## Element 3: Increased Access to, and Use of Maternal and Child Health Services by Indigenous Families

## Plan period: 2009-2014

This implementation plan should articulate the activities your jurisdiction is going undertake to achieve the objectives of the NP, who will undertake the activities, how progress will be measured, how long activities will take and how much they will cost. Plans should clearly identify how activities will progress over the life of the NP to achieve the overall objectives.

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	<ul> <li>WA will deliver range of regional and statewide programs in order to:</li> <li>Delivery of postnatal services and outreach programs with a focus on adolescent mothers</li> <li>Provision of child health and development assessment including MBS-</li> </ul>	Statewide ProgramsChild & AdolescentCommunity Health(CACH)will provide policy andworkforce support tocommunity child and familyhealth service providersacross Western AustraliaRegional ProgramsHealthy Start to Life (Kimberley)Implement Community Mothers Program in two new sites and expand and continue the program in Halls Creek	<ul> <li><u>Statewide Policy &amp;</u> <u>Workforce Support Program</u></li> <li>Provision of clinical policies, guidelines and standards of practice, and work force support and development to maternal and child health services delivering care to Aboriginal women</li> <li>Develop and/or provide access to culturally appropriate assessment tools and resources to service providers working with families</li> <li>Establish a Statewide Aboriginal child health</li> </ul>	<ul> <li><u>Statewide Policy &amp;</u> <u>Workforce Support</u></li> <li><u>Program</u></li> <li>Major achievements and/or key results</li> <li>Number of services who are working collaboratively with CACH</li> <li>Number of professional development programs delivered</li> <li>Number of assessment tools and resources developed and</li> </ul>	<ul> <li><u>Statewide Policy &amp;</u> <u>Workforce Support</u></li> <li><u>Program</u></li> <li><b>2009-10</b></li> <li>Finalisation of the service agreement</li> <li>Recruit and appoint staff</li> <li>Establishment of networks with maternal and child health programs</li> <li>Identify training opportunities</li> <li><b>2010-11</b></li> </ul>	\$11,250,000

funded services • Provision of immunisation services through community based and outreach services	Maternal and Child Health Strong Women Healthy Children (Great Southern) • Expand on existing maternal and child health services, and implement a collaborative approach focusing on improved communication between service providers to address immunisation, child health checks, early intervention therapies and treatments, and promotional actives. Maternal and Child Health Strategy (Goldfields) • Expand existing maternal and child health services to improve postnatal contact as well as ongoing clinical care for children 0-8 years. Collaborative Child Health Program (Pilbara)	reference group <u>Regional Programs</u> • Develop partnerships across health services and community organisations • Expand existing 1) postnatal services 2) Child health and development assessments 3) Child immunisation services • Review, adaptation and implementation of care pathways for Aboriginal clients	<ul> <li>provided to services</li> <li>Review of key outcomes and recommendations from Statewide Aboriginal child health reference group</li> <li><u>Regional Programs</u></li> <li>Number of programs that demonstrate partnerships across health services and community organisations</li> <li>Number of services provided:</li> <li>postnatal checks,</li> <li>child health and development assessments</li> <li>immunisation services</li> </ul>	<ul> <li>Develop and provide access to policies, guidelines and standards of practice</li> <li>Develop and implement professional development programs</li> <li>Develop and/or provide access to culturally appropriate assessment tools and resources</li> <li>Establishment of the Statewide Aboriginal Child Health Reference Group</li> </ul>
	•Develop a collaborative child health strategy to improve the coordinated delivery of immunization, child health checks, intervention therapies and treatments, and health		<ul> <li>Evidence of review adaption, and implementation of care pathways</li> <li>Evidence of development and</li> </ul>	<ul> <li>2011-13</li> <li>Ongoing process evaluation and development of program using</li> </ul>

	inculation of	data franc
promotion activities across	implementation of	data from
the region.	protective	outputs and
	behaviours program	review by the
Child Health Project		Statewide
(Wheatbelt)		Aboriginal child
<ul> <li>Provision of an</li> </ul>		health
enhanced child health		reference
surveillance program for		group
Aboriginal families who are		Regional Programs
considered 'at risk'.		2009-10
		<ul> <li>Recruit and</li> </ul>
Allied Health		appoint staff
(Murchison/Midwest)		<ul> <li>Formalise and</li> </ul>
•To increase access to		build on
Aboriginal specific allied		relevant
health services for children		
0-5 years, including		professional
individual and group		and community
therapy services.		based networks
		2010-11
Strong Noongar Kooangkas		Development
(South West)		and
•Develop and deliver		implementation
protective behaviours		of postnatal
programs across the South		services and
West.		outreach
west.		programs
Care Pathways for Boodjarri		<ul> <li>Expansion and</li> </ul>
		provision of
Yorgas(South West)		child and
•Map current care		development
pathways for Aboriginal		assessment
women, identify gaps and		services
barriers in relevant		301 11003

