

But that's not all; school engagement amongst students has increased due to the health and hygiene education module held at the laundry. And the elderly and people living with a disability now have access to the laundry through weekly pick-ups and drop-offs via a local bus service.

We hope to see this initiative expand more broadly across the NT.





Empowering people to manage their own health - My Health Record iTalks

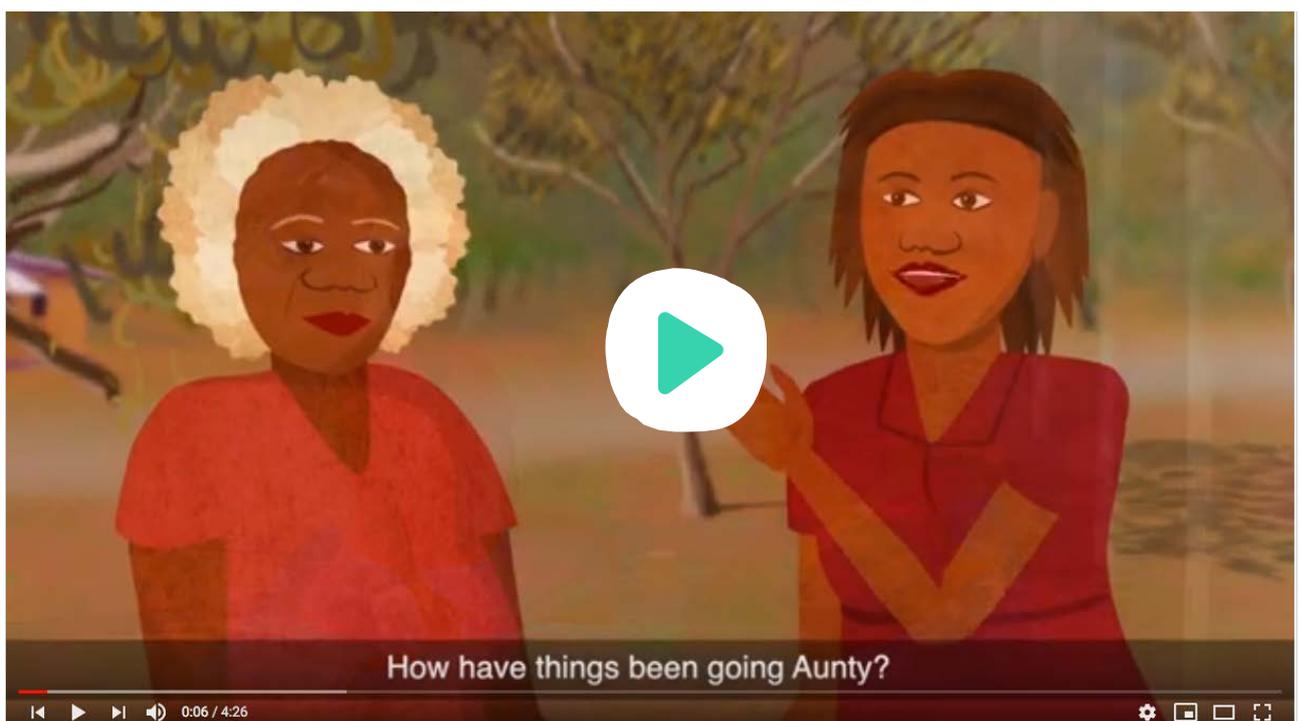
In 2019, every Australian (unless they opted out) received a My Health Record, a secure online summary of their health information. My Health Record allows Australians to access their health record and control how their information is accessed and viewed.

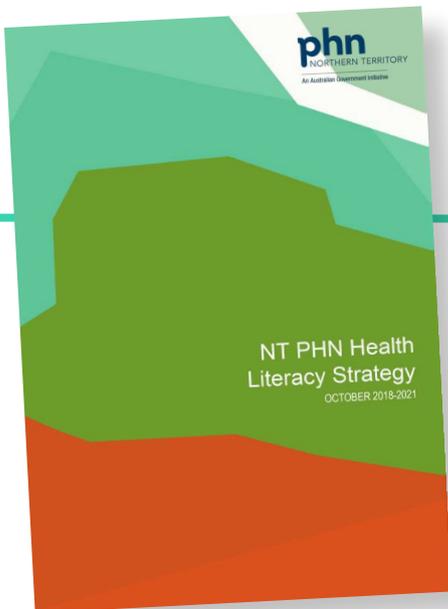
To help encourage the adoption of self-management tools amongst remote communities, we commissioned the development of a series of stories that explain My Health Record in a range of Aboriginal languages spoken throughout the NT.

The stories included:

- what is a My Health Record?
- benefits of having a My Health Record
- privacy and managing information on your My Health Record
- getting access to and controlling your own My Health Record.

The videos were produced in partnership with italk Studios, the Australian Digital Health Agency, AMSANT and the NT Aboriginal Interpreter Service.





Health Literacy

Our **Health Literacy Strategy** is focused on empowering people to take control of their own health and wellbeing. The primary goal of the strategy is to improve the health of Territorians by enhancing the health literacy of consumers and health professionals across the NT.

Implementation of the strategy is supported by a Health Literacy Integration Forum (the forum), which includes participants from the NT's health sector, Government, and non-government agencies, who meet quarterly to share plans and accomplishments in the health literacy space.

Key activities delivered under the strategy in 2019-20 included:

- A scoping project, where the forum engaged a company to test the feasibility of a health literacy repository with the aim of creating a centralised system for NT health literacy resources. Subsequently, a health literacy resource toolkit was developed and method to validate resources.
- Commissioned the NT Aboriginal Interpreter Service to create a plain English-speaking dictionary to be used in the Aboriginal health space. This project is underway and closely monitored by the forum's health literacy lead.
- A health literacy education module, which ACCHSs, the NT Department of Health, and PHNs can use as a training resource for staff. This project is still being developed.

We remain committed to making health information and services easier to navigate, use and understand. Through the work of our forum – and particularly supporting the uptake of preventative health activities through primary health care providers – we hope to see Territorians enjoying their best health and wellbeing.

We remain committed to making health information and services easier to navigate, use and understand.

Challenges and Learnings - Health Care Homes

2019-20 saw the continuation of the Health Care Homes Trial in the NT. As of 30 June, we are providing support to 17 Health Care Home sites with a total of 1,096 patients enrolled NT wide. Sites include 14 ACCHSs and three mainstream GP clinics. This is a decline from the end of 2018-19, which saw 19 Health Care Home sites and 1,124 patients enrolled.

In 2019-20, meetings of the Regional Governance Group were affected by competing priorities, including COVID-19. Meetings will be conducted bi-monthly going forward.

NT Practice Facilitators (including the AMSANT Health Care Homes project officer) will continue to attend the regular education and coaching webinars hosted by Australian General Practice Accreditation Limited. NT PHN facilitators will also attend monthly Australian Government Department of Health webinars. NT PHN has committed to providing an opportunity for Practice Facilitators to attend Health Care Homes forums, and this commitment will continue.

In the NT, with our profile of 14 ACCHS Health Care Homes, it has been important to partner with AMSANT on this trial. We have revitalised this partnership through discussions with AMSANT and have agreed to a collaborative and shared approach to supporting the program. Discussions have been productive and very positive.

We are providing support to

17

Health Care Home sites



1096 patients
are enrolled NT wide in
the Health Care
Home trials.



Preventative Health

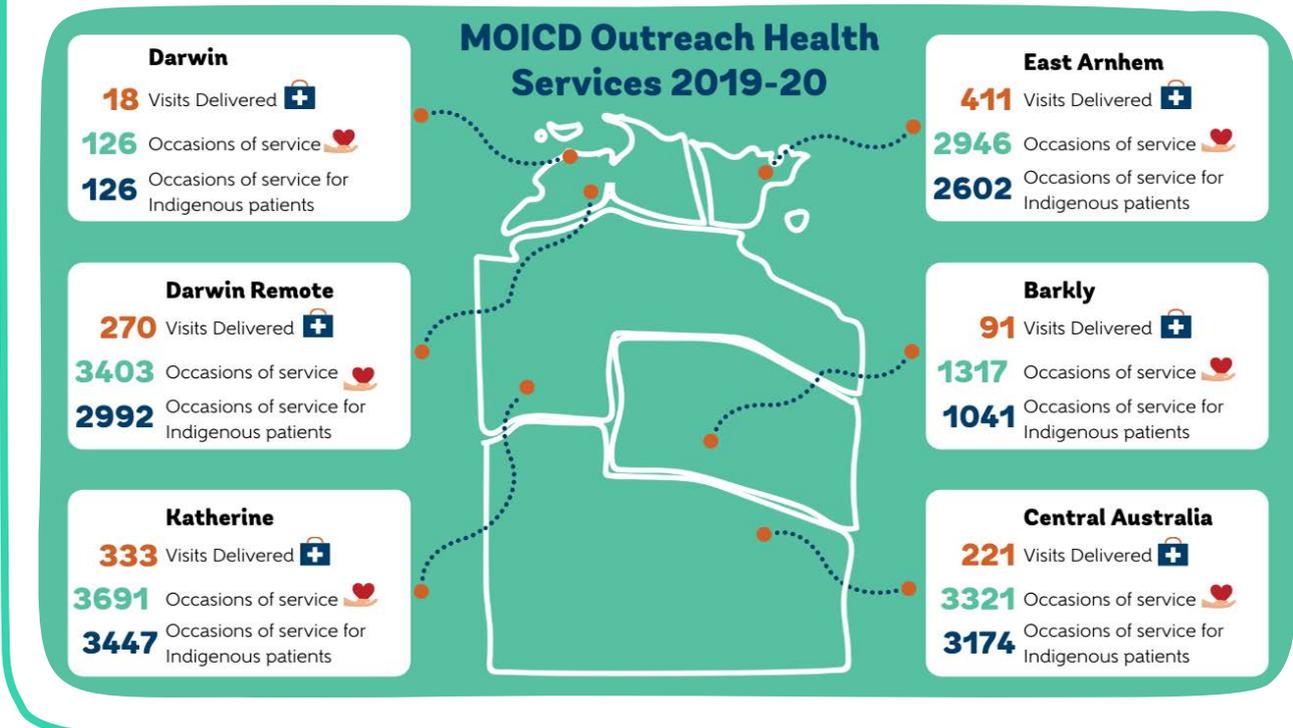
We continued to support local and national initiatives relating to preventative health. In 2019-20 this has included:

- An NT Preventable Hospitalisation Steering Committee with representatives from NT PHN, Top End Health Service (TEHS) and AMSANT. The project officer role, based with TEHS, was extended to allow the project to continue for a further six months in addition to the initial schedule.
- Commissioning a resource to co-design and co-implement the GP Antenatal Shared Care Program in the Top End to provide support and accreditation for GPs in Darwin to participate as an Antenatal Shared Care Provider in collaboration with TEHS's Maternity Services.
- Commissioning an ACCHS to coordinate, manage and evaluate the NIPT/Cell Free DNA Testing for Remote Indigenous Women in NT trial in Central Australia.
- Undertaking a needs assessment in relation to influenza vaccinations for staff primarily and residents secondarily of residential aged care facilities, where there was an identified need. We worked with the NT Centre for Disease Control to deliver this needs assessment, and to support facilitation of vaccine supplies.

Supporting preventative health activities: Outreach Health Services Program

Our Outreach Health Services Program, which incorporates Medical Outreach Indigenous Chronic Disease (MOICD) Program funding, aims to increase access to a range of health services, including expanded primary health for Aboriginal and Torres Strait Islander people in the treatment and management of chronic disease. This is important as it helps people living in remote and very remote locations across the Territory to access appropriate health care.

We support this through increasing the range of services offered by visiting health professionals to prevent, detect and manage chronic disease more effectively.





Outreach health services programs help people living in remote and very remote locations across the Territory to access appropriate health care.

Preventative Health – Public Health Indicators

To support achievement of our vision and purpose, we have adopted several public health indicators from the PHN Program Performance and Quality Framework as KPIs within our strategic plan. This includes rates of potentially preventable hospitalisations (KPI 1), childhood immunisations (KPI 4), and cancer screening rates (KPI 6), with NT data shown against national rates. Due to the nature of these data sets, contemporary data is not always available.

Historical trend data is regularly provided to the Board from reputable data sources showing the latest publicly data available.

The NT has a high rate of potentially preventable hospitalisations (PPH) compared to national averages. While acute and vaccine preventable PPH have increased relative to the national average over the last several years, chronic PPH have been mostly flat. The latest available data is from 2017-18.

Whilst the NT's percentages are below the national average, childhood immunisation rates in the NT have increased over the last several years. National and NT rates for Aboriginal and Torres Strait Islander immunisation are generally below the rate for non-Indigenous children, except for children five years of age. The latest available data is from 2018-19.

The NT is behind national rates across all three cancer screening programs measured by this KPI (breast, bowel and cervical). The latest available data is from 2017-18.



Success story from one of our Outreach Health Service providers: **Stella, Outreach Dietitian**

"The most notable thing about being involved in the outreach program is witnessing the power of community in an individual's health.

As an outreach dietitian, I visit community once a month, which often means I can see the progress a patient has made really visibly. It's also amazing to hear about the little ways the community has worked together in that month to rally around an individual and support them to improve their health.

As a dietitian, I am one tiny piece in the bigger puzzle of a person's overall health and wellbeing. I can offer guidance where needed, but the change comes from the individual and the community, it's so rewarding to see that."



Goal 2: Address health equity by identifying those with the greatest health needs and improving access to primary health care

Commissioning co-designed services and collaborating with our partners to best position our funding resources to address service gaps.

Strategies:

- undertake comprehensive health care needs assessment for the Northern Territory
- address service gaps and fragmentation by co-designing, co-commissioning and commissioning services that meet the health needs arising from the health care needs assessment
- commission primary health care providers that provide culturally safe care
- collaborate with researchers to improve our understanding of Northern Territory health care needs
- develop partnerships with relevant stakeholders outside of the health system to address social determinants of health.

Our Journey in 2019-20:

Undertaking needs assessments and commissioning services is core, ongoing activity for PHNs. We continue our journey towards outcomes-based commissioning and build our knowledge base through needs assessments. In 2019-20 this has included an update to our primary health care needs assessment, and ongoing work with partners both within and outside the health system.

Needs assessment

Needs assessments identify needs and gaps in health care and provide a baseline to inform ongoing planning of health services including how they will be commissioned and delivered, and health system reform and support activities. They form an important part of our commissioning process.

Our needs assessment process involves a collaborative, co-design approach underpinned by collective impact principles in guiding governance, engagement and data.

Needs assessments completed in 2019-20

- December 2019 – Review of our [primary health care needs assessment](#)
- February 2020 – [Health Workforce Needs Assessment, 2019-20 Priority Areas Update](#)
- April 2020 – Residential Aged Care Facilities Influenza Vaccinations





Attendees at a MHACA workshop delivered in Tennant Creek in February 2020 and group working on their community wishlist.

Co-designing and co-commissioning services

Co-design in Practice – Outreach Health Services

Following on from work completed in 2018-19, we continued to support the co-design of Outreach Health Services, which includes MOICD program funding. This process began with consultations in July 2018, with a transition to local service delivery – where possible – from January 2019.

The three ACCHS that commenced commissioning from 1 July 2019 have reported success with an increased flexibility to contract their own service providers and enhance coordination of visiting services to their communities.

In 2019-20 we continued to work in collaboration with regional stakeholders to monitor and evaluate service delivery with the five Regional Outreach Working Groups (Barkly, Central Australia, East Arnhem, Katherine and Darwin Remote). These groups involved key stakeholders including ACCHS and other Aboriginal Medical Services, and the groups worked together to address identified issues as well as plan and coordinate services, provide feedback on existing services, and make recommendations on future program activities. Program activity work plans have been monitored and evaluated with the working groups through quarterly meetings and reporting.

Co-design in Practice – Mental Health Association of Central Australia Suicide Story

Mental Health Association of Central Australia (MHACA) holds a lead role in suicide prevention in the NT. For several years, we have commissioned MHACA's Suicide Story, a suicide prevention program that was developed specifically with, and for, remote Aboriginal communities.

The program uses both-ways learning to guide understanding, reduce stigma and equip participants with the skills, knowledge, and confidence to respond to suicide risk in their communities.

Suicide Story came about in response to the growing recognition of the problem of suicide in remote NT communities. During the program's development, MHACA found that current approaches weren't suited for Aboriginal people. It became apparent that the program needed to be built around Aboriginal cultural safety, coupled with a learning process that connected with Aboriginal people. The name 'Suicide Story' first appeared in 2008 following the creation of a series of locally developed resources.

This year, 12 years on from its development, the Suicide Story Aboriginal Advisory Group has worked with MHACA and NT PHN to transition the delivery of Suicide Story Program to a local Aboriginal Community Controlled Organisation. The successful tenderer will be announced early in the new financial year.





Co-commissioning - The Way Back Support Service

During 2019-20, we collaborated with local partners to commission The Way Back Support Service. Designed by Beyond Blue and jointly funded by the Australian Government Department of Health, Beyond Blue and TEHS, The Way Back will be delivered to the Greater Darwin region by local provider TeamHEALTH.

The Way Back addresses a significant gap in the current service system and eases people's distress by guiding them towards the right support and informing them about how to stay safe.

Those referred to The Way Back will be assigned a Support Coordinator, within one business day, to guide them through recovery. They will receive tailored, non-clinical, psychosocial care, plus, help to build a personalised safety plan and referrals to health and community services.

The Way Back Support Service will be officially launched in July 2020.

Commissioned services

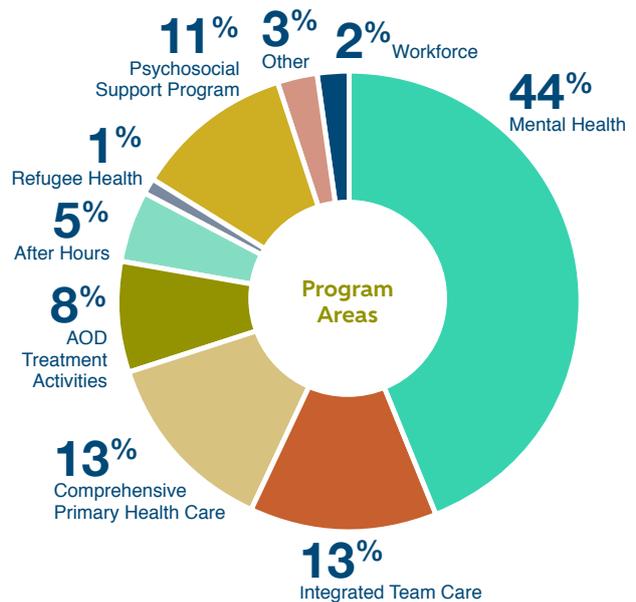
As a PHN, our core function is to commission health services. Our commissioning activities are led by the principles within our [commissioning policy](#) and [commissioning procedure](#).

In 2019-20, we executed contracts with providers to deliver health services, support resource development and to support the health workforce to the value of \$52.2 million.



Mental health is the largest component of funding within executed contracts, with this suite of programs including headspace, the National Suicide Prevention Trial, Access to Allied Psychological Services (ATAPS) and other primary mental health care activities.

