

Drug and Alcohol Services South Australia  
(DASSA)

# SERVICE AGREEMENT

1 July 2021 – 30 June 2022



Government  
of South Australia

SA Health

## Version Control

Version No.	Changes Made	By Whom	Date
V1	V1 Service Agreement	J Browne	01/03/2021
V1.1	Amendments to incorporate LHN feedback as per Feedback Response Table	J Browne	18/06/2021
Final	Addition of funding tables	J Browne	29/07/2021

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## PART A: PURPOSE AND GOVERNANCE

### Purpose

This Agreement outlines the services that the Department of Health and Wellbeing (DHW) will commission from Southern Adelaide Local Health Network (SALHN) for the provision of Drug and Alcohol Services and the associated responsibilities, funding and performance measures.

### Governance

Due to the range of state-wide functions, incorporating whole of government strategies, state and national policy advice, and oversight of SA Health funding of non-government alcohol and other drug treatment services, the governance arrangements for DASSA require a specific, collaborative approach between both Parties. Both Parties are committed to undertake a review of DASSA governance arrangements in 2021-22.

SALHN must support DASSA to ensure that:

- < All persons who provide a clinical service for which there is a national or South Australian legal requirement for registration, have and maintain current registration throughout their employment and only practise within the scope of that registration. This will be overseen on an operational basis by the DASSA Clinical Director with links to broader SALHN committees or reporting structures.
- < All staff, contractors, visiting private practitioners, volunteers and students are appropriately credentialed. All paid staff included in the SA Health Credentialing Policies are to be entered into the SA Health Credentialing System to ensure visibility of credentials across LHNs and sites, ensuring safe quality practice for patients/clients of SA Health. This will be overseen on an operational basis by the DASSA Clinical Director with links to broader SALHN committees or reporting structures.
- < Clinical supervision is offered to DASSAs Clinical Director (Medical lead), Director of Nursing (Nursing lead) and Director, Outpatient Services (Allied Health lead).
- < The DASSA Clinical Governance Committee works with SALHNs overall clinical governance framework to foster clinical knowledge, experience and learning, including for research ethics approvals, medical records and infection control.
- < Any Rights of Private Practice are administered through SALHNs existing corporate management systems.

The DHW will support DASSA by:

- < Executing contractual agreements for DASSA on behalf of SALHN as specified in any instrument of delegation to Section 8 (2) of the *Health Care Act 2008*.
- < Providing corporate systems to enable and support the activities of DASSA, including the provision of human resources, facilities management support, industrial relations, ICT support, legal advice, corporate records (including freedom of information responses), legislative compliance, risk management, insurance, emergency management, maintenance of the overseas travel register, and work health and safety compliance and management.
- < Providing oversight for the financial performance of DASSA, including any audits and performance against relevant Acts and Regulations, with this advice provided through the DASSA State Director and DASSA Director Business Services to SALHN on a monthly basis. The DASSA Director Business Services will work with SALHN to prepare its statutory financial statements to discharge financial stewardship and accountability obligations within the relevant timeframes laid down by SA Health and the *Public Finance and Audit Act 1987*.

## **PART B: GOVERNMENT COMMITMENTS**

### **Purpose**

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

### **Government Commitments**

The Government continues its strong investment to improve the State's health care system efficiency and effectiveness through a range of initiatives.

DASSA will deliver or contribute to the achievement of the following commitments in 2021-22:

#### **Youth Treatment Orders**

Coordinate the Government's response to this election commitment and advise the Department for Health and Wellbeing on:

- < A preferred, evidence-based and clinically robust model of care.
- < The clinical, legal and social requirements to effectively implement this program, including requisite budget and infrastructure.
- < Potential legislative and regulatory requirements to ensure the safe, ethical and transparent operation of the model of care.
- < Project implementation, including timetable, evaluation and risk mitigation strategies.
- < An evaluation framework.

## PART C: SERVICES

### Purpose

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

### Service Profile

DASSA is a state-wide health service that provides services and policy advice for tobacco, alcohol and other drug issues, including illicit drugs. SALHN has responsibility for the provision and coordination of the following:

- < Providing a range of state-wide treatment services for people with problematic use of alcohol and other drugs, including a 30 bed inpatient alcohol and other drug withdrawal unit based at Glenside Health Services and a 24 bed therapeutic community (the Woolshed), as well as outpatient services across the metropolitan area and in regional areas throughout South Australia.
- < Providing consultation and liaison services, providing support and development assistance to primary health care, hospitals, non-government and private sectors to facilitate provision of a wide range of treatment and support services.
- < Providing and coordinating a range of population programs to address tobacco, alcohol and other drug related problems in South Australia, including tobacco social marketing programs, the police drug diversion program, peer harm reduction programs and the clean needle program for South Australia.
- < Providing policy and planning advice to the Chief Executive of the DHW and the Minister for Health and Wellbeing related to tobacco, alcohol and other drug issues, under the direction of the DHW.
- < Providing for the commissioning of a range of non-government alcohol and other drug treatment services, including funding, monitoring and reviewing services to ensure services are evidence based and effective.

To support the prevention and management of alcohol, tobacco and other drug relate issues across South Australia, DASSA is required to:

- < Advise on a whole of government approach to prevent the use of illicit drugs and the misuse of licit drugs.
- < Advise on policy relating to tobacco, alcohol and other drugs and provide expert advice and support to South Australia's role in national policy development.
- < Provide or broker a range of prevention, intervention and treatment programs across the State with a particular focus on high risk groups and behaviours.
- < Advise on evidence-based practice and participate in research.

