



Eyre and Far North Local Health Network

# SERVICE AGREEMENT

1 July 2020 – 30 June 2021



Government  
of South Australia  
SA Health

## Version Control

Version No.	Changes Made	By Whom	Date
V1	Draft Service Agreement	K Lang	29/04/2020
V2	Amendments to reflect LHN feedback. Summary provided in formal correspondence.	K Lang	14/07/2020
V3	Older Person's Rapid Access funding updated  Rural Support Service content amended  IHPA funding table included	K Lang	30/07/2020
V4	Amendments to reflect LHN feedback. Summary provided in formal correspondence.	K Lang	15/09/2020
V5	Agreement re-issued to address further LHN feedback. Summary provided in formal correspondence.	K Lang	18/09/2020
V6	Agreement re-issued to incorporate outstanding advice from within DHW. Summary provided in formal correspondence.	K Lang	22/09/2020

## Disclaimer

The content presented in this publication is distributed by the Government of South Australia as an information source only. The State of South Australia makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of South Australia disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

## Contents

Part A: Introduction, Objectives and Governance.....	5
Introduction.....	5
Objectives of the Service Agreement.....	5
Legislative and Regulatory Framework.....	5
Governance.....	6
Amendments to the Service Agreement.....	6
Commencement of a New Service.....	6
Cessation of Service Delivery.....	6
Dispute Resolution.....	7
Agreements with Other Local Health Networks and Service Providers.....	7
Umoona Community Council Substance Misuse Program.....	7
Part B: Strategic Priorities and Government Commitments.....	8
Purpose.....	8
Strategic Direction.....	8
Managing Capacity and Demand.....	8
Outpatient Services.....	8
Vulnerable Adults.....	9
Mental Health Services.....	9
National Disability Insurance Scheme (NDIS).....	10
Response to the ICAC Commissioner’s Report Troubling Ambiguity: Governance in SA Health.....	10
Strategic Partnerships.....	10
Rural Workstream - Initiative #1.....	10
Rural Support Service.....	11
DHW Commitments.....	12
Premier and State Priorities.....	12
Government Commitments.....	12
Elective Surgery Strategies.....	12
Care Closer to Home.....	13
Community Engagement.....	13
Bowel Cancer Prevention.....	13
Palliative Care.....	13
Permanent Renal Dialysis Unit in APY Lands.....	13
Country Cancer Services.....	14
Rural Health Workforce Strategy.....	14
Reactivation of the Repat.....	14

Safety and Quality Account .....	14
Procurement and Supply Chain .....	14
Part C: Services .....	15
Purpose .....	15
Service Profile .....	15
Large (ABF funded) .....	15
Small (Grant funded).....	15
Country Residential Aged Care Services .....	15
Community Health and Supporting Services.....	15
Mental Health Services.....	16
Metropolitan Referral Pathway .....	16
Trachoma Elimination Program.....	17
Aboriginal Health Services .....	17
Research .....	17
Part D: Delivery and Performance .....	19
Purpose .....	19
Performance Framework .....	19
Data and Reporting Requirements.....	19
2020-21 KPI Architecture .....	21
Part E: Funding and Commissioned Activity.....	23
Purpose .....	23
South Australian State Budget 2020-21 .....	23
Funding Sources .....	23
Activity and Funding Allocation .....	24
Independent Hospital Pricing Authority (IHPA) Model .....	26
Specific Commissioning Commitments .....	27
Lymphoedema Garment Fitting and Diagnosis Services .....	27
Transvaginal Pelvic Mesh Repair .....	28
One Off Grant .....	28
Signature .....	29
Appendix 1 – Companion Architecture .....	30

## PART A: INTRODUCTION, OBJECTIVES AND GOVERNANCE

### Introduction

The Agreement supports the delivery of safe, effective and accountable high quality health care by formally setting out the performance expectations and funding arrangements between the Department for Health and Wellbeing (DHW) and the Local Health Network (LHN) during the term of the Agreement.

The content and process for preparing the Agreement is consistent with the requirements of the [Health Care Act 2008](#) and the [National Health Reform Agreement \(NHRA\)](#).

Fundamental to the success of the Agreement is:

- a) A strong collaboration between the LHN, including its Chief Executive Officer and its Governing Board (where applicable) and the DHW.
- b) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.
- c) The Parties' commitment to upholding the [South Australian Public Health Sector Values](#).

### Objectives of the Service Agreement

The Agreement is designed to:

- 1) Describe the strategic priorities and Government commitments for the DHW and LHN and the mutual responsibilities of both Parties.
- 2) Describe the key services and accountabilities that the LHN is required to meet including particulars of the volume, scope and standard of services.
- 3) Describe the performance indicators, associated reporting arrangements and monitoring methods that apply to both Parties.
- 4) Describe the sources of funding that the Agreement is based on and the manner in which these funds will be provided to the LHN, including the commissioned activity and criteria, and processes for financial adjustment.
- 5) Detail any other matter the DHW Chief Executive considers relevant to the provision of the services by the LHN.

### Legislative and Regulatory Framework

The Agreement is regulated by the [Health Care Act 2008](#) and the NHRA which provides the Commonwealth funding contribution for the delivery of public hospital services and details a range of reforms.

The NHRA requires the State of South Australia to establish Service Agreements with each Health Service for the commissioning of health services and to implement a performance and accountability framework, including processes for remediation of poor performance.

In delivering health services, the LHN is required to meet the applicable conditions of any National Partnership agreements between the State Government and the Commonwealth Government (including any commitments under related implementation plans).

## Governance

The [Charter of Responsibility](#) sets out the legislative roles and responsibilities of the DHW, LHNs and South Australian Ambulance Service (SAAS) which is consistent with the *Health Care Act 2008* and articulates the shared commitment and accountabilities of each Party to support the operation of the South Australian health system.

The [SA Health Corporate Governance Framework Summary](#) provides the high level architecture of critical strategic documents required for DHW and LHN Governing Boards to deliver services under this Agreement.

Without limiting any other obligations, the LHN must also comply with:

- > All Cabinet decisions and directives applicable to the LHN.
- > All Ministerial directives applicable to the LHN.
- > All agreements entered into between the South Australian and Commonwealth Governments applicable to the LHN.
- > All State Government policies, standards, instructions, circulars and determinations applicable to the LHN and policies and directives applicable to the LHN.

DHW will ensure that any decision or agreement impacting on an LHN will be discussed, negotiated and formally communicated to the LHN.

