

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

Plan period:

2009-2014

Expand Koori Maternity Services

Milestone (Increased access to Koori Maternity 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	<p>Improve health and development outcomes for children and their families with a particular focus on reductions in low birth weight and perinatal mortality</p> <p>Develop an additional three Koori Maternity Service sites in high population areas</p> <p>Expand four of the existing 11 Aboriginal Community Health Organisation based sites to cover other major centres with significant Koori populations and high and consistently high birth rates.</p>	<p>Aboriginal Community Controlled Organisations in partnership with Maternity Hospitals</p>	<p>Koori Maternity Services operate with two distinct service models:</p> <p><i>Clinical-Linkage-Advocacy-Health Promotion:</i> This type of service employs an Aboriginal health worker and midwife. They work as a complementary team, combining skills to offer a comprehensive service to the Aboriginal women of the local community.</p> <p><i>Linkage-Advocacy-Health Promotion:</i> This model of care does not include a clinical component. The AHW forges effective links with</p>	<p>An increase in the number of Koori women accessing antenatal care.</p> <p>An increase in the number of women accessing antenatal care in the first trimester of pregnancy..</p> <p>An increase in the satisfaction levels of Koori women with the maternity care received through KMS and through the birth hospitals</p> <p>A minimum dataset reporting on KMS activity is currently in development and pilot testing. It is anticipated that</p>	<p>Midwives engaged in an additional 3 sites: 6 to 8 months</p> <p>Growth funding provided to all sites: 3 months</p> <p>Implementation of Workforce initiatives: 8 to 12 months</p> <p>Development of and /or access to education programs: 6 to 8 months</p> <p>Major expansion program identified by October 2009 and implemented incrementally between</p>	<p>\$3.8M</p> <p>\$3.55M for 3 new sites and expansion of four existing sites</p> <p>\$0.25M for specific workforce recruitment, retention and development initiatives</p>

	<p>Achieve better retention of Aboriginal Maternal Health Workers</p> <p>Achieve an increase in the number of midwives and Koori Maternal Health Workers</p> <p>Strengthen the clinical capacity of maternity health professionals in KMS</p>		<p>appropriate clinical care providers and to advocate on behalf of clients. Health promotion strategies are embedded in service provision and are central to the successful operation of this model of care.</p>	<p>aggregate data collection will occur biannually. Data reporting requirements are being aligned with Healthy for Life data reporting systems (eg <i>Communicare</i>)</p>	<p>November 2009 and April 2010</p>	
Management	<p>Support Aboriginal Community Controlled Organisations in partnership with the VACCHO Koori Maternity Support Unit to facilitate the establishment of strong partnerships with non Aboriginal incl. Health and Maternal and Child Health services to deliver a comprehensive antenatal service</p>	<p>VACCHO, DoH, DHS and DEECD – initial service development</p> <p>Local ACCHOs Hospitals and Maternal and Child Health – further service development and implementation</p>	<p>Increase funding in the 3 Koori Maternity Services (KMS) not currently offering the clinical care component to enable provision of antenatal and postnatal care.</p> <p>Provide growth funding to all Koori maternity sites based on population figures</p> <p>Identify major growth areas and initiatives for expansion either through increased service delivery and</p>	<p>No. of new sites established</p> <p>Planning strategies developed and implemented</p>	<p>Ongoing</p> <p>Ongoing</p>	