2019-20 funding within executed contracts by program area as at June 2020





TeamHEALTH

Over the past year we have strengthened our working relationship with TeamHEALTH through multiple programs, which they have delivered, and we have funded. We value TeamHEALTH's responsive approach to their work and the ways in which they look to expand their services to meet the needs of their communities.

We caught up with TeamHEALTH to discuss their services and how they have worked with us in the past year.

Can you briefly describe TeamHEALTH's work?

TeamHEALTH is a Territory based organisation specialising in mental health support to help people lead a full and valued life. We believe recovery is unique and not based on the absence of a mental illness, but on someone leading a life that is most meaningful to them. We provide a broad range of services, across all ages and are the only non-faith based, grass-roots mental health organisation that operates in the NT.

What kind of services does TeamHEALTH offer?

TeamHEALTH provides services for people across all ages and cultural backgrounds who range from being at risk of a mental health condition to having a severe and complex condition. In particular, we specialise in residential supports, suicide prevention, education and training and outreach support to ensure our participants have the support they need to live their best life.

Some of our programs include early intervention and education services for families at risk and with mental health conditions; supported accommodation for people who are at risk of mild and moderate mental health conditions; and sub-acute supported accommodation for those with severe and complex needs.

How has TeamHEALTH worked with NT PHN in the last financial year?

NT PHN has partly funded a range of our programs including:

- Community Hub, which supports people within a group setting who don't require a diagnosis and are at risk or have mild to moderate needs, of a mental health condition (at risk, mild and severe support needs)
- The Way Back Support Service; a non-clinical support service providing psychosocial support to people experiencing a suicidal crisis or who have attempted suicide.
- Psychosocial Support Program, including the National Psychosocial Support (NPS), Transition and Continuity of Support (CoS) programs. The Transition program assists individuals from a range of now inactive Government programs, with a mental health condition, to test for NDIS access. If found ineligible for the NDIS, the CoS program provides ongoing, less-intensive psychosocial supports. NPS provides psychosocial supports to new clients, not previously serviced by Government psychosocial programs.

We look forward to working with NT PHN to support the health needs of our communities in the years to come.



Access to Allied Psychology Services Program

As part of our longstanding Access to Allied Psychology Services (ATAPS) program, we commissioned mental health professionals to deliver short-term services to individuals and families in communities, experiencing financial hardship, who would otherwise have little or no access to mental health services. Evidence based Psychological Therapy Services are available to people with a diagnosable mild to moderate mental illness, or to people who have attempted, or are at risk of suicide or self-harm, where access to other services is not clinically indicated.

The service has proved to have had positive health outcomes amongst patients.

“Before therapy I didn’t realise the depth of my issues, but I also never had hope for change. We have a long way to go but I have insight now and I have hope for positive change”
- ATAPS participant.

Another patient, who was dealing with low moods, anxiety, and suicidal ideation, significantly improved since accessing the service. Her moods improved, she became more assertive, and didn’t engage in deliberate self-harm or suicidal ideation. She’s since enrolled at university and is engaged with education and employment support.

ATAPS is free for eligible consumers through a GP referral and accompanying mental health treatment plan. Eligible clients can access up to six sessions.

“Before therapy I didn’t realise the depth of my issues, but I also never had hope for change. We have a long way to go but I have insight now and I have hope for positive change”
- ATAPS participant.

Katherine headspace centre

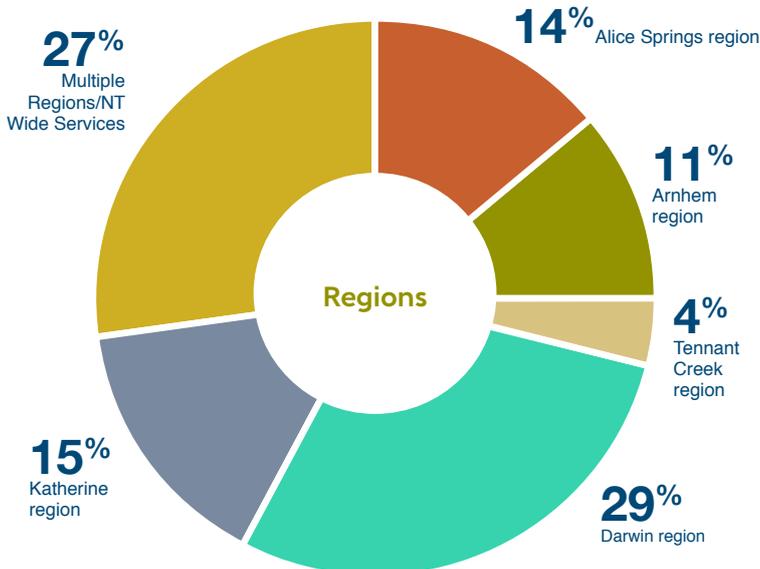
Following extensive community consultation with local young people, funders, Aboriginal Community Controlled Health Organisations and local Aboriginal elders, the headspace Centre opened in Katherine in September 2019. headspace offers early intervention support to young people aged between 12 and 25 years who are facing mental health challenges.

Commissioned through Anglicare NT, the centre provides flexible and responsive services to young people at the headspace Katherine hub, or via mobile outreach support to surrounding communities within the Katherine region.

Since opening, attendance by young people at the centre has increased each quarter.

We continue to support regional, place-based commissioning to address service gaps and local needs.

Regionally – 2019-20 funding within executed contracts as at June 2020





Research and partnerships

While we've had to pause the development of our research framework due to COVID-19, we've held initial meetings around its development. These early meetings were positive and demonstrated that there is keen interest from stakeholders to engage with us regarding the use of evidence and the role of research. Locally, we met with AMSANT, Flinders University and Menzies School of Health Research, and consulted with PHNs nationally to identify useful mechanisms to partner on research. We also completed a staff survey to identify the support required to build capacity in using evidence and links to research. We expect to resume work on the research framework in 2020-21.

In quarter two, two of our executives received honorary appointments to Menzies School of Health Research to further our interaction and participation in key activities.

We recognise that cultivating partnerships with services that have a focus outside the health sector is a key part in addressing the social determinants of health.

Our regional coordinators, based in Katherine, Nhulunbuy and Alice Springs are key support in this activity.

In 2019-20, regional coordinators engaged in respective regions with Youth Justice (Territory Families, local councils, Sport and Recreation (Department of Tourism, Sport and Culture), the Department of Education, and local industry and business to inform activities.

We established ongoing partnerships during the last year that included:

- research projects with universities featuring partners from justice, police, corrections and social services - 11 current research partnerships
- suicide prevention activities with police, family and community services, local Indigenous organisations and education partners
- early childhood activities, which engage with education, childcare and other social services.

Health Justice Partnership through the Katherine Individual Support Program

In November last year we provided funding to the NT Legal Aid Commission's Health Justice Partnerships (HJP) to ensure that those disadvantaged had access to quality services to protect and enforce their legal rights and interests.

The HJP is part of the Katherine Individual Support Program which aims to improve the health and lives of adults with chronic health conditions living rough in the Katherine Region, by taking a multidisciplinary approach to the primary health needs of individuals presenting to the Emergency Department more than five times in a twelve month period.

Legal and health problems are often intertwined. HJP not only provides legal aid to members of the community but also equips health and support workers with the skills to detect and address legal problems disclosed by their patients and clients.

Training for health workers involves learning how to better identify legal issues, refer patients to existing appropriate legal services, and provide effective legal assistance to people in health care before issues escalate.

HJP social workers and lawyers spend one morning a week at the Salvation Army hub to serve breakfast to homeless and vulnerable community members to help raise awareness of HJP, meet with clients, and seek referrals.

This service is an important component our work with partners across a range of sectors to address the social determinants of health.



Goal 3: Enable providers to deliver quality primary health care

Facilitating recruitment and retention initiatives, developing career pathways and supporting innovations to workforce models.

Strategies:

- support the use of data to drive service improvement
- drive accountability by delivering transparent commissioning policies, processes and methods for the monitoring and evaluation of commissioned services
- support the primary health care workforce to adapt and embrace innovation and technology in the provision of health care
- collaborate on workforce planning and service design to inform the right workforce mix for the population's needs
- work with primary health care providers to attract, and retain their workforce, especially increasing Aboriginal and Torres Strait Islander participation in primary health care delivery
- support the development of NT pathways for future workforce from selection, employment to retention across all primary health care professions.

Our Journey in 2019-20:

We are progressing well on this journey, with well-developed processes in place to support the primary health care workforce. We continue to refine and improve in this area to ensure all providers have the tools necessary to deliver quality primary health care. Whilst COVID-19 has had impacts on some activities across this goal in 2019-20, we have continued to deliver strong recruitment and workforce support outcomes.

Primary Care Support Team

We are committed to working with primary care teams across the NT to enable them to continuously improve the care they provide to their patients and communities. In 2019-20, our Primary Care Support Team has engaged with practices on a range of issues, including:

- support for practice accreditation
- continuous quality improvement (CQI) initiatives
- practice incentive payments
- digital health, including the My Health Record
- advice and support during the COVID-19 pandemic.

The Quality Improvement Practice Incentive Payment (PIP QI) continues to be a focus through the provision of ongoing support to the general practices who have registered. PIP QI remains stable in the NT and as a result, 37 practices continue to submit monthly aggregated data to us. We will continue to engage and support practices with CQI activities.

Challenge Managed: COVID-19 Pandemic Response

Quarters three and four saw the impact of COVID-19 on general practice in the NT, including some closures of smaller practices. These closures were mainly attributed to workforce retention, and a reduction in revenue due to the impacts COVID-19 that has impacted GP presentations. We have continued to work with these practices and provide support where we can.

