

# 2020-21 Service Agreement

AN AGREEMENT BETWEEN:

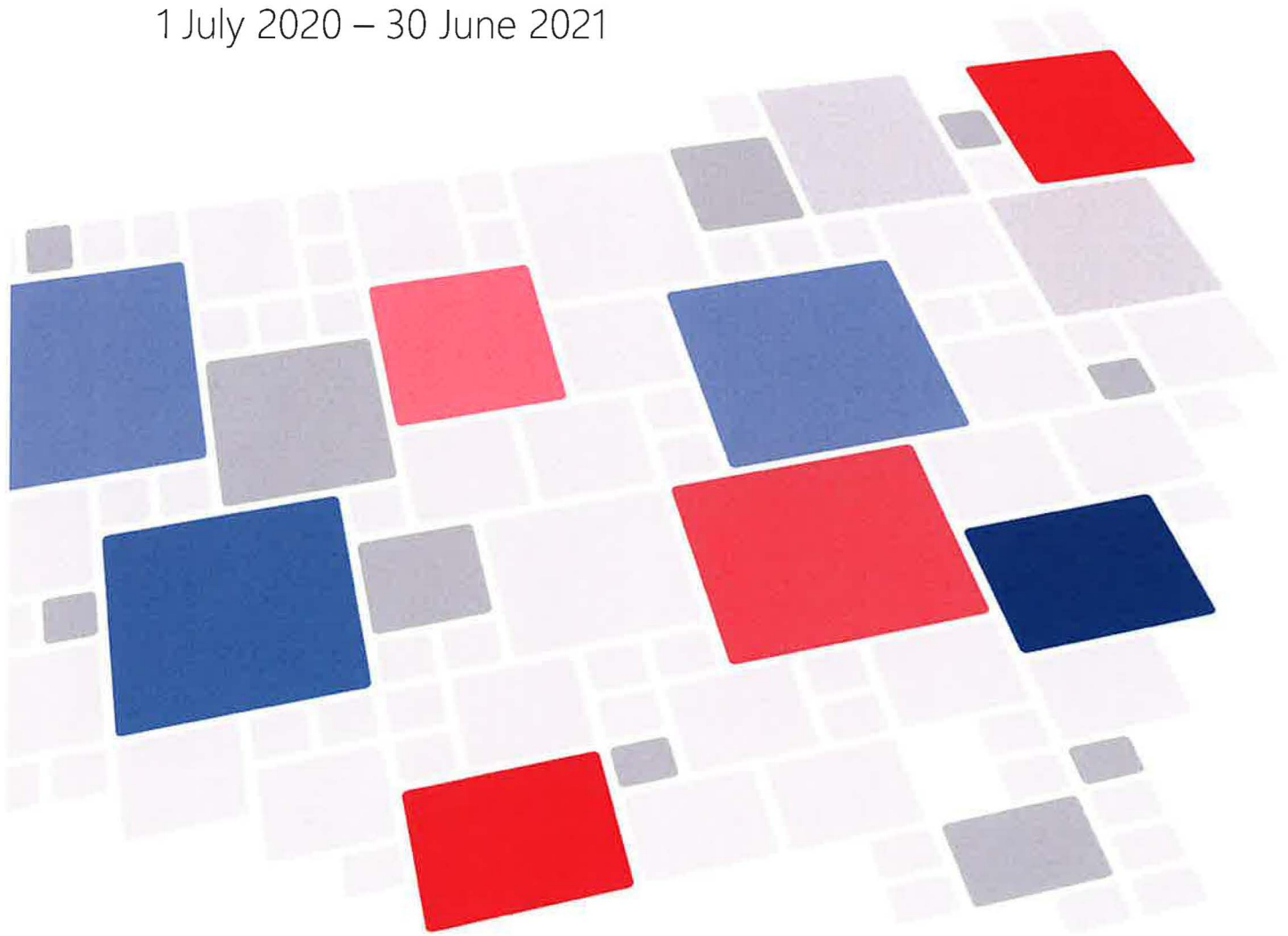
Sydney Local Health District

AND THE

Tresillian Family Care Centres Affiliated Health Organisation

FOR THE PERIOD

1 July 2020 – 30 June 2021



# NSW Health Service Agreement – 2020-21

## Principal Purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations. The principal purpose of this Service Agreement is to set out the service and performance expectations for the funding and other support provided to Tresillian Family Care Centres Affiliated Health Organisation (AHO) (the Organisation) to ensure the provision of equitable, safe, high quality, patient-centred healthcare in respect of its services recognised under the *Health Services Act 1997* supported by the District.

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. It specifies the service delivery and performance requirements expected of the Organisation that will be monitored consistent with the NSW Health Performance Framework.

The Agreement recognises and respects the health care philosophy of the AHO. In some instances there may be a Memorandum of Understanding or other agreement that operates within the context of this Agreement.

Tresillian Family Care Centres AHO agrees to meet the service obligations and performance requirements outlined in this Agreement. Sydney Local Health District Local Health District agrees to provide the funding and other support to Tresillian Family Care Centres AHO outlined in this Agreement.

## Parties to the Agreement

### **Tresillian Family Care Centres Affiliated Health Organisation**

**Dr Nick Kowalenko President**

**On behalf of the, Tresillian Board AHO Board**

Date 8 February 2021 Signed 

### **Associate Professor Robert Mills**

**Chief Executive**

**On behalf of the, Tresillian Family Care Centres AHO**


Date 8 February 2021 Signed 

### **Sydney Local Health District**

**Ms Victoria Weekes**

**Acting Chair**

**On behalf of the, Sydney Local Health District Board**

Date 15.2.21 Signed 

**Sydney Local Health District**

**Dr Teresa Anderson AM**

**Chief Executive Sydney Local Health District**

Date 11-2-21 Signed  .....

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# 1. Objectives of the Service Agreement

As part of the Public Health Service, Affiliated Health Organisations provide a valued range of services, and support the Districts and Networks in delivering their service obligations:

- To give effect to the partnership between Tresillian Family Care Centres AHO and Sydney Local Health District by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.