			<p>components or establishment of outreach services</p> <p>Offer scholarships to the Aboriginal Health Workforce and purchase training places if required to expand the number of qualified Koori Maternity Health Workers.</p> <p>Link KMS with mainstream education and training and customise existing relevant programs to meet the needs of KMS health professionals</p> <p>Support active participation of Koori maternity health professional in the Maternity and Newborn Clinical Network</p> <p>Implementation plan developed and endorsed by key stakeholders</p>			
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Linkages and Coordination	Establish formal partnerships between Aboriginal Community Controlled Organisations and non Aboriginal services where these do not exist	Strong working partnerships at the local level	Making use of existing mechanisms Develop collaborative networks in new areas building on existing mechanisms where present	Monitoring of process outcomes	8 -12 months	
Community Involvement	To support communities to access appropriate culturally safe antenatal care	The Victorian Aboriginal Community Controlled Health Organisation is funded by DoH to provide state-wide leadership. Aboriginal Community Controlled Organisations to lead this locally	Through Koori Maternity Services Statewide Reference group and other existing stakeholder forums Community involvement and participation in the training of Cert 4 Koori Maternity Health Workers.	Community feedback	Ongoing	
Data and Reporting	To monitor the outcomes of babies and their parents	Aboriginal Community Controlled Organisations and Maternity Hospitals	Implement a consistent minimum data set	Monitoring and analysis of data regularly	Annual	
Risk Management	A failure to expand maternity services consistent with the expeditious growth of the Victorian Indigenous population may increase instances of low weight births and associated	Aboriginal Community Controlled Organisations and Maternity Hospitals VACCHO/DoH	Through local service networks and formal reporting	Monitoring and analysis of data regularly	Ongoing	

	<p>health burdens.</p> <p>A failure to expand parenting knowledge and skills through the birth cycle.</p> <p>Reduce the risk of poor outcomes for Indigenous babies through early intervention during pregnancy</p>					
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VICTORIAN IMPLEMENTATION PLAN Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Plan period:

2009-2014

Sexual and Reproductive Health

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 style="list-style-type: none"> • Increase confidential health screening and advice for teenagers. Currently there is a sexual health unit in only one Aboriginal Community Controlled Organisation with the ability to screen. • Improve the sexual and reproductive health outcomes for Aboriginal teenagers • Increase the age of first pregnancies • Reduce the rate of teenage pregnancies • Reduce the rate of Indigenous teenagers with sexually transmitted disease 	<ul style="list-style-type: none"> • The Melbourne Sexual Health Centre (MSHC) & VACCHO Sexual Health Team. MSHC has a 10 year partnership history with VACCHO & Victoria's Indigenous communities. MSHC provides outreach services & training of health professionals. MSHC will provide infrastructure support for VACCHO's Sexual & Reproductive Health Plan 2008-2013. • Central outreach screening service to work with Aboriginal Community Controlled 	<ul style="list-style-type: none"> • Employment of 2 Aboriginal Sexual Health Workers and 1 senior nurse practitioner to work between MSHC & VACCHO. • Ongoing training & support for 2 ASHWs. • Capitalise on past broadly accepted principles of the Well Persons Health Check. • Increase capacity of Aboriginal Community Controlled Organisations to undertake outreach health screening. • Better integration of sexual health screening in general health checks. 	<ul style="list-style-type: none"> • Employment of dedicated ASHW positions & senior nurse practitioner. • Engagement of ACCHOs in planning to introduce screening on a rotational basis, or to incorporate into existing services. • An increase in the number of teenagers receiving health advice and screening. • An increase in the number of culturally appropriate services available to Koori teenagers 	<ul style="list-style-type: none"> • 2009 - 2010 Employment and planning phase. 	\$1.5m

		Organisations and mainstream community health services to develop greater screening and support capacity in local organisations.	<ul style="list-style-type: none"> Capitalise on health promotion opportunities at Indigenous youth festivals, sports carnivals and Victorian Indigenous Youth Affairs Council (VIYAC) Youth Forums (Victorian Aboriginal Health Service screening men through the football club). Opportunities to engage males at sporting carnivals. 			
Management	MSHC & VACCHO with a reference group of key ACCHOs, Centre for Excellence in Rural Sexual Health (CERSH) and BBV/STI agencies.	MSHC & VACCHO Aboriginal Community Controlled Organisations, mainstream local community health services.	Combination of dedicated clinical 'in house' & outreach services, & opportunistic service delivery through festivals and other community events.	Monitoring of service agreements, numbers of ACCHOs participating, number of counselling & screening sessions, and numbers of tests undertaken.	ongoing	
Linkages and Coordination	Increased opportunities for 'in house' & outreach screening and support through relationships with Indigenous and mainstream health	Coordination to take place through MSHC & VACCHO Reference Group & Victorian Advisory Committee on Koori Health and local service networks.	Implementation plan developed by MSHC & VACCHO, and endorsed by the Reference Group & the Victorian Advisory Committee on Koori Health.	Completion and monitoring of Implementation plan.	8 – 12 months	