Our Primary Care Support Team was at the forefront of supporting GP clinics and other health providers as part of our coordinated response to the COVID-19 pandemic. The Team continued to regularly engage practices during the pandemic, generally through telephone and email contact rather than face-to-face visits. This included the distribution of Personal Protective Equipment (PPE) and specific COVID-19 resources.

We will continue to engage with GPs and other health providers so that they are involved in future pandemic response planning, including developing mechanisms to make sure that information/directions that flow to them are contextually correct and easy to implement in a practice.





Members of NT PHN's
Primary Care Support Team

Monitoring and evaluation

Work slowed in this area this year due to the impacts of COVID-19 as well as changes in staff. We reviewed our monitoring and evaluation requirements across the organisation and identified support and responsibilities. As a result, a Monitoring and Evaluation Manager will commence in the new financial year.

For the future, we will align strategic and operational aims with our monitoring and evaluation activities to work towards KPIs and performance reporting. We will also embed the monitoring and evaluation framework into commissioning activities (quadruple aim outcome measures into contracts and reporting), and national and local program evaluations.

We are currently participating in the Australian Government national PHN program evaluations, which include:

- Psychosocial Support Program evaluation
- National Suicide Prevention Trial evaluation
- After-Hours Program evaluation.

Our local program evaluations include:

- Rural Primary Health Service (RPHS) evaluation with identified providers
- Social Emotional Wellbeing Program
- Refugee Health
- NT chronic conditions prevention and management strategy evaluation.

PHN Program Performance and Quality Framework

The National PHN Program Performance and Quality Framework was implemented in July 2018. The framework addresses how PHNs deliver activities that contribute to the program's objectives, and has three purposes:

- providing opportunities to identify areas for improvement for individual PHNs and the PHN program
- supporting individual PHNs in measuring their performance and quality against tangible outcomes
- measuring the program's progress towards achieving its objectives of improving efficiency and effectiveness of medical services for patients as well as improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

In addition, the framework is used to inform the Department of Health's decisions on eligibility for future contract extensions, as well as any associated negotiations with individual PHNs.

In December 2019 we received our individual assessment report on our 2018-19 performance against the framework, with a supplement report received in January 2020. This report showed NT PHN was on-track or progressing against all 42/42 of the performance indicators.

Partnerships and support

The following is a snippet from an email from Sunrise Health Service CEO Bill Palmer who described how appreciative and moved he was with the relationship that is being developed between NT PHN and Sunrise Health Service.

"In this role and organisation, rarely do we experience true partnership and have the experience of an organisation "walking side by side" with you delivering the best you can for the communities you serve. With NT PHN that is exactly what we are experiencing and that can only come from the leadership." **Sunrise Health Service Aboriginal Corporation**



Attracting and retaining the health workforce

As the RWA NT, we facilitate initiatives to attract and retain a professional primary health workforce in the NT, which includes helping and supporting health professionals who want to pursue a career in private practice, not-for-profit organisations and ACCHSs.

This includes:

- delivering personalised recruitment services
- providing relocation grants
- providing professional development grants
- providing scholarships and bursaries
- giving general assistance with moving and transitioning to life in the Territory
- supporting GP locum placements throughout the NT, either for vacant positions or for leave coverage.

In 2019-20 we have recruited 88 health professionals to the NT.¹

Workforce Recruitment, by Profession 2016-17 to 2019-20 – All Locations

	2017-18	2018-19	2019-20
GP	12	20	11
Non-Vocationally Registered GP	4	2	2
Aboriginal Health Practitioner	3	2	0
Allied Health	41	57	46
Nursing	16	26	29
TOTALS	76	107	88

¹ Our data processes are being reviewed, and variations in data from figures reported in previous years will continue to be investigated

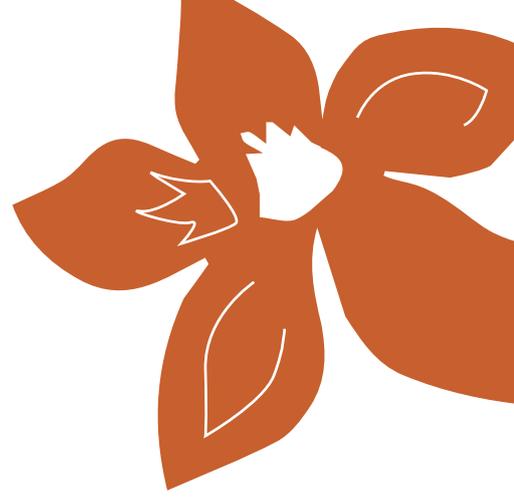
Challenge Being Managed: COVID-19 Pandemic

The COVID-19 pandemic has had a significant impact on our RWA NT activities. Recruitment has continued, but many placements have been delayed or deferred. The recruitment team continues to work with health services to navigate border restrictions and quarantine requirements, noting that the situation in other parts of the country also affects the mobility of the workforce.

- GP placements for 2019-20 are down 50% compared to 2018-19.
- Despite the impact of the pandemic, GP placements to Modified Monash Model seven locations in the 2019-20 financial year increased by 25% compared to 2018-19.
- Recruitment of allied health professionals in quarter four was down 73% compared with the same period last year. However, the market also showed a drop in vacancy rates compared with the last financial year.

COVID-19 and the associated travel restrictions also impacted locum coverage. A total of 179 locum leave cover days were provided in 2019-20 compared to 337 in the previous year, a reduction of 52%. Cover requests are expected to rise as border restrictions and quarantine requirements ease in 2020-21.

Looking forward into 2020-21, we are developing a communication strategy to reflect the RWA NT's work in the COVID environment, and to look for alternative ways of promoting NT PHN to recruit and attract staff.



In 2019-20 we recruited

88

health professionals
to the NT.

COVID-19 had a negative impact on GP placements and recruitment of allied health professionals. However, there was a drop in vacancy rates compared with the last financial year.



Kristina, Occupational Therapist

What do you do?

I'm an occupational therapist based in Darwin, and I also travel around the NT to work in remote communities. I came up here from Sydney to do a placement and loved it so much I decided to stay. The RWA NT helped me find a permanent position with Territory Therapy Solutions.

How do you find working in the NT?

So far, it's been a great learning curve for me. I recently spent two weeks working remotely. I loaded up my 4WD with heavy-duty wheelchairs, equipment needs to be built to last up here, and visited remote communities Ngukurr and Minyerri in the Roper Gulf before driving 2,500 kms to Bulla Camp community, Yarralin, and Kalkarindji. I saw some amazing places that many Australians may not ever get the opportunity to see.

The work here is really varied compared to work in the bigger cities. I've learnt a lot about different ways to approach therapy, especially when there's a language barrier. The experiences I've had have really expanded my cultural awareness. I'm also picking up some great life skills, like how to change a tyre!

How do you feel your work has helped people in remote communities?

Many people living in remote communities have never received a health service before so they aren't always aware of the resources and help available to them. It's great to be able to provide those people with the education and autonomy they need to make informed decisions about their health and wellbeing. It also means they can remain living on country, connected to their family and culture, despite disability or illness.

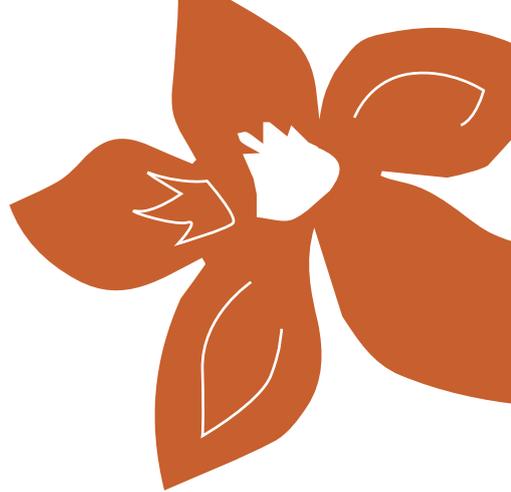
How has the Rural Workforce Agency NT supported you?

They have been great in helping me settle in and meet new people through various networking events. They arranged for me to do cultural awareness training before I headed out into community and they continue to provide me with opportunities for my professional development. Their support and training have been hugely helpful in giving me confidence in my work.