- To enable Tresillian Family Care Centres AHO to contribute to Sydney Local Health District's delivery of high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To articulate responsibilities and accountabilities across all NSW Health entities and AHOs for the delivery of the priorities of the NSW Government and NSW Health.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and AHOs include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health. These CORE values do not replace but work in conjunction with the Affiliated Health Organisation's mission and values.

## 2. Legislation, Governance and Performance Framework

### 2.1 Legislation

#### 2.1.1 Preamble

The *Health Services Act 1997* (the "Act") provides the framework for the NSW public health system. Section 7 of the Act provides that the public health system constitutes, inter alia, Local Health Districts and Affiliated Health Organisations in respect of their recognised services and recognises establishments (s.6). The Act defines Local Health Districts and Affiliated Health Organisations as public health organisations (s.7).

A Local Health District is a public health organisation that facilitates the conduct of public hospitals and health institutions in a specific geographical area for the provision of public health services for that specific area.

The principal reason for recognising services and establishments or organisations as Affiliated Health Organisations is to enable certain non-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of the system (s.13).

#### 2.1.2 Local Health Districts

The *Health Services Act 1997* provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Districts (ss. 9, 10, 14).

Under the Act the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The Act allows the Health Secretary to enter into performance agreements with Districts and Networks in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

Under the Act the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) (s.127). As a condition of subsidy all funding provided for specific purposes must be used for those purposes unless approved by the Health Secretary.

#### 2.1.3 Service Agreements between Local Health Districts and Affiliated Health Organisations

This Service Agreement constitutes the performance agreement under section 130 of the Act. Section 130 provides for Local Health Districts exercising the delegated function of determining subsidies for Affiliated Health Organisations to enter into performance agreements with Affiliated Health Organisations in respect of recognised establishments and established services and may detail performance targets and provide for evaluation and review of results in relation to those targets.

