

IMPLEMENTATION PLAN Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Plan period: 2009-2014

Milestone	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)
Service Delivery	<p>A) Increase access for Aboriginal adolescents to sexual health and reproductive health programs</p> <p>Increase sexual and reproductive health education through social marketing programs targeted to Aboriginal adolescents</p> <p>NSW currently has in place a large, well developed network of 40 Aboriginal sexual health positions across the state. These positions work in partnership with Aboriginal Community Controlled Health Services (ACCHSs) and Area Health</p>	<p>1. Consultation: NSW Health will work in partnership with identified Aboriginal agencies working with adolescents and their families.</p> <p>2. NSW Health will develop evidence base/needs assessment</p>	<p>Meet with the Aboriginal Health and Medical Research Council (AH&MRC) of NSW to discuss new funding and to develop an agreed action plan for the first 12 months.</p> <p>Meet with the NSW Aboriginal Sexual Health Advisory Committee to discuss an agreed action plan and establish a Project Working Group.</p> <p>Consult with NSW Aboriginal communities to explore community values and attitudes to adolescent sexual and reproductive health (including teenage pregnancy) as well as seeking input, ideas and advice on the acceptability of interventions and programs which work in this area.</p> <p>Commission the Coalition for Research to Improve Aboriginal Health (CRIA) to conduct a rapid review of national and international evidence regarding interventions, including strategic approaches, programs and needs, targeting Indigenous teenagers sexual and reproductive health, particularly interventions designed to reduce teenage</p>	<p>The impact of the services (both A and B components) will be evaluated through monitoring of:</p> <ol style="list-style-type: none"> 1. Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year. 2. Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services. 3. Reduced proportion of Indigenous babies born with low birth weight each year. 4. Reduced mortality rate of Indigenous infants each year. 5. Reduced proportion of Indigenous women who 	<p>completed</p> <p>By end September 2009</p> <p>By end November 2009</p> <p>By mid November 2009</p>

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	Services (AHSs) to provide Aboriginal communities with contraceptive advice and provision of contraceptive devices as well as "disease specific" services and programs relating to HIV, sexually transmissible infections (STI) and hepatitis C.	and program development:	pregnancies. Review data on the distribution of Aboriginal teenage pregnancies in NSW Mapping of existing services and programs which target adolescent health, including adolescent reproductive health – particularly Aboriginal adolescents. Review capacity of existing services and additional resources required to undertake reproductive and sexual health programs with Indigenous adolescents.	use substances (tobacco, alcohol, illicit drugs) during pregnancy each year.	By end October 2009 By end October 2009
	Increasing the number of positions within the NSW network of Aboriginal sexual health workers will provide the capacity to extend the focus of the network to also address the reproductive and sexual health issues of Aboriginal adolescents. Outreach programs which target those who are no longer within the school system are required in addition to school based programs. These positions will be easily established	3. NSW Health will implement the programs 4. NSW Health and AH&MRC will implement Workforce Development 5. NSW Health & AHMRC will implement the Social Marketing	Finalise program design Roll out ten services across NSW. Service descriptions and locations will be based on findings from the evidence base/needs assessment and program development. Commission AH&MRC Aboriginal Health College to develop a learning and training package for the workforce on Aboriginal adolescent pre-pregnancy and reproductive health. Commission the AH&MRC to develop a social marketing campaign addressing the broader reproductive and sexual and reproductive health issues of Aboriginal adolescents. Campaign messages and strategies to be based on Aboriginal		By mid November 2009 By mid November 2009 Starting January 2010 By January 2010 Development by June 2010