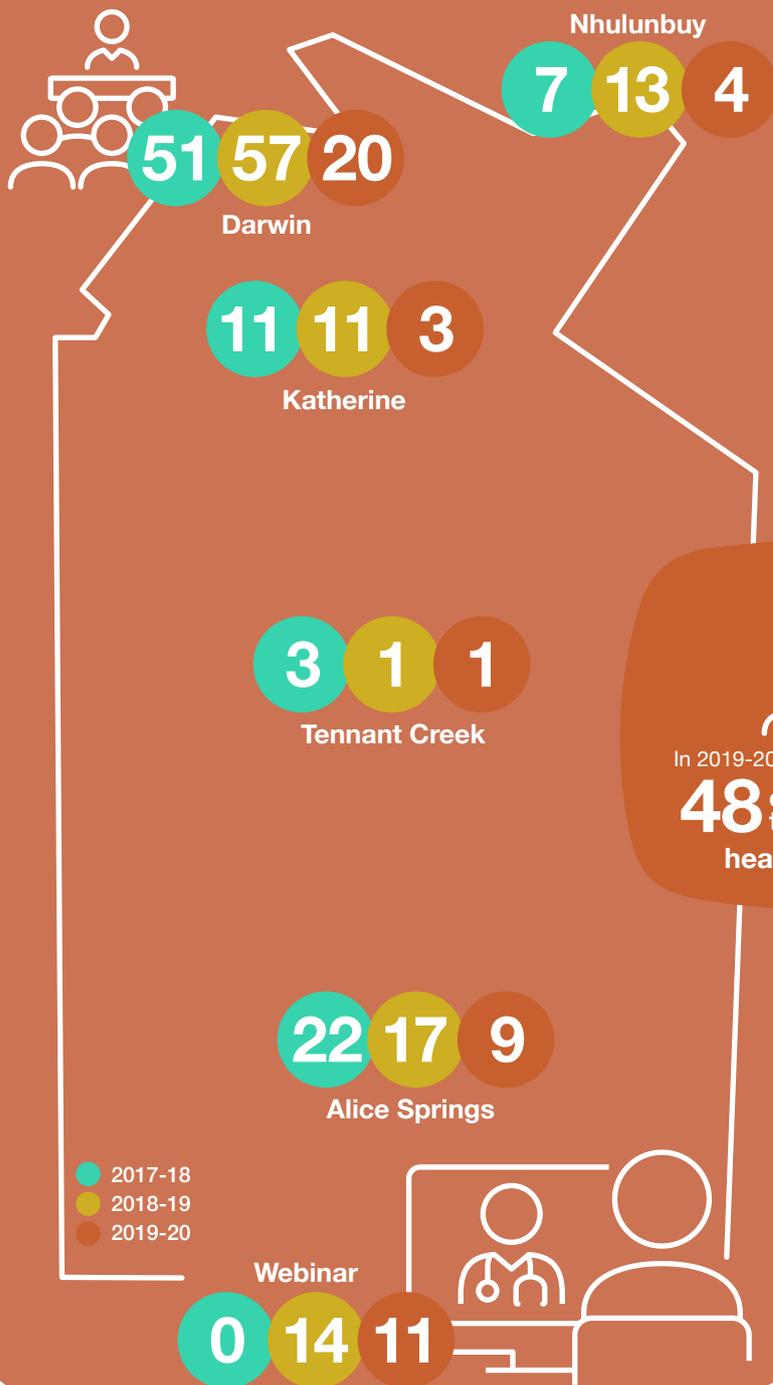
CPD is a key retention activity for the NT health workforce. In 2019-20, we supported the delivery of 48 events to 1,003 health professionals. Whilst the number of events held is less than previous years (due to impacts from COVID-19), overall attendance numbers for 2019-20 are comparable to previous years (1,154 in 2018-19 and 983 in 2017-18).

	2016-17	2017-18	2018-19	2019-20
Number of events held	83	91	113	48
Number of attendees	983	1154	890	1003

We have now transitioned to a dedicated webinar platform to host our CPD events, bringing significant improvements in live streaming functionality and access to the webinar library. Whilst not without challenges, use of webinars for CPD recognises the flexibility that health professionals may need in attending sessions, particularly relevant in delivering and accessing CPD in a COVID-19 context.



Number of CPD events by region



In 2019-20 we supported the delivery of **48** events to **1,003** health professionals.



Compass 2019

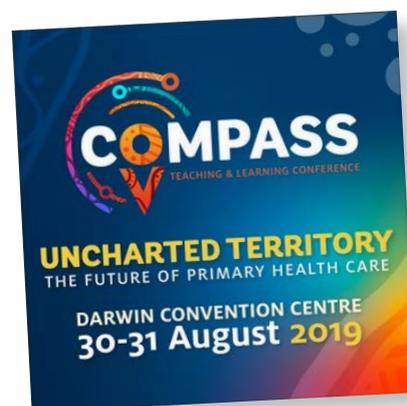
Compass 2019 – Uncharted Territory: The future of primary health care

Compass is the premier professional development and networking event for people working in primary health care in the NT. Over 400 delegates from across the NT attended Compass in August 2019.

Speakers and delegates focused on the emerging challenges and opportunities for primary health care professionals and the primary health care system, specifically in our unique northern Australian context. Underpinning all of these conversations was a focus on the innovative methodologies and technologies that will help us meet the challenges of our changing health landscape as we move towards the future of primary health care.

Feedback from the delegates who completed the post-event survey included:

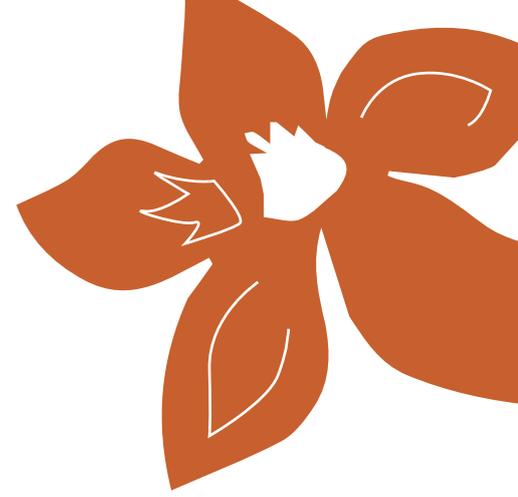
- 9 out of 10 delegates said the topics presented were either relevant or very relevant to their professional practice
- 98% said they would recommend Compass to their colleagues
- *'It's a fantastic opportunity for our diverse group of primary health care practitioners to learn and network.'*
- *'Great venue, great conference. A free and accessible conference for primary health care.'*
- *'I like that it brings together professionals from across disciplines and from urban/remote areas to participate and learn from the variety of educational sessions offered. Doing this free of charge, gives facilitates capacity to attend. The program ran smoothly with staff being very helpful at all times.'*



Over
400
NT delegates attended
the August 2019 Compass
event in Darwin

9 out of 10
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professional
practice

98%
of delegates said they
would recommend
Compass to their
colleagues



Health Care Hot Topics

To support health professionals in Central Australia, in October 2019 we delivered the Health Care Hot Topics in Alice Springs.

The Health Care Hot Topics provided four nights of accredited CPD on a range of topics, including:

- cardiovascular medicine and cancer
- musculoskeletal, mental health and geriatrics
- diabetes, thyroid, chronic obstructive pulmonary disease and ear, nose and throat
- women's health, paediatrics and infectious disease.

The event was a great success with over 70 attendees across the week. CPD was followed by networking dinners and entertainment.

Supporting Aboriginal Health Professionals and Organisations

In 2019-20 we commissioned a range of activities to support the Aboriginal and Torres Strait Islander identified health workforce and ACCHS, this included:

- Aboriginal and Torres Strait Islander bursary
- transition to remote area nursing course (Katherine program)
- Sunrise Health Aboriginal Corporation orientation project
- Aboriginal Health Practitioner Network
- Aboriginal Health Career Pathways framework and incremental training opportunities for non-clinical workforce.

Health Care Hot Topics attracted

70

attendees at the event held in Alice Springs



Celebrating Success

Health professionals from across the Territory were honoured in the twelfth year of the Administrator's Medals in Primary Health Care. These medals recognise and reward health professionals, teams and whole practices and health services that have contributed significantly to the provision of primary health care in the NT.

The awards called on Territorians to nominate outstanding health professionals for medals in the following categories: Individual, Team and Whole of Practice/Health Clinic.

Learn more about the Primary Health Care Administrator's Medals winners

The Health Professional of the Year Awards were presented at the 2019 Compass Teaching and Learning Conference. These awards recognise health professionals who are striving to customise their service and engage their patients and peers to improve health and wellbeing in the NT.

Find out more about the Health Professional of the Year award winners



Health professionals recognised: Recipients of the Administrator's Medals in Primary Health Care 2019.



Goal 3: Enable providers to deliver quality primary health care

Facilitating recruitment and retention initiatives, developing career pathways and supporting innovations to workforce models.



Future Pathways

The RWA NT delivers a range of activities to support the future health workforce in the NT.

In 2019-20 this included:

- Flinders University Nursing Careers Week
- High School to Health Careers Program
- John Flynn Placement Program.

Aboriginal and Torres Strait Islander High School to Health Careers program

In partnership with Indigenous Allied Health Australia (IAHA), we developed a pilot program to promote and help facilitate growth in the allied health workforce in the NT, with a focus on Aboriginal and Torres Strait Islander peoples.

Delivered in Central Australia in August 2019, and the Top End in early March 2020, eligible VET, and university student members of the IAHA – from diverse health disciplines – were provided the opportunity to visit local schools and communities in Central Australia, Katherine and Darwin.

The program exposed students and graduates to lifestyles that are perhaps inconsistent with their own ways of being and challenged them to consider how they could optimise outcomes using their own practices and skills.

Thirteen university students and graduates participated in the program, across 10 universities, with six students and graduates attending in Central Australia, and six in the Top End.

IAHA's Aboriginal and Torres Strait Islander university students and early career graduates promoted to local Aboriginal and Torres Strait Islander high school students the breadth of health careers and pathways through education and training; strengthened by their personal experiences as Aboriginal and Torres Strait Islander people.

Additionally, students and graduates had the opportunity to visit with local community members and health services, to better understand the levels and type of health service need and delivery arrangements specifically for rural and remote locations. In addition to promoting an increased understanding of health needs, the university students and graduates enhanced their understanding of the need for culturally safe and responsive care, for Aboriginal and Torres Strait Islander health practitioners to be culturally safe in the community and context within which they work.

This activity was postponed in the second half of the year due to the COVID-19 pandemic.





Goal 4: Lead primary health care system integration through effective partnerships

Collaborating with stakeholders to develop a shared vision and plan, co-investing in shared health information and improving health care pathways.

Strategies:

- collaborate with our stakeholders to develop a shared vision and plan for comprehensive primary health care in the Northern Territory
- co-invest in shared health information and establish shared quality improvement initiatives with key stakeholders
- improve health care pathways for Northern Territorians by working in close partnership with our stakeholders.

Our Journey in 2019-20:

We work collaboratively with stakeholders to develop a shared vision and plan for comprehensive primary health care. In 2019-20, this included developmental work on the Mental Health and Suicide Prevention Regional Plan, and a shared NT Digital Health Strategy. NT HealthPathways continued to grow from strength to strength, with a focus on pathways to support the COVID-19 pandemic response.