## Amendments to the Service Agreement

An amendment of the Agreement will occur where there is a change to the DHW Chief Executive's commissioning intentions, i.e. a change to funding, to deliverables or to other requirements contained within the Agreement.

Whilst a Party may submit an amendment proposal at any time, including the commencement or cessation of a service, formal negotiation and finalisation must be communicated in writing between Parties and follow the process as laid out in the [Service Agreement Amendment Fact Sheet](#).

## Commencement of a New Service

In the event that either Party wishes to commence providing a new service, the requesting Party will notify the other Party in writing prior to any commencement or change in service (services in addition to those already delivered, and/or where new funding is required). The correspondence must clearly articulate details of the proposed service, any activity and/or funding implications and intended benefits/outcomes.

The non-requesting Party will provide a formal written response to the requesting Party regarding any proposed new service, including any amendments of Key Performance Indicators (KPIs) (new or revised targets), and will negotiate with the other Party regarding funding associated with any new service.

## Cessation of Service Delivery

The DHW and LHN may terminate or temporarily suspend a service by mutual agreement. Any proposed service termination or suspension must be made in writing to the other Party, detailing the patient needs, workforce implications, relevant government policy and LHN sustainability considerations. The Parties will agree to a notice period. Any changes to service delivery must maintain provision of care and minimise disruption to patients.

## **Dispute Resolution**

Resolution of disputes will be through a tiered resolution process, commencing at the local level and escalating to the DHW Chief Executive and, if required, through to the Minister for Health and Wellbeing. Further information is specified in the [Service Agreement Dispute Resolution Fact Sheet](#).

## **Agreements with Other Local Health Networks and Service Providers**

The DHW is responsible for supporting and managing whole of health contracts. Where a service is required for which there is an SA Government or SA Health panel contract in place, the LHN is required to engage approved providers.

Where a service is required outside of an approved panel contract, the LHN may agree with another service provider to deliver services on behalf of the LHN according to their business needs.

The terms of an agreement made with any health service provider do not limit the LHN's obligations under the Agreement, including the performance standards provided for in the Agreement.

Where a service is provided by either the DHW or another LHN, the DHW, in principle, agree to ensure Service Agreements are established. It is expected that the Service Agreements will articulate scope, deliverables and KPIs that will assist the LHN in delivering service requirements. In the event that the LHN is experiencing difficulties in establishing required Service Agreements, DHW will provide assistance as appropriate within their role of system leader.

## **Umoona Community Council Substance Misuse Program**

In conjunction with Drug and Alcohol Services South Australia (DASSA) and service providers, during 2020-21 EFNLHN will undertake a review of the Umoona Community Council Sobering Up/Mobile Assistance Program to ensure the standard and frequency of the services meet the community needs. Working with DASSA, EFNLHN will collaborate to develop a tender process to ensure service delivery is compliant with best practise guidelines.

## PART B: STRATEGIC PRIORITIES AND GOVERNMENT COMMITMENTS

### Purpose

Part B describes the strategic priorities and Government commitments for DHW and the LHN, and the mutual responsibilities of both Parties for the period of the Agreement.

### Strategic Direction

The State Government's key priority is to rebalance the South Australian health system in a way that represents the values of the community, delivers the highest standards of safe and quality care and is economically viable for the future. The State Government will use international best practice to develop specific programs that keep people as well as possible and reduce their need to use the existing hospital system by providing increased options for health care provision in the home and community.

The Parties will co-ordinate and partner to assist in rebalancing the health system and to achieve the key goals, directions and strategies articulated within the following:

- > [SA Health Strategic Plan 2017 to 2020](#)
- > [South Australian Health and Wellbeing Strategy 2020-2025](#)
- > [State Public Health Plan 2019-2024](#)
- > [SA Mental Health Services Plan – 2020-2025](#)
- > [SA Health Clinical Services Capability Framework](#)

The LHN has a responsibility to ensure that the delivery of health care services is consistent with SA Health's strategic directions and priorities and that these and local priorities are reflected in strategic and operational plans.

The following strategic deliverables are 2020-21 priorities:

### Managing Capacity and Demand

The LHN will continue to take tangible steps to contribute to the development and implementation of state-wide improvement strategies to ensure a significant reduction in delayed Transfer of Care (ambulance paramedic handover to emergency department clinician). This includes local protocols and escalation plans, and ensuring clinical review of any delayed local transfer greater than 60 minutes.

### Outpatient Services

The LHN and DHW will work collaboratively to support the Outpatient Department (OPD) Redesign Workstream (the workstream) which will focus on improving:

- > Access to care and quality clinical outcomes by reducing time spent on waiting lists for treatment.
- > Improved transparency for referrers and patients to support informed decision making.
- > Embracing innovation and new technology to support contemporary care delivery and access.
- > Data access and quality to support clinical, operational and strategic decision making.
- > System-wide governance and accountability to improve the rigour and transparency of the outpatient system, as supported by SA Health policy.

The workstream will ensure targeted strategies are implemented to address demand exceeding capacity for waiting lists greater than 12 months.



## **Vulnerable Adults**

The LHN is also expected to work collaboratively with the Office for Ageing Well, Adult Safeguarding Unit to support the safeguarding of vulnerable adults aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50 years or over.

## **Mental Health Services**

The Mental Health Services Plan provides an opportunity to build on what has been working well and to re-shape how services are accessed and delivered in the future to support better outcomes for consumers and staff. It sets the future direction for state government funded mental health and wellbeing services and rebalances the system towards community alternatives as well as consumer and carer empowerment. It articulates best practice expectations for improved services and delivering better outcomes for all, including people living in regional and remote areas.

The LHN will support the delivery of the SA Mental Health Services Plan to ensure quality care occurs in consistent and innovative ways across the state. The LHN will consider local service requirements to ensure locally based projects that have a mental health focus are aligned with the plan, and the intent to deliver quality and consistent care in mental health services across the state.

### *Older Persons Mental Health Services*

By 2026 it is estimated that the number of people 65 years and older will increase by 27%. A much larger number of non-acute, sub-acute and long term beds as well as beds in residential aged care facilities will be required for this age group.

The Mental Health Services Plan has adopted the recommendations of the [Oakden Report Response Plan Oversight Committee final report](#).

