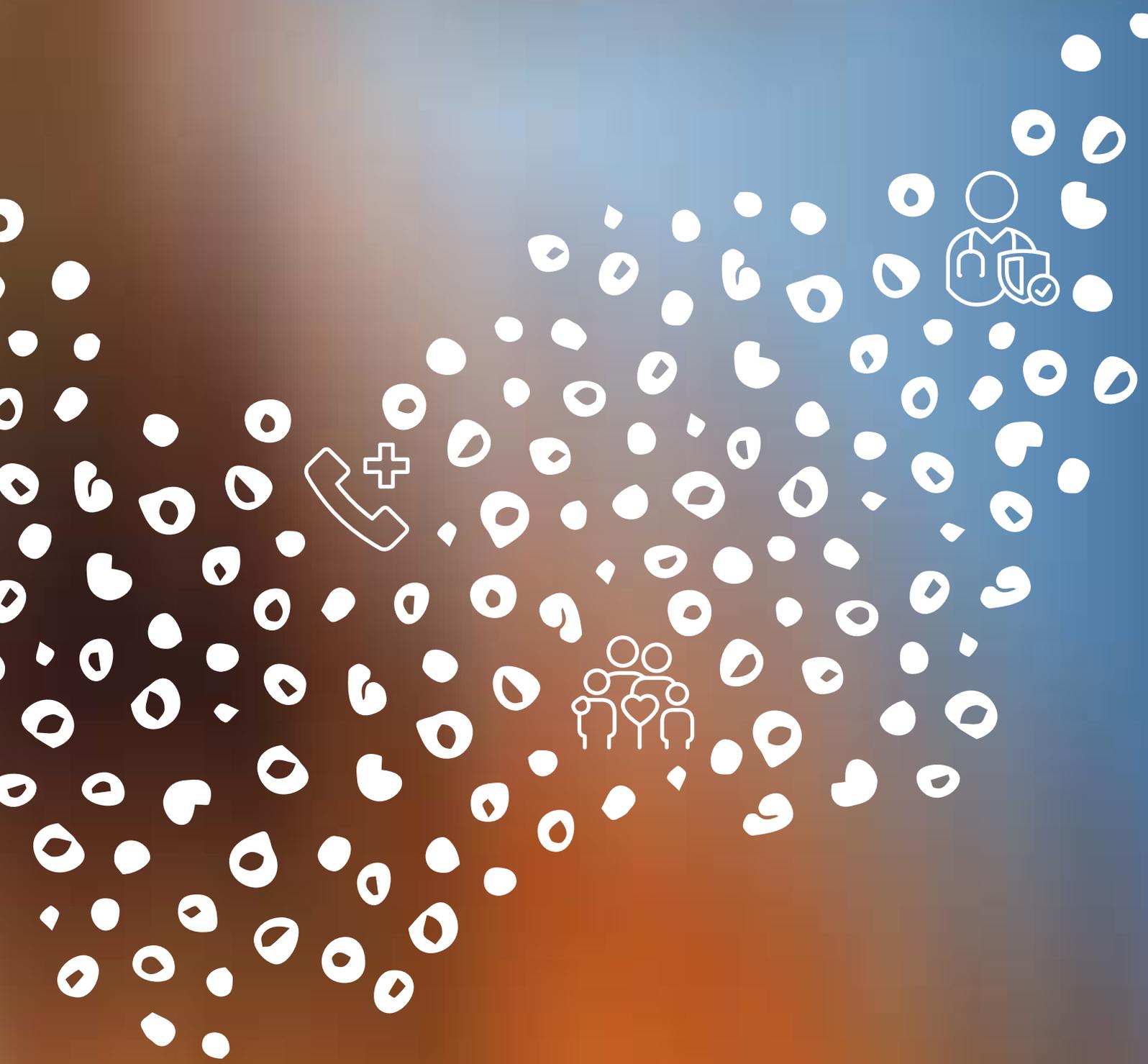
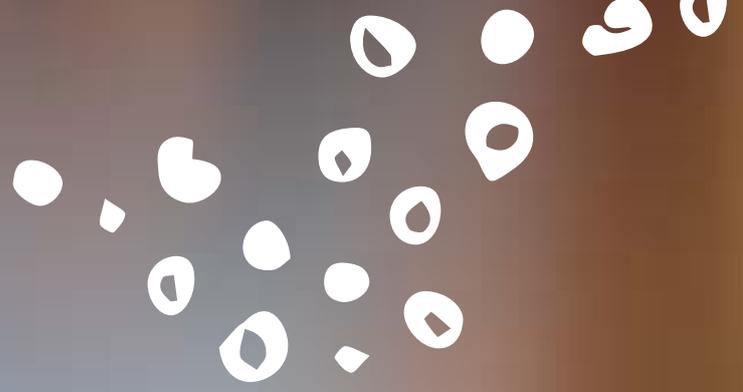


# Northern Territory PHN Annual Report 2020-2021





## 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.



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## Snapshot of 2020-21

**\$2million**

in grants administered to support the NT health workforce



**\$445k**

distributed to

**124**

health professionals for further education and upskilling



**50,000**

personal protective equipment items distributed every fortnight, during wave one of the pandemic, across the NT

### Professional development



**\$127,344**

awarded in scholarships



**\$213,806**

awarded in bursaries



**102**

professional development sessions hosted



**1,418**

professional development sessions

completed by health professionals

### General program and activities



**44** contracts over **11** programs



**\$9,067,125** value

**30** providers





Program and activities for people with chronic conditions

43 contracts  
over 3 programs

\$8,489,606  
value

31 providers



Procurement

11 formal tenders awarded



43 direct procurement activities



255 services contracted

Health Professional Recruitment

92 permanent staff were recruited to the Northern Territory



51 of those based in remote locations



2 new private general practices opened in Katherine

Programs and activities for people with drug and alcohol dependencies and ill-mental health including suicide prevention

146 contracts over 22+ programs

\$37,218,374 value

71 providers





## CEO and board chair message

2020-21 was another year of constant change - in part due to the ongoing impacts of COVID-19, which required us to be flexible and adaptive in much of the work we do. Collaborating with our stakeholders - such as NT Health, Aboriginal Medical Services Alliance (AMSANT), the Australian Government Department of Health and the broader primary health sector - was critical in managing those demands.

The NT PHN's activities in the ongoing COVID-19 response were broad-ranging last year, from distributing PPE, supporting our Territory GPs, and helping manage the vaccine rollout to coordination with aged care and disability services and our ongoing communication with our providers and partners. Read more about these projects on page 30.

Our role in building a sustainable primary health workforce continued in 2020-21 through our Rural Workforce Agency NT, which offered a range of recruitment and professional development support packages to primary health care professionals. In 2021-22, we will work closely with our stakeholders to ensure our workforce planning and attraction and recruitment is coordinated and makes the best use of our combined resources.

Our work in the mental health space grew in 2020-21. We started work on the Darwin Adult Mental Health Centre by engaging Neami National to lead the project in partnership with Larrakia Nation. A large portion of the funding received through the Australian Government is focused on mental health with over \$37 million of our funding going towards mental health programs. In line with the Northern Territory Regional Mental Health and Suicide Prevention Plan, we launched the [Mental Health NT website](#), which was developed in partnership with NT Health and AMSANT as well as people with lived experience. Use of the site was strong to year end, and we will continue to promote it in 2021-22 with the aim of reducing emergency department admissions for mental health support.

