

IMPLEMENTATION PLAN Element 3: Increase access to and use of maternal and child health services by Indigenous families (*New Directions – an equal start in life for Indigenous children*)

Plan period: 2009-2014

Milestone (eg. General Primary Health Care Services)	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)	What is the estimated cost? (\$)
Service Delivery	1. The objective of The Building Stronger Foundations for Aboriginal Children Families and Communities is to enhance the provision of services for Aboriginal mothers and babies with health, lifestyle and developmental problems in order to close the gap between indigenous and non-indigenous health and educational	NSW Health after extensive consultation with Key Aboriginal Stakeholders and in particular with the NSW Aboriginal Partnership Forum and in collaboration with Aboriginal Community Controlled Health Organisations.	NSW has committed additional funds to extend the services offered to this cohort of Aboriginal babies into early childhood. The funding enhances selected AMIHS teams by adding Aboriginal Health Workers and Child and Family Health nurses. In the first round of funding some 15 FTE Aboriginal Health Workers positions and 14.5 FTE Child and Family Health nures will be funded. This ensures the provision of ongoing child and family services to this cohort to ensure that the proven health gains from AMIHS are not lost but further enhanced. The new funding will target children 0-5 years. (Building Stronger Foundations for Aboriginal Children Families and Communities initiative.)	Reduced mortality rates of Indigenous Infants each year Reduced proportion of hospital admission of Indigenous children 0-4 years	As recognised in the NP, there are a number of challenges nationwide to measuring progress in this area, and the benefits of the program may not begin to be realised until after a period of years.	Building Strong Foundations for Aboriginal Children Families and Communities Budget \$5.45M annually 2009- 2012 <u>09/10</u> Allocations to program sites(AHS) \$4,820,400 Coordination, Training and Support \$300,000

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	<p>outcomes.</p> <p>Improve the social and physical environment of Aboriginal women in pregnancy and families with young children.</p>		<p>A. Suitable sites for initial implementation of the Building Strong Foundations for Aboriginal Children Families and Communities program are identified.</p> <p>2009/10 sites to receive funding</p> <ul style="list-style-type: none"> • Penrith/Cranebrook • Gosford/Long Jetty/The Entrance/ Bateau Bay • Taree • Tamworth • Newcastle • Menai • Nowra • A site in Greater Southern AHS TBC <p>2010/11</p> <ul style="list-style-type: none"> • TBC <p>B. Ensure that adequate funding is provided to each successful site to support effective implementation of the program</p> <p>C. Engage local Aboriginal communities through consultation and involvement in planning, service delivery model and implementation.</p> <p>D. Form a reference group to oversee the implementation and evaluation of the BSF programs.</p>			<p>Evaluation \$240,000</p> <p><u>2010/2011</u></p> <p>\$4,566,250 funding allocation to program sites (AHS)</p> <p>Coordination Training and Support</p> <p>\$483,000</p> <p>Evaluation \$400,000</p> <p><u>2011/2012</u></p> <p>Funding to sites \$3,784,385</p> <p>Coordination, training and support \$1,166,000</p> <p>Evaluation \$500,000</p>

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			<p>E. Appoint a State coordinator to oversee the Implementation of the program.</p> <p>F. Develop an orientation curriculum for staff providing the new BSF program</p> <p>G. Form a Training and Support Unit (TSU) that will support services to provide programs of high quality and safety. The TSU will also provide AMIHS staff with the same support. Consideration is also being given to the TSU making provision for support to other aligned programs such New Directions for Aboriginal Mothers and Babies</p> <p>G. Develop and implement a communication strategy for all key stakeholders including community members</p> <p>H. Develop and commence implementation of an evaluation plan</p> <p>I. Review implementation plan and refine plan for 2010-2012 if needed</p> <p>Statewide enhancement of antenatal</p>			

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		<ul style="list-style-type: none"> Accommodatio 	<p>maternal and child health services for Aboriginal children and their families.</p> <p>The NSW Government has invested heavily in maternity services specifically to support Aboriginal families expecting a baby or with a young infant or child through the Aboriginal Maternal and Infant Health Strategy (AMIHS). These services have demonstrated positive results for Aboriginal maternal and child health.</p> <p>Further information on the AMIHS expansion can be found in the bi-annual report of <i>Closing the Gap - Indigenous Health National Partnership Agreement - National Reform Initiative 4. Primary health care services that can deliver</i></p>			2009/10 : \$4.7M