The LHN, in collaboration with the Rural and Remote Mental Health Service, will support the delivery of the recommendations of The Oakden Report Response Plan Oversight Committee in accordance with the Mental Health Services Plan, including but not limited to:

- > A streamed approach to the management of older people with enduring mental illness and dementia.
- > The establishment and maintenance of a Rapid Access Service, as administered by the Rural and Remote Mental Health Service governed by the Barossa Hills Fleurieu LHN, into mainstream residential aged care services to support the management of residents with psychiatric illness and dementia with complex, severe and persistent difficult behaviours.
- > Working in collaboration with processes and practices to support the establishment of a state-wide Neurobehavioural Unit (NBU) for people with very severe to extreme behavioural and psychological symptoms of dementia (BPSD).
- > Strengthening relationships to ensure rapid discharge between facilities through an established pathway facilitated through the NBU.
- > Establishing services to support the management of residents in all LHN sites i.e. diversion therapy.

### *The Neurobehavioural Unit*

The establishment and scheduled opening of the NBU at the Repat Health Precinct will ensure 18 additional places are available across the system to provide care for all people with very severe to extreme BPSD, including those with younger onset dementia.

The NBU will be operated as a high dependent unit for high acuity presentation, but will also be developed as homelike environment, enabling therapeutic and least restrictive care and facilitating an environment that is safe for both patients and staff. The units will focus on working in partnership with the consumers and their families, ensuring the needs of the individual are valued and supported.

### *The Virtual Support Network*

The Government has committed to fund \$4.421 million across the LHNs for the Mental Health Virtual Support Network (VSN) to mitigate mental health impacts arising from the current COVID-19 pandemic. It is intended that these funds are used to implement the South Australian COVID-19 Mental Health, Wellbeing and Resilience Response by supporting a range of mental health initiatives delivered either virtually or in person.

Stage 2 of the VSN allocation commences on 1 July 2020 and concludes on 30 September 2020. DHW will develop a performance indicator data collection tool with the support of the LHNs to monitor the progress and impact of these initiatives. The continuation of funding for a further limited period beyond September 2020 will be subject to a review of the assessed need for such services and additional Government funding availability during pandemic recovery and response period.

More detailed information regarding the Virtual Support Network can be found on [the SA Health website](#).

### **National Disability Insurance Scheme (NDIS)**

The LHN will support the coordination and implementation of services for NDIS health consumers requiring disability and psychosocial support services in the community. This includes assisting consumers to determine their eligibility for the NDIS as well as reviewing and reporting the needs of consumers. This support will assist consumers to discharge from hospital and be supported safely in their community.

DHW commits to working with Wellbeing SA and the LHN to achieve safe transition of complex consumers, including NDIS participants.

### **Response to the ICAC Commissioner's Report Troubling Ambiguity: Governance in SA Health**

The LHN will support the delivery of the Government response to the ICAC commissioners report *Troubling Ambiguity: Governance in SA Health*. This will include work already underway in LHNs to address the issues raised in the report, with LHN action plans developed and implemented. These plans will continue to evolve and will be informed by previous and new audit and review activities, overseen by LHN Audit and Risk Committees. The LHN will also implement whole of system policy directives and support local staff through training and education programs.

### **Strategic Partnerships**

#### **Rural Workstream - Initiative #1**

The DHW, LHNs and SAAS agree and commit to partnering in the reform of our health system to ensure delivery of safe, high quality care in the right place at the right time for the South Australian's living in rural communities.

**Proposed Year 1 Deliverable:** Each LHN to provide a plan which clearly identifies the areas for interrelationships during 2020-21 to support the designed Metro-Rural principles.

Rural Workstream - Initiative #1		
Domain	Principles	Examples
Patient Centred	<ul style="list-style-type: none"> <li>Improved access for consumers of the health system, addressing the expectation of access regardless of location</li> </ul>	<ul style="list-style-type: none"> <li>Using innovation and technology to improve experience</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>Active collaboration with the right leadership and clinical involvement to make it happen</li> <li>Commitment to test new and innovative approaches in smaller ways toward longer term gains</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Pathways based on formal agreements with clinical leadership (rather than historical focus)</li> <li>Explore multiple viable options</li> <li>Explore smaller proof of concept initiatives</li> </ul>
Equitable	<ul style="list-style-type: none"> <li>Systems approach acknowledging that taking a partnership approach is mutually beneficial and recognising that each LHN has different needs and requirements</li> <li>Service sustainability and self-sufficiency, building capability, capacity and purchasing power in rural areas</li> </ul>	<ul style="list-style-type: none"> <li>Funding model – funding and allocation focused on where the services is needed</li> <li>Staffing rotation agreements Metro-Rural supported by funding model</li> </ul>
Timely, Effective and Efficient	<ul style="list-style-type: none"> <li>Consumers and clinicians will have clear pathways across LHN boundaries and should only need to travel when absolutely necessary</li> <li>Technology should enable provision of services in a flexible way, closer to home</li> </ul>	<ul style="list-style-type: none"> <li>Geographical connectors defined, understood and inform clinical pathways</li> <li>Baseline technology assessment and pipeline projects toward longer term digital strategy</li> </ul>
Appropriateness	<ul style="list-style-type: none"> <li>Facilitating a health system that responds appropriately to the needs of the SA community to provide the treatment, advice, guidance and support required.</li> </ul>	<ul style="list-style-type: none"> <li>Regular performance monitoring and evaluation of the appropriateness of services offered across the health system.</li> <li>Respond innovatively to create alternative patient pathways to more appropriate care.</li> </ul>

### Rural Support Service

Publicly funded health services in country South Australia are supported by the RSS, hosted within the Barossa Hills Fleurieu LHN. The service brings together clinical and corporate advisory services focused on improving quality and safety for the regional LHNs. The RSS includes highly specialist, system-wide clinical and corporate capabilities, clinical leadership and expertise.

The purpose of the RSS is to support achievement of the following strategic objectives:

- > effective safe quality health care delivery in regional LHNs;
- > improved value for money, customer service, through efficiencies and cost saving;
- > promotion of self-sufficiency of regional LHNs while supporting the LHNs as a collective group;
- > provision of a platform for innovation and collaboration between regional LHNs; and
- > taking a-broad-perspective of risks and-effective solutions to-mitigate these risks.

The specific functions to be delivered by the Rural Support Service are agreed between the six regional LHNs and documented through a [Memorandum of Understanding](#).

The Parties agree the RSS will undertake a range of specialised clinical and corporate functions or services as set out in the RSS Strategic Plan and the annual RSS Operational Plan as endorsed by the Management Oversight Committee and Chairs Committee.