Our role in building a sustainable primary health workforce continued in 2020-21 through our Rural Workforce Agency NT, which offered a range of recruitment and professional development support packages to primary health care professionals. In 2021-22, we will work closely with our NT Health stakeholders to ensure our workforce planning and attraction and recruitment is coordinated and makes the best use of our combined resources.



Left to right:  
Ms Diane Walsh - Chair, NT PHN Board  
Ms Gillian Yearsley - Chief Executive Officer,



We also joined with AMSANT and NT Health during the year to develop a coordinated strategy to address the 'Closing the Gap' national recommendations and embedded our Reconciliation Action Plan more firmly into our business.

We established our internal Transformation Program last year, which brought about considerable change in our business. This program will create efficiencies in our processes and procedures and streamline the way we do business so we can have the greatest impact on our local primary health care sector. Read more about our Transformation Program on page 13.

This report is a snapshot of the Northern Territory Primary Health Network's work in 2020–21. As always, we encourage you to contact us for more information on anything you have read about.

In closing, we would like to acknowledge the ongoing contribution our board and councils make in our strategic direction and in connecting us with our stakeholders across the Territory. They have supported the organisation to retain the views of both community members and primary health providers in developing commissioning priorities to meet the primary health needs of the Northern Territory.

We said goodbye this year to a long-term Board member, Dr Paul Burgess and acknowledge the ongoing commitment that he has made to improving health outcomes across the communities of the Northern Territory. Thanks also to our many staff, stakeholders, and partners; we value our ongoing collaboration and your effort in creating an integrated primary health care sector.

We look forward to continuing the great work in 2021–22.

**Diane Walsh**  
Chair, NT PHN Board

**Gillian Yearsley**  
Chief Executive Officer



## Who we are

As the Northern Territory Primary Health Network (NT PHN), we help meet the needs and priorities of Territorians to improve health outcomes in primary health care.

It's our role to identify areas of need – such as a lack of healthcare services or difficulty in accessing these services – and commission primary health care services to address those needs.

Unlike other PHNs around Australia, we are unique in that we are also the Northern Territory's rural workforce agency. That means we help recruit, develop, and retain a professional primary health care workforce across the NT.

We are a not-for-profit, independent organisation funded by the Australian Government.

We support health services across the regions of the NT and have staff in Katherine, Nhulunbuy, Alice Springs and Darwin to facilitate relationships with local providers in those areas.

Click document covers to learn more about the health in each region.

### Our goals



#### Goal 1

To empower people to take control of their own health and wellbeing.



#### Goal 2

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



#### Goal 3

Enable providers to deliver quality primary health care.



#### Goal 4

Lead primary health care system integration through effective partnerships.

The above goal icons are used throughout the report to indicate how each story aligns with our strategic goals.

[Learn more about our goals in our strategic plan.](#)



## Our governance

The NT PHN Board is responsible for providing leadership and overseeing the overall strategy, governance, and performance of the organisation. It addresses the community's health requirements and focusses on the health needs arising from the current global pandemic.

The strength and effectiveness of our independent, skills-based board is thanks to the diversity of its directors. They come from every corner of the NT bringing diverse skills, experiences, and backgrounds. At least 3 director positions are reserved for people of Aboriginal descent. The board's composition aligns with the NT PHN Constitution.

In 2020–21 year, our board members were:

1. Diane Walsh
2. John Rawnsley
3. Dr John Boffa
4. Heather D'Antoine
5. Judith Oliver
6. Dr Samuel Goodwin
7. Iain Summers (retired 30 November 2020)
8. Donna Ah Chee (retired 30 November 2020)
9. David Blair (appointed 30 November 2020)
10. John Paterson (appointed 30 November 2020)
11. Dr Paul Burgess (resigned 22 April 2021).

The board's main focus areas in 2020–21 were:

- mental health
- primary health care
- COVID-19 support and vaccinations
- NT workforce
- digital health



To ensure the NT PHN Board operates effectively and makes the right decisions, it established several committees to provide expert advice and make recommendations. In line with our funding agreements and Constitution, the board has 2 clinical councils and 1 advisory council, which are key components of our governance and advisory structure:

- Central Australia Clinical Council
- Top End Clinical Council
- Community Advisory Council.

These councils guide and advise our board on locally relevant clinical and consumer issues. This helps ensure the board's decisions, investments and innovations are person-centred, cost effective, locally relevant and aligned to local care expectations and experience.

Council members are independent and selected based on skill. They come from a range of professional backgrounds, including Aboriginal and Torres Strait Islander health practitioners, GPs, nurses, pharmacists, allied health professionals, and non-health professions such as researchers or academics. Our councils represent all regions of the NT, and members have sound knowledge of the health priorities in their communities, which come from their experience as a patient or carer, or from their employment in areas like health consumer advocacy, population health or community services.

## Commissioning

We use commissioning to partner with health services and providers to develop and implement primary health services across the NT.

This process allows us to direct resources in the best way possible to meet local health needs, particularly in places at the highest risk of poor health outcomes.

### Commissioning Cycle





## Needs assessments

During 2020–21, the NT PHN continued developing needs assessments in line with the priorities set by the Health Workforce Stakeholder Group.

A multi-faceted review of the pharmacy workforce was completed during the year, including the impact of the decision by Charles Darwin University to discontinue the Bachelor of Pharmacy over the next 3–4 years on pharmacy training pathways. Another workforce assessment explored the GP training pipeline in the NT.

In 2021–22 and beyond, we will finalise a mental health workforce needs assessment and look at a further needs assessment focussing on practice nurses.

## Rural Workforce Agency

Our Rural Workforce Agency team plays an important role in recruiting and retaining primary health care professionals across the Territory.

In 2020–21, the team recruited 92 permanent staff to the Territory, with 51 of those based in remote locations. This is up from 32 remote staff in 2018. We've maintained positive recruitment numbers despite the pandemic. Additionally, 1,855 days of locum cover was provided to GPs.

Our experienced recruitment team work hard to build positive relationships across the primary health care sector so they can support a broad range of organisations delivering frontline health services.

As well as working with health services to recruit professionals, our Rural Workforce Agency provides funding to help retain and upskill those health professionals. In 2020–21, that included more than \$2 million in grants to the primary health care sector through:

- scholarship funding (\$455,000)
- workforce development grants (\$595,000)
- recruitment support (\$250,000)
- workforce incentive program (more than \$1 million).