<ul> <li>programs and put in place interventions</li> <li>Aboriginal Child and Maternal Health (South Metro)</li> <li>Expand the Aboriginal Maternal &amp; Child Health Program to the Armadale area to increase the number of Aboriginal infants and young children offered child health assessments at key developmental stages.</li> <li>Aboriginal Child and Maternal Health (North Metro)</li> <li>Expand the Aboriginal Maternal &amp; Child Health Program to the Wanneroo area to increase the number of Aboriginal infants and young children offered child health assessments at key developmental stages.</li> </ul>	<ul> <li>Expansion and provision of immunisation services</li> <li>2011-13         <ul> <li>Ongoing implementation , Ongoing process evaluation and development of program using data from outputs and peer review through the Aboriginal Health Partnerships Forums</li> </ul> </li> </ul>
---	---

ManagementCOAG Governance structures have been established and will remain operational throughout the COAG lifespan• The Aboriginal Health Partnership Group will provide oversight and management of IECD implementation across the State.• The Statewide Aboriginal Health Planning Forum will provide planning and technical support to the Metropolitan and Regional Planning Forums.• The Metropolitan and Regional Planning Forums will provide ongoing coordination and monitoring of the Metropolitan and Regional	<ul> <li>The Aboriginal Health Partnership Group will provide high level governance of COAG IECD initiatives. Responsibilities include delegation of expenditure and approval of appropriate programs/services at State-wide and Metropolitan/Regional levels. This group will oversee appropriate development and implementation of strategies across the State. Members of this Group include high level representatives from the Aboriginal Health Council of WA, WA Area Health Services, the Child and Adolescent Area Health Service, State and Commonwealth Departments of Health and Ageing, WA GP Network and Office of Aboriginal Health.</li> <li>The State-wide Aboriginal Health Planning Forum will provide governance</li> </ul>	<ul> <li>Service agreements for programs/services will be developed by the COAG Implementation Team. These agreements will describe the specific financial and service output information which programs/services will be required to report.</li> <li>The COAG Implementation Team will prepare a reporting template for the Metropolitan and Regional Health Aboriginal Planning Forums and the State-wide Aboriginal Health Planning Forum. These reports will be provided to the Aboriginal Health Planning Forum.</li> <li>The State-wide Aboriginal Health Forum will meet on a monthly/bimonthly basis to provide advice/support for the Regional Health Forums.</li> </ul>	<ul> <li>Program/service providers will be required to submit financial reporting on a quarterly basis and service output data on a six monthly basis.</li> <li>The COAG implementation team will collate financial and service information and report progress on a six monthly basis.</li> <li>The Metropolitan and Regional Health Planning Forums will provide progress reports to the Aboriginal Health Partnership Group on a six monthly basis.</li> <li>The State-wide Aboriginal Health Planning Forum will provide a progress report to the Aboriginal Health Partnership Group on a six monthly</li> </ul>	<ul> <li>2009-10</li> <li>Metropolitan and Regional Planning Forums develop local Aboriginal Health Plans.</li> <li>Aboriginal Partnership will endorse initiatives for inclusion in the Implementation Plan.</li> <li>COAG Implementation team will develop Service Agreements for programs and services and then release funds.</li> <li>COAG Implementation team develops templates for Metropolitan and Regional Health Forum and State-wide</li> </ul>	
programs.	through provision of		on a six monthly basis.	Health Forum	

 		1		
Individual service	planning and technical		reporting.	
providers will	support for the		2010-11	
implement	Metropolitan and Regional		<ul> <li>Metropolitan and</li> </ul>	
programs.	Aboriginal Health Forums.		Region Health	
• COAG	This group comprises		Planning	
Implementation	representatives from of the		Forums provide	
Team will monitor	Aboriginal Health Council		ongoing peer	
and report outputs	of WA, the WA Health		review of	
delivered from	Department and the		program/servic	
Statewide,	Commonwealth		es to address	
Metropolitan and	Department of Health and		issues at the	
Regional	Ageing. This group will		local level	
programs.	provide advice on		<ul> <li>COAG</li> </ul>	
1 3 4	technical issues including		Implementation	
	Regional Funding		team reports on	
	Allocations, Service		the financial	
	Agreements, Regional		status and	
	Communication		COAG outputs	
	Strategies, Evaluation and		for Regional	
	Reporting guidelines.		and State-wide	
	The Metropolitan and		programs on a	
	Regional Aboriginal Health		six-monthly	
	Planning Forums will provide		basis to the	
	strategic and planning advice		State-wide	
	at the regional level. These		Aboriginal	
	forums include		Planning	
	representatives from		Forum.	
	government and non-		<ul> <li>COAG</li> </ul>	
	government health agencies,		Implementation	
	Aboriginal Health Services,		team	
	GP Divisions, Population		commence	
	Health and other relevant		reporting	
	agencies. These forums are		annually to the	
	responsible for developing		Aboriginal	
	responsible for developing		Aboliginai	