The Memorandum of Understanding outlines the governance and accountability of the service in detail, including the responsibilities of the:

- > LHN Governing Boards;
- > LHN Chief Executive Officers;
- > Regional LHN Chairs Committee;
- > Management Oversight Committee;
- > Independent Chairperson; and
- > Host Local Health Network (BHFLHN).

### **DHW Commitments**

DHW is committed to working in year with the LHN to:

- > Review Closing the Gap Funding for step-down units for 2021-22.
- > Review the impact of block funding, in particular on Commonwealth funded programs
- > Review and work in-year review the funding for Ceduna and review in line with population health need.
- > Review regional population health needs for palliative care services close to home
- > Review the funding model and associated impacts to regional LHNs.
- > Review and continue to refine the KPI Architecture and reporting processes.
- > Review the impacts of cross-border and provide the clinical areas that have major impacts for the population.
- > Review the financial burden of delivering services to remote communities.

### **Premier and State Priorities**

The delivery of both Premier's and State priorities is the responsibility of the DHW and all LHNs, and it is expected that all entities will work together to ensure successful delivery.

SA Health is responsible for the delivery of a number of Government commitments in 2020-21 and whilst led by the DHW, the support of the LHN, the SAAS, non-government, education, research, private and Commonwealth sectors are critical to their delivery.

### **Government Commitments**

The Government continues its strong investment to improve the State's health care system efficiency and effectiveness through a range of initiatives. Where required, the LHN will work collaboratively with the DHW and provide support to implement these initiatives.

The LHN will deliver or contribute to the achievement of the following in 2020-21:

#### **Elective Surgery Strategies**

SA Health is committed to providing timely and equitable access to elective surgery services for all South Australians, where treatment is prioritised based on clinical need.

To support this commitment, the LHN is expected to undertake performance sustainability strategies to manage timely elective surgery in accordance with clinical timeframes on an ongoing basis.

During 2020-21 the LHN will work to maintain:

- > 100% timely admissions for Category 1;
- > 97% timely admissions for Category 2;
- > 95% timely admissions for Category 3.

This will be measured on a monthly basis as part of the performance assessment process.

Furthermore, it is recognised that the suspension of elective surgery during the COVID-19 pandemic has resulted in delays in timely admissions and an increase in elective surgery overdue patients. A key focus for the LHN will be maintaining a high level of performance post-COVID recovery.

### **Care Closer to Home**

DHW commits to working with LHNs to build self-sufficiency and refine flows where appropriate to do so over the next 3 years.

The LHN will deploy strategies at a hospital-level, to ensure patients can access high quality services in a timely manner, as close to home as possible and in line with the Clinical Service Capability Framework. The goal as a system is for 70% of low complexity activity (where possible) is to be received at a patient's local hospital.

### **Community Engagement**

The LHN will ensure meaningful and appropriate engagement with health consumers and community members to refine the LHN's provision of local health services.

### **Bowel Cancer Prevention**

The LHN will work towards achieving the optimal maximum time from referral to diagnosis and treatment within 120 days of a positive bowel cancer test result including ensuring bowel cancer screening and treatment (including colonoscopies) in accordance with the 2017 NH&MRC Clinical Practice Guidelines for Prevention, Early Detection and Management of Colorectal Cancer

### **Palliative Care**

The LHN will trial innovative projects to improve access to palliative care services, with goal to offer access to a 24-hour service, 7 days a week, and contribute to the development and delivery of a new Palliative Care Services Plan.

For 2020-21, innovation pilot projects will continue within agreed timeframes and funding allocations.

DHW will work in year with the LHN to conduct an evaluation process that will inform recommendations to the Minister for Health and Wellbeing to seek approval for funding allocations to the LHN through to the end of the election commitment funding in June 2022.

### **Permanent Renal Dialysis Unit in APY Lands**

The LHN is required to work closely with Western Desert Dialysis to support the sustainability of the model of care. Where required, the LHN will refer appropriate patients to the permanent unit in Pukatja where patients can receive renal dialysis closer to home.

### **Country Cancer Services**

The LHN is to continue to support the specialist teams to sustain the delivery of chemotherapy services closer to home (where safe to do so).

### **Rural Health Workforce Strategy**

The Rural Support Service (RSS), governed by the Barossa Hills Fleurieu LHN, is responsible for developing the Rural Health Workforce Strategy broad services plan and workforce plans, under the guidance of the Rural Health Workforce Strategy Steering Committee. The LHN is responsible for implementing the recommended strategies from the approved Rural Health Workforce Strategy Plans, which will contain strategies:

- > To support recruitment retention and training of GP's, nurses and midwives, allied health, Aboriginal health workers, ambulance services and their volunteers.
- > To redesign workforce models as needed for future sustainability.

### **Reactivation of the Repat**

SA Health is committed to reactivating the Repat as a thriving health precinct that delivers on the needs of the community and achieves the best value use of the site in supporting our hospitals and health services.

Notably phase one of the reactivation includes:

- > An 18-bed NBU, for the specialised treatment of complex needs dementia patients assessed as having Tier-7 Behavioural and Psychological Symptoms of Dementia (BPSD).
- > A redeveloped 12-bed ward for the specialised treatment of complex needs dementia patients assessed as having acute medical conditions.
- > Refurbishment of decommissioned wards to provide a 26-bed transitional care facility.

### **Safety and Quality Account**

Annually, the LHN will complete a [Safety and Quality Account](#) (the Account) to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity. The Account, due 19 May 2021, will provide information about the safety and quality of care delivered by the LHN and demonstrate that appropriate clinical governance systems are in place.

### **Procurement and Supply Chain**

During 2020-21 a new purpose-built Procurement and Supply Chain Distribution Centre will be built and is expected to begin warehousing in August 2021. It is anticipated that this will enable the transition to the Direct To Imprest supply chain model. A high-level strategic Service Agreement between Procurement and Supply Chain Management (PSCM) and the LHN/SAAS has been established with further work to be undertaken to develop LHN specific operational priorities and performance indicators for each area of PSCM service delivery.

## PART C: SERVICES

### Purpose

Without limiting any other obligation of the LHN, Part C sets out the key services that the LHN is required to deliver under the terms of the Agreement.

### Service Profile

The LHN is responsible delivering core health services to around 41,000 people living across the western part of South Australia and north to Coober Pedy. Core health services are provided by a large site and several small sites across the region, supported by a range of community-based facilities. Clinics are located at Lock and Oodnadatta, with a Family Wellbeing Centre situated in Amata. A range of services, including mobile renal dialysis, is also provided to the Anangu Pitjantjatjara Yankunytjatjara (APY Lands).