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	<p>and will be supported within existing AHS infrastructure through the NSW AIDS Program and HIV/AIDS and Related Programs Managers as well as the network of Aboriginal sexual health workers.</p> <p>B) Antenatal care</p> <p>Increase access to early intervention programs for mental health and drug and alcohol services to Aboriginal pregnant women and their families.</p> <p>Strengthen the structures, procedures and processes that support access by Aboriginal pregnant women and their families to secondary mental health and drug and alcohol services.</p>	<p>Campaign</p> <p>NSW Health in partnership with key stakeholders</p>	<p>community consultation. Part of the budget allocated to this campaign, for implementation and media buying costs will need to be expended in the 2010/2011 financial year – distribution of funding over financial years not yet finalised pending further discussion with the AH&MRC</p> <p>Develop a service delivery model.</p> <p>Build referral and communication pathways to and from mental health and drug and alcohol services (secondary services) with the Aboriginal Maternal Infant Health Services (AMIHS).</p> <p>Commission the development of training and learning packages for AMIHS workers and new Mental Health and Drug and Alcohol staff.</p> <p>Provide training and support for AMIHS and new Mental Health and Drug and Alcohol staff.</p> <p>Roll out of eight Mental Health and Drug and Alcohol services across NSW. Position descriptions and locations will be based on findings from the evidence base/needs assessment and program development. The guiding principle is to employ suitably</p>		<p>Implementation and media buy, by December 2010</p> <p>By March 2010</p> <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 not begin to be realised until after a period of years.</p>

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			<p>qualified indigenous workers wherever possible; however there is a limited pool of qualified MH and D&A workers available. Using local advice, existing traineeship structures and programs will be used to recruit and train where there is not an available qualified indigenous workforce (to enable us to support and expand the available workforce). This is likely to require the employment of "mainstream" workers to support/mentor/supervise trainees. Employment strategies will be adjusted according to local advice and conditions.</p> <p>Engage the AH&MRC to assist with the implementation of the programs and provide leadership and direction for the engagement of Aboriginal communities.</p> <p>Ensure that Aboriginal women receive appropriate screening (utilising the SAFESTART tool) as a mechanism to identify appropriate referrals.</p> <p>Implement appropriate secondary interventions around mental health and drug and alcohol for women who are referred from the AMIHS.</p> <p>NSW Health has a number of print resources that either exist or are in development that provide information on planning a pregnancy and on healthy pregnancy e.g. "Having a Baby". These would be reviewed and or further developed to ensure that they are culturally appropriate for Indigenous families. Additional resources will be developed to</p>		

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			<p>provide culturally appropriate information about these initiatives.</p> <p>NSW Health will work with NSW OATSIH to ensure that there is no duplication of service by undertaking a state-wide reconciliation of AMHS services against <i>New Directions</i>.</p> <p>Work at local and State levels to ensure continuity of care between existing services such as <i>Building Strong Foundations</i> and develop new service pathways for clients.</p> <p>Linkages with initiatives under Element 1 and 3, <i>Child and Family Centres</i> and <i>New Directions</i> are important to support improved outcomes for young Indigenous Australians.</p> <p>Linkages to other existing NSW Health services that target parents to support better outcomes for young people, including programs like mental health and drug and alcohol services will be explored.</p> <p>Work with key stakeholders to develop agreed minimum data sets and evaluation of programs and processes.</p> <p>Continuously review best practice models for pregnant Aboriginal women and their families and ensure that staff are appropriately skilled and supported to provide best practice including the provision of clinical supervision.</p>		

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Management	<p>Develop governance structures to coordinate and manage programs.</p> <p>Develop a project plan including service delivery models, implementation plans, working agreements, timelines, performance measures.</p> <p>Appoint project officers to support development and implementation..</p>	<p>NSW Department of Health is the lead agency with reporting accountability to the Department of Premier and Cabinet.</p>	<p>Establish a governance structure to ensure that the programs are provided as intended across all stakeholders.</p> <p>Support and oversee implementation of the plans; link elements of the partnership together; monitor effectiveness of pathways and modify when indicated.</p>		5 years
Linkages and Coordination	<p>Strengthen partnerships with identified Aboriginal agencies.</p>	<p>NSW Health in partnership with key stakeholders</p>	<p>Linkages with existing services, such as those set out below, will be an important element of the service delivery model:</p> <ol style="list-style-type: none"> 1. Mental Health 2. Drug and Alcohol 3. Child and Family Health services 4. Child and Family Centres (Element 1) 5. New Directions (Element 3) 6. Building Strong Foundations (BSF). 7. Tobacco Cessation initiatives under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. <p>Develop MOUs with key stakeholders if required</p>		5 years