Collaborate with our stakeholders

NT Regional Mental Health and Suicide Prevention Project control group

To improve the integration of mental health and suicide prevention services in the NT, we partnered with Aboriginal Medical Services Alliance Northern Territory (AMSANT) and the NT Government Department of Health to develop a five-year Mental Health and Suicide Prevention Regional Plan.

The Project Control Group (PCG) overseeing the development of the plan has convened monthly since October 2019. The PCG includes representatives from the Top End and Central Australian Health Services, the non-government community mental health sector, the Aboriginal community-controlled sector, Territory Families, and those with lived experience of mental health illness and suicide. Lived experience members have brought much valued contribution and a wealth of knowledge and insight to the PCG's regional plan work.

The plan will support better integration of mental health services in the NT to meet the needs of people with lived experience of mental health and suicide, and their families and carers.

The plan will cover five priority areas:

- early engagement in mental illness and suicide prevention
- accessible and integrated treatment and support for people with mild to moderate mental illness
- effective and integrated treatment and support for people with severe and complex needs
- better access for children and young people to mental health support and suicide prevention
- better use of technology that promotes improved mental health outcomes.



Words from Matthew Simpson, a lived experience member of the Project Control Group

The first initiative to be delivered under the plan is a new mental health website, which will help Territorians better understand mental health conditions and direct them to the most suitable local services. The website is set to launch by November 2020.

The Foundation Plan will be delivered by December 2020, and work will commence on a more comprehensive regional plan in early 2021.

Read more about the regional plan

"I didn't know much about the empowering notion of using people who have 'lived experience' of mental health issues or experiences of suicide prior to me becoming a member of the Project Control Group. Disappointingly, over the past 20 years my psychosocial disability has always been viewed by my employers and social community as a deficit, and sadly until recently, I did too.

But this is no longer the case, contributing to the development of a Mental Health and Suicide Prevention Regional Plan for the NT over 12 months and observing other members' experiences and views about how to improve integration within the system, has taught me much about how the health system works, its complexity, and the importance of making sure services that are for people experiencing mental illness, are developed with a lived experience perspective.

Experiencing mental illness sometimes comes with a feeling that you can't make decisions for yourself, and people often feel you need to go to a hospital for help. I am a strong advocate of implementing a stepped care model that is designed around the services available in the Northern Territory, and also promoting stepped care broadly throughout the community and with the mental health clinical and non-clinical workforce. Over the years I have sub-consciously accessed different types of services based on my needs but if this type of model was understood better, not only by the people that work within the system but consumers too, I think we could improve people's understanding of what services are available, and how they can access them that they know can help at different stages of their recovery."

Matthew is from Darwin and works as a peer educator to support and mentor people with psychosocial disabilities to increase their economic and community participation.



Words from Michelle Pinto, a lived experience member of the Project Control Group

"I was drawn to the position on the Mental Health and Suicide Prevention Project Group because of my experiences within the mental health system. I saw this opportunity as a way to positively influence current efforts to improve how people navigate an unnecessarily complicated health system and prioritise care that is person centric.

While there has been an overall positive shift in mental health service delivery over the past 20 years, I still believe improvements need to be made so that services are fair, safe, and accessible as determined by the needs of the individual. I also believe the reported experiences of consumers and their carers in how services are developed and delivered is of critical importance, which is why it's important to me to be involved in the development of the Mental Health and Suicide Prevention Plan.

My experiences have ranged from being unjust and inadequate to extraordinary and beyond expectation. It is my unique and fortunate experience of mental health care that I received during my first pregnancy and subsequent delivery, that made me reflect upon how important it was to receive such care at such a vulnerable time in my life. This care was empowering, supportive, and a professional wrap around service which included significant care and monitoring of my mental health. I have a strong desire to find a way to reflect upon what made this challenging experience so positive and share this with other agencies providing mental health care.

I have lost significant people in my life due to suicide and other mental health related illnesses. This has influenced me in advocating for services and treatment that a more accessible, empowering and less traumatic and restrictive so that people are not afraid to seek help. I look forward to seeing the current work of the Mental Health and Suicide Prevention Plan making a difference to people's lives in the future."

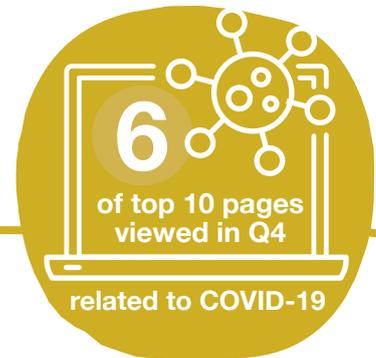
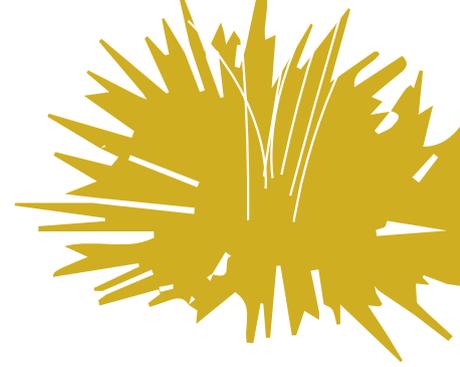
Michelle works in Darwin as a senior school teacher who provides learning programs to students with diverse and additional needs.

Co-invest in shared health information

Digital Health Planning

During 2019-20, we facilitated the development of a collaborative partnership between the NT Government Department of Health, AMSANT and NT PHN, with a shared vision in strengthening and integrating the NT health system to support better health outcomes for people of the NT, with a focus on digital health. A joint five-year strategy – the Strengthening Our Health System Strategy 2020 -2025 - was endorsed by our Board in May, with further announcements and activities under the strategy to occur in 2020-21.

The strategy will be launched in the second half of 2020 and lead to a range of digital health projects. The Australian Digital Health Agency will commit funding to some of these and work in partnership with NT PHN, AMSANT and NT Health to deliver them.



Improve health care pathways

Northern Territory Health Pathways

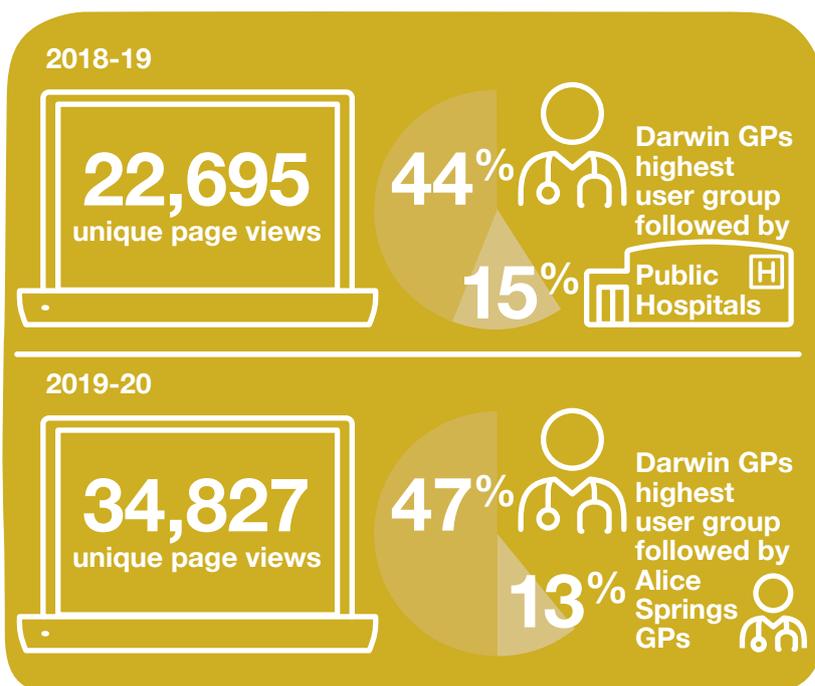
NT HealthPathways continues to develop clinical pathways to assist clinical teams and GPs navigate complex referral pathways to manage patients' conditions. Designed to use during a consultation, each pathway provides clear and concise guidance for assessing and managing a patient's condition and advising how to link into services in the local health system. Practitioners have access to clinical pages, summary of requests, GP and patient resources, and Therapeutic Guidelines all in one place.

To date, NT HealthPathways hosts 370 localised pathways, with ongoing development across high priority areas such as Potentially Preventable Hospitalisations, Palliative Care, Paediatrics, Otorhinolaryngology (ENT) and Antenatal health suites. Recent published streams include Dental Health, Respiratory and Iron and Anaemia.

Importantly, NT HealthPathways stays abreast of emerging health events. Since the COVID-19 outbreak, the clinical team have worked closely with the Centre for Disease Control and Prevention to establish COVID and Infection Control Management pathways to support clinicians, practices, and patients.

High on our agenda for this year is to increase end-users and continue fostering collaborations with key partners and subject-matter experts to implement best practice across assessment, management, and referral pathways.

Learn more about NT HealthPathways or request a login





Strategic Enabler 1: Corporate governance

Our corporate governance practices are regarded as a key enabler to support the delivery of our strategy, and encompasses, amongst other areas, financial, risk management, compliance and clinical governance.

Strategies:

- ensure performance measurement systems support the reporting and analysis of KPIs
- maintain best practice enterprise risk management policies and procedures, including internal audit
- review governance policies regularly
- maintain financial solvency and sustainability.

Our Journey in 2019-20:

In 2019-20 we have continued to implement best practice corporate governance standards with the development of a Board Charter and an externally facilitated evaluation of the Board's performance. Our Advisory Councils continued to play a key role within our governance, providing strategic level guidance and advice to our Board on locally relevant clinical and consumer issues.