### Health Professional Recruitment

**92** 

**permanent health professionals recruited**

- 22 GPs
- 49 Allied Health professionals
- 21 Nurses

### Workforce development and capacity-building activities:

**39** contracts  
over  
**10** programs 

**34** providers 

**\$1,375,923** value 

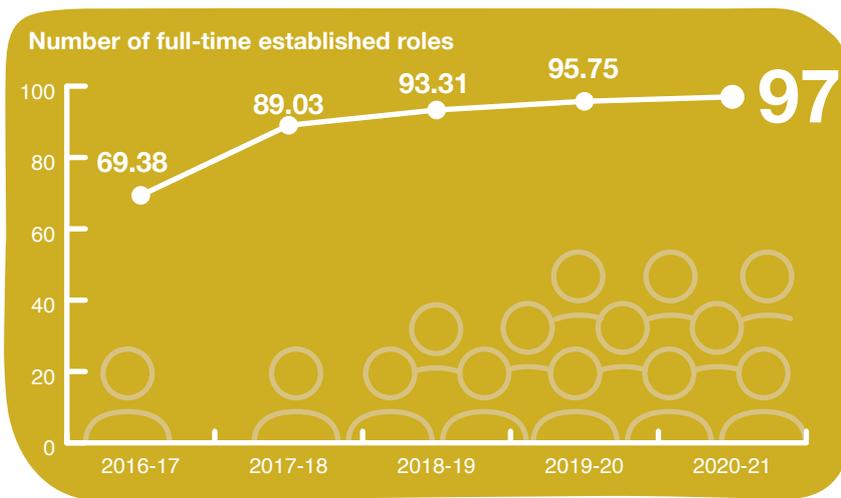


## Our people, culture and change

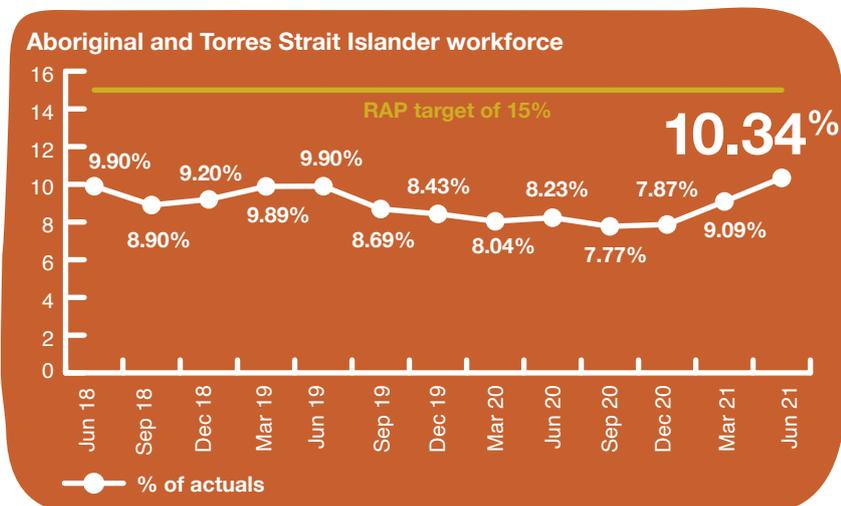
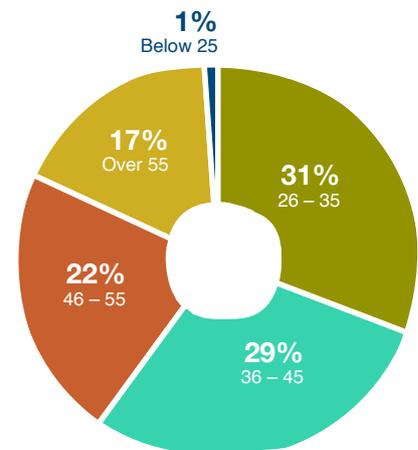
We continually strive to ensure diversity in our organisation and build our Aboriginal and Torres Strait Islander staff base so we can better reflect the NT population, increase our understanding of local needs, and build collaborative and culturally appropriate relationships.

We value and support our staff by providing a flexible working environment, with some staff working remotely and having the ability to work from home.

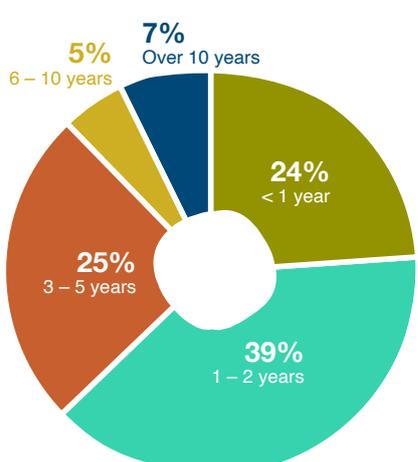
### Staffing profile data



### Age of workforce



### Years of service



Under our RAP, we have a target of 15% Aboriginal and Torres Strait Islander employment. The above graph shows how we are tracking at the end of 20-21 FY. Percentage is indicative of headcount at the time.



 STAFF PROFILE

## Transformational change

In September 2020, we commenced a significant organisation review to consider its budget position and its operational effectiveness. As a result of those reviews and after substantial staff consultation, the NT PHN CEO, Gill Yearsley, initiated a transformation program to deliver significant operational improvement in the organisation.

The work of the transformation program is organised under three key workstreams and led by the managers of those areas to review each work area's processes from end to end.

The first stream looks at our commissioning cycle and the processes within that. The second examines options to further expand our regional approach and how we operate regionally. And thirdly, we will look at developing a refreshed NT PHN strategic plan in partnership with the Board and three Councils

Sitting across those 3 workstreams are 5 key enablers, which aim to improvement and upgrade:

- information communication technology
- organisational culture
- transformational change
- communications
- bureaucracy

The transformation program is led by the senior executive leadership team. Planning for the transformation program is managed by our Chief Transformation Officer, Fiona Graham. Fiona is a short-term resource to support the senior executive leadership team to establish the program and lead it internally.

On 30 June 2021, we rolled out whole-of-organisation project management training to every staff member to support the transformation program.

## Lexie Vazey, Future Workforce Consultant

*I'm the Future Workforce Consultant, which means I promote the NT as a place to live and work. I work closely with the health sector to promote pathways for health professionals to work in remote healthcare.*

*I also allocate funding to Aboriginal and Torres Strait Islander undergraduate students to complete placements here in the NT and fund educational and cultural immersion experiences on remote practice.*

*A stand-out experience from this year for me was the Top End High School to Health Careers Program I delivered. It was an amazing experience. A group of remarkable university students and I toured Top End high schools and promoted health careers to students. I met some incredible teachers, mentors and health professionals and some inspiring young people. I was very lucky to be a part of such an amazing experience.*

*I love working for NT PHN because of the people – they make this place so great. I'm also lucky to have such great support from management. I wouldn't be where I am without them.*



## Business Central system

During 2020-21, the finance team worked steadily on a project to build and implement a new finance system. Dealing with \$70-80 million in annual funding, the NT PHN's existing system was no longer fit-for-purpose.

*'Our aim was to achieve better transparency and visibility around the financial information for the whole of the organisation, rather than just in the finance team,'* said Kristy Brain, NT PHN's Chief Financial Officer. *'With the new system, instead of 3 or 4 people having access to the financial data, everyone can access it quickly and easily, making our budgeting processes so much more efficient.'*

*'Real-time reporting will eventually allow everyone in the NT PHN to have the same level of access and visibility across the organisation – critical in our role as a commissioning body. Contract managers will be able to quickly and easily see how much they've commissioned to the project and how much budget remains, allowing them to plan more effectively.'*

During 2020-21, the finance team ran weekly workshops with the system vendor to gather information on what they needed the system to do.

*'It wasn't just a straight replace one system with another. We had to build the new system from the ground up based on what we needed it to do to efficiently manage budgets, particularly around commissioning.'*

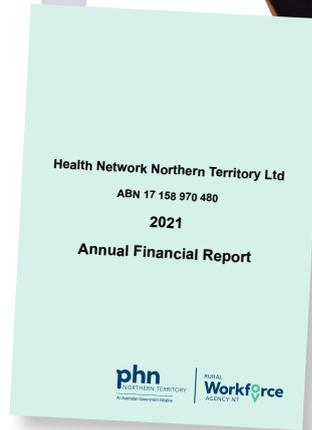
In 2021-22, there are plans to implement the 'future enhancements' list, which was kept while the new system was implemented, and undertake scoping work for new integrated procurement and contract management systems and a CRM system. The goal is to have all our systems able to talk to each other and integrate, creating efficiencies for everyone and saving us substantial time.