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	<p>2. HASI is designed to assist people with mental health problems and disorders requiring accommodation support to:</p> <ul style="list-style-type: none"> - Participate in the community - Maintain successful tenancies - Improve quality of life - Assist in the recovery from mental illness. <p>In terms of maternal and child health HASI provides support to mothers to make sure they get to:</p> <ul style="list-style-type: none"> - Antenatal checks - Postnatal checks, including 	<p>n support and rehabilitation associated with disability is provided by NGO's (funded by NSW Health)</p> <ul style="list-style-type: none"> • Clinical care and rehabilitation is provided by specialist mental health services <p>Long term, secure and affordable housing and property management services are provided by public and community housing (funded by Housing NSW)</p>	<p>HASI 5A will be implemented in two phases.</p> <p>Phase one: Two pilot projects delivered, one in a regional location – Lismore - and the second in a metropolitan location – Blacktown.</p> <p>Each pilot project will involve 10 new packages, 20 clients in total.</p> <p>Phase two: A statewide rollout of the new model will commence in early 2010. This will involve conversion of 42 existing HASI packages and establishment of 38 new packages.</p>			<p>20010/11and recurrently: \$4.8M</p>

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	<p>checks for post-natal depression</p> <p>It enables access to normal child care, links to early child health and early childhood programs as well as support in the home as required. This can include assistance with budgeting so that tenancies can be maintained, assistance to plan family health meals and to shop.</p> <p>Support is also provided to make sure health checks with GPs, Aboriginal Medical Services (AMSs) and clinical mental health staff are made.</p> <p>In this way the mother and child are supported to</p>					

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	<p>access normal health care and living skills to support healthy eating and living. The HASI support is an enabler to normal parenting.</p> <p>HASI 5A is a model of HASI that is culturally appropriate for Aboriginal people</p>					
Management	<p>Develop governance structures to coordinate and manage programs across AHSs and external agencies. Develop project plans including implementation plans, timelines, performance measures etc</p>	<p>NSW Health including Primary Health and Mental Health centrally in partnership with Aboriginal people, agencies and communities</p>	<p>Oversee implementation of the plans; link elements of the partnership together; liaise with partners and stakeholders; coordinate administrative functions including report generation, development of MOUs etc</p> <p>OATSIH together with NSW Health have developed draft terms of reference for an Aboriginal Child and</p>			

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	<p>HASI</p> <p>At a state-wide level, a Peak Stakeholders Workgroup has been established to oversee the development of the HASI 5A model, including monitoring of</p>	<p>NSW Health, Mental Health and Drug and Alcohol Office, is the lead agency.</p> <p>This group has representation from:</p> <ul style="list-style-type: none"> • NSW Health • Housing NSW 	<p>Maternal Health SubCommittee. The main objective of the Sub-Committee is to co-ordinate the activities of members, through information sharing, in implementing Aboriginal Child and Maternal Health programs that will assist in:</p> <ul style="list-style-type: none"> • Establishing and agreeing on priority child and maternal health issues; • Implementing agreed priority actions to address maternity and child and family health issues; • Identifying gaps in service provision and information exchange; and <p>Working collaboratively to achieve agreed COAG & Indigenous Early Childhood Development NPA targets Bi monthly Peak Stakeholders workgroup meetings.</p> <p>Monthly HASI Departmental Executive (DEC) Meetings</p> <p>Senior Officers Meetings (Health and</p>			

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	consultation and communication processes, providing expert advice and ensuring that cultural issues have been addressed.	<ul style="list-style-type: none"> • Aboriginal Housing Office (AHO) • Office for Aboriginal and Torres Strait Islander Health (OATSIH) • Aboriginal Health and Medical Research Council (AH&MRC) • Centre for Aboriginal Health • Department of Aboriginal Affairs (DAA) • Mental Health Co-ordinating Council (MHCC) 	Housing) 3 x annually.			
Linkages and Coordination	AHS will consult, plan, implement and evaluate the initiatives in partnership with identified Aboriginal	NSW Health	Consult with key stakeholders especially Aboriginal services and communities Facilitate Aboriginal Health Planning Steering Committees with extensive membership from internal and external			Funding as above

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	<p>agencies working with pregnant women and young children and their families.</p> <p>Improve and streamline coordination of care, service provision and partnerships.</p> <p>Partners will include: Partnership Forum, Aboriginal Medical Services, Department of Education, Local Aboriginal Land Councils, Housing, DoCS, AHS units, Community Health, Workforce Strategy, Population Health, Mental Health, Allied Health, Drug and Alcohol Services.</p> <p>HASI Strong links will be</p>	<p>In each HASI location, the</p>	<p>agencies including Aboriginal Medical Services and Government agencies.</p> <p>Establish or support Aboriginal Child, Adolescent and Family Priority Area Working Groups (PAWGs) that consult on and develop plans for Aboriginal maternal child and adolescent health services. The PAWG will have or maintain extensive interagency membership</p>			