DASSA, in partnership with the South Australian Police leads the implementation of the South Australian Alcohol and Other Drug Strategy 2017-2021. In 2021-22 DASSA and SAPOL are leading the development of the next iteration of the South Australian Alcohol and Other Drug Strategy. DASSA also has responsibility for administering the *Tobacco and E-cigarette Products Act 1997* and works in partnership with a range of government agencies to help implement the [South Australian Tobacco Control Strategy 2017-2020](#). In 2021-22, DASSA is finalising the development of the South Australian Tobacco Control Strategy 2021-2026.

## PART D: DELIVERY AND PERFORMANCE

### Purpose

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

### Performance Framework

The SA Health Performance Framework 2021-22 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. DASSA should refer to the SA Health Performance Framework for further information about the performance assessment process.

DASSA will endeavour to meet performance targets for each KPI identified in the table below as described under the four domain areas; access and flow, productivity and efficiency, safe and effective care and people and culture. Interim KPI targets that reflects a performance improvement trajectory will be agreed with DASSA and will be used as the basis for monitoring performance in 2021-22.

While LHN KPI reports will be issued monthly as an internal reporting tool, a formal assessment of the DASSA performance will be completed quarterly. The quarterly progress will include DHW undertaking an initial assessment to be discussed with DASSA to incorporate agreed contextual and qualitative aspects of sustainable performance. This negotiation will inform the final quarterly performance assessment issued. Performance levels are not assigned solely on KPI data, instead a range of other factors are also considered by DHW.

A number of KPIs, including outcome based measures, will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs depending on the health system's performance. A number of KPIs will also be 'shadowed' in year to allow DHW to work with DASSA and/or other business areas to develop clear data and reporting process. Shadow KPIs may be considered to transition to monitor or Tier 1 or Tier 2 as required. Monitored and shadow KPIs do not contribute to the evaluation of the overall Performance Level, but will inform opportunities for improvement.

More detailed information regarding the 2021-22 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, shadow and monitor), calculation methodology, targets and reporting frequency is available in the [2021-22 KPI Master Definition Document](#).

### Data and Reporting Requirements

DASSA will provide data to the DHW on the provision and performance of health services in a timely manner and as required by the Chief Executive in alignment with the National Health Care Reform Agreement. All data provisions are outlined in the [Enterprise Data And Information \(EDI\) Data Requirements, 2021-2022 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

2021-22 KPI Architecture - DASSA			
Subdomain	Tier 1	Tier 2	Monitor
<b>Access and Flow</b>			
Activity	Outpatient Attendances		South Australian Daily Smoking Prevalence (Annual)
	Inpatient Separations (non-hospital)		SA Alcohol and Other Drug Strategy (SAAOD) Actions (Annual)
	Completed Inpatient Episodes		
	Completed Outpatient Episodes		
<b>Productivity and Efficiency</b>			
		DASSA Outpatient Did Not Attend Rate	
<b>People and Culture</b>			
Workforce		Completion of Performance Reviews in Line with the Commissioner's Determination	Expenditure for Workplace Injury Claims
		New Workplace Injury Claims	
		Employees with Excess Annual Leave Balance	



## PART E: FUNDING

### 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 entity.
- The funding provided for the delivery of the services.

Funding Sources			
Funding Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	47,303,000	0	
ABF Operating, State-wide, Mental Health & Intermediate Care	3,310,000	50,613,000	
Inter Regional/Inter Portfolio	780,000	780,000	
Non-Cash Items	0	1,539,000	
<b>Allocation</b>	<b>51,393,000</b>	<b>52,932,000</b>	<b>(1,539,000)</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.*

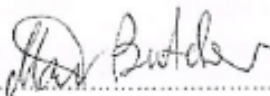
*Any financial impacts from initiatives that are approved by the Government post HPA will be effected via a Budget Variation (BV) that will be processed direct to DASSA.*

## SIGNATURE


This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Southern Adelaide 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 2021 - 30 June 2022.

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

**Mark Butcher**  
Chair  
On behalf of  
Southern Adelaide Local Health Network Inc. Governing Board

Signed:  ..... Date: 24 September 2021

**Wayne Gadd**  
Interim Chief Executive Officer  
Southern Adelaide Local Health Network Inc.

Signed:  ..... Date: 24 September 2021

**Dr Chris McGowan**  
Chief Executive  
Department for Health and Wellbeing

Signed:  ..... Date: 30/9/21

## APPENDIX 1: COMPANION ARCHITECTURE

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

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Better Placed: Excellence in Health Education

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 Bill 2020 (Due to come into effect in the first quarter of 2021-22)

Health Care Act 2008

Integrated Compliance Management Framework

National Agreement on Closing the Gap

National Clinical Governance Framework

National Health Reform Agreement

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

System-wide Integrated Compliance Policy Directive

SA Health Gender Equality and Diversity Steering Committee: Strategic Directions 2020-2023

SA Health Policy Framework

SA Health Aboriginal Cultural Learning Framework

SA Health Aboriginal Health Care Framework

SA Health Aboriginal Workforce Framework 2017-2022

SA Health Accreditation Policy Directive

SA Health Clinical Placement Requirements for Health Care Students

SA Health Clinical Services Capability Framework

SA Health Corporate Governance Framework Summary

SA Health Enterprise Data Information Plan

SA Health Performance Framework 2021-22

SA Health Research Ethics Policy Directive

SA Health Research Governance Policy Directive

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

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For more information

**Drug and Alcohol Services South Australia 2021-22 Service Agreement  
Commissioning and Performance**

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