	organisations and places that attract young people.					
Community Involvement	Greater awareness of sexual & reproductive health issues & preparedness to incorporate clinical services, prevention & education programs. Increased accessibility of health screening and support.	MSHC, VACCHO, & Aboriginal Community Controlled Organisations who will drive the delivery of health screening.	Implementation plan developed by MSHC, VACCHO & VIYAC; and endorsed by the Reference Group, & the Victorian Advisory Committee on Koori Health.	Community feedback	From outset	
Data and Reporting	Data collection and reporting to be supported by MSHC, the Centre for Excellence in Rural Sexual Health (CERSH), & to remain consistent with current approaches.	MSHC, Aboriginal Community Controlled Organisations, & rural ACCHOs to be supported by CERSH.	Ensure current data approaches are maintained	Monitoring and analysing data	12 months to first data collection then annually	
Risk Management	Risk management will be achieved through the established & flexible infrastructure partnership support provided by MSHC (and CERSH) to ASHWs, VACCHO & communities.	MSHC, VACCHO, in partnership with Victoria's Indigenous Organisations; & the Victorian Advisory Committee on Koori Health.	Through ongoing collaboration, planning and frequent review.	Data reports and presentations of good practice.	Ongoing	

Summary of Milestones and Commonwealth Payments

Element 2 – Antenatal and pre-pregnancy care

Reporting Period	Agreed Milestones for the Period	Basis of Payment	Commonwealth Payment Amount *
Facilitation Payment			\$374,000
July – Dec 2009	<p>Identification of stage one Koori Maternity Service providing antenatal and postnatal domiciliary care expansion sites completed.</p> <p>Antenatal and postnatal service models scoped and implementation plan developed</p> <p>Resource guide for clinicians and service managers - first draft completed</p> <p>Promotion of Koori Maternity Services and care models implemented</p> <p>Midwifery scholarships filled</p> <p>Minimum dataset developed</p>	Receipt of Progress Report 31 January 2010 describing satisfactory achievement against Milestones	\$80,000
Jan –June 2010	<p>Antenatal and postnatal care provided in 3 new settings- Bairnsdale, Wodonga and Swan Hill - as stage one of the expansion. Currently these services provide advocacy and health promotion but do not offer clinical (antenatal and postnatal care)</p> <p>Koori Maternity services health promotion strategies documented and</p>	Receipt of Annual Report 31 August 2010 describing satisfactory achievement against Milestones	\$225,000

	<p>disseminated</p> <p>One new Koori Maternity Service service established- Western Suburbs Metropolitan Melbourne</p> <p>One additional Koori Maternity Service expanded to new targeted community</p> <p>Additional antenatal and pre-natal health promotion programs piloted</p> <p>Resource guide for clinicians and service managers completed and distributed.</p>		
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July – Dec 2010	<p>Data collected and analysed</p> <p>Scoping for two new Koori Maternity Services completed Workforce recruitment strategies implemented to engage medical, midwifery and Aboriginal Health Workers with maternity related qualifications</p> <p>Service provision maintained: 1 new service and 3 expanded services</p>	Receipt of Progress Report 31 January 2011 describing satisfactory achievement against Milestones	\$260,000
Jan –June 2011	<p>Second existing Koori Maternity Service expanded as outreach models to target new communities</p> <p>One additional new Koori Maternity Service implemented</p> <p>Workforce education implemented and delivered to 13 sites Health promotion and antenatal education continued; health promotion pilot materials disseminated and implemented</p> <p>Service provision maintained: 2 new services and 4 expanded services</p>	Receipt of Annual Report 31 August 2011 describing satisfactory achievement against Milestones	\$366,000
July – Dec 2011	<p>Third new Koori Maternity Service scoped</p> <p>Data analysed and service expansion reviewed</p> <p>Service provision maintained: 2 new services and 4 expanded services</p>	Receipt of Progress Report 31 January 2012 describing satisfactory achievement against Milestones	\$400,000
Jan –June 2012	<p>Third new Koori Maternity Service implemented</p> <p>Workforce education implemented and delivered to 14 sites</p> <p>Service provision maintained: 3 new services and 4 expanded services</p>	Receipt of Annual Report 31 August 2012 describing satisfactory achievement against Milestones	\$500,000
July – Dec 2012	Service evaluation project commenced	Receipt of Progress	\$525,000