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			<p>Establish a governance framework across key stakeholders.</p> <p>Utilise the Aboriginal Maternal and Child Health Sub-committee OATSIH</p>		
Community Involvement	Engage with Aboriginal communities including young women and families	NSW Health in partnership with key stakeholders	Engage communities in planning, development, implementation and evaluation of agreed strategies.		Minimum 12 months
Data and Reporting	Collect data and report on progress in line with the reporting requirements in the IECD NPA.		<p>Explore methods and processes for recording the Aboriginality of both parents to better target programs to all Aboriginal children.</p> <p>Enhance existing data collection systems and incorporate specific data collection modules, putting in place a mechanism to capture, collate and report data in an accurate and timely manner.</p> <p>New data collection modules will collect process and outcome data from the secondary services.</p> <p>A process evaluation will be undertaken to examine the effectiveness and efficiency of these new services including referral pathways and outcomes.</p> <p>Annual report to the Commonwealth for the preceding financial year by 31 August of each year.</p> <p>Progress reports to the Commonwealth by 31 January each year to provide overview</p>	<ol style="list-style-type: none"> 1. Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year. 2. Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services. 3. Reduced proportion of Indigenous babies born with low birth weight each year. 4. Reduced mortality rate of Indigenous infants each year. 5. Reduced proportion of Indigenous women who use substances 	<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 not begin to be realised until after a period of years.</p>

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Risk Management	<ol style="list-style-type: none"> 1. Continued commitment from partners. 2. Shared resources and information. 3. Co-ordination of activities across agencies. 4. Activities of the project remain within the agreed scope. 5. Sustainability of the project. 6. Workforce capacity. 	Executive sponsor	<p>of progress against milestones since last annual report.</p> <p>Establish a formal governance structure with the Deputy Director General Strategic Development Division, NSW Department of Health as the Executive Sponsor.</p>	(tobacco, alcohol, illicit drugs) during pregnancy each year.	5 Years

Summary of Milestones and Commonwealth Payments			
Element 2 – Antenatal care, pre-pregnancy and teenage sexual and reproductive health			
Reporting Period	Agreed Milestones for the Period	Basis of Payment	Commonwealth Payment Amount *
Facilitation Payment			
			\$1,870,000
1. July 2009- Jan 2010 Yr 1-2009/10 (1 st half)	<ol style="list-style-type: none"> 1. Consultation with key stakeholders including Aboriginal communities and organisations 2. Service locations for sexual and reproductive health services identified 3. Social marketing campaign for sexual and reproductive health commenced 4. Service delivery model planning for secondary Aboriginal mental health and drug and alcohol services commenced 	<p>Receipt of Implementation Plan</p> <p>Receipt of Progress Report 31 January 2010 <u>describing satisfactory progress or satisfactory achievement against Milestones</u></p>	<p>Facilitation payment received</p> <p>\$1,600,000</p> <p>(To be paid March 2010)</p>
2. Jan-June 2010 Yr 1 -2009/10 (2nd half)	<ol style="list-style-type: none"> 1. Eight sexual and reproductive health services commenced 2. Design of social marketing campaign for sexual and reproductive health completed 3. Process for identifying location of Aboriginal mental health and drug and alcohol services identified 4. Service delivery model for secondary Aboriginal drug and alcohol and mental health services completed 5. Planning for social marketing campaign about the impact of drug and alcohol and mental health problems during pregnancy and the postnatal period commenced. 	<p>Receipt of Progress Report 31 August 2010 <u>describing satisfactory progress or satisfactory achievement against Milestones</u></p>	<p>\$1,870,000</p> <p>(To be paid Oct 2010)</p>
3. July – Dec 2010 Yr 2-2010/11 (1 st half)	<ol style="list-style-type: none"> 1. Eight sexual and reproductive health services in operation 2. Social Marketing Campaign about sexual and reproductive health commenced 3. Locations of eight Aboriginal mental health and drug and alcohol services identified 4. Planning for secondary Aboriginal drug and alcohol and mental health services commenced. 5. Social marketing campaign about the impact of drug and alcohol and mental health problems during pregnancy and the postnatal period commenced. 6. Design new data reporting system 7. Develop process evaluation framework. 	<p>Receipt of Progress Report 31 January 2011 <u>describing satisfactory progress or satisfactory achievement against Milestones</u></p>	<p>\$1,870,000</p> <p>(To be paid March 2011)</p>