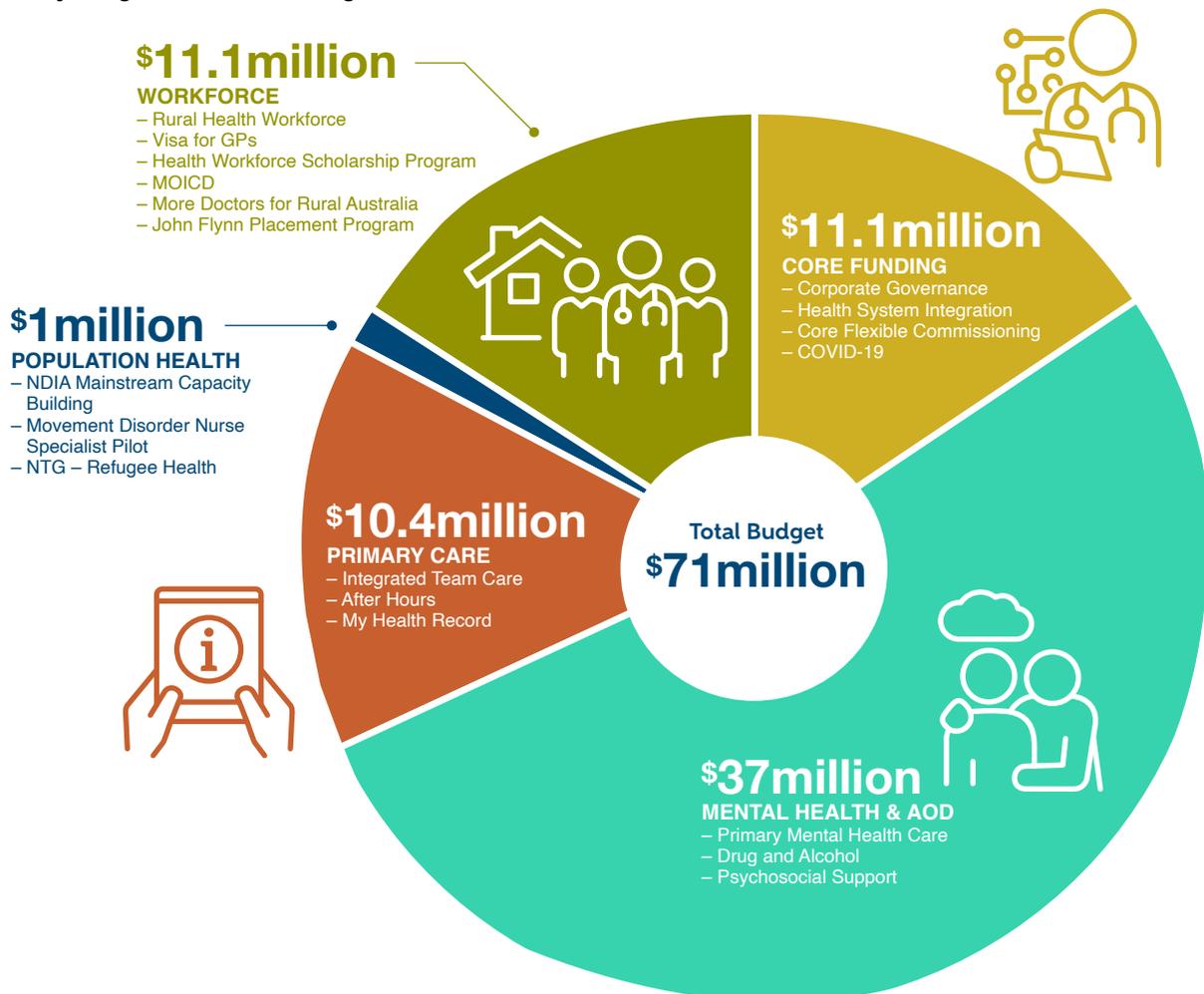


## Financial summary

Our total assets of \$32.7M, and total liabilities of \$30M, resulted in a strong net asset position of \$2.7M at 30 June 2021. The Statement of Comprehensive Income is in a Net Surplus position of \$142,523. The Australian Government Department of Health provided 98% of our total income for FY 20-21.



## Summary Budget 2020-21 – Funding Schedule





## Stakeholder engagement and sponsorship

Throughout the year, NT PHN sponsored or partnered with a range of organisations to support events and other activity aligned with our strategic goals.

Many of these focussed on raising awareness of health support and were linked to Territory-wide or national health weeks or days. Our sponsorship included:

- World Suicide Prevention Day – Sabrina’s Reach
- Association of Alcohol and other Drug Agencies NT (AADANT) Conference – May 2021 (Gold sponsor)
- Psychs on Bikes – 2020
- The Baker IDI Education Symposium – November 2020
- Rirratjingu Aboriginal Corporation NAIDOC Week celebrations – November 2020
- Mental Health Association of Central Australia’s Stress Less in the Park – October 2020.



Mental Health Association of Central Australia’s Stress Less in the Park



## Aboriginal Investment Group Remote Laundries

During the year, we worked with Aboriginal Investment Group (AIG) to support the 'remote laundries project', which sets up free laundries in communities. If people can be supported to do their washing regularly, it means things like skin infections and transmissible diseases are less prominent. We must find a way to reduce the impact of scabies and skin disease in small children, particularly, so they don't develop into the silent killer: rheumatic heart disease. It's a relatively simple early intervention strategy that can create massive benefit.

In 2021–22, we plan to shift from sponsoring this project to funding it through our preventative health funding stream.



PROVIDER  
PROFILE

### Jade Gooding, Anglicare NT

*I'm the Executive Manager, Mental Health at Anglicare NT, which means I provide strategic guidance and oversight to mental health programs and our human resources team.*

*The NT PHN is our commissioning body, so it provides us with financial and practical support to allow us to deliver person-centred, evidence-based, clinical mental health programs. I work closely with various members of the NT PHN team, particularly Kay Holland and Bella Burns, to ensure we are responding to community needs and implementing best-practice care. One of the services we provide is headspace, with 2 main hubs, in Darwin and Katherine. Our Darwin hub includes early psychosis and enhanced care programs. These, combined with our primary mental health services and short-term therapies funding, allow us to deliver clinical support to young people and their families across the [stepped care model](#). In Katherine, our primary mental health service works closely with the community to support young people and families, particularly in local Aboriginal communities within 120 kilometres of the hub.*

*A standout moment for us this past year was the announcement of the headspace satellite in Palmerston. The Palmerston service, which was co-designed with young people and community stakeholders, will be a satellite of our headspace Darwin hub. This is something we have been advocating passionately for over several years, and the genuine support from the NT PHN has made it possible. We look forward to implementing the new headspace service in Palmerston and plan to have doors open by mid-2022.*



## Our work in mental health and suicide prevention

### Congress Mental Health Nurse Program – Central Australia

One of the services we funded this year was a mental health nurse co-ordination program, delivered by Congress in Central Australia. The service provides:

- increased access to Aboriginal Health Worker services/ cultural brokerage
- insight into function and objectives of Aboriginal Community Controlled Health Organisations
- insight into imperatives around cultural safety.

Clients who have used the service expressed an appreciation for the mental health nurse coordinator who acts as an intermediary when liaising with Government or NGOs. Clients also noted the nurse co-ordinator was helpful in providing a culturally safe adjunct or alternative to mainstream mental health services.

### Flourish Collective

We fund a short-term, effective, free treatment for people with mild to moderate mental illness who have difficulty accessing mental health treatment services through Medicare’s Better Access.