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	developed at the local HASI 5A pilot sites between accommodation support services, mental health services, housing organisations and Aboriginal organisations. Links with Commonwealth Government initiatives includes Personal Helpers and Mentors and National Partnership on Homelessness	multiple local partners are responsible for implementation and directly providing services. The agencies will work together to identify the roles of the client, the accommodation support staff, the specialist Aboriginal workers, the housing providers, Aboriginal organisations relevant to that area and the area mental health staff.				
Community Involvement	<ul style="list-style-type: none"> • AMS • Aboriginal Education Consultative Group • Land Councils • Local Councils • Children's Services • Benevolent Society 	NSW Health will be responsible for ensuring community involvement in consultation, planning, implementation and evaluation	<p>Establish or strengthen Aboriginal Health Planning Steering Committees with extensive membership from internal and external agencies including Aboriginal Medical Services and Government agencies.</p> <p>Utilise established Aboriginal Child, Adolescent and Family Priority Area</p>			Community Development is a principal component of the AMIHS and Building Stronger Aboriginal Children Families and Communities. As such it is has been considered in the budget allocation.

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	<ul style="list-style-type: none"> • GP Division • Karitane • Tresillian • Benevolent Society • Family Services • Burnside <p>HASI 5A will reflect the complicated needs of the individual and their support networks which include family, and community. It will recognise the various social and cultural impacts that influence the individual's social and emotional wellbeing.</p>	<p>The 3 way partnership in service delivery of the existing HASI will be complemented with the introduction of further partners to ensure that the model and the service delivery are and continue to be culturally appropriate and accessible to Aboriginal people. The partners may vary in different locations and are likely to include, but are not limited to:</p> <ul style="list-style-type: none"> • Aboriginal Medical Services 	<p>Working Groups (PAWGs) to consult on and develop a plan for Aboriginal maternal child and adolescent health services. The PAWG is to have extensive interagency membership</p> <p>Monthly local steering committee meetings at each site.</p>			

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		<p>(AMS)</p> <ul style="list-style-type: none"> • Aboriginal Community Controlled Health Services (ACCHS) • Office for Aboriginal and Torres Strait Islander Health (OATSIH) Services <p>Coordinated cross-agency responses may be facilitated in order to address the high and complex needs of Aboriginal people.</p>				
Data and Reporting	Management information systems and recording of occasions of service for the funded programme elements	Community Health Information management and/or other existing data systems	<p>Explore the feasibility of collecting the Aboriginality of both parents to ensure that services reach all eligible Aboriginal children.</p> <p>Utilise existing clinical information systems where available Incorporate programme elements in to the development of early childhood module of community EMR</p>	<p>Reduced mortality rates of Indigenous Infants each year</p> <p>Reduced proportion of hospital admission of Indigenous children 0-4 years</p>	As recognised in the NP, there are a number of challenges nationwide to measuring progress in this area, and the benefits of the program may	Included in program funding as above

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			<p>Determine key performance indicators (KPIs), data elements and reporting requirements</p> <p>Explore opportunities to utilise population level data collections e.g. National Headline indicators for Children's Health development and Wellbeing, Australian Early Development Index and the Longitudinal Study of Australian Children and Longitudinal Study of Indigenous Children.</p> <p>Provide bi- annual reports each August and January on the progress of programs under this element of the NPA.</p>		not begin to be realised until after a period of years.	
Risk Management	<p>Risks that have been identified include:</p> <ol style="list-style-type: none"> 1. Continued commitment from partners. 2. Shared resources and information. 3. Co-ordination of activities across agencies 4. Project activities remain 	<p>Senior AHS Executive Sponsor for the initiatives</p> <p>Key agencies as members of governance and management structure.</p>	<p>Internal Service Level Agreements</p> <p>External Contracts and Memorandum of Understanding</p> <p>Human Services Accord for Government Organisations Terms of Reference and scoping</p>			Within existing resources

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	<p>within scope</p> <p>5. Sustainability of the project</p> <p>6. Workforce capacity</p> <p>7. Recruitment of Aboriginal and culturally competent non-Indigenous workers.</p> <p>HASI</p> <ul style="list-style-type: none"> • Partner commitment continues • Coordination of activities across agencies • Cultural competence of workforce 	NSW Health, Mental Health and Drug and Alcohol Office	See above			