SCHEDULE OF AGREEMENT

FOR THE PERIOD OF:

1 JULY 2018 – 30 JUNE 2019

THIS IS AN AGREEMENT BETWEEN:

CHIEF EXECUTIVE, DEPARTMENT FOR HEALTH AND WELLBEING

AND

DEPUTY CHIEF EXECUTIVE, FOR HEALTH AND WELLBEING
## VERSION CONTROL

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Changes Made</th>
<th>By Whom</th>
<th>Date</th>
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<td>Draft SLA</td>
<td>N Edge</td>
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<td>V2</td>
<td>Revisions</td>
<td>V Viennakos</td>
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PARTIES TO THE AGREEMENT

From 1 July 2018 to 30 June 2019

This is a Schedule of Agreement between the Chief Executive (CE) of the Department for Health and Wellbeing (DHW) and the Deputy Chief Executive (DCE) of DHW 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 1 July 2018 – 30 June 2019. This Schedule of Agreement may be updated during the term if required and by mutual agreement.

Lynne Cowan
Deputy Chief Executive
Department for Health and Wellbeing

Date: ........................................ Signed: ........................................

Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date: ........................................ Signed: ........................................
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INTRODUCTION

SA Health is committed to delivering evidence informed, high quality services that meet the needs of the South Australian community from beginning to end of life. This vision will be achieved through DHW, Local Health Networks (LHNs) and other Non-Government Organisations (NGOs) working together in partnership to ensure quality and timely delivery of health care and to continue to build a highly skilled, engaged and resilient workforce based on a culture of collaboration, respect, integrity and accountability.

NOTIONAL CONTRACTED SERVICES DETERMINATION

Health services are largely delivered by the LHNs that comprise the SA Health Portfolio. This includes the use of NGOs that may be contracted by LHNs. As a result of the governance arrangements associated with a select number of contracted health services that generate in-scope activity and which are delivered by NGOs on behalf of DHW, a notional LHN has been formed.

This notional LHN is given the title of Central Office Services, but for all intents and purposes is taken to represent DHW.

The establishment of a notional LHN in the form of the Central Office Services and this associated Schedule of Agreement (Agreement) is required to meet the data requirements of the Administrator of the National Health Funding Body as guided by the provisions of the National Health Reform Agreement. This Agreement, along with the in-scope activity that is generated by the NGOs that are covered herein, legitimises the receipt of Commonwealth National Health Reform funding.

This Agreement is not a Service Level Agreement and will not seek to add, reduce or redefine any of the contractual requirements that are currently stated in the agreements with relevant NGOs. The existing contracts with relevant NGOs are managed through a separate process and accordingly, this Agreement will not be amended during the term of the Agreement.

As prescribed by the Administrator of the National Health Funding Pool, the Central Office Services notional LHN is not required to meet the LHN governance arrangements set out in clauses D11 to D21 (clause A54(a)) of the National Health Reform Agreement 2011. Nonetheless, all other requirements and responsibilities outlined in the National Health Reform Agreement (and National Health Reform Act 2011) will apply to the Central Office Services notional LHN.

TERM OF THE AGREEMENT

This Agreement commences on 1 July 2018 and expires on 30 June 2019.

SERVICE PROFILE

DHW contracts with NGOs for a range of services. The services to be delivered, associated activity targets, key performance indicators and reporting requirements upon which the performance of the Central Office Services LHN will be assessed, will be those terms agreed in the contracts with the relevant NGOs.

The SA Community Care (SACC) program has been developed as a model of care that supports SA Health’s strategic directions of hospital avoidance and supported discharge by enhancing hospital substitution programs aimed at supporting patients within their home environment.
The program aims to deliver support and assistance to people in their home environment to avoid unnecessary visits to the emergency department, admission to hospital or to assist patients to leave hospital earlier than otherwise would have been possible. These services are delivered as rapid-response, short, medium and occasionally long-term out of hospital care by community based service providers.

The services to be provided under this program have been established through combining two previous SA Health programs: Hospital Health Care at Home (HHC@H) and Community Nursing.

This model will continue to provide community care, nursing, allied health and carer support in the community. The aim of having these services in place is to support public hospitals with patient flow and demand management and to provide options for people to avoid hospitalisation and support discharge from hospital, when assessed as safe and clinically appropriate.

**Service Episodes**

The Episode Types under this program (discharged from hospital and new independent community episodes) are:

> Emergency Department Avoidance
> Hospital Avoidance
> Supported Discharge.

**Service Groups**

The Service Groups for these Episodes are:

> Group 1 - Community Care; which includes:
  - Wound Management
  - Medication Management
  - Paediatric
  - Obstetrics/Neonatal Support
  - Continence Management
  - Single Nursing
  - End Of Life Care
  - End Of Life Care - Terminal
  - Activities of Daily Living

> Group 2 - Allied Health and Equipment; which includes:
  - Allied Health
  - Post Procedural Accommodation / Transport
  - Challenging Behaviours - support to Residential Aged Care Facilities (RACF)
  - Interpreter
  - Equipment
As a result of Commonwealth regulatory reform introduced through the My Aged Care (MAC) and the National Disability Insurance Scheme (NDIS), the Consumer Directed Care (CDC) demand driven model of service delivery has been established which significantly transforms the way by which disability and aged care services are delivered to Australians. Service providers will shift from receiving and managing an annual block of funds spread amongst all consumers to individual based budgets. This provides consumers (and families) with greater control and oversight of services delivered, and also increases the need for their participation in care.
INTRODUCTION

This schedule sets out the activity purchased by DHW from the Central Office Services and the funding provided for delivery of the purchased activity.

DEFINITIONS

In this schedule:

**Service Agreement Value** means the figure set out in this schedule as the expected annual service agreement value of the services purchased by DHW.

<table>
<thead>
<tr>
<th>Activity Target</th>
<th>NWAU</th>
<th>ABF Price ($)</th>
<th>Budget ($)</th>
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<tbody>
<tr>
<td>Acute Inpatients</td>
<td>0</td>
<td>5,176</td>
<td>0</td>
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<tr>
<td>Admitted Mental Health</td>
<td>0</td>
<td>5,176</td>
<td>0</td>
</tr>
<tr>
<td>Sub-Acute</td>
<td>0</td>
<td>5,176</td>
<td>0</td>
</tr>
<tr>
<td>ED</td>
<td>0</td>
<td>5,176</td>
<td>0</td>
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<tr>
<td><strong>Outpatients</strong></td>
<td>5,369</td>
<td>5,176</td>
<td>27,789,030</td>
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<td><strong>TOTAL NWAU ACTIVITY ALLOCATION</strong></td>
<td>5,369</td>
<td>5,176</td>
<td>27,789,030</td>
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<td><strong>TOTAL BLOCK FUNDING</strong></td>
<td>0</td>
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<td>0</td>
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<td><strong>TOTAL EXPENDITURE</strong></td>
<td></td>
<td></td>
<td>27,789,030</td>
</tr>
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</table>

As a result of the nature of the services delivered, there are no teaching, training or research functions undertaken by the Central Office Services and the above activity and funding allocations do not include any such costs.