<p>4. Jan –June 2011 Yr 2-2010/11 2nd Half)</p>	<ol style="list-style-type: none"> 1. Eight sexual and reproductive health services in operation 2. Two additional sexual and reproductive health services commenced 3. Social marketing campaign about sexual and reproductive health operational 4. Eight secondary Aboriginal mental health and drug and alcohol services commenced 5. Social marketing campaign about the impact of drug and alcohol and mental health problems during pregnancy and the postnatal period completed. 6. Data reporting system commenced. 7. Process evaluation continuing. 	<p>Receipt of Annual Report 31 August 2011 describing satisfactory achievement against Milestones</p>	<p>\$2,870,000 (To be paid Oct 2011)</p>
<p>5. July – Dec 2011 Yr 3-2011/12 (1st half)</p>	<ol style="list-style-type: none"> 1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation continuing. 	<p>Receipt of Progress Report 31 January 2012 describing satisfactory progress or satisfactory achievement against Milestones</p>	<p>\$2,870,000 (To be paid March 2012)</p>
<p>6. Jan –June 2012 Yr 3-2011/12 (2nd half)</p>	<ol style="list-style-type: none"> 1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation continuing. 	<p>Receipt of Annual Report 31 August 2012 describing satisfactory achievement against Milestones</p>	<p>\$2,870,000 (To be paid Oct 2012)</p>
<p>7. July – Dec 2012 Yr 4-2012/13 (1st half)</p>	<ol style="list-style-type: none"> 1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation continuing. 	<p>Receipt of Progress Report 31 January 2013 describing satisfactory progress or satisfactory achievement against Milestones</p>	<p>\$2,870,000 (To be paid March 2013)</p>
<p>8. Jan –June 2013 Yr 4-2012/13 (2nd half)</p>	<ol style="list-style-type: none"> 1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation continuing. 	<p>Receipt of Annual Report 31 August 2013 describing satisfactory achievement against Milestones</p>	<p>\$2,870,000 (To be paid Oct 2013)</p>

<p>9. July – Dec 2013 Yr 5-2013/14 (1st half)</p>	<p>1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation continuing.</p>	<p>Receipt of Progress Report 31 January 2014 describing satisfactory progress or satisfactory achievement against Milestones</p>	<p>\$2,620,000 (To be paid March 2014)</p>
<p>10. Jan – June 2014 Yr 5-2013/14 (2nd Half)</p>	<p>1. Ten sexual and reproductive health services in operation 2. Eight secondary Aboriginal mental health and drug and alcohol services operational 3. Data reporting system operational 4. Process evaluation completed.</p>	<p>Receipt of Annual Report 31 August 2014 describing satisfactory achievement against Milestones</p>	<p>\$2,570,000 To be paid in October 2014</p>
<p>Total Australian Government Payment</p>			<p>\$26.750m</p>

* Payments can be made on a pro-rata basis if milestones for the period are only partially completed. If this occurs, the remaining portion of the payment will be made available immediately following completion of relevant milestone