Section 130 of the Act addresses performance agreements between local health districts and affiliated health organisations:

(1) A Local Health District exercising a function delegated under section 129 in respect of an affiliated health organisation may enter into a performance agreement with the Affiliated Health Organisation in respect of its recognised establishments and recognised services.

(2) A performance agreement:

- (a) may set operational performance targets for the Affiliated Health Organisation in the exercise of specified functions in relation to the health services concerned during a specified period, and
- (b) may provide for the evaluation and review of results in relation to those targets.

(3) The Affiliated Health Organisation must, as far as practicable, exercise its functions in accordance with the performance agreement.

(4) The Affiliated Health Organisation is to report the results of the organisation's performance under a performance agreement during a financial year to the local health district within 3 months of the end of that year.

(5) The Local Health District is to evaluate and review the results of the organisation's performance for each financial year under the performance agreement and to report those results to the Secretary, NSW Health.

(6) The Secretary, NSW Health may make such recommendations to the Minister concerning the results reported to the Secretary, NSW Health under subsection (5) as the Secretary, NSW Health thinks fit.

While the Act requires a formal annual report, effective performance management will require more frequent reviews of progress against agreed priorities and service performance measures by the parties to the Service Agreement.

#### 2.1.4 Subsidy and financial framework

In accordance with Section 127 (Determination of Subsidies) of the *Health Services Act 1997*, the Minister for Health approves the initial cash subsidies to NSW Health Public Health Organisations for the relevant financial year.

All NSW Health public health organisations must ensure that the subsidy is expended strictly in accordance with the Minister's approval and must comply with other conditions placed upon the payment of the subsidy.

The key condition of subsidy is the *Accounts and Audit Determination for Public Health Organisations*. Under section 127(4) of the *Health Services Act 1997* the Secretary, NSW Health, as delegate of the Minister, has determined that it shall be a condition of the receipt of Consolidated Fund Recurrent Payments and Consolidated Fund Capital Payments that every public health organisation receiving such monies shall comply with the applicable requirements of the *Accounts and Audit Determination and the Accounting Manual for Public Health Organisations*.

The Secretary, NSW Health may impose further conditions for Consolidated Fund Payments as may be deemed appropriate in relation to any public health organisation.

Under the Accounts and Audit Determination the governing body of a public health organisation must ensure:

- the proper performance of its accounting procedures including the adequacy of its internal controls;
- the accuracy of its accounting, financial and other records;

- the proper compilation and accuracy of its statistical records; and
- the due observance of the directions and requirements of the Secretary, NSW Health and the Ministry as laid down in applicable circulars, policy directives and policy and procedure manuals issued by the Minister, the Secretary, NSW Health and the Ministry.

## 2.2 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the parties. The Agreement may also be varied by the Secretary or the Minister as provided in the *Health Services Act 1997*. Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued in the course of the year.

The parties are to agree on an appropriate local dispute resolution process. Should a dispute be unable to be resolved by the relevant officers the matter should be escalated, in the first instance to the relevant Chief Executives and, if not resolved, subsequently to the Secretary, NSW Health.

\*Note: The parties may insert a description here of any locally agreed dispute resolution process and refer to further documents, if necessary, which may be attached at Section 8 – Other Relevant Agreements.

## 2.3 National Agreement – Hospital funding and health reform

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See <http://www.coag.gov.au/agreements>.

## 2.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

### 2.4.1 Clinical Governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*.

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist health services with their clinical governance obligations.



<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

#### 2.4.2 Corporate Governance

The Organisation must ensure services are delivered in a manner consistent with the NSW Health *Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012\_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

#### 2.4.3 Procurement Governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019\_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

[https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_028](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028)

#### 2.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the *National Safety and Quality Health Service Standards* (Version 2.0). The account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.

The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

#### 2.4.5 Governance Requirements for Affiliated Health Organisations

Affiliated Health Organisations are to have appropriate corporate and clinical governance arrangements in place to fulfil their statutory obligations and ensure good corporate and clinical governance, as outlined in relevant legislation, applicable NSW Health policy directives, and policy and procedure manuals.

Specific governance requirements relating to the Organisation to ensure effective operation of this Agreement are as follows:

*\*Any relevant governance requirements may be added here.*

#### **2.4.6 Performance Framework**

Service Agreements are a central component of the *NSW Health Performance Framework*, which documents how the Ministry monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements.

The performance of a Health Service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework*, available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

### 3. Strategies and Local Priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.

#### 3.1 NSW Premier's Priorities

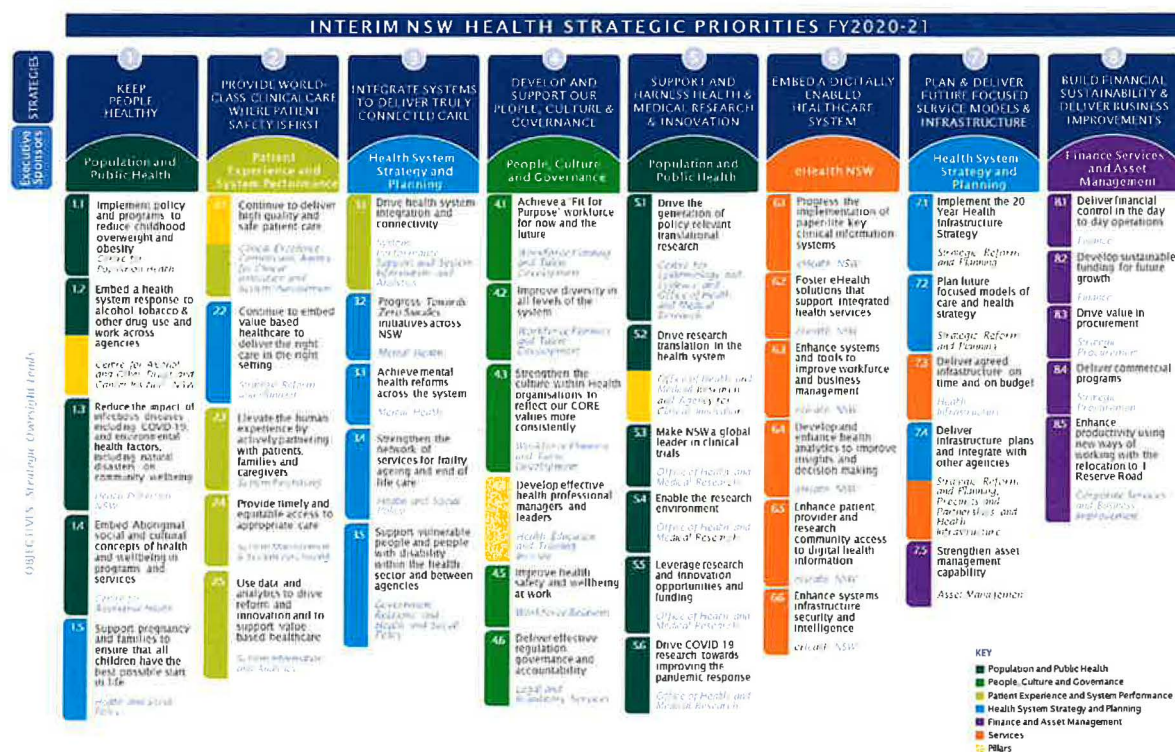
In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading the three priorities for improving the health system:



NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

3.2 NSW Health Strategic Priorities 2020-21



### 3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09<sup>1</sup>).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

1. Keeping people healthy through prevention and health promotion
2. People can access care in and out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

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<sup>1</sup> <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>

Alignment of directions and strategies to outcomes:



### 3.4 Local Priorities

Under the *Health Services Act 1997*, Boards have the function of ensuring that Districts and Networks develop strategic plans to guide the delivery of services, and for approving these plans.