Board, Board Committees, and Advisory Councils

The strength and effectiveness of our **Board** is supported by the diversity of its directors. Our independent, skills-based Board reflects the breadth of the NT's health sector, and includes directors with a diverse range of skills, backgrounds and professions. Our constitution reserves at least three director positions for people of Aboriginal descent.

The attendance by directors at Board and Board Committee meetings during 2019-20 is included in the Annual Financial and Directors Report.

In August 2019, the Board completed an externally facilitated Board evaluation. In February 2020, it commenced a review of its Key Performance Indicators.

Achievements of the Board in 2019-20 include:

September	The Board considered the submission to the Royal Commission into Aged Care Quality and Safety, developed in consultation with Clinical and Community Advisory Councils, which formed part of a national PHN submission.
November	Dr Andrew Bell retired as Board Chair following the Company's AGM in November. Dr Bell chaired the organisation including in its previous form as Northern Territory Medicare Local since 2012, including through its successful and seamless transition to form Northern Territory PHN in 2015, and has been an influential driver of local and national health care reform. The Board appointed Ms Diane Walsh as the new Board Chair and Mr John Rawnsley as the new Deputy Chair. Dr John Boffa was also appointed as a Director at the AGM. The Board considered and approved the Clinical Governance Framework for NT PHN and commissioned service providers. The framework was developed as a means to support quality improvement and commissioning of safe and high-quality health services.

March The Board considered the development and prioritisation of various position statements aimed to inform stakeholders, commissioned providers and staff of NT PHN's position within a changing national policy context, with an initial focus on Health Promotion.

May The Board endorsed the Strengthening Our Health System Strategy 2020 – 2025, as a joint 5-year NT Digital Health Strategy between NT Department of Health, AMSANT and NT PHN. The Strategy aims to improve health outcomes and enhance the consumer and clinician experience through the innovative use of digital health and technology.

The Board accepted the resignation of Ms Nicki Herriot as CEO, and after a rigorous selection process approved the appointment of Ms Gill Yearsley as the new CEO effective from 15 July 2020.

Committee Achievements 2019-20

To ensure its effective operation, our Board has established a range of Board committees to provide advice and to make recommendations on specific matters to inform the Board's decision-making.

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee assists the Board in relation to the Board's oversight responsibilities relating to financial management and reporting, audit and risk management matters.

Key matters considered by the Committee included:

- quarterly review of financial performance, risk management, internal audit, funding agreement and service provider compliance, and work health and safety
 - endorsement of the 2018-19 annual financial statements and external audit plan for 2019-20
 - consideration of the 2018-19 Core Operational and Flexible Funding 12-month performance report and the prioritisation of activities within the 2020-21 Core Flexible Funding Activity Work Plan
 - endorsement of the 2020-21 consolidated budget
 - consideration of the appropriateness of the Company's insurance coverage
 - endorsement of revisions to the Risk Management Policy, Schedule of Board Delegations and the committee's Terms of Reference.
-



Learn more about the Board Committees.

Governance Committee

The Governance Committee assists the Board on governance and nominations-related matters.

Key matters considered by the Committee included:

- quarterly review of Board-approved policies in accordance with the controlled document review schedule
- consideration of the results of the 2019 externally facilitated Board evaluation, monitored the progress against the action plan and endorsed the approach for the 2020 internal Board self-evaluation
- endorsement of the Board Training Plan
- consideration of gifts received by employees to ensure compliance with the Gift Policy
- consideration of the Board's skills and diversity and made recommendations on the Director recruitment process to fill the Director vacancy arising in November 2019 and the two Director vacancies still to be filled as a result of the retirement of Directors reaching their maximum term of appointment
- endorsement of the increases in Director remuneration during the year, for approval by the Company Members.

Rural Workforce Agency NT Committee

The Rural Workforce Agency NT Committee assists the Board in providing oversight of NT PHN's role and function as the Northern Territory Rural Workforce Agency delivered operationally through NT PHN's Health Workforce branch.

Key matters considered by the committee included:

- quarterly review of workforce strategy and performance, matters raised through the National Network of Rural Health Workforce Agencies and the Rural Health Workforce Australia, financial performance and workforce risk management
- endorsement of the 2019-20 Rural Workforce Agency NT budget
- endorsement of the 2020-21 Rural Health Workforce Support Activity Work Plan
- consideration of the active involvement by RWA NT to support the NT health system response to the COVID-19 pandemic.

Nominations Committee

The Nominations Committee (the committee) assists the Board in relation to the selection and appointment of directors. The committee consists of six members, with two representatives appointed by each company member. No directors are appointed to the committee.

Key matters considered by the Committee include:

- confirmation that it is satisfied that the composition of the Board reflects an appropriate balance of diversity, independence of mind and a range of skills, experience and knowledge
- consideration and recommendation of the appointment of Dr John Boffa as a Director of the Company at the annual general meeting in November 2019
- endorsement of the Director recruitment process to fill two Director vacancies created by the impending retirement of Iain Summers and Donna Ah Chee at the annual general meeting in November 2020. The selection process is ongoing with the appointments expected to be made at the upcoming annual general meeting in November 2020
- endorsement of the revised Terms of Reference of the Committee.



Council Achievements 2019-20

In accordance with our funding agreements and our constitution, our Board has established the Central Australia Clinical Council, Top End Clinical Council and Community Advisory Council, which are key components of our governance and advisory structure. Councils provide strategic level guidance and advice to our Board on locally relevant clinical and consumer issues, with the two GP-led Clinical Councils providing a clinical perspective and the Community Advisory Council providing a community perspective.

During 2019-20 the Councils:

- achieved activities across all strategic areas identified in their inaugural annual work plan, and developed their second annual work plan which aligns with NT PHN's 2018-2023 Strategic Business Plan
- provided key recommendations to the Board throughout 2019-20 through consultation on issues such as:
 - NT PHN's Stretch RAP
 - NT PHN's Health Literacy Strategy
 - NT PHN's Clinical Governance Framework
 - NT PHN's Monitoring and Evaluation Framework
 - the Royal Commission into Aged Care Quality and Safety
- met with Board members at a joint meeting where they discussed the health impacts of climate change to support NT PHN's position paper on climate change
- participated in the 2019 Compass Teaching and Learning Conference, facilitating education sessions and promoting NT PHN's Advisory Councils and their strategic role in NT PHN's governance to conference attendees
- supported consumer and community representation in key project governance structures and members of the Community Advisory Council participated in the:
 - Health Pathways Governance Committee
 - Comprehensive Primary Health Care Advisory Group
 - Health Care Homes Governance Group.

Learn more about our Councils

Risk management and internal audits

Risk management is an essential element to good corporate governance. To ensure a consistent and structured approach, we manage our risks systematically in line with our risk management policy and supporting framework.

We apply the principles of the Australian Standard ISO 31000:2018 - Risk Management Guidelines as we continue to operate and integrate risk management into our overall management system as we enhance our appreciation for risk and its alignment with our strategic purpose and vision.

Effective risk management supports strategic planning and informs decision making across the organisation as we proactively identify, treat, manage, report and review risks. This approach is intended to ensure we consider the upside of risk and we grow in confidence that our risk and assurance processes reflect best practice now and into the future.

Our internal audit function acts as an independent, objective assurance and consulting activity created to add value, manage risk and improve our systems. Internal audit assists us in achieving our objectives bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, operational and governance processes. In 2019-20 we have continued to engage KPMG to undertake internal audits on our core business functions with an average of three audits to be carried out each year. Audits conducted by KPMG during 2019-20 were Data Governance and Contracts Administration. Both audits provided continuous quality improvement (CQI) opportunities with a focus on contemporary practices, compliance obligations and further maturity.



Continuous Quality Improvement (CQI)

We have incorporated CQI and efficiencies into business practices across the organisation. Key continuous improvement activities undertaken in 2019-20 include:

- recording and analysing compliments and complaints to identify opportunities for continuous improvement
- ongoing implementation of the:
 - Conflict of Interest Policy and associated procedures
 - Data Governance Policy and associated information and communications technology and information management procedures
 - Privacy policy ensuring compliance with the Australian Privacy Principles
- review of the Whistleblower Policy to ensure compliance with the *Corporations Act 2001*, as recently amended through the *Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019*
- regular review of organisational policies and processes to ensure compliance, and efficient work practices fit for purpose, including application of a document management framework, which includes policies and procedures for the development, implementation and review of “controlled documents” including approved strategies, policies, plans, procedures, guidelines, forms and templates
- development of a Corporate Governance Handbook to support utilisation of internal committees and ensure content matter experts across the organisation provide input across a range of issues
- implementation of our monitoring and evaluation framework to guide and prompt the development of meaningful outcome measures, data requirements, reporting, and other measures across our functions.

Challenge managed: Email Security Breaches

In 2020 we discovered two incidences of breaches to our email security, resulting in unauthorised access to the mailbox of employees.

As part of the incident management, we worked closely with our external ICT service provider (and the Northern Territory Police) to investigate the breaches, which indicated that the mechanism used was highly sophisticated, making it very difficult to detect.

One of the breaches involved personal information and was therefore considered a notifiable data breach in terms of the Privacy Act, requiring notification to the Office of the Australian Information Commissioner and affected individuals. We received confirmation from the Office of the Australian Information Commissioner that after review of the information, they do not intend to take any further action in response to the data breach and regard the matter as closed.

Cyber security and the protection of personal information is a high priority for us, and we have strong risk controls in place. Our data breach response group was activated in response to these breaches, and the data breach response plan was followed.

Leading on from the response to the data breaches, our Operations Branch initiated an external security review to further understand and address potential weaknesses in our cyber security. A project has been formed to implement changes identified as a result and will continue to drive improvements in this area with employees and external service providers.