Eyre and Far North LHN operates the following hospital and health service sites:

#### Large (ABF funded)

- > Port Lincoln Hospital and Health Service operates 48 beds, providing a comprehensive range of medical and surgical services to adults and children, including maternal and neonatal.

#### Small (Grant funded)

- > Amata Family Well Being Centre
- > Ceduna District Health Service
- > Cleve District Hospital and Aged Care
- > Coober Pedy Hospital and Health Service
- > Cowell District Hospital and Aged Care
- > Cummins and District Memorial Hospital
- > Elliston Hospital
- > Kimba District Hospital and Aged Care
- > Oodnadatta Health Service
- > Streaky Bay Hospital
- > Tumby Bay Hospital and Health Service
- > Wudinna Hospital
- > Lock Health Centre
- > Mobile Renal Dialysis Services and Facilities

#### Country Residential Aged Care Services

The LHN is responsible for a number of Multi-Purpose Service (MPS) places and Retirement Village Units.

#### Community Health and Supporting Services

Funding is allocated to the LHN for a range of community health services and must be used to efficiently and effectively meet local health care needs. The LHN has discretion to allocate funding across primary care and community health services according to local priorities.



The LHN has responsibility for the provision and/or coordination of the following services and will liaise with other LHNs and the DHW Chief Executive to support the provision of these services.

- a) GP Plus Centre (located in Ceduna)
- b) Mobile Dialysis Service (provided to the APY Lands, Yalata and Coober Pedy)
- c) Amata Family Well Being Centre
- d) Ceduna Family Medical Practice, Coober Pedy Medical Practice and Mid-Eyre Medical Practice
- e) Country Health Connect
- f) Integrated Cardiovascular Clinical Network (iCCnet)
- g) Patient Assistance Transport Scheme (PATS)
- h) South Australian Virtual Emergency Service (SAVES)
- i) Virtual Clinical Care Home Tele-monitoring (VCC)
- j) Pharmacy, Medical Imaging and Pathology
- k) Aged Care Assessment Team (ACAT)

### **Mental Health Services**

The LHN is responsible for providing integrated mental health services at the sites governed by the Agreement. The following services will continue to be provided in accordance with national standards and the [Mental Health Services Plan 2020-2025](#):

- > Community Mental Health Services.
- > Youth Mental Health Services (for people aged 16-24), via brokerage with the RSS.
- > Older Persons' Mental Health Services (for people aged 65+), via brokerage with the RSS.
- > Tele-psychiatry.

In addition, the 23-bed Rural and Remote Inpatient Unit on the Glenside Health Service provides the majority of inpatient beds for country people.

Access to short-stay psychiatric intensive care and state-wide inpatient rehabilitation services are accessed through the localised bed management plan and negotiation with metropolitan LHNs.

### **Metropolitan Referral Pathway**

Whilst patients may commence their stay at a large LHN hospital and/or health service, they may finish their care at a neighbouring hospital with specialist medical or allied health input as required. Equally, whilst patients may receive services within the LHN, country patients commonly require access to health services provided within metropolitan hospitals. These services are supported by visited specialised clinicians, and the use of the existing Digital Telehealth Network.

Metropolitan health services provide a range of specialist support functions for country hospitals and health services including the clinical areas of renal, cancer, cardiac, and acute stroke management. The LHN will focus on integrating its service delivery with metropolitan hospitals and capitalise on innovative service models and technologies to support country patients' access to high quality services and as close to home as possible. When country residents do receive care in Adelaide, proactive facilitation of a timely transfer back to country areas where able will ensure ongoing care is provided locally, and will assist in the improvement of metropolitan hospital efficiency.



## Trachoma Elimination Program

In recognition of the need to reduce incidence of Trachoma across South Australia, the LHN will continue to manage the Trachoma Elimination Program in its components of trachoma and trichiasis screening, treatment, environmental health improvements, and education health and prevention activities in the next two years.

The LHN is also required to ensure that there is sufficient organisational and administrative capacity underpinned by a collaborative and connected approach to maintain continuous positive trachoma outcomes for Aboriginal people and communities across South Australia. As part of this, the LHN will continue to work in partnership with Inter-government Relations, the DHW, the South Australian Trachoma Elimination Strategy Committee (SATESC) and key stakeholders.

## Aboriginal Health Services

The LHN is responsible for working collaboratively with the DHW's Aboriginal Health, other relevant health services, support organisations and Aboriginal community-controlled health services to continue to implement the regional Aboriginal Health Improvement Plan to support services meeting the needs of the local Aboriginal population.

The LHN is also required to participate in the South Australian Aboriginal Chronic Disease Consortium to progress implementation of the three state-wide plans and consider opportunities to reorientate or reform services aligned with these plans:

- 1) [South Australian Aboriginal Cancer Control Plan 2016-2021](#)
- 2) [South Australian Aboriginal Heart and Stroke Plan 2017-2021](#)
- 3) [South Australian Aboriginal Diabetes Strategy 2017-2021](#)

The DHW's Workforce Services will work collaboratively with, and support, the LHN to implement the [SA Health Aboriginal Workforce Framework 2017-2022](#) which identifies key strategies for SA Health to attract, retain and develop Aboriginal staff, and consequently increase the number of Aboriginal people working across our organisation.

## Research

In 2018 an independent consultant was engaged to evaluate the South Australian research governance approach and undertake a research governance review (Birch Review). This [Review of Research Governance in the Department for Health and Wellbeing \(SA\) and related LHNs](#) is now complete.

The LHN will work with other regional LHNs and the DHW to implement the review recommendations, thereby continuing to raise the profile of Clinical Research across the health system and improve research governance processes and structures.

The support for health and medical research will be demonstrated through the development of a single integrated Countrywide Network Research Strategy which aims to grow a research agenda as part of teaching and clinical practice and supports opportunities for translational research. DHW will work in year with the LHN to develop a SA Health wide overarching strategy.

A key deliverable will be a single Countrywide [Network Research Strategy Annual Report](#), with report submissions for the 2020-21 year due to DHW by 31 August 2021. During 2020-21 in year monitoring of three KPI's and further developmental work will occur on planning for public reporting of research performance and additional performance indicators. It is noted that regional LHNs are reliant on metropolitan Health Research Ethics Committees and this will be recognised when monitoring the KPIs.

It is also noted that research strategy, performance monitoring and research development work will be facilitated by the RSS under the direction of the Country Executive Director Medical Services.