The Districts and Networks is responsible for developing the following plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Districts and Networks will implement local priorities to meet the needs of their respective populations.

Affiliated Health Organisations also have particular priorities. Relevant priorities of the Organisation for 2020-21 are as follows:

\*Relevant priorities of the AHO to be inserted here

#### **TRESILLIAN STRATEGIC PRIORITIES**

##### **Keeping people healthy**

1. Expand clinical services to address the needs of more people, in more diverse settings, including through partnerships
2. Introduce new specialist services in anticipation of emerging needs, including more complex needs
3. Enhance Tresillian's capacity to serve intermediate risk and higher risk clients (e.g. perinatal depression, and other parent and infant mental health issues)
4. Enhance consumer participation in the work of Tresillian and the patient healthcare journey

##### **Providing world class clinical care**

1. Promote the Tresillian Model of Care as an exemplar of best practice
2. Extend Tresillian's research engagement to showcase evidence-based practices and effective evaluation
3. Support and harness research and innovation to promote comprehensive and effective services across Australia
4. Engage and collaborate with national agencies, peak bodies and other relevant agencies to support parents and families

##### **Delivering truly integrated care**

1. Expand online interactive consulting and education for parents and other carers
2. Adapt the Model of Care for diverse settings to address unmet needs.
3. Expand education activities targeting other health professionals

**TRESILLIAN STRATEGIC PRIORITIES ENABLING STRATEGIES****Shaping future-focused infrastructure:**

1. Enhance marketing and promotions activities
2. Develop more diverse sources of funding to support Tresillian's mission
3. Ensure all facilities are fit for purpose and excel in Quality & Safety Standards

**Enable eHealth and health information:**

1. In partnership with SLHD, complete the introduction of electronic health documentation to ensure the comprehensive transfer of client care between agencies including the identification and management of clinical risk
2. Enhance Tresillian's capacities in digital/online communication

**Support and develop our workforce:**

1. Enhance in-reach services to other professionals and agencies needing specific assistance with child and family needs (especially for prevention and early intervention)
2. Maintain a workforce development strategy to support and recruit, skilled, valued and culturally competent staff to better meet client needs
3. Ensure that all staff are provided with the necessary training and resources to provide quality client-centred care



## 4. NSW Health Services and Networks

### 4.1 Service Planning

Affiliated Health Organisations and Districts are to collaborate in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital and procurement

### 4.2 Networks and Services Provided to Other Organisations

Each NSW Health service including AHOs are part of integrated networks of clinical services that aim to ensure timely access to appropriate care for all eligible patients. The Organisation must ensure effective contribution, where applicable, to the operation of statewide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services as agreed.

### 4.3 Districts responsibilities towards AHOs

In keeping with the AHO's recognised establishments and recognised services, Districts must negotiate, on the same basis as other facilities within the District, access to the following:

- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Training programs, particularly mandatory training, run by the Health Education and Training Institute
- NSW support programs offered by pillar organisations
- eMR, eRecruitment (including credentialing of medical staff), IMS+ and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations.
- Agreed and clearly articulated information management support for IT hardware, software and systems support and integration
- Engagement and participation of AHO Chief Executive Officers in District budget planning and negotiations.
- Access to capital support and the Assess Replacement and Refurbishment Plan where services are situated on NSW Health property
- Engagement and participation of AHO Chief Executive Officers in District senior leadership committees and with pillar and support organisations as required.
- EAP services (noting that Tresillian uses People Sense to provide EAP services to all sites across NSW & ACT)
- Access to District Training and Development Services & courses

#### 4.4 Key Clinical Services Provided to Other Health Services

The Organisation is also to ensure continued provision of access by other Districts and Networks, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

Service	Recipient Health Service
Residential Services	State-wide
Day Services	State-wide
Parents Helpline	State-wide
Home visiting Service including Extended Home Visiting Program	State-wide
Perinatal and infant mental health service	State-wide

#### Non-clinical Services and Other Functions Provided to Other Health Services

Where the Organisation has the lead or joint lead role, continued provision to other Districts and Health Services is to be ensured as follows.

Service or function	Recipient Health Service
Education	State-wide

Other services are as follows:

##### **Tresillian Canterbury (Head Office), McKenzie Street, Belmore**

- Residential Unit
- Day Services that may be centre based or home based within district
- Parents Help Line
- Education & Research
- Administration
- Perinatal and infant mental health service (at every centre except Lismore)

##### **Tresillian Willoughby, 2 Second Avenue, Willoughby**

- Residential Unit

##### **Tresillian Wollstonecraft, 25 Shirley Road, Wollstonecraft**

- Day Services that may be centre based or home based within district
- Guthrie Child Care Centre

##### **Tresillian Nepean, 18 Barber Avenue, Kingswood**

- Residential Unit
- Day Services that may be centre based or home based within district

##### **Tresillian Lismore, 46 Uralba Street, Lismore**

- Day Services that are centre based in Lismore and home based at Grafton

The Tresillian Family Care Centre, Lismore provides secondary level specialist child and family health services to families experiencing complex early parenting issues. Families are referred by a primary health care provider with common presenting issues including unsettled and infant sleep difficulties, breastfeeding problems, parent-infant relationship difficulties, adjustment to parenting and support regarding psychosocial issues and the emotional health and wellbeing of parents. Families are referred and travel from across a large catchment area from the Queensland Border to Coffs Harbour. The Tresillian Family Care Centre Lismore provides a range of services including individual consultations with specialist child and family health nurses and group programs. Through a memorandum of understanding with the North Coast Primary Health Network, a psychologist is co-located at the centre enabling an inter-professional team to support parents at risk of or experiencing perinatal mood disorders.

**State-wide and Selected Specialties:**

- Tresillian state-wide Specialist Inpatient Residential Service for Mothers and Babies.
- Tresillian services are funded through Block Funded Budget.
- Willoughby: Residential Inpatient: Services provided from Willoughby: Monday to Friday (24 beds)
- Canterbury: Services provided from Canterbury: 7 days a week (28 beds)
- Nepean: Services provided from Nepean: 7 days a week (40 beds)

**Other Metropolitan Services:**

- Day Services (centre based and home based) provided from Canterbury, Wollstonecraft, Nepean and Lismore
- Childcare Centre: provided from Wollstonecraft (42 places)

**Rural Services**

- Rural and Regional Day Services (centre-based and home-based including Extended Home Visiting Program) in Lismore (Northern NSW LHD), Wagga Wagga (Murrumbidgee LHD) Albury Wodonga (Southern NSW and North East Border Victoria)
- Rural Family Care Centres in centre based and home based including Extended Home Visiting Program Broken Hill, Queanbeyan/Cooma, Dubbo, Coffs Harbour and Taree where local families access comprehensive assessment, consultation, and management of early parenting challenges and early intervention programs.

**Tresillian 2U Mobile Parenting Support Service.**

The Early Years Parenting Service' is an innovative new service utilising a mobile service delivery approach to increase access to level 2 specialist child and family health services for families with children 0-3 years residing within the MNCLHD living in lower population density areas. The service is the first of its type in Australia, providing specialist child and family health services to families through a fit-for-purpose van which will be located on a rotational schedule to a series of communities across the MNCLHD, thus enhancing accessibility by bringing the service to the families within their own communities.

### **First 2000 Days Partnership**

First 2000 days project is a partnership between Tresillian, Northern NSW Local Health District, North Coast Primary Health Network and Bulgarr Ngaru Medical Aboriginal Corporation. The focus of this first Northern NSW First 2000 Days of Life Action Plan is on wellness and early intervention, and the collaborative implementation of these strategies. The Clarence Valley was chosen as a priority area because of the high rates of disadvantage, the substantial Aboriginal population and the profile of existing services in the area.

### **Tresillian in Macksville Hospital**

Tresillian will be opening 8 residential beds (4 parent & 4 baby beds) at Macksville Hospital on 15 February 2021, which will be collocated with the Maternity Unit.

## 4.5 Cross District Referral Networks

Districts and Networks are part of a referral network with other relevant services, and must ensure the continued effective operation of these networks, especially the following:

- *Critical Care Tertiary Referral Networks and Transfer of Care (Adults)* - (PD2018\_011)
- *Interfacility Transfer Process for Adult Patients Requiring Specialist Care* - (PD2011\_031)
- *Critical Care Tertiary Referral Networks (Paediatrics)* - (PD2010\_030)
- *Children and Adolescents - Inter-Facility Transfers* - (PD2010\_031)
- *Critical Care Tertiary Referral Networks (Perinatal)* - (PD2010\_069)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018\_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018\_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011\_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019\_024)
- State-wide Intellectual Disability Mental Health Hubs

## 4.6 Supra LHD Services

Supra LHD Services are provided across District, Network and Health Service boundaries and are characterised by a combination of the following factors:

- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in Supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required

Ensuring equitable access to Supra LHD Services will be a key focus.

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD Services and Nationally Funded Centres in NSW.

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (36+1/290 NWAU 2020/21) Royal Prince Alfred (51) Concord (16) Prince of Wales (22+1/290 NWAU 2020/21) John Hunter (25+1/290 NWAU 2020/21) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy.  Units with new beds in 2020-21 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0</i> — April 2016
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26+13/166 NWAU 2020/21) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals.  Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.1</i> — May 2017.

Supra LHD service	Measurement unit	Locations	Service requirement
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (14+1/330 NWAU 2020/21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60+8/74 NWAU 2020/21)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (4+1/289 NWAU 2020/21)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>NSW Burn Transfer Guidelines (ACI 2014)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016.

Supra LHD service	Measurement unit	Locations	Service requirement
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i>
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access	Prince of Wales	As per individual service agreements
CAR T-cell therapy:	Access		As per individual service agreements
<ul style="list-style-type: none"> <li>Acute lymphoblastic leukaemia (ALL) for children and young adults:</li> </ul>		Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital	
<ul style="list-style-type: none"> <li>Adult diffuse large B-cell lymphoma (DLBCL)</li> </ul>		Royal Prince Alfred Hospital	

## 4.7 Nationally Funded Centres

Service Name	Locations	Service Requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	



## 5. Budget

Local Health Districts have responsibility for funding AHO service delivery across district borders where an organisation has statewide or cross-border sites listed in Schedule 3 of the Health Services Act 1997. The Budget includes an indicative split based on service delivery.

The Local Health District also undertakes to advise the AHO of opportunities for additional funding as they arise at any time, through the life of this Agreement.

\*Note: The AHO and LHD are to agree the content, taking into consideration that Budget information should be sufficient for the AHO to readily understand the budget allocation. Negotiations are to specifically include obligation to share and make transparent all opportunities for application, negotiation and/or disbursement of growth/expansion/enhancement funding.



The following information is provided in respect to the budget and activity requirements for the financial year 2020/21. The budget represents the initial allocation and may be subject to change as the year progresses.

**INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2020-21**

2020-21 BUDGET ALLOCATION

	('000)
Keeping people healthy through prevention and health promotion People can access care in out of hospital settings to manage their health and wellbeing People receive timely emergency care People receive high-quality, safe care in our hospitals Our people and systems are continuously improving to deliver the best health outcomes and experiences	\$12,981
Provision for Specific Initiatives Long Service Leave Depreciation (General Funds only)	\$182
<b>Total Expenses</b>	<b>\$13,163</b>
<b>Revenue</b>	
<b>Net Result</b>	<b>\$13,163</b>
State Price	4,727
<b>ACTIVITY TARGETS 2020-21</b>	
	Target Volume (NWAU20)
Acute Drug & Alcohol ED Mental Health Non Admitted Patients Sub-Acute Services - Admitted	
<b>Total</b>	<b>0</b>
<b>FTE BUDGET 2020-21</b>	<b>N/A</b>

This schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the NSW Health Business Plan 2019-20 to 2022-23. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2020-21 stimulus funding in response to the COVID-19 pandemic.

## 5.1 Profit and Loss Statement

N/A

## 6. Purchased Volumes and Services

N/A

## 7. Performance against Strategies and Objectives

### 7.1 Key Performance Indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health Strategic Priorities.

The list of KPIs needs to be negotiated at a local level; data to be available to all AHO's consistent with what is available to LHD facilities.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/browse\\_data\\_resources.cfm?selinit=K](http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K)

#### A. Key Performance Indicators

Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
<b>Strategy 1: Keep People Healthy</b>					
1.1	<b>Childhood Obesity</b> –Children with height and weight recorded (%)	≥70	<65	≥ 65 and <70	≥70
<b>Strategy 3: Integrate Systems to Deliver Truly Connected Care</b>					
3.5	<b>Domestic Violence Routine Screening</b> – Routine Screens conducted (%)	≥70	<60	≥60 and <70	≥70
<b>Strategy 4: Develop and Support Our People and Culture</b>					
4.1	<b>Staff Performance Reviews</b> - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	<b>Recruitment time taken</b> - from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
4.4	<b>Aboriginal Workforce Participation</b> - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.6	<b>Compensable Workplace Injury</b> - Claims (% change)	≥10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
<b>Strategy 6: Enable eHealth, health information and data analytics</b>					
6.2	<b>Telehealth Service Access:</b> Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10
<b>Strategy 7: Deliver Infrastructure for Impact and Transformation</b>					
7.2	<b>Capital Variation</b> - Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
<b>Strategy 8: Build Financial Sustainability and Robust Governance</b>					
8.1	<b>Expenditure Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤ 0.5 Unfavourable	On budget or Favourable
	<b>Own Sourced Revenue Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤ 0.5 Unfavourable	On budget or Favourable

## 7.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process key performance indicators and milestones are held in the detailed operational plans developed by the Organisation.

### 7.2.1 Workplace Culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the Tresillian BPA Employee Survey will be used to identify areas of best practice and improvement opportunities.
- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will undertake regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver human centred care.

## 8. Other Relevant Agreements

\*\*\*Relevant Memoranda of Understanding or other Agreements may be attached here.

1. Tresillian and North Coast PHN and NNSWLHD agreement for the "Tresillian Lismore Family Care Centre" (attached)
2. Tresillian and Albury Wodonga Health agreement for the "Albury Wodonga Health and Tresillian Parents & Babies Service" (attached)
3. Tresillian and Murrumbidgee Local Health District agreement for the "Tresillian in Murrumbidgee Family Care Centre" (attached)
4. Tresillian and Western NSW Local Health District agreement for the "Tresillian Family Care Centre in Dubbo" (attached)
5. Tresillian and Sothern NSW Local Health District agreement for the "Tresillian Family Care Centre in Queanbeyan" (attached)
6. Tresillian and Far West Local Health District agreement for the "Tresillian Family Care Centre in Broken Hill" (attached)
7. Tresillian and Hunter New England Local Health District agreement for the "Tresillian Family Care Centre in Taree" (attached)
8. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Family Care Centre in Coffs Harbour" (attached)
9. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian 2U Mobile Parenting Service" (attached)
10. Tresillian and Nepean Blue Mountains Local health District agreement for the "Tresillian Residential Unit – Nepean"
11. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Residential Beds at Macksville Hospital" (attached)