A recent report from one of our psychotherapist providers, Flourish Collective, who we fund to deliver short-term therapy, shows treatment is having a positive impact on individuals’ mental health and wellbeing.

*‘Since beginning therapy, one of our younger patients with a history of trauma and ongoing mental health difficulties reported a vast improvement in their mental health and wellbeing.*

*Initially they had difficulty articulating words and were often shaking and appearing pale; however, now they are very articulate and have accessed part-time employment and left a violent relationship. This young person reported they “could not recall ever feeling better mental health in my life” and has had significant reduction in her symptoms. She is now engaged in general daily life activities and surrounding herself in healthier relationships.’*

– Flourish Collective



Adult Mental Health Centre Launch – March 2021



## Suicide Story contract awarded to AMSANT

In December 2020, the Mental Health Association of Central Australia (MHACA) handed over its suicide prevention program, ‘Suicide Story’, to the Aboriginal Medical Services Alliance Northern Territory (AMSANT).

Suicide Story was developed in 2007 specifically with and for remote Aboriginal communities in response to growing recognition of the problem of suicide in remote NT communities.

MHACA had identified that the current approaches to suicide prevention weren’t culturally suited for Aboriginal people. It identified a need to co-design a model around Aboriginal cultural safety, coupled with a learning process that connected with Aboriginal people.

Suicide Story 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. Some 14 years on, Suicide Story continues to play a lead role in suicide prevention in remote communities across the NT.

MHACA and the Suicide Story Aboriginal Advisory Group made the decision to transition the Suicide Story program to Aboriginal community control in 2018. A tender process to identify a suitable local Indigenous organisation named AMSANT the successful applicant.



## New adult mental health centre

A priority in 2020–21 was planning for a new adult mental health centre in Darwin.

Darwin is one of 8 launch sites the Australian Government has funded across the country for these community-based, NGO-run centres that will support easy access for adults who need to access mental health services or help navigating the system.

The initiative is about offering an alternative to the hospital emergency department for people experiencing mental health or psychological distress.

The new adult mental health centre will provide a “no wrong door” entry point for adults, enabling them to access a holistic support network that connects them to a range of services to meet their individual needs.

We engaged Neami National to be the lead provider on the project, in partnership with Larrakia Nation, so the centre offers a culturally safe environment and services.

At year end, the Casuarina venue and lease was secured for the centre, with 2 local businesses (one an Aboriginal-owned building company) engaged to complete the fit-out. The centre opening is planned for late 2021.

*‘With EDs being so busy, these patients end up being like on a revolving door. They go in, get treated and come out, but there’s no real follow up and no navigation for them to other services to help them later on.’ – Rob Moore, Executive Manager, Strategy Implementation and Partnerships*



## Mental Health NT website

In response to an increasing need across the NT for people to find and access to the right mental health services and information, we created [mentalhealthNT.com.au](http://mentalhealthNT.com.au)

This website aims to improve pathways to mental health services both for people experiencing mental health problems and for their carers by connecting them to doctors, remote health services and local community mental health services.

The site was designed and tested with Territorians who have a lived experience of mental illness and suicide, as well as carers and local mental health services. It was developed in collaboration with our partners at AMSANT and Northern Territory Health.



[www.mentalhealthnt.com.au](http://www.mentalhealthnt.com.au)





## Regional foundation plan

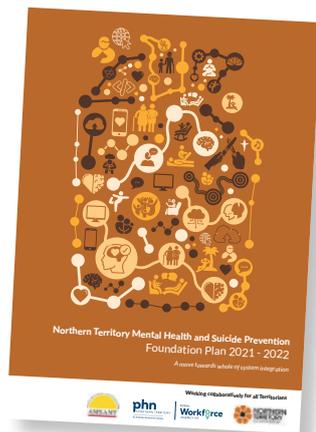
To ensure a comprehensive and coordinated approach to promote community wellbeing, we committed to developing and implementing a Northern Territory Mental Health and Suicide Prevention Regional Plan during the year. The plan identifies ways the current system can better support people with their mental health and prevent suicide by finding new ways to work together so services are integrated.

The plan will identify priority areas for system improvement and ways to integrate activities, so data and evidence can inform how services are established and target the needs of our communities.

The plan's development will happen in 2 stages:

### Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021-2022

The foundation plan will set the groundwork for a more comprehensive and long-term plan to improve and better integrate mental health services across the NT. This plan will outline the vision and key priority areas to focus integration activities. It will also describe our engagement approach to ensure service and system planning is collaborative with our regional communities.



### Joint Regional Plan 2022-2027

The joint regional plan will comprehensively define key integration opportunities at a regional level and outline the future implementation processes. Consultation will be undertaken in 2021-22 in each region across the Territory to tailor planning to local needs and priorities, and with input from stakeholders working in the sector locally.

## COVID-19 Mental Health Nurse

In addition to commissioning services, we also fund positions in the NT health workforce. Last year we commissioned a COVID-19 mental health nurse to provide support to people experiencing social isolation due to COVID-19. The initiative was a partnership with Top End Health's psycho-geriatric team. The position was embedded within the service to ensure maximum reach to clients and achieve positive outcomes by connecting older people to mental health supports.

Programs and activities to support people with drug and alcohol dependencies and mental health issues, including suicide prevention:

146 contracts over 22 programs

71 providers

\$37,218,374 value



## Supporting our health workforce

### Outreach services

Many communities in rural and remote NT don't have easy access to health services. By increasing communities' access to health services, we can reduce patients' need to travel long distances to attend a consultation or receive treatment, meaning they can stay close to their home and family.

Here's a taste of life for outreach Cardiac Educator Karen, who works for Healthy Living NT.

*'I've been working as a remote educator in the NT for more than 3 years, mostly in the Top End and Katherine regions. I enjoy visiting a variety of places and meeting lots of interesting people. My job is all about helping people with heart conditions and who have had treatment in hospital. I also talk to people with a high risk of cardiac disease. I try and help people by talking about their condition, treatment, and how to keep their heart, and themselves, stronger and healthier.'*

### Co-design in practice: Central Australia Region Outreach Health Services Working Group

From January 2021, the NT PHN directly funded Aboriginal community-controlled health organisations to deliver outreach services. This new model was the result of a working group collaboration across several primary health organisations.

The new approach gives remote patients greater access to local services, replacing the previous fly-in, fly-out model of outreach in the region. It will also improve diabetes-related care in remote communities, such as podiatry and diabetes nurse education.

The Central Australia Region Outreach Health Services Working Group has members from all 5 health services in the Central Australia region, including both government and Aboriginal community-controlled health services. The collective funding is shared among all providers who deliver primary healthcare in Central Australia and into remote areas. The providers work together to allocate funding across the Central Australia region to ensure that it provides the greatest impact.





## Katherine GP clinic

During the year, the only private general practice closed its doors in Katherine, leaving a significant gap in local GP services. That put significant extra pressure on Katherine Hospital and meant some 8,000 residents needed to drive to Darwin to see their GP or use telehealth services.

NT PHN worked closely with stakeholders across the sector to identify a solution for the community.

As a result, we contracted a Darwin-based GP (Arafura Medical Services) to establish an interim general practice. It was based at the aged care facility in Katherine and opened in November 2020. NT PHN funded the lease of the space so the interim practice could operate. Our Rural Workforce Agency NT also recruited staff through our locum service to support the practice.

Concurrently, we worked with 2 members of the Katherine local business community who expressed an interest in establishing a longer-term practice in the region to support their accreditation and set up, in line with government requirements. We also supported their recruitment efforts.