	Service provision maintained:3 new services and 4 expanded services	Report 31 January 2013 describing satisfactory achievement against Milestones	
Jan –June 2013	Evaluation report completed Service provision maintained: 3 new services and 4 expanded services	Receipt of Annual Report 31 August 2013 describing satisfactory achievement against Milestones	\$560,000
July – Dec 2013	Documentation and dissemination of good practice models complete Service provision maintained: 3 new services and 4 expanded services	Receipt of Progress Report 31 January 2014 describing satisfactory achievement against Milestones	\$560,000
Total Australian Government Payment			\$3.850m

* 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

Summary of Milestones and Commonwealth Payments			
Element 2 – Establishment of Victorian Teenage Sexual and Reproductive Health Program			
Reporting Period	Agreed Milestones for the Period	Basis of Payment	Commonwealth Payment Amount *
Facilitation Payment - January 2009			\$
July – Dec 2009	<ul style="list-style-type: none"> • Draft proposal for Victorian Indigenous Teenage Sexual and Reproductive Health Program completed and endorsed by key stake holders • Lead agency identified, endorsed and engaged • Necessary Partnerships & Governance proposal identified • Lead agency advertises and engages senior sexual nurse health practitioner 	Receipt of 2009 Annual Report describing satisfactory achievement against Milestones	\$300,000
Jan –June 2010	<ul style="list-style-type: none"> • MOUs between partnership organisation established • Establishment of reference group to develop focussed implementation plan, selection process for ACCHOs, evaluation strategy, oversee & advise project including timing of progression around the State • Employment and training of male and female indigenous sexual health workers • Community consultation begins and first ACCHO engaged with program • Needs analysis undertaken to define project outputs specific to this ACCHO 		
July – Dec 2010	<ul style="list-style-type: none"> • Melbourne Sexual Health Service (MSHC) begins intensive work to increase capacity of first ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers 	Receipt of 2010 Annual Report describing satisfactory achievement against Milestones	\$300,000

	<p>within the community.</p> <ul style="list-style-type: none"> • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Second community consultation undertaken and second ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO 		
Jan –June 2011	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of second ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Third community consultation undertaken and third ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO • Ongoing supported provided as needed with previous ACCHOs 		
July – Dec 2011	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of third ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Fourth community consultation undertaken and fourth ACCHO engaged • Needs analysis undertaken to define project outputs specific to this 	Receipt of 2011 Annual Report describing achievements against Milestones	\$300,000

	<p>ACCHO</p> <ul style="list-style-type: none"> • Ongoing supported provided as needed to previous ACCHOs 		
Jan –June 2012	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of fourth ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Fifth community consultation undertaken and fifth ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO • Ongoing supported provided as needed to previous ACCHOs 		
July – Dec 2012	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of fifth ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Sixth community consultation undertaken and sixth ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO • Ongoing supported provided as needed to previous ACCHOs 	Receipt of 2012 Annual Report describing achievements against Milestones	\$300,000
Jan –June 2013	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of sixth ACCHO to 		

	<p>undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs</p> <ul style="list-style-type: none"> • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Seventh community consultation undertaken and seventh ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO • Ongoing supported provided as needed to previous ACCHOs 		
July – Dec 2013	<ul style="list-style-type: none"> • MSHC begins intensive work to increase capacity of seventh ACCHO to undertake screening – eg trains professional staff, establishes data systems; and sustainable practices / programs • Indigenous sexual health workers undertake active outreach to teenagers within the community. • The sexual health team build capacity with local mainstream services and relationships between the mainstream and the indigenous services/ programs • Eighth community consultation undertaken and Eighth ACCHO engaged • Needs analysis undertaken to define project outputs specific to this ACCHO • Ongoing supported provided as needed to previous ACCHOs 	Receipt of 2013 Annual Report describing achievements against Milestones	\$300,000
Total Australian Government Payment			\$1.5m

* 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.