		regional health plans, and ongoing review and evaluation of COAG funded services at a regional level.			Health Partnership Group. 2011-13 Ongoing evaluation and revision of programs/servi ces based on the reporting schedule outlined above
Linkages and Coordinatio n	The Regional and Metropolitan Aboriginal Planning Forums, and the Statewide Aboriginal Forum have used a collaborative approach to determine current activities and identify gaps in service provision at both Regional and Statewide levels. This information has subsequently been translated into both Metropolitan/Regiona I and IECD Implementation plans	<ul> <li>Metropolitan/Regional Aboriginal Health Forums include representatives from key health providers and community groups, and State and Commonwealth Health Agencies. This will allow them to have up to date knowledge of existing and planned jurisdictional activities to ensure that COAG initiatives remain co-ordinated within the broader maternal and child health framework.</li> <li>The Statewide Aboriginal Health Planning Forum will oversee COAG initiatives</li> </ul>	<ul> <li>Metropolitan/Regional Aboriginal Health Forums will meet at least quarterly to facilitate linkage and of initiatives coordination at the health service level.</li> <li>The Statewide Aboriginal Health Planning Forum will meet at least quarterly and trouble shoot and disseminate information on a Statewide basis.</li> <li>All relevant information will be shared across these forums to ensure that jurisdictional activities remain coordinated and appropriate linkages are</li> </ul>	Using established governance structure the information will be shared, linked and coordinated across the State.	<ul> <li>2009-10</li> <li>Processes for reporting linkage and coordination activities will be initiated through the development of Service Agreements.</li> <li>2010-11</li> <li>Metropolitan and Region Health Planning Forums provide quarterly peer review of program/servic es to address</li> </ul>

with the aim of increasing life expectancy by addressing gaps in current activities and complimenting existing or proposed Commonwealth and community based initiatives.	to ensure a coordinated response at a whole of State level through senior representation from each of the Health Regions, the Aboriginal Health Council of WA, Office of Aboriginal Health, and State and Commonwealth representation.	maintained and formed.	<ul> <li>issues at the local level</li> <li>Six-monthly reports will be provided to the State-wide Aboriginal Planning Forum.</li> <li>Annual reports provided to the Aboriginal Health Partnership Group.</li> <li>2011-12</li> <li>Ongoing information sharing and linkages based on the schedule outlined above</li> <li>2012-13</li> <li>Ongoing information sharing and linkages based on the schedule outlined above</li> </ul>	
---	---	------------------------	---	--

Community Involvement	<ul> <li>Metropolitan and Regional Planning Forums have been established or reinvigorated throughout the State and are meeting on a regular basis.</li> <li>The Forums comprise a range of local Government, non- government and community controlled service providers, community representatives, and other stakeholders.</li> <li>All proposals were presented to Forums for consideration and endorsement by community members before being submitted to the COAG Implementation team for consideration</li> </ul>	<ul> <li>The COAG Implementation team will develop Service Agreements with relevant service providers to outline the expected implementation of the funded proposals.</li> <li>Ongoing input from communities through the Metropolitan/Regional Aboriginal Health Forums.</li> </ul>	<ul> <li>Aboriginal community members are representatives within Metropolitan and Regional Planning Forums which have developed the local implementation plan (Aboriginal Health Plan.)</li> <li>All elements within the implementation plan were presented to Forums for consideration and endorsement before being included.</li> <li>Progress on the implementation plan elements will be presented to the Forums to allow opportunities for peer review and evidence based analysis.</li> <li>Progress reports will be provided to the State- wide Aboriginal Health Planning Forum and the Aboriginal Health Partnership Group on a six monthly basis.</li> </ul>	<ul> <li>Metropolitan and Regional Planning Forums Minutes will demonstrate on- going participation of Aboriginal community members in the development and monitoring the implementation plans.</li> </ul>	<ul> <li>2009-10</li> <li>Evidence of ongoing Aboriginal community involvement in the Metropolitan/R egional Aboriginal Health Forums.</li> <li>2010-11</li> <li>Evidence of ongoing Aboriginal community involvement in the Metropolitan/R egional Aboriginal Health Forums.</li> <li>2011-12</li> <li>Continue above processes</li> <li>Assess community involvement through use of a community evaluation assessment model, for example Most</li> </ul>	
--------------------------	--	--	--	--	--	--

	under the NPA.		Significant Change model 2012-13 Continue above processes Continue community involvement assessment.	
Risk Management	• The implementation of			
	initiatives outlined within the			
	Implementation			
	Plan is dependent			
	on the successful management of			
	workforce			
	recruitment and			
	retention, and			
	related infrastructure			
	issues.			
	The			
	Governance			
	structures will provide oversight			
	and accountability			
	Zat a local level			
	through the			
	Regional			
	Aboriginal Health Planning Forums			
	and at a state-		 	

wide level through			
the State-wide			
Aboriginal Health			
Planning Forum			
and the Aboriginal			
Health Partnership			
Group.			
Oversight by			
the Aboriginal			
Health Planning			
Group which is			
comprised of key			
stakeholders, will			
ensure high level			
involvement in			
managing risk.			
Quarterly			
acquittals and six-			
monthly COAG			
Output reporting			
under the			
established			
contract			
management			
processes to			
mitigate			
nnigale program/sonviss			
program/service			
financial and			
implementation			
deficits			
	<u> </u>		