As a result, 2 new practices opened in Katherine – Bauhinia Health in March 2021 and Katherine Family Medical Practice in April 2021. At year end, NT PHN continued to support these practices, and all private general practices across the Territory, so they remain sustainable and have the latest government information.

This example in Katherine has resulted in ongoing discussions across the sector around a shared workforce model to meet the challenge of recruiting general practitioners into rural and regional communities. NT PHN plans to contribute funding to further develop this shared model in 2021–22.



 **STAFF PROFILE**

### Tristrum Watkins, Regional Coordinator

*I'm the regional coordinator for Alice Springs and the Barkly region. My key focus is the cultural brokerage for staff and stakeholders, which means I facilitate people or groups from one culture to another. I help get that Aboriginal voice on the ground. I'm also involved in supporting cultural awareness internally for staff and externally for stakeholders.*

*In the short time I've been at NT PHN, a standout experience for me is learning about the complex and different areas of health and how NT PHN supports the health sector, predominantly in mental health.*

*I'm really enjoying working with new people, sharing my knowledge and stories, and hopefully teaching them something, because I'm definitely learning as well.*



## Transition of West Arnhem services to Red Lily Health Board

Health services in the West Arnhem region are undergoing the transition from government to the community-controlled health service, Red Lily Health Board.

With the NT PHN's support and that of other partners, the transition of services is being delivered under the Pathways to Community Control Framework of the NT Aboriginal Health Forum.

This framework supports and promotes Aboriginal communities' control in the planning, development, and management of primary health services.

We have also supported the transition of services to community control by transferring identified health service funding from Top End Health Services to Red Lily Health Board to meet local needs.

Red Lily is an emerging community-controlled health service in West Arnhem Land with a board made up of 7 directors, all Aboriginal, from different regions in the area. The board developed a staged regionalisation approach that will ensure the successful transition of 4 clinics – in Jabiru, Minjilang, Waruwi and Gunbalanya – to community control by 30 June 2023.

Transition Manager, Stephen Hayes, assisted with the successful transition of the first of the clinic in Minjilang. *'It's still early days, but the transition has run smoothly so far,'* Steve said.

Steve has also been running community consultations to ensure locals are involved in the process.

*'The locals are really interested in community control and seeing more Aboriginal people employed, he said. The consultations also ensure local services are being dictated by local needs.'*

*'It's really important the community determines what services they need for the overall health and wellbeing of the community.'*

As a member of Red Lily's steering committee, NT PHN has also been giving Red Lily other forms of support.

*'NT PHN has supplied funding for us to sustain our board meetings by covering travel and accommodation costs for board members to get to and from board meetings,'* Steve said.

NT PHN's Rural Workforce Agency NT has also provided support, with a workforce development grant and advice for Steve and the team on recruiting doctors and nurses to the clinic.

Stephen finished by saying that since his involvement with Red Lily, he has always had a great relationship with NT PHN.

*'It's always been a really helpful and productive relationship. We are always developing new and innovative ways of working together to ensure we are doing it the best way and reporting better outcomes. It's been great.'*





## HealthPathways

HealthPathways, part of the Primary Care branch, is an online platform that helps clinicians and GPs understand the best localised referral pathways and agreed management of certain conditions in the NT.

The platform was developed by local practitioners and subject matter experts.

*“It means, for example, that if someone goes to the doctor in Darwin who wants to refer that patient to an obstetrician, they can go on the Health Pathways platform to quickly find an obstetrician and understand how to refer to that service and what resources are required,”* explained Ali Lloyd, Manager, Primary Care branch.

The established health pathways make things easier for practitioners, particularly those coming to the NT from interstate where systems and referral pathways are different.

In 2020–21, there were in excess of 450 health pathways, making it a large platform and a valuable tool. A focus area in 2021–22 is to promote the Health Pathways platform and increase the uptake among clinics.

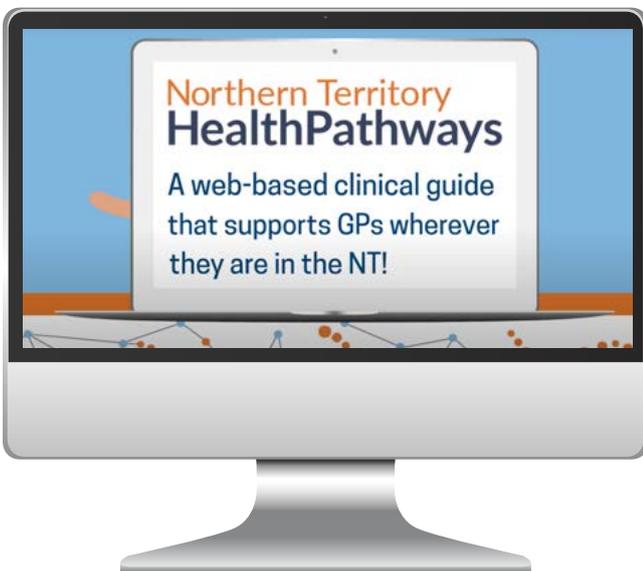
### HealthPathways embedded in our RAP

Our HealthPathways prioritises the inclusion of Aboriginal and Torres Strait Islander cultural supports and regional variation. It does this by:

- maintaining referral pathways and templates for six separate NT regions to capture local information and services
- ongoing engagement of AMSANT as part of our Governance group
- setting key performance indicators (KPI) for Aboriginal and Torres Strait Islander focused pathways

We currently have the following pathways:

- Aboriginal and Torres Strait Islander health (added to health system focus on home page for quick links)
- Health assessments for Aboriginal and Torres Strait Islander Peoples
- Aboriginal and Torres Strait Islander health initiatives
- Interpreter services
- MBS items relating to COVID-19 MBS items for Aboriginal and Torres Strait Islander people
- Trauma informed care pathways and video resources for Aboriginal and Torres Strait Islander people
- Machado-Joseph Disease (MJD) pathway - a condition prevalent in Aboriginal and Torres Strait Islanders



## Health Workforce scholarship program

The Health Workforce branch runs a program for people to apply for a scholarship to do a tertiary qualification or receive a bursary to study a relevant program to improve the quality and the sustainability of their service.

In 2020–21, we awarded

**90** scholarships to a total value of

**\$445,000**





## Health symposium, East Arnhem Land

The inaugural East Arnhem Health Partnership Symposium was held in the Gulkula homelands in East Arnhem Land on 22 and 23 June 2021.

The project was a partnership between NT PHN, research organisation Hot North, Miwatj Health, the Menzies School of Health Research and the NT Government. The symposium’s focus was to learn regional interests and understand health from the perspective of the local Aboriginal Yolngu and Anindilyakwa people.

Over 2 days, health experts in diabetes, rheumatic heart disease and birthing on country talked about workforce development, health leadership, aged care, and men’s and women’s health, the latter a highlight for many attendees. Also covered was the transition of service integration between NT Government and Aboriginal community-controlled health organisations.

Local leaders welcomed attendees with a Welcome to Country. There was a traditional cockatoo dance leading people to dinner, campfire stories for those who camped on site and pandanus stripping and weaving session.

Some 110 people attended the symposium, on the site of the Garma Festival – a credit to the Health Workforce team, who managed a lot of the logistics and support for the symposium.

Our team faced significant challenges in coordinating such a large gathering in a remote location with numerous stakeholders. Workload demand on a highly stretched team with limitations on their capacity and resources didn’t dampen the event’s outcomes. IT issues at the site were overcome through strong relationships and a proactive IT support network. Overall, the very successful event helped strengthen relationships between all partners.