Clinical governance for commissioning

Clinical governance provides a mechanism by which our Board can ensure that all clinical activities delivered by commissioned health service providers, deliver safe, high-quality care and good clinical outcomes.

Our Clinical Governance Framework for NT PHN and Commissioned Service Providers was finalised and approved by the Board in November 2019. The Framework details six focus areas where best practice clinical governance activities are evident:

- governance and leadership
- clinical performance and effectiveness
- consumer partnerships
- workforce
- culture
- risk management.

A series of consultations with internal and external stakeholders significantly contributed to the development of the framework. A range of service providers were targeted to review and test the framework through workshops and meetings in Darwin and Alice Springs. Providers participating in consultations included sole providers, small and large organisations operating across both urban and rural/remote locations/different service types as well as Aboriginal Community Controlled Services (both new and established).

The framework aims to provide greater clarity on roles and responsibilities for us and our commissioned service providers as well as promote a culture of continuous improvement. It was important that the framework was able to be a supportive and helpful tool that clarified roles and responsibilities but did not create onerous reporting or additional obligations and requirements (especially if a commissioned service was already accredited to relevant standards).

Financial management

To support our ongoing best practice financial management, a key project in 2019-20 was conducting the scoping, market research activities and review of functional requirements to progress to tender for the upgrade of the new finance system. A selected tender process was completed in quarter four, and work will continue in quarter one of 2020-21 on the first stage of analysis and design.

For more information about or financial performance in 2019-20, review the Annual Financial and Director's Report.



Strategic Enabler 2: Engaged and aligned workforce

Our people are our best asset to building a workforce that reflects the NT’s broad demographics and helping us better understand our community.

Strategies:

- develop a workforce with skills aligned to commissioning services that achieve identified priorities in culturally appropriate ways.

Our Journey in 2019-20:

In 2019-20 we continued to have a focus on implementing good work health and safety practices, and supporting ongoing employee engagement. Our staff were very active in supporting a range of national and local health promotion and corporate responsibility initiatives.

Work health and safety

The health and safety of our staff is paramount. We are committed to providing a healthy and safe workplace for our employees, contractors and stakeholders.

Our work health and safety management system enables us to manage health and safety risks to ensure they are as low as reasonably practicable and includes:

- policies that ensure compliance with all applicable health and safety regulatory requirements
- a framework that supports the implementation and continual improvement of health and safety practices across the organisation
- development and measuring of health and safety targets to achieve objectives
- maintenance of effective health and safety reporting to provide assurance of due diligence and enable monitoring by our Board
- providing a means for facilitating consultation, involving employees and giving them a voice in health and safety matters.

WHS Committee meets quarterly

WHS policies and key procedures are reviewed regularly in accordance with review schedules and any changes to Australian standards or legislation.

No critical or notifiable incidents in 2019-20

August 2019 - a Public Access Defibrillator (PAD) became available in our Darwin reception. This PAD is not only available for staff, but for members of the public as well.

The health and safety of our staff is paramount. We are committed to providing a healthy and safe workplace for our employees, contractors and stakeholders.



Staff development

We are committed to supporting our people in their professional development and encourage a growth mindset. We recognise that to maintain a committed and competent workforce, employees need, and value, access to learning and development opportunities, with policies and procedures in place to support every employee's contribution and development. Employees can regularly identify training requirements, such as courses or other professional development opportunities, which are relevant to their role and development and funded by NT PHN. We also enable employees to have access to time off work to attend classes or exams as part of study they are enrolled in outside of work through flexible work practices in our Enterprise Agreement.

At 30 June, 83% of staff had a contribution plan in place, with planning underway for improvements to tools and processes in 2020-21.

Additionally, mandatory training was delivered to our staff across a range of operational areas. Mandatory training delivered to staff in 2019-20 included:

- conflicts of Interest
- whistleblowers
- data breaches and security awareness.

Mandatory cultural awareness training is incorporated into staff inductions, with staff required to register for online training on commencement of their employment. As at 30 June, 89% of staff completed or were in the progress of completing online training modules.

Additionally, processes are also in place to provide opportunities for employees to act in higher duties in the event of leave arrangements, staff resignations or other staff movements.



RAP Launch

Social initiatives and corporate responsibility

Our employees are committed to positive social responsibility, and this is supported through participation in a number of activities and events to support local services and national health promotion campaigns. In 2019-20 this included:

Support for PAWS Darwin	We donated \$900 to PAWS Darwin through sales of fundraising snacks to staff. Staff from our Darwin office have also used their lunch breaks during the year to walk dogs at PAWs who are waiting on their 'forever' home.
NAIDOC Week	During July staff were involved in trivia, a LunchBox Learning session on Aboriginal languages and the NAIDOC week march in Darwin, Alice Springs and Katherine.
Wear Your Footy Colours	In September staff were encouraged to wear their footy colours in support of children with cancer.
RUOK Day	In September, our staff made sure we asked "Are you OK?" to colleagues, and provided support to those who may be struggling.
Odd Socks Day	In October, staff raised money for Odd Socks Day, a national campaign aimed at removing stigma against mental health.
Foodbank NT and Share the Dignity Christmas campaigns	Staff donated food items to FoodBank and sanitary items and other supplies to Share the Dignity.
Christmas in Mind	During December we encouraged Territorians to look after their mental health during the Christmas and New Year period. Christmas in Mind provides links to 24-hour crisis support services, counselling support services, and community service organisations.
Colour Month	In March, staff brightened their day with bold colours, and were part of spreading awareness of health, wellbeing and diversity for: <ul style="list-style-type: none"> • Red for World Kidney Day • Orange for Harmony Day • Purple for Epilepsy Day.
National Reconciliation Week	In May, we launched our Stretch RAP at an event in Darwin, also virtually broadcast due to COVID-19 restrictions.

We also aim to support environmental initiatives by encouraging sustainable practice, and a diverse range of collaborative projects and initiatives across all levels of the organisation. We purchase recycled and recyclable materials where they are available, economical and suitable, including stationery and general office supplies.

Initiatives during 2019-20 included:

- ongoing support for the Down Syndrome Association of the NT through 'Cash for Cans' recycling at our Darwin office
- use of recycling bins in our Darwin office, twelve wheelie bins full (or 2,880 kg) of paper and cardboard to be recycled during the year
- recycling of Nespresso coffee pods through the Nespresso Official recycling scheme.

We aim to support environmental initiatives by encouraging sustainable practice, and a diverse range of collaborative projects and initiatives across all levels of the organisation.



Maddie Shepherd – Primary Health Care Support Officer

I'm part of the Primary Health Care Support Team. My role involves supporting primary health care in the Northern Territory in a range of topics including digital health, accreditation, continuous quality improvement, practice incentives, Medicare benefits schedule, business modelling, Health Care Homes trial, training and education and much more. I find my role to be really rewarding as it allows me to work closely with our amazing health care workers and organisations in the NT.

A stand-out experience from this year has been watching our general practices and health care workers in the NT work together through the COVID-19 pandemic. They have helped ensure the safety of our community and have showed courage, determination and perseverance.

NT PHN is a wonderful and supportive organisation filled with like-minded people who are passionate about working towards better health outcomes in the Northern Territory. I'm grateful for all the amazing opportunities, activities and training that continue to help me develop in my role.

I love going to work every day and feeling part of the NT PHN 'family'.



Strategic Enabler 3: Stakeholder engagement

Engaging stakeholders with diverse experience, knowledge and opinions delivers strong outcomes beyond what can be achieved individually or in isolation.

Strategies:

- actively engage with a diverse range of stakeholders to increase NT PHN presence across the Territory.

Our Journey in 2019-20:

Strong relationships with our stakeholders across the NT is vital to our success. Our regional coordinators have continued to play key roles in 2019-20 in providing advice to staff on local community information. NT PHN has played a key role in keeping our health providers informed as part of our COVID-19 response.

Regional coordinators

We have regional coordinators in Katherine, Nhulunbuy and Alice Springs. Regional Coordinators are key contacts for local community information, including cultural protocols, services within the region and the best communication mechanisms for those regions.

The regional coordinators continue to play a critical role in connecting us to local communities, consumers and service providers, contributing to key stakeholder and consumer engagement activities.

Throughout 2019-20 the team has:

- delivered a renewed focus on coordinating and integrating all regional engagement across NT PHN
- developed plans to lead a 'focus project' in each region
- supported the Primary Care Support Team by supporting GP practices in each region and undertaking associated training with the team
- commenced work to develop short cultural induction videos to reflect cultural practices in each region for use internally to increase our cultural awareness.

Stakeholder engagement

We can only be effective if we have strong relationships with our stakeholders. We do not deliver services directly, so we actively engage with a diverse range of stakeholders to increase our presence across the Territory. Engaging stakeholders with diverse experience, knowledge and opinions delivers strong outcomes beyond what can be achieved individually or in isolation.

More information on our stakeholder engagement in practice is available throughout this report:

- Mental Health and Suicide Prevention Regional Plan
- Residential Aged Care Facilities influenza immunisation needs assessment
- COVID-19 pandemic response
- Program evaluations
- Co-design – Outreach Health Services
- Co-commissioning – The Way Back Support Service

11. Acknowledgement to Partners

We value the contribution of our Company Members, funders, members of our Councils and other advisory groups, sub-contracted organisations and providers, employees, partners and all other stakeholders who have partnered with us in 2019-20.

12. Australasian Reporting Awards

Northern Territory PHN's 2018-19 Annual Report received a Silver Award at the 2020 Australasian Reporting Awards (ARA). These awards are designed to enable organisations to benchmark their reports against the ARA criteria which are based on world best practice. Organisations receive a Gold, Silver or Bronze Award depending on the extent to which they satisfy the ARA criteria.





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