

NORTHERN TERRITORY WORKPLAN

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? (\$) |
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| Service Delivery | <p>Improved access to antenatal care by Indigenous women.</p> <p>Increase access in remote areas to Early Childhood health and wellbeing services</p> | <p>DHF coordination and monitoring. Service provision by DHF and NGOs</p> <p>DHF coordination</p> | <p>3.1 Outreach midwife positions in remote service areas. On-going engagement in subsequent years.</p> <p>3.2 Establish group midwifery practice continuity of care model for remote women who transfer to Darwin and Alice Springs to birth: multi-disciplinary team: coordinator, midwives, Aboriginal Health Workers</p> <p>3.3 Employ additional remote area community-based Child Health Worker in the first year. On-going engagement in subsequent years.</p> | <ul style="list-style-type: none"> No of Indigenous women <20 yrs accessing antenatal care in first trimester No of women receiving antenatal care as per guidelines Reduction in number of caesarian sections Increased coverage of universal early childhood programs (Healthy Under 5's) | <p>5 years</p> <p>Additional workforce in place</p> | <p>\$10M over five years</p> |

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| Management | <u>DHF – MCYH / Remote health</u> |
| Linkages and Coordination | The antenatal investment is one of the NTG ' <i>Closing the Gap</i> ' initiatives, and provides strong links across remote health, Maternal Child and Youth Health (MCYH) Program, Sexual Health, Acute Care Services. The “whole of NTG” nature of <i>Closing the Gap</i> investment is strengthened by monthly coordination meetings of senior leadership across NTG Partnerships with Aboriginal Medical Services, NGOs and Charles Darwin University would continue to be cultivated. Strong links with Indigenous Child and Family Centres, Safe Houses and Department of Education and Training on child health issues and responses. |
| Community Involvement | Work in this element will be shaped by a specific maternity services community consultation process, focusing initially on antenatal education. Communities would be supported to shape service delivery. |
| Data and Reporting | DHF – Health gains planning in partnership with MCYH and Acute Care Services. Quarterly and annually depending on indicators |
| Risk Management | Ability to recruit midwives would be a risk – offset by the option to locate midwives centrally and cover remote clinics on a fly in fly out basis. Offering support to community based Aboriginal Health Workers to complete midwifery training would assist to build local capacity and expertise. |