Further to the success of the Health Symposium, there are plans for three more. Symposium partners have convened a working group to progress discussions from the event and to contribute to the planning of future symposiums.

*‘It was an amazing experience. The Aboriginal people got up and spoke about their health and their perspectives on health, and the researchers spoke about their research, what the data’s telling us and what we should be doing into the future.’ – Heather Keighley, Executive Manager of the Health Workforce branch.*





## Continuing professional development (CPD)

CPD is how health professionals uphold, improve, and broaden their knowledge, expertise and competence. It's also how they develop the personal and professional qualities they need during their careers. Participating in CPD helps NT health professionals develop their skills to deliver appropriate and safe care for patients.

Throughout 2020–21, our CPD program was essential in providing education and support to Territory health professionals in critical areas such as cultural competency, chronic disease, mental health, and potentially preventable hospitalisations.

COVID-19-orientated education sessions were important in helping our health workforce prepare for the vaccination roll-out.

Our CPD program recognises the importance of giving our health workforce opportunities for professional networking. Combining both CPD and networking, we support health professionals to learn from their peers and harness the skills of the workforce we have in the NT. This is a valuable NT health workforce quality and retention activity.

One of our highlight events this year was the health symposium in East Arnhem Land.



- COVID-19 remained a major concern and resulted in many face-to-face sessions held online to keep the workforce and patients safe
- online CPD presence became a core focus, with 55.8% of CPD events held virtually
- webinar video recordings allowed health professionals to attend CPD sessions in their own time, meaning they could watch sessions they normally would not have been available to attend live due to work commitments
- on-demand webinars saw up to a 160% increase in views compared to the live attendance – proving the workforce's need for flexibility with learning (especially during the increased pressure of the pandemic).

**55.8%**  
of continuing professional development events were held virtually





## Our commitment to reconciliation

We are committed to acting in the spirit of reconciliation by respecting and acknowledging all parts of the NT's history and working towards a shared vision of a united Australia. That vision respects our land, values the Aboriginal and Torres Strait Islander heritage, and means equity for all.

Our [Stretch Reconciliation Action Plan \(RAP\) 2020-23](#) outlines how we embed reconciliation into what we do and how we work. It covers 17 actions and 106 deliverables under 4 themes: relationships, respect, opportunities, and governance. The plan outlines how we will track our progress against our deliverables.

*'We've been working with our teams on how they engage more effectively, more respectfully and with more awareness of the cultural requirements of the Territory. We're doing a lot of work on our policies, procedures, and systems and how we make them culturally respectful in everything we do. We're on the journey of developing a cultural respect framework and embedding that into all our processes.'*  
 – Gill Yearsley, CEO, NT PHN

### Relationships

Working with stakeholders, communities, and organisations to efficiently direct resources towards an integrated, high-quality primary health care system is a core part of our business. As commissioners and integrators of the NT health care system, we are committed to engaging with local Aboriginal and Torres Strait Islander communities, Aboriginal community-controlled health services and other Aboriginal and/or Torres Strait Islander organisations to gain local knowledge and ensure culturally competent health services are offered across the NT.



### Respect

We are committed to understanding and respecting the cultural perspectives of Aboriginal and Torres Strait Islander people, histories, beliefs, and their stated preference for health services to be delivered by Aboriginal/Torres Strait Islander organisations and staff. We recognise that without considering the histories of Aboriginal/Torres Strait Islander people, we cannot improve services so that Aboriginal/Torres Strait Islander people can achieve their best health and wellbeing.



#### Strengthening our Spirits model

In partnership with the community and key stakeholders, we coordinated the implementation of the Darwin National Suicide Prevention Trial, which focussed on the Aboriginal and Torres Strait Islander population of the greater Darwin region. The Darwin trial site engaged the Aboriginal and Torres Strait Islander community to inform and lead the design of an approach to suicide prevention. This led to the creation of the [Strengthening our Spirits \(SOS\) model](#). The model has been created to meet the needs and priorities of the local Aboriginal and Torres Strait Islander people. The SOS model was instrumental in guiding NT PHN's commissioned activities for the Darwin region. A total of 28 activities/projects were commissioned over a 4-year period, in alignment with the SOS model.



Artwork by Tony Duwun Lee



 STAFF  
PROFILE

## Opportunities

We are committed to strengthening our organisational culture and making it more welcoming, inclusive, and supportive of all staff. We are committed to supporting our Aboriginal and Torres Strait Islander employees' career and leadership pathways to create a diverse and skilled workforce.



### **National Closing the Gap on Indigenous Health Conference, Cairns, 25–26 May 2021**

We supported 5 staff members to attend the National Closing the Gap on Indigenous Health Conference in Cairns in May 2021. The conference brought together expert speakers in the health sector who shared how they have kept communities safe during the COVID-19 pandemic, forged partnerships with mainstream health services to deliver better health outcomes and engaged local communities for the more effective conception, development, and delivery of health services.

## Governance

Our commitment to increasing Aboriginal and Torres Strait Islander representation in the organisation saw us increase to 10.34% (9 people) of staff who identify as Aboriginal in the reporting period. Through our Reconciliation Action Plan, we are working to identify areas of opportunity to attract, develop and retain our Aboriginal and Torres Strait Islander employees and provide education to all staff.

### **Ellen Glassie, Portfolio Management Office Project Analyst**

*As the Portfolio Management Office Project Analyst, I'm responsible for the delivery of project objectives. My oversight of these projects allows me to provide analysis and advice on how we manage our investment decisions. As part of the Transformation Program, I recently led whole-of-organisation training in project management to build capacity and capability for all staff, including executive management. This training was the first exposure to project management training for many people and a very exciting step forward in our journey of improvement as an organisation.*

*I've had the privilege of supporting our Reconciliation Action Plan (RAP) Working Group for the last 3.5 years. As part of our vision for Aboriginal and Torres Strait Islanders across the NT to improve their health and wellbeing, we provide funding and employment opportunities to Aboriginal community-controlled health organisations. I attended the National Closing the Gap on Indigenous Health Conference in Cairns in May 2021, where expert speakers in the health sector came together. It was very encouraging to hear positive experiences and storytelling from across the country.*

*Working for NT PHN has been a rewarding experience. I am privileged to work with people who are passionate about the work we do and genuinely care about improving health outcomes for people in the Northern Territory.*



## COVID-19 response

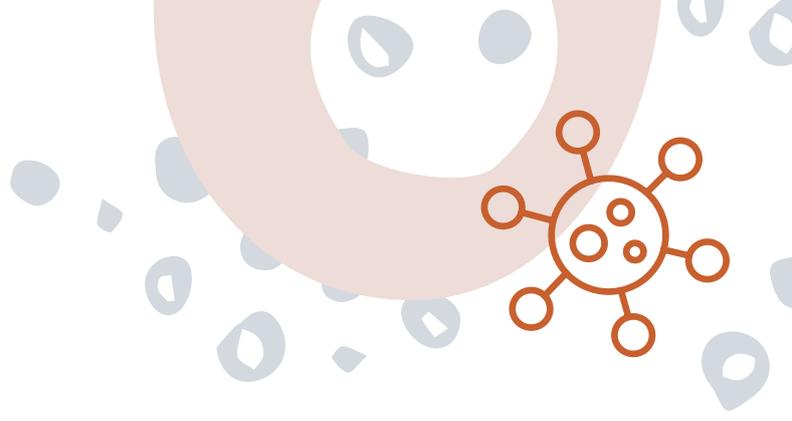
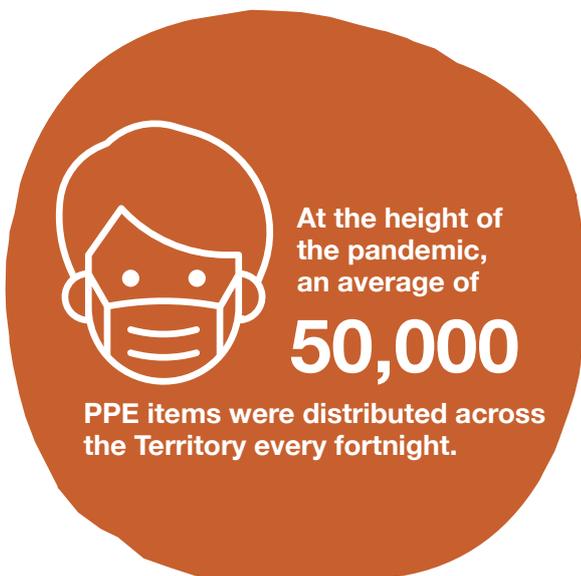
During 2020-21, the NT PHN continued to play a key role in the national COVID-19 response, in a number of ways:

### PPE distribution

Along with every other PHN in the country, our largest role in the COVID-19 pandemic was to support service providers by distributing personal protective equipment (PPE) to general practice, Aboriginal community-controlled services, allied health services and pharmacies to help them safely conduct COVID-19 testing where appropriate.

We received a bulk supply from the national stockpile and established modelling and distribution methodology to ensure we distributed the PPE stocks in an equitable way across the Territory based on factors such as population, demographics, and service location.

*'We had to ensure we weren't unfairly distributing PPE to our urban centres vs remote and rural services. At the height of the pandemic, we would have distributed an average of some 50,000 PPE items across the Territory every fortnight.'*  
- Ali Lloyd, Primary Health Care Manager



### Telehealth innovation grants

Telehealth is having a consultation with a healthcare provider by phone or video call. During the COVID-19 pandemic, telehealth services naturally ramped up.

To encourage and support providers, our Health Workforce team rolled out an innovation grants program so outreach providers could set themselves up to deliver telehealth consultations by buying cameras, computers, and the technology they needed to service their clientele via telehealth. The same opportunities were given to urban health care services.

In 2020-21, the branch rolled out some \$400,000 in innovation grants to support the change to telehealth.

### Vaccine rollout

At the end of February 2021, PHNs were tasked by the Australian Government to lead and support the COVID-19 vaccine rollout in the aged care and disability sectors. That rollout continued to year end and was a large piece of work for the Primary Care team.

The vaccine rollout project involved:

- supporting the onboarding of general practices and respiratory clinics that put their hands up to be a vaccine clinic
- supporting all residential aged care and disability facilities with resources and making sure communications reached them quickly
- the logistics of arranging their vaccine schedules with vaccination providers
- working in conjunction with NT Health and the Australian Government to coordinate the distribution of the most up-to-date information relevant for providers and patients
- collaborating with Office of Multicultural Affairs to support information sessions to provide factual vaccine rollout information.

As of 30 June 2021, we had supported 27 general practices to offer either AstraZeneca or Pfizer vaccines to patients.



## Respiratory clinics

In response to the pandemic, the Australian Government released funding to establish GP respiratory clinics across Australia.

Our Health Workforce branch was tasked with setting these up in the NT.

The team identified 4 suitable practices across the NT – 2 in the Top End and 2 in Central Australia – then worked with the Australian Government contractor to establish them to stringent standards. This included providing advice on mandatory training and accreditation and supporting their establishment.

**27**  
general practices offered either Astra-Zeneca or Pfizer vaccines to patients.



Program and activities commissioned as part of the COVID-19 response:

**12 contracts**  
over 4 programs



**11**  
providers

**\$1,148m**  
value



## Our co-designed projects



### Primary Health Care Accessibility and Inclusion Project

We have received funding from the Department of Social Services to run a Primary Health Care Accessibility and Inclusion Project for 3 years until 2023. The project is informed by a co-design working group that consists of a broad cross section of primary and allied health practitioners, disability and community service providers, peak bodies, and consumers with living experiences of disability, that contributes to planning activities that aim to improve the experience of people with a disability when accessing primary health care services. These activities may address clinical management, awareness, education and referral pathways, links between primary care and specialist services, and improving health literacy of people with a disability, their families, and carers.

The project aims to increase knowledge and awareness of the primary health care needs of people with a disability, their families, and carers. Initially, the project will work with stakeholders and consumers to clearly understand the needs and challenges consumers have experienced when accessing primary health care services, the challenges practitioners and primary care services have in meeting the needs of patients with a disability and the challenges disability services have in assisting participants to access primary health care services.

*Inclusion and Accessibility Working Group*



### Movement Disorders Nurse Specialist Pilot

For the first time this year, the NT received funding of approximately \$1 million for a three-year pilot to deliver specialised nursing support for people with a movement disorder living in rural and remote areas.

A movement disorder is a neurological condition, such as Parkinson's, which causes problems with increased or reduced movement, like tremors or spasms.

We started the pilot with a co-design process to identify what the service needed to offer, how it would work together with other services that people were using, and how it would be accessible, particularly for those living in rural and remote areas of the Northern Territory. We also addressed the risks and challenges of the pilot such as recruiting and sustaining specialists in movement disorders who could provide high level expertise, working with limited data for this field, and the varying needs of remote and Indigenous populations.

The co-design group included nurses; allied health professionals; movement disorder service managers; people with expertise in aged care, disability services, neurology, and general practice; and those with lived experience of, or of caring for people with, a movement disorder.

Providers were then invited to submit tenders to deliver the service, as designed by the co-design group. NT Health was contracted as the successful provider.





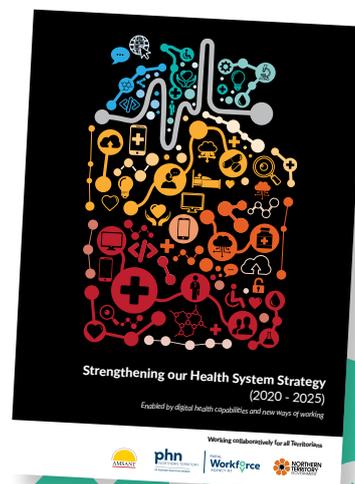
## Digital health strategy

We launched a digital health strategy, '[Strengthening our Health System](#)', in December 2020 in collaboration with NT Health and AMSANT.

In 2020–21, part of that strategy was a digital health project, Communities of Excellence, that we ran in east Arnhem Land in collaboration with the Australian Digital Health Agency and the other project partners.

The project aims to improve the digital health and connectivity of that remote area, bringing healthcare providers together for better-connected health care and delivery and improving transition of care between rural and remote areas and other health service providers, like Royal Darwin Hospital.

The project's focus is also on improving information sharing and increasing the digital health literacy of both patients and providers, like GPs and pharmacists, giving them better access to telehealth and other digitised health information.





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 @NTPHN  
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**Darwin**  
23 Albatross Street  
Winnellie  
T: 08 8982 1000

**Alice Springs**  
Remote Health Precinct  
5 Skinner Street  
T: 08 8950 4800

**Katherine**  
11/25 First Street  
Pandanus Plaza  
T: 08 8982 1040

**Nhulunbuy**  
Flinders, Nhulunbuy Clinical  
Education Training Facility,  
Gove District Hospital  
Matthew Flinders Way  
T: 08 8982 1000