More information regarding Research, Research Governance and the Network Research Strategy Annual Report template can be found in the [Human Research Ethics Committee and Site Specific Approvals Technical Bulletin](#).

## PART D: DELIVERY AND PERFORMANCE

### Purpose

Part D outlines the performance indicators, associated reporting requirements and monitoring methods that apply to the LHN.

### Performance Framework

The [SA Health Performance Framework 2020-21](#) sets out how the DHW, as the leader and steward of the public health system, monitors and assesses the performance of public health services and resources within South Australia. The Performance Framework uses performance indicators to monitor the extent to which the LHN is delivering the high level objectives set out in the Agreement. The LHN should refer to the SA Health Performance Framework for further information about the performance assessment process.

The LHN will endeavour to meet targets for each KPI identified in the table below. All sites within the LHN must meet performance targets as described under the four domain areas; access and flow, productivity and efficiency, safe and effective care and people and culture.

DHW are committed to working with LHNs in maturing how the performance of the health system is monitored and evaluated, by incorporating a number of outcomes based measures in 2020-21.

The new outcome KPIs will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs in 2020-21 depending on the health system's performance.

Monitored measures do not contribute to the evaluation of the LHN's overall Performance Level, but will inform opportunities for improvement.

More detailed information regarding the 2020-21 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, shadow and monitor), calculation methodology, targets and reporting frequency is available in the 2020-21 [KPI Master Definition Document](#).

### Data and Reporting Requirements

The LHN will provide data to the DHW on the provision and performance of health services (including Community data), in a timely manner and as required by the DHW Chief Executive. All data provisions are outlined in the [Enterprise Data And Information \(EDI\) Data Requirements, 2020-2021 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

DHW is committed to supporting the LHN with their data and reporting requirements. The EDI work plan for 2020-21 will deliver:

- > Continued expansion of the QIP Hub, including:
  - Inpatient Analytics Dashboard;
  - Nursing & Midwifery Dashboard;
  - Challenging Behaviours Dashboard;
  - Performance Reporting Dashboard(s);
- > Development of a centralised patient level outpatients data set;
- > Reduction in monthly data submissions;
- > Improvements in data quality; and
- > Enhancement in access to data.

The LHN is also required to maintain up-to-date information for the public on its website regarding its relevant facilities and services including population health, inpatient services and other non-inpatient services and community health. DHW is committed to working in year with LHNs to establish routine public reporting across all domains.

### **Critical Errors**

When data is provided that is incomplete, it is flagged as a critical error. A critical error occurs when an invalid or inconsistent value is submitted for a particular data field. Records that have a critical error are unable to be submitted to IHPA, and subsequently no associated funding can be provided.

DHW is committed to efficient communication with LHNs regarding critical errors to facilitate prompt amendment and appropriate funding. It should also be noted that in accordance with the renewed focus on minimising critical errors, a corresponding Tier 1 KPI has been included in the 2020-21 KPI Architecture. This KPI is undergoing review in-year and LHNs will be consulted during this process. Any changes will be notified to LHNs in timely manner.

## 2020-21 KPI Architecture

Subdomain	Tier 1	Tier 2	Monitor
<b>Access and Flow</b>			
<b>Emergency</b>	Length of stay <= 4 hours	ED Seen on Time - Category 3 (Urgent/30 Minutes)	Length of stay <= 4 hours (Admitted)
			Length of stay <= 4 hours (Non admitted)
			ED Seen on Time - Category 1 (Resuscitation/Immediately)
			ED Seen on Time - Category 2 (Emergency/10 Minutes)
			ED Seen on Time - Category 4 (Semi Urgent/60 Minutes)
			ED Seen on Time - Category 5 (Non-Urgent/120 Minutes)
<b>Elective Surgery</b>	Elective Surgery Timely Admissions - Category 1 (30 Days)	Elective Surgery Timely Admissions - Category 2 (90 Days)	Elective Surgery Timely Admissions - Overall
	Elective Surgery Overdue Patients - Category 1	Elective Surgery Timely Admissions - Category 3 (365 Days)	Elective Surgery Overdue Patients - All
		Elective Surgery Overdue Patients - Category 2	Median wait time for elective Surgery
		Elective Surgery Overdue Patients - Category 3	
<b>Care Closer to Home</b>			Flow
			Self-sufficiency
<b>Productivity and Efficiency</b>			
<b>Finance</b>	End of year net variance to budget (\$m)		
<b>Commissioned Activity</b>	Overall NWAUs activity to cap		Inpatient Acute Admitted - SEPS (Estimated)
			Inpatient Acute Admitted - NWAUs (Estimated)
			Inpatient Sub-Acute/Maintenance - SEPS (Estimated)
			Inpatient Sub-Acute/Maintenance - NWAUs (Estimated)
			Emergency Department - Presentations
			Emergency Department - NWAUs
			Outpatients - Service Events
			Outpatients - NWAUs
<b>Efficiency</b>	Relative Stay Index (Quarterly)		Mental Health - Average treatment days per three-month community care period
<b>Quality of Health Information</b>	Critical Errors - Admitted Patient Care	Critical Errors - Emergency Department	Coding Timeliness

Subdomain	Tier 1	Tier 2	Monitor
<b>Safe and Effective Care</b>			
Safe Care	Healthcare Associated SAB Infection Rate	Healthcare Associated MRSA	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents
	Hospital Acquired Complication Rate		Hospital Hand Hygiene Compliance Rate - Overall
			Rate of Surgical Site Infection - HIP Replacement
			Rate of Surgical Site Infection - Knee Replacement
			Rate of Surgical Site Infection - Lower Segment Caesarean Section
			Sentinel Events
Consumers Experience of Care	Consumer Experience: Involved in Decision Making	Consumer Experience: Being Heard - Listened to (Quarterly)	Consumer Experience: Overall Quality
	Consumer Experience: Feeling Cared About by Staff		
Appropriateness of Care	Maternity - HAC rate 3rd & 4th Degree Perineal tears		Potentially Preventable Admissions
			Neonatal - APGAR score Less Than 7 at 5 minutes
			Obstetrics - Induction of Labour in Selected Primiparae
			Palliative Care – Timeliness of Care
Effectiveness of Care		Emergency Department Unplanned Re-attendances within 48 Hours	Emergency Department Left at Own Risk - All
		Unplanned/Unexpected Hospital Readmission for Select Elective Procedures within 28 days	Emergency Department Left at Own Risk - Aboriginal Health
			Emergency Department Left at Own Risk - Mental Health
<b>People and Culture</b>			
Workforce		Completion of Performance Reviews in Line with the Commissioner's Determination	Aboriginal and Torres Strait Islander Employment Rate
		New Workplace Injury Claims	
		Employees with Excess Annual Leave Balance	

## PART E: FUNDING AND COMMISSIONED ACTIVITY

### Purpose

Part E sets out:

- > The sources of funding that the Agreement is based on and the manner in which these funds will be provided to the LHN.
- > The activity commissioned by the DHW from the LHN.
- > The funding provided for delivery of the commissioned activity.
- > Specific funding commitments.

### South Australian State Budget 2020-21

Due to the COVID-19 pandemic, the date for the South Australian State Budget 2020-21 has been delayed. It is anticipated that the Federal Budget 2020-21 will be handed down in Parliament on 6 October 2020, after which the State Budget will be released. For further detail, refer to <https://statebudget.sa.gov.au/>.

### Funding Sources

Funding Sources			
Funding Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	83,402,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	28,216,000	111,619,000	
Other Operating	0	0	
Inter Regional/Inter Portfolio	184,000	184,000	
Special Purpose Funds & Other Own Source Revenue	861,000	276,000	
Capital	487,000	0	
Non-Cash Items	0	7,160,000	
<b>Allocation</b>	<b>113,151,000</b>	<b>119,239,000</b>	<b>(6,088,000)</b>

*Capital revenue is recognised in full as an Operating Budget allocation whereas Capital expenditure is only recognised in the schedule where the budget is Operating in nature. Capitalised expenditure budget will be recognised in the Projects Module and will be allocated in line with approved allocations.*

*Any financial impacts from initiatives that are approved by the Government post HPA will be effected via a Budget Variation (BV) that will be processed direct to the LHN.*

*The Rebalancing adjustment is unchanged from the prior year and as a result, the expenditure funding increase on activity represents the full NEP increase (ie. 3.6 percent). This implicitly recognises that funding has been allocated for all enterprise agreements includes those that are to be renewed in 2020-21. Consistent with the prior year, provisions should be allowed for those EAs to be renewed in 2020-21 in your initial budget build in anticipation as there are no expectations that supplementation will be available.*

## Activity and Funding Allocation

The overall activity is capped and the LHN will not be paid for additional activity unless explicitly agreed. The DHW will monitor actual activity against commissioned levels on a monthly basis with the LHN and formally through the Performance Review Meeting process.

The LHN may move activity to other service areas of the same activity type within the National Weighted Activity Unit (NWAU) allocation. If the LHN wishes to move activity between commissioned activity types and levels, or make any deliberate changes to the consistent recording of activity that would result in activity moving between activity types and levels, this must be negotiated with DHW.

The LHN has a responsibility to actively monitor variances from commissioned activity levels, to notify the DHW of any potential variance and to take appropriate action to avoid variance exceeding agreed tolerances.

It should be noted that the LHN has been allocated funding based on their activity, irrespective of LHN patient residence, with DHW committed to support all LHNs to identify patient flows and target areas for growth in out years, in line with the Clinical Services Plan and Commissioning Plans (in development).

Activity and Funding Allocation			
Funding Type	2020-21 Cap		Commissioned
	Separations/ Service Events	NWAUs	
<b>Casemix Allocations</b>			
Acute (admitted)	5,998	5,499	\$29,256,899
Emergency Department	6,985	1,044	\$5,554,123
Outpatients	12,107	1,112	\$5,917,589
Sub-Acute & Non-Acute (admitted)	80	175	\$928,686
<b>Total Activity Allocation</b>	<b>-</b>	<b>7,830</b>	<b>\$41,657,297</b>
<b>Grant Funded Allocation</b>			
Acute (admitted)	4,086	2,977	\$15,839,508
Emergency Department	12,170	1,269	\$6,749,651
Outpatients	12,773	1,090	\$5,798,931
Sub-Acute & Non-Acute (admitted)	25	238	\$1,264,466
<b>Total Activity Allocation</b>	<b>-</b>	<b>5,574</b>	<b>\$29,652,557</b>



Activity and Funding Allocation			
Funding Type	2020-21 Cap		Commissioned
	Separations	NWAUs	
<b>Designated Allocations</b>			
Aged Care			\$19,224,000
Intermediate Care			\$22,378,644
Mental Health			\$1,786,382
Other (including Rural Access Grant)			\$816,124
Rebalancing 2020-21			(\$9,600,000)
Regional Office (Site Specifics)			\$1,083,000
Site Specifics & Grants			\$4,620,630
<b>Total Designated Allocations</b>			<b>\$40,308,780</b>
<b>Total Expenditure</b>			<b>\$111,618,634</b>

In 2019-20 EFNLHN presented adjusted financial results of expenditure above budget; the revenue generated by the LHN produced a largely balanced net result. The 2020-21 funding allocation has not addressed this unfunded expenditure. Further work is required to understand the expenditure and the link to revenue over-achievement. If the understanding substantiates and the unbudgeted revenue is expected to continue in 2020-21, a budget 'gross up' (where the revenue budget is increased with a matched expenditure budget increase) will be required to better reflect the gross operating outcome. DHW will work with EFNLHN in year in-year to resolve this matter.

## Independent Hospital Pricing Authority (IHPA) Model

SA Health is required to inform the Administrator of the National Health Funding Pool of the commissioned services of the LHN for the 2020-21 year, expressed in line with the determinations of the IHPA. There have been changes in prior years to the SA Funding Model to achieve alignment with the IHPA determinations. Differences continue to exist to recognise how services are delivered in SA hospitals and their cost structures. These differences in the IHPA and SA Health Funding Models relate to inclusions/exclusions and their underlying taxonomies.

SA Health sets budgets for the LHN based on its Activity Based Funding (ABF) model with recognition of activity in NWAUs for all service categories. To meet the requirements of the Administrator, the Agreement includes a translation of the SA Health ABF model into the same scope as the IHPA Determination and Funding Model.

The major difference between the SA Health and IHPA model is primarily associated with the exclusion of outputs that are not funded under the NHRA (e.g. DVA) and where services are otherwise block funded in the SA Health model (e.g. Community activity).

Independent Hospital Pricing Authority (IHPA) Model			
Funding Type	2020-21 Cap NWAU	2020-21 NEP	Commissioned
<b>Activity Allocations</b>			
Acute (Inpatients)	4,808	\$5,320	\$25,579,877
Mental Health (admitted)	306	\$5,320	\$1,626,192
Sub-Acute	147	\$5,320	\$781,636
Emergency Department	1,163	\$5,320	\$6,185,994
Outpatients	411	\$5,320	\$2,184,090
<b>Total Activity Allocations</b>	<b>6,834</b>		<b>\$36,357,790</b>
<b>Block Allocations</b>			
Block Funded Hospitals			\$41,883,436
Teaching Training and Research			\$2,000
A17 List (Home Oxygen)			\$106,737
<b>Total Block Funding</b>			<b>\$108,737</b>
<b>Total Expenditure</b>			<b>\$36,466,527</b>

## Specific Commissioning Commitments

The services, programs and projects set out in the table below have been specifically commissioned by the DHW from the LHN. These services will be the focus of detailed monitoring by the DHW. If the LHN forecasts an inability to achieve these commitments, the LHN will promptly notify the DHW.

Specific Commissioning Commitments	
Service / Program	Allocation
Transition Care Program <sup>1</sup>	Funds are allocated to the LHNs in proportion with their number of Transition Care places: \$1,389,181
Aboriginal Step-Down Services	\$292,000
Aboriginal Patient Pathways Officers	\$115,000
Community Support Scheme Program <sup>2</sup>	Hours of Service Delivery to be determined by LHN.  Commonwealth allocations: <ul style="list-style-type: none"> <li>• Eyre: 141 hours</li> <li>• Flinders &amp; Far North: 77 hours</li> <li>• Hills Mallee &amp; Southern: 379 hours</li> <li>• Mid North: 70 hours</li> <li>• Riverland: 91 hours</li> <li>• South East: 161 hours</li> <li>• Yorke Lower North &amp; Barossa: 219 hours</li> </ul>
Aged Care Assessment Program	\$286,205 maximum. Includes: <ul style="list-style-type: none"> <li>• \$650 per completed assessment</li> <li>• \$50 per completed support plan, review up to \$4,000</li> </ul> 107 assessments completed per quarter
Trachoma Elimination Program	\$1,377,000
Multi-Purpose Services	Jointly funded by the Commonwealth and the State to establish and maintain health and aged care services <ul style="list-style-type: none"> <li>• 225 places</li> <li>• \$14,755,166</li> </ul>
Lymphoedema Compression Garment Program	Activity to support fitting – 237 service events
Country Cancer Services - Chemotherapy	Additional 100 separations
One off grant	\$250,000

<sup>1</sup>Funding for the Transition Care Program (TCP) places is based on 2019-20. Once confirmation is received from the Commonwealth on the subsidy rate for 2020-21 updated funding will be provided.

<sup>2</sup>Hours allocated are based on Commonwealth determined boundaries. Access to funding is via the RSS.

### Lymphoedema Garment Fitting and Diagnosis Services

The activity allocated to support lymphoedema garment fitting and diagnosis services has been allocated at a population level. These services are specialised and may not reside within the LHN. The LHN should use this allocation to support their catchment population obtain the services they require including accessing services from alternate providers, including other LHNs.

**Transvaginal Pelvic Mesh Repair**

CALHN provides a multi-disciplinary clinic for women with transvaginal mesh implants. DHW has held \$400,000 to support women requiring full mesh removal interstate.

**One Off Grant**

This grant has been provided for the LHN Executive and Governing Board to determine its use in 2020-21.

## SIGNATURE

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Eyre and Far North Local Health Network Incorporated (the Parties) which sets out the Parties' mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectations and performance deliverables for the period of 01 July 2020 - 30 June 2021.

Through execution of the Agreement, the Local Health Network agrees to meet the service obligations and performance requirements as detailed in Part A-Part E of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in the Agreement.

### **Michele Smith**

Chair

On behalf of

Eyre and Far North Local Health Network Inc. Governing Board

Date: 24 September 2020

Signed:



### **Verity Paterson**

Chief Executive Officer

Eyre and Far North Local Health Network Inc.

Date: 24 September 2020

Signed:



### **Dr Chris McGowan**


Chief Executive

Department for Health and Wellbeing

Date: .....

3/11/2020

Signed: .....



## APPENDIX 1 – COMPANION ARCHITECTURE

Without limiting any other obligations, the delivery of services under this Agreement requires the LHN and DHW will comply with:

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Better Placed: Excellence in Health Education 2017-2019

Charter of Responsibility

Clinical Services Capability Framework

Commonwealth Aged Care Quality and Safety Commission (where applicable)

Disaster Resilience Policy Directive

Emergency Management Act 2004

Fifth National Mental Health and Suicide Prevention Plan

Health Care (Governance) Amendment Act 2018

Health Care Act 2008

National Clinical Governance Framework

National Health Reform Agenda

National Partnership Agreements between the State and Commonwealth Government

National Safety and Quality Health Service Standards

NDIS Code of Conduct

NDIS Practice Standards and Quality Indicators

Office for the Ageing (Adult Safeguarding) Amendment Act 2018

Office for the Ageing Act 1995

Public Health Act 2011

SA Health Aboriginal Cultural Learning Framework

SA Health Aboriginal Workforce Framework 2017-2022

SA Health Accreditation Policy Directive

SA Health Clinical Placement Principles

SA Health Clinical Services Capability Framework

SA Health Corporate Governance Framework Summary

SA Health Enterprise Data Information Plan

SA Health Performance Framework 2020-21



SA Health Research Ethics Policy Directive

SA Health Research Focus 2020 Framework

SA Health Research Governance Policy Directive

SA Health Strategic Plan 2017 to 2020

SA Medical Education and Training Principles

SA Mental Health Services Plan – 2020-2025

Service Agreement Amendment Fact Sheet

Service Agreement Dispute Resolution Fact Sheet

South Australian Aboriginal Cancer Control Plan 2016-2021

South Australian Aboriginal Diabetes Strategy 2017-2021

South Australian Aboriginal Heart and Stroke Plan 2017-2021

South Australian Health and Wellbeing Strategy 2020-2025

Standards for General Practice (where applicable)

State Emergency Management Plan

State Public Health Plan 2019-2024

The Mental Health Act 2009

All other policies and directives applicable to DHW

---

## For more information

**Eyre and Far North Local Health Network 2020-21 Service Agreement  
Commissioning and Performance**  
11 Hindmarsh Square  
ADELAIDE SA 5000  
[health.commissioning@sa.gov.au](mailto:health.commissioning@sa.gov.au)  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)



<https://creativecommons